

BROUGHTON HOSPITAL

MORGANTON, NORTH CAROLINA

DOCTORAL CLINICAL PSYCHOLOGY INTERNSHIP



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North Carolina Department of Health and Human Services
Division of State Operated Healthcare Facilities

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OVERVIEW

Broughton Hospital offers an internship program that trains interns to provide a broad array of psychological services within the public mental health sector using evidence-based practices in an inpatient psychiatric setting with mentally ill adults and adolescents. The program has been accredited by the American Psychological Association's Commission on Accreditation since 1980. Broughton Hospital is a progressive state-operated psychiatric hospital serving the 37 counties of western North Carolina including both rural and urban areas (Charlotte and Asheville) as well as people of diverse cultures including Appalachian, Cherokee, Latino, Deaf, and Hmong populations. Interns have the opportunity to gain extensive experience with a broad array of patients with severe and persistent mental illness (SPMI) via rotations including adult acute service, community transition units, adolescent, geriatric, deaf, and/or forensic areas of service. The internship program begins on July 1st and ends on June 30th of the following year. Interns are paid \$16.00 per hour with an opportunity to earn \$29,312.

Broughton Hospital is a state psychiatric hospital, one of three state hospitals in North Carolina. It serves the western part of the state which includes the mountains, foothills, and cities of Charlotte and Asheville. The hospital has approximately 270 patients and over 1000 staff. The hospital embraces the Recovery to Practice principles which emphasize that recovery is grounded in respect, is holistic, is culturally based and influenced, addresses trauma, and empowers the individual to actively achieve his or her best life.

The hospital is organized by units, each of which is served by an interdisciplinary treatment team. Members of the treatment team include the patient, a psychiatrist as team leader, a nurse, a physician extender, a social worker, a psychologist, a pharmacist, a recreation therapist, and a community liaison from an external agency. Of course, family members and guardians are always welcome, and other allied health professionals such as occupational therapists, physical therapists, creative expressive arts therapists, patient advocates, peer support specialists, and medical specialists are included when indicated. Work therapy and vocational rehabilitation are also available to patients, as are specialized medical and dental services.

Broughton Hospital also serves as a regional educational facility. Within the psychology department, professional training is provided to doctoral interns; we also teach advanced undergraduate students from around the nation through a partnership with Davidson College. Other departments in the hospital host students of medicine, dentistry, nursing, pharmacy, recreation therapy, social work, and occupational therapy. There is a Staff Library which is staffed full-time and supplemented by inter-library loan capability. Computerized searches of the medical and psychological literature are available via databases.

MISSION AND VALUES

The Broughton Hospital internship program is designed to train competent and ethical psychologists who can work with a wide range of presenting problems. Interns develop the knowledge and skills necessary to assist people with psychological problems to function as successfully and independently as possible in the least restrictive setting. This is accomplished through the delivery of competent, respectful, professional assessment and treatment which determines and addresses the unique needs of each individual. Underlying our philosophy of professional service is a compassionate concern for the whole person, with recognition of personal dignity and worth. Internship faculty strive to create a learning environment grounded in evidence-based practices that fosters openness, mutual respect, and interdisciplinary teamwork.

TRAINING MODEL

Our training model is practitioner-scholar in nature and is both experiential and didactic. Interns are provided with a graded sequence of experience increasing their responsibilities commensurate with their demonstrated needs and competency. This process promotes the development of clinical skills in assessment and treatment as well as professional development. Our internship is structured to provide individualized supervision as the interns work with a broad range of patients. Rotations last four months each. There are three rotations during the internship year.

The training year emphasizes each intern's assessment and treatment skills, enabling them to transition into future roles as practitioners and healthcare providers in interdisciplinary settings. The professional growth and development of interns as they transition from graduate students to entry-level professionals is emphasized. Each intern will demonstrate achievement of core competencies by the year's end in assessment, psychological treatment and professional development as a psychologist. Interns' clinical experiences are integrated with scholarly review of research with an emphasis on the evidence-based treatment. The Broughton Hospital internship program fosters awareness of ethical, systems, and multicultural issues with a special emphasis on the importance of continuity of care for patients who experience serious and persistent mental illness and emotional distress.

GOALS AND OBJECTIVES

Interns acquire experience and develop competency in the following areas:

I. Research Competency

An objective of the training of future Health Service Professionals is to foster the integration of research as an essential element of daily professional function. The training program follows the practitioner-scholar model and encourages the interns to be consumers of research as they engage in case conceptualization, assessment and treatment of patients in both their primary and secondary rotations. Didactic seminars presented through the internship year utilize research and professional information to encourage research competency.

II. Ethical and Legal Standards Competency

The training program adheres to the APA Ethical Principles of Psychologists and Code of Conduct. Other codes of ethics that apply to specialized areas such as the practice of forensics are upheld. Didactic seminars scheduled early in the training year set the expectation for ethical behavior and begin the dialogue about ethical practice. The interns process ethical situations and concerns in the context of individual and group supervision. Interns also address ethical concerns in their case presentations.

III. Individual and Cultural Diversity Competency

Crucial to the practice of psychology is the respect for individual differences and awareness of cultural influences. Interns are expected to develop these in their case conceptualizations, therapeutic interactions and assessment as they progress through the year. Awareness of the clinician's biases and impact of their cultural and personal backgrounds in the delivery of services is fostered in the course of individual and group supervision. The consideration of the impact of individual and cultural differences is a required element in the case presentations. Additionally, cultural issues and competency is an ongoing discussion in didactic seminars.

IV. Professional Values and Attitudes Competency

The training program facilitates interns' abilities to ethically understand, practice, and problem-solve effectively in an interdisciplinary setting. They develop a working knowledge of various systems-level issues that can affect service provision as they prepare to function as a unit psychologist or in the community setting. This includes providing consultation to other professionals such as in a multidisciplinary team setting and managing the professional boundaries in these relationships.

V. Communication and Interpersonal Skills

An important aspect of professional development is the ability to communicate with other service providers who have different skill sets and approaches. This skill of developing interdisciplinary, professional relationships and communicating clearly in writing and verbally are fostered in the process of participating in treatment teams, rounds, written reports, consultation and presentations. To foster the development of professional identity, the program encourages dialogue and consultation between interns and psychologists both in the department as well as in the surrounding community.

VI. Assessment Competency

Interns are exposed to a broad range of assessment approaches in which they would be expected to be as competent as an entry-level psychologist. These approaches include clinical interviewing skills, intellectual, objective and projective personality, neuropsychological screening, and adaptive measures as well as the principles of risk assessment management for suicide and violence potential and capacity to stand trial.

Seminars are offered in each of these areas of assessment in addition to the experiential offerings within rotations. Interns gain experience in selecting and using standardized administration of psychological assessment instruments and use their assessment skills to formulate appropriate diagnostic conclusions and treatment recommendations. This experience involves scoring, interpreting, and integrating test and interview data to answer referral questions. Training methodologies include individualized supervised experience, and faculty and interns presented assessment seminars and case presentations which facilitate hypothesis generation. Interns are also trained to recognize diversity and cultural factors in assessment in addition to the limitations of psychological assessment instruments through individual and group supervision.

VII. Intervention Competency

An objective of the program is to train interns in developing rapport, case conceptualization, treatment planning, and implementing psychotherapeutic interventions. The emphasis of intervention competency is on individual and group psychotherapy. Treatment plans should consider a range of factors, including the severity of psychopathology, managed care and systems issues, practice standards and empirically supported therapy guidelines as well as patient characteristics in terms of race, ethnicity, culture, gender, socioeconomic status, and lifestyle. An additional objective is to train interns to provide treatment to a range of patient populations as seen in the public sector in a manner consistent with the mission and values of the training site. Although the

internship provides some opportunity for longer-term therapy, the intern will primarily be expected to develop skills in brief psychotherapy.

VIII. Supervision Competency

Supervision is role-modeled through the internship year as the interns rotate and experience different supervisory approaches. In the group supervisory sessions, the interns provide feedback and guidance to each other. This setting provides opportunities for the interns to experience effective and ineffective ways of providing guidance and to develop critical thinking skills. Towards the end of the internship year, interns, with guidance from their supervisors, may provide supervision to undergraduate students attending a summer psychology program at the hospital.

IX. Consultation and Interprofessional/Interdisciplinary Skills Competency

In the hospital setting, the role of the psychologist as a team member is exercised daily. Other competencies such as communication, professional values, and respect for individual differences are critical to being an effective treatment team member. Through the process of rounds, treatment teams, and consultation, interdisciplinary skills are developed and practiced.

PERFORMANCE EVALUATION

Intern competence in assessment and treatment is of primary importance. The five primary domains of formal evaluation include: 1) psychological assessment, 2) psychotherapy and treatment, 3) professional skills, 4) professional behavior, and 5) supervision. Competence in these areas is measured via supervisor evaluations by means of direct observation, progress note reviews, patient/client evaluations, and conceptualizations and interventions presented in supervision and case conferences. In addition, interns must show overall good use of supervision and professional development consistent with performance expectations and standards for entry-level psychologists.

REQUIREMENTS FOR COMPLETION

In order to successfully complete the Broughton Hospital doctoral psychology internship program, an intern must meet the following outcome standards:

1. Completion of a minimum of 1832 hours of training.
2. At least two clinical treatment case presentations to demonstrate competence in conceptualization and implementation of an individualized psychotherapeutic treatment plan, which includes consideration of relevant ethical, systems, and multicultural issues.

3. At least two assessment case presentations to demonstrate competence in selecting, executing, scoring, and interpreting a battery of appropriate assessment instruments to arrive at a diagnosis and generate recommendations consistent with the test data.
4. Attainment of a rating of Satisfactory, or 3 or above, on all applicable areas of the intern's evaluation on his or her final rotation.

DUE PROCESS AND GRIEVANCE PROCEDURES

If an intern presents with needs and concerns that go beyond the scope of regular supervision, supervisors provide direction and may initiate a one or two level program to help the intern achieve appropriate performance. The Internship Director can consult the Department Director for help with a remediation plan for that intern.

Interns can also raise and detail disputes via the Grievance Tracking Form, which is then forwarded to the Internship Training Director. The Director then addresses that grievance. Further details on this process are provided to each Intern when they arrive.

PRIMARY ROTATIONS

Three primary rotations of four months duration are required. Typically, these rotations occur on the following services: adult acute service, community transition unit service, adolescent, and geropsychiatry. Additional clinical opportunities may be available on the deaf and medical units in conjunction with a primary rotation. Usually an intern does three rotations on three separate services, but exceptions will be made on a case by case basis. All rotations and placements depend on supervisor availability, the need for psychological services, and most importantly, the training needs and/or interests of the interns. Research opportunities may be available upon consultation with the internship director. The following describes the various rotations at Broughton Hospital:

Adult Acute Service

The adult acute service (AAS) is an exciting experience encompassing a diverse population with a variety of presenting symptoms and disorders. The service has 101 operating beds distributed over five units. The service is rapid-paced, and many patients have a length of stay less than two months. Interns work with patients who are acutely ill and in need of intensive, multimodal, crisis intervention. These methods are mobilized to stabilize patients and prepare them for continuing care either in the community or in the adult extended treatment service.

The AAS rotation provides ample experience in assessment. Interns can receive referrals from any of the five treatment teams; these referrals are coordinated by the intern's

supervisor. Interns are trained in diagnostic interviewing, differential diagnosis, and interpretation of formal assessment data from such instruments as the WAIS-IV, WTAR, WMS-IV, TONI-4, WRAT4, ABAS-3, Vineland-II, SSSQ, RBANS, D-KEFS, Beery VMI, CPT-3, PAI, MMPI-2, PANSS, MCMI-III, MBMD, TAT and Rorschach (Exner and R-PAS scoring) to provide specific diagnostic formulations and treatment recommendations. They are also encouraged to work closely with the patient's treatment team to achieve continuity of care.

Psychotherapy on the AAS rotation emphasizes brief, focused approaches targeting coping strategies, emotional regulation, suicidal ideation, and self-care. In addition to individual therapy and psychological assessment, interns serve as facilitators or co-facilitators in at least two groups on the service's treatment mall. There may also be opportunities for behavioral consultation for dangerous or disruptive behaviors, treatment team consultation, and family/couples therapy.

Community Transition Units

The community transition units (CTUs) are an intriguing opportunity which address the treatment needs of people with serious and persistent mental illness who require longer-term treatment. Generally, patients who are not discharged from the acute service transfer to the community transition units. The service has 92 operating beds distributed over five units. The patient population is usually more behaviorally stable, and many patients have lengths of stay ranging from six months to years.

Interns have the opportunity to provide individual psychotherapy with referred patients, group psychotherapy, and assessments as well as to train in behavioral and psychosocial milieu approaches. Interns typically carry 4-5 individual psychotherapy cases, co-facilitate two to three groups in the treatment mall, and conduct at least one comprehensive assessment battery that includes both projective and objective assessment and other focused batteries as needed. Assessment instruments available to interns parallel those utilized on the adult acute service. Interns function as members of interdisciplinary treatment teams. They participate in planning and delivering the treatment they provide. Interns may also be involved in program development.

The CTUs use a rehabilitation model of recovery and emphasize skills-building modules, behavioral and psychosocial approaches, psycho-education, psychotherapy, crisis intervention, and milieu therapy. Groups on the treatment mall provide rehabilitation, treatment, and enrichment through group psychotherapy provided by members of psychology, nursing, social work, psychiatry, recreational therapy, occupational therapy, pharmacy, and creative expressive arts. Work therapy is also available.

Specialty Services

Specialty Services (SS)

The SS addresses the needs of a diverse range of patients in four distinct subdivisions: adolescent, geropsychiatry, medical, and deaf (which encompasses mental health and substance abuse services for the deaf).

Adolescent Services (AS)

Adolescents Services consists of one co-ed unit with 14 beds. AS provides inpatient crisis stabilization for youth ages 12 to 18, with the average length of stay around 3 months. The adolescents participate in group therapy, including stress management and relaxation, creative coping, life skills, community integration, exercise and well-being, team building, climbing wall, and psychotherapy. They also attend Enola School on campus, which evaluates each student's academic level and provides individualized educational programming. One key component of the adolescent treatment program is a structured privilege level system in which each adolescent is expected to take responsibility for their own behavior by earning signatures on their daily life sheets. In addition, elaborated treatment plans are developed by the multidisciplinary team for those adolescents who require more extensive behavior plans.

One of the most unique opportunities for interns is the depth at which case conceptualization is discussed and processed among the treatment team members. There are a wide range of diagnoses, including trauma and stress-related disorders, bipolar and depressive disorders, eating disorders, psychotic disorders, anxiety disorders, neurodevelopmental disorders, disruptive, impulse-control, and conduct disorders, and developing personality disorders. As members of the treatment team, interns provide comprehensive psychological evaluations, actively participate in treatment team meetings, co-facilitate psychotherapy groups, and engage in individual and family therapy with the adolescents. There is an emphasis on using creative therapeutic strategies, including art therapy. In addition, there is also extensive opportunity to learn about milieu management and treatment programming, as well as how to develop elaborated treatment plans (i.e., individualized behavior plans).

Geriatric Service (GS)

The GS is comprised of one co-ed unit with approximately 24 patients. Interns are involved in treatment planning and psychological services. Duties include performing neuropsychological screening, leading groups, providing individual and/or family therapy, and treatment team participation. In addition, the intern may have exposure to evaluations for competency in guardianship proceedings and/or forensic matters.

Medical Services Unit

One unit of the hospital is designated for patients with medical issues which preclude them from residing on other units. Patients present with both severe mental health symptoms and medical conditions. They tend to be medically fragile or they are stepping down from major medical procedures, such as surgery. The medical unit has capacity for 20 patients and is served by a full interdisciplinary treatment team. Psychology interns may interface with this unit when their patients from other service areas in the hospital are transferred to it or to meet patient's needs for psychological services while housed on the unit.

Deaf Service (DS)

Deaf Services has the capacity for 14 patients and encompasses both psychiatric treatment and alcohol and other substance related treatment. This is the only alcohol and substance related treatment unit for deaf patients in the state of North Carolina. There is an emphasis on providing culturally sensitive and culturally relevant treatment, particularly for those patients who communicate primarily through American Sign Language (ASL). Interns who are interested in this population may have the opportunity to observe treatment team meetings and group psychotherapy as part of their rotation on the Specialty Services Division. At times, classes in American Sign Language may be available to interns and staff. Interns with specialized language skills in ASL may have other opportunities available to them.

SECONDARY ROTATIONS

In addition to their three primary rotations, interns will complete a secondary rotation which will comprise approximately eight hours of the work week. Secondary rotations are offered in Geropsychology or the Pre-trial Forensic program.

Geropsychology Minor Rotation (8 hours per week)

The intern completing the minor rotation on the geropsychiatry units will gain experience working with older adults in an individual and group format. In regard to individual therapy experience, the minor rotation intern will work with patients who require longer-term therapy either because these patients have more complex focuses of treatment, require more time spent building rapport than the major rotation allows, or require greater consistency in therapists. The minor rotation intern will also gain group therapy experience by facilitating on-unit groups. The on-unit groups are intended for patients who do not attend treatment mall groups (for a variety of reasons) or who are not able to go on weekly community outings but still desire and need engagement. The patients participating in these groups may have lower cognitive functioning or are more likely to have challenging behaviors. Examples of groups include Self-Soothing Skills, Mindfulness and Meditation (Lower Level), or Reminiscence Therapy. Finally, the minor rotation intern will have the opportunity to do at

least two integrated assessments with an older adult patient over the course of the training year (one in the Fall and one in the Spring).

Pre-Trial Forensic Program

In North Carolina, individuals who are found to be unable to proceed to trial for criminal charges due to mental illness symptoms are deemed Incapable to Proceed (ITP), and are then admitted to a local psychiatric hospital, such as Broughton Hospital (BH). At BH, patients with ITP status receive treatment for their mental illness symptoms and education about the court system; this is referred to as Capacity Restoration (CR). These patients with ITP status often occupy 25%-33% of BH's total beds. The Pre-Trial Forensic Program secondary rotation will focus on providing interns with weekly readings and discussions of forensic issues in a group supervision environment, and will offer opportunities to engage with the ITP population both as a clinician and a consultant. Interns will be able to co-facilitate CR groups for patients of a variety of levels of functioning, to provide individual capacity restoration services to patients, and to learn about functioning as a consultant on ITP-related issues within the hospital setting. Further opportunities to learn about the basics of expert testimony and pre-trial evaluations will also be provided.

SUPERVISION AND EVALUATION

Each intern has a primary supervisor and a secondary supervisor at any one time. Additional mentorship is readily available throughout the department on an ongoing basis and given the intern's needs. Each intern receives at least four hours of face-to-face supervision each week, including twice-monthly supervision meetings with the director of the internship program. Interns and supervisors develop a supervision and training contract at the beginning of each primary and secondary rotation to identify regularly scheduled supervision meetings as well as the goals and expectations of the intern during the rotations.

In addition to weekly informal feedback, supervisors provide formal written feedback at defined points throughout the training year, typically at the midpoint and end of each rotation. Interns are encouraged to provide the staff with feedback about their rotations in an ongoing fashion. The interns also complete a formal evaluation of each supervisor and rotation. This is given to the internship training director and not shared with the supervisors until the end of the training year.

RESOURCES

To facilitate accomplishment of the above goals and objectives, all licensed doctoral level psychologists employed at Broughton Hospital are affiliated with the program. Ongoing staff recruitment emphasizes interest in and desire to be involved in the internship program. Internship staff photos and information appear at the end of this booklet.

Testing resources are aggressively assimilated to the program with peer tutorials and active group discussions about instruments as they are added, and interns are welcome to join in these discussions with us as developing professionals. We also have an ever-growing collection of reference books and other media.

DIDACTICS

Interns are expected to attend weekly seminars that are designed and presented especially for them, taking into account their past experience, point in the training sequence, and future professional goals. Each Wednesday afternoon, interns participate in two 90-minute seminars addressing assessment, treatment, or professional development issues. Seminars in past years have included:

Assessment Didactics:

Assessment of Risk

- Suicidal and Parasuicidal Behavior
- Risk of violence in youth
- Risk of violence in adults

Functional Behavior Assessment

Objective Personality Assessment

- MCMI III/MCMI-IV
- PAI
- MMPI-2/MMPI-A

Projective Personality Assessment

- Rorschach with R-PAS Scoring
- Thematic Apperception Test
- Sentence Completion
- House-Tree-Person

Assessment of Trauma

Neurodevelopmental Assessment

- IQ
- Adaptive functioning
- Learning abilities/disabilities
- dementia and delirium
- Attentional/Executive Functioning

Assessment of Strengths and Resiliency Factors

Assessment Using Creative and Expressive Methods

Specialized Assessments

- Sex Offender Assessment
- Guardianship Evaluations

- Evaluation of Capacity to Proceed to Trial
- Medical Evaluations (Bariatric and Pain)

Clinical Treatment Didactics:

- Building Strong Clinical Relationships and Stage of Change
- Principles of Recovery and Resiliency
- Neurodevelopmental Concepts and Applications
- Differential Diagnosis and Good Case Conceptualization
- Interventions with people in acute risk: suicidal, parasuicidal, aggressive, and highly reactive states
- Identifying and Treating Psychosis
- Group Therapy Techniques
- The Involuntary Commitment Process
- Dialectical Behavioral Therapy and DBT-Informed Approaches to Treatment
- Psychopharmacology
- Treatment of People with Personality Disorders
- Treatment of Sex Offenders
- Incapacity to Proceed and Capacity Restoration
- Treatment of Trauma
- Treatment of Grief and Loss
- Treatment of Deaf and Hard of Hearing Individuals
- Spirituality and Health Outcomes
- Primary Care and Integrated Health
- Gender Development and Sexuality

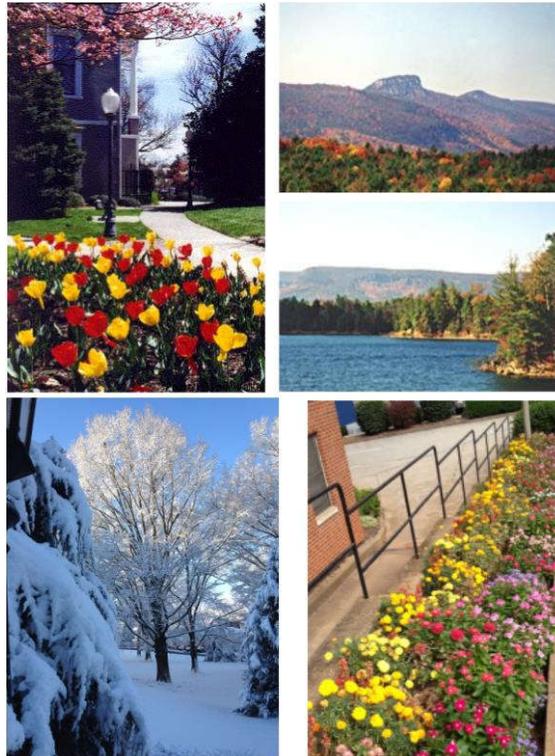
Professional Development Didactics:

- Adjusting to Internship
- Early Career-Building
- Risk Management in Practice
- Trauma-Informed Care
- Expert Testimony
- Preparing for the EPPP and Licensure
- Job Searching and Career Opportunities
- Ethical Issues
- Boundaries and Dual Relationships
- Cultural Competency in Practice
- Compassion Fatigue, Burnout, and Self-Care

THE COMMUNITY AND AREA

Broughton Hospital is located in Morganton, North Carolina. The city is nestled in the foothills of the Blue Ridge Mountains, an area that ranks among the nation's most environmentally pleasing locales. It is ideally situated near the Linville Gorge, the Pisgah National Forest, resort areas, and skiing/snow-tubing areas. Hiking, biking, kayaking, boating on nearby Lake James, golf, and outdoor dining at microbreweries are common leisure pursuits. The downtown Morganton area hosts weekly live music throughout the summer, and periodic street festivals are also held. A large shopping center centrally located five minutes from the hospital provides ample options. The community blends the desirable features of small town living with easy access to the shopping and cultural advantages of the nearby larger cities of Hickory, Asheville, and Charlotte.

Morganton has a huge contingent of state employees who are affiliated with one of the many state facilities/agencies. These facilities have helped shape the town's history since 1887. In addition to Broughton Hospital, other state-operated facilities located in Morganton include J. Iverson Riddle Developmental Center, a residential facility for those with Intellectual/Developmental Disorders, the North Carolina School for the Deaf, Western Piedmont Community College, the Department of Vocational Rehabilitation, and one prison operated by the NC Department of Public Safety, which also operates multiple other facilities within a 50 mile radius.



APPLICATION PROCESS

Pandemic Response Information

Broughton Hospital regularly receives informed guidance on approaching direct care from the Department of Health and Human Services in Raleigh, North Carolina. Interns, along with psychology department staff, are considered essential staff and required to report to the facility for provision of services. Interns engage in face-to-face contact with patients. All staff are trained in the prevention of the spread of disease, are given appropriate PPE to wear when in contact with patients and are screened on a daily basis to monitor for potential illness. To the extent possible, telehealth services and telesupervision services may be provided. Broughton Hospital also has an Employee Health office that may be utilized in the event of an illness. Any changes in the health status of patients or peers is communicated through upper administration to parties of interest, any necessary contact tracing is performed, and any need to perform testing for COVID-19 is handled by medical staff. Interns, as well as psychology staff, are encouraged to keep immediate supervisors apprised of their health and self-care needs throughout their employment tenure.

Applicants to the Broughton internship program must complete the AAPI online application. The AAPI online application can be accessed through the Applicant Portal at <http://www.appic.org>.

Those applicants who are matched with the Broughton program will also be expected to complete a State of North Carolina Application for Employment form after Match Day. **Appointments to internship positions at Broughton are contingent upon the successful results of drug testing and criminal background checks prior to the beginning of the internship year.**

The Broughton Hospital program is a participant in the APPIC Internship Matching Program and operates in accordance with the current APPIC Match Policies. This internship site abides by APPIC policy in that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. Broughton's APPIC Member Number is 1415. Applicants must obtain an Applicant Agreement package from National Matching Services, Inc., and register for the Matching Program in order to be eligible to match to the Broughton program. Broughton Hospital's Program Code Number for the Match is **141511**.

The **deadline** for application to the Broughton Hospital internship program for the 2020-21 year is **Friday, November 6, 2020**; all materials must be received on site by this date. Applicants will be contacted on or before December 11, 2020 by email or phone regarding their application status and whether or not they will be invited for an interview. **Due to limitations in travel capacities because of COVID-19, Broughton Hospital will not be**

conducting any in-person interviews for the 2020-21 application cycle. All applicants invited for an interview will be encouraged to complete a telephone or virtual interview. No visitors are allowed on site at this time. Broughton Hospital also recognizes the impact that COVID-19 has had on practicum students acquiring hours and experiences and will take this into account when deciding whether or not to interview an applicant.

The Broughton Hospital internship is an inclusive environment for candidates with diverse backgrounds. Competitive applicants for the Broughton program will have completed and/or demonstrated the following:

- a broad variety of clinical/practicum experiences (minimum 200 direct intervention hours and 100 direct assessment hours)
- interest and/or experience working with the severely and persistently mentally ill
- interest and/or experience in rural and public sector mental health
- assessment skills in the most commonly used diagnostic instruments (e.g., WAIS-IV or WISC-V, PAI, MMPI-2) as well as projective instruments, including the Rorschach
- at least eight integrated assessment batteries

PROGRAMS OF ORIGIN OF OUR INTERNS

Adler University - Chicago	1
American School of Professional Psychology (Argosy – Washington, D.C.)	7
Auburn University	1
Brigham Young University	1
California School of Professional Psychology at Alameda	2
California School of Professional Psychology at Fresno (Alliant University – Fresno)	3
California School of Professional Psychology at Los Angeles	1
California School of Professional Psychology at Sacramento (Alliant University – Sacramento)	2
Carlos Albizu University (formerly Miami Institute of Psychology)	4
Carlos Albizu University (Puerto Rico)	1
Case Western Reserve University	1
Chicago School of Professional Psychology	1
East Tennessee State University	1
Emory University	1
Fielding Graduate University	2
Florida Institute of Technology	9
Florida School of Professional Psychology (Argosy – Tampa)	9
Gallaudet University	1
George Fox University	1
Georgia School of Professional Psychology (Argosy - Atlanta)	6

Georgia Southern University	1
Georgia State University	4
Illinois School of Professional Psychology – Chicago (Argosy)	3
Illinois School of Professional Psychology – Schaumburg (Argosy)	1
Indiana State University	1
Indiana University of Pennsylvania	1
Jackson State University	5
Louisiana State University	2
University of Memphis (formerly Memphis State University)	1
Marywood University	1
Minnesota School of Professional Psychology (Argosy)	2
Nova Southeastern University	3
Ohio University	3
Pacific Graduate School of Psychology	2
Pennsylvania State University	1
Purdue University	1
Regent University	5
Spalding University	1
State University of New York at Albany	1
Texas A & M University	1
Texas Woman's University	1
The University of Toledo	1
University of Detroit – Mercy	2
University of Hartford	4
University of Hawaii – Manoa	1
University of Illinois at Chicago	1
University of Louisville	1
University of Manitoba	2
University of Mississippi	2
University of North Carolina at Chapel Hill	6
University of North Carolina at Greensboro	2
University of South Carolina	2
University of Southern Mississippi	1
University of Virginia	1
University of Windsor	1
University of Wyoming	1
Vanderbilt University	1
Virginia Consortium for Professional Psychology	5
Wright Institute	2
Xavier University	1
Yeshiva University	1

INTERNSHIP FACULTY AND STAFF



Danita R. Bowling, J.D., Ph.D.

Brigham Young University, 2016

Internship Director

Chief Psychologist, Adult Acute Service

Clinical Emphasis/Interests: legal capacity and competency; trauma-informed care; psychological assessment; group therapy; multicultural competency in treatment; professional development; suicide assessment and prevention

Internship Involvement: Internship Director, supervision, group co-facilitation

Hobbies: reality television, musical theater, escape rooms and puzzles



Cindy Peters, Ph.D.

Southern Illinois University, 1996

Director of Psychology

Clinical Emphasis/Interests: Neurodevelopmental, integrative health models for treatment in children, teens, adults, and families. Specializes in neuropsychology and neurodevelopment, integrative behavioral health, energy psychology and neuroaffective relational trauma treatments including body-informed approaches such as yoga, tai chi, EFT, EMDR, Braingym, and other integrative health methods.

Hobbies: singing, piano, dance, cooking and travel



Greg Burmeister, MS

University of Central Florida

Staff Psychologist, Adolescent Unit

Clinical Emphasis/Interests: Deaf culture, adolescent assessment and treatment



Janice Church, MA

University of North Carolina at Charlotte, 1989

Staff Psychologist, Adult Acute Service

Clinical Emphasis/Interests: Cognitive-behavioral therapy with adults and adolescents with personality disorders. Intellectual, achievement, and personality assessment, individual therapy, psychological and educational assessment of deaf persons, risk assessments, behavioral support plans.

Hobbies: Reading, movies, travel, history, cooking.



Brian M. Friedman, Psy.D.

Minnesota School of Professional Psychology-Twin Cities, 2003

Senior Psychologist, Adult Acute Service

Clinical Emphasis/Interests: Sex offender evaluation/risk assessment; personality disorders; psychopathy; violence risk assessment; management of inpatient violence; Trauma Informed Care; trauma therapy

Hobbies: Fantasy sports; football; snowboarding; DIY projects; Quentin Tarantino films; music (alternative, punk, hip-hop/rap)

	<p>Wayne S. Fullerton, Ed. D. University of California – Berkeley, 1972.</p> <p>Senior Psychologist, Geropsychiatry/Community Transition Unit Services</p> <p><u>Clinical Emphasis/Interests:</u> Cognitive behavioral therapy, perinatal anxiety and depression, ethical standards for psychologists, mental health education and development of best practices documents</p> <p><u>Hobbies:</u> Classical music and art, history, especially United States and Canada, travel and cross-cultural studies</p>
	<p>Elizabeth A. Lane, MA, LPA, HSP-PA</p> <p>Appalachian State University, 1997</p> <p>Staff Psychologist, Community Transition Units</p> <p><u>Clinical Emphasis/Interests:</u> trauma-informed care; eating disorders; self-injurious behaviors; adoption competency in treatment; psychological assessment; group / family / individual therapy; multicultural competency in treatment; suicide assessment and prevention</p> <p><u>Hobbies:</u> walking, hiking, spending time with family and friends</p>
	<p>Dawn Laurent, Psy.D.</p> <p>Adler School of Professional Psychology, 2000</p> <p>Chief Psychologist of Community Transition Units</p> <p><u>Clinical Interests:</u> competency evaluations, assessment of malingering, psychological assessment</p> <p><u>Hobbies:</u> travel, cooking Thai food</p>



Ami J. O'Neill, Ph.D.

NC State University 1993

Chief Psychologist of Specialty Services
Senior Psychologist, Adolescent Services

Clinical Interests: children, adolescents, and families; trauma therapy; assessment, school psychology and neuropsychological assessments

Hobbies: bicycling, hiking, gardening, watching baseball and UNC basketball, playing with my dog, enjoying my grown children



Melissa Sisco, Ph.D.

University of Arizona, 2011

Senior Psychologist, Adult Acute Service

Clinical Interests/Emphasis: trauma informed care and treatment, national and international recovery networking, effective treatment with youth and families



Sheila D. Williamson, Ph.D.

University of Mississippi, 1998

Geropsychology Minor Rotation Supervisor
Senior Psychologist, Treatment Mall

Clinical Emphasis/Interests: Trauma; assessment and treatment of adults and adolescents who have committed sexual offense, treatment of sexually reactive children, trauma-focused CBT for children, TBI in children and adults

Internship Involvement: supervision, group co-facilitation, training in assessment of and group therapy with individuals alleged to have committed sex offenses

Hobbies: Art, hiking, camping, music, reading

ADJUNCT INTERNSHIP FACULTY



Peter N. Barboriak, MD, PhD

Duke University School of Medicine, 1989

Supervisor
Director of Forensic Services

Clinical Emphasis/Interests: forensic psychiatry, geropsychiatry

Internship Involvement: supervisor in forensic rotation

Hobbies: reading, music



Sherif Soliman, M.D.

Wayne State University

Clinical Emphasis/Interests: forensic psychiatry, geropsychiatry

Internship involvement: didactics in forensic psychology and assessment



Elizabeth Jolly, MSW, LCSW

University of Kentucky, 2014

Forensic Services Coordinator

Clinical emphasis/interest/seminars taught:

Forensics, Criminal Justice, Substance use

Co-presenter at multiple hospital capacity restoration trainings

Hobbies: Traveling, Spending time with my family and friends, Walking

**Rebecca K. Stahl, Psy.D.**

Spalding University

Senior Psychologist, Forensic Services

Clinical Emphasis/Interests: capacity restoration

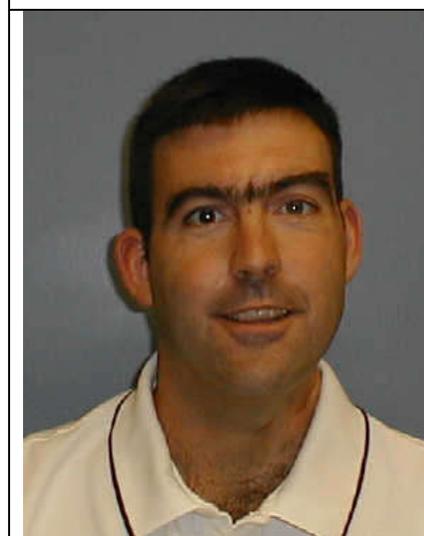
Internship Involvement: supervisor in forensic rotation

Hobbies: Hanging out with family, watching movies, playing games, gardening, making things

**Dustin B. Morris, Ph.D.**

Psychology Program Director, Forensic Services

Internship Involvement: supervisor in forensic rotation

**Keith Breedlove, Pharm. D.**

Campbell University, School of Pharmacy, 1995

Clinical Pharmacist, Broughton Hospital

Seminars: Psychopharmacology: Antidepressants & Anxiolytics, Antipsychotics & Mood Stabilizers, Medication Interactions

 A head-and-shoulders portrait of Elizabeth Guzman, J.D. She has long, dark brown hair and is smiling. She is wearing a bright red blazer over a black turtleneck top. The background is a plain, light gray.	<p>Elizabeth Guzman, J.D. Law School at University of Florida, 1987</p> <p>Assistant Attorney General, Broughton Hospital</p> <p><u>Seminars:</u> Involuntary and Voluntary Commitment; Mock court</p>
 A head-and-shoulders portrait of Melissa Borders, Pharm.D. She has long, dark, curly hair and is smiling. She is wearing a light blue or white short-sleeved top. The background is a solid blue color.	<p>Melissa Borders, Pharm.D. UNC Chapel-Hill, 2004</p> <p>Clinical Pharmacist, Broughton Hospital</p> <p><u>Seminar:</u> Antidepressants & Anxiolytics</p>
 A head-and-shoulders portrait of Stacie MacDonald Jones, M.A. She has shoulder-length, light brown hair and is wearing glasses. She is wearing a blue blazer over a yellow top. The background is a dark, textured wall.	<p>Stacie MacDonald Jones, M.A. University of Southern Mississippi, 1993</p> <p>Director of Psychosocial Treatment Services, Broughton Hospital</p> <p>Member, North Carolina Psychology Board</p> <p><u>Seminars:</u> Group Psychotherapy, How Communicate Effectively With the NC Psychology Board</p>

Written inquiries may be forwarded to:

Danita Bowling, J.D., Ph.D.
Psychology Internship Training Director
danita.bowling@dhhs.nc.gov

Broughton Hospital
1000 South Sterling Street
Morganton, North Carolina 28655

Broughton Hospital Main Phone: (828) 608-4000
Psychology Department Phone: (828) 608-4341

Tables Required by APA

Internship Program Admissions

Broughton Hospital offers an internship program that trains interns to provide a broad array of psychological services within the public mental health sector using evidence-based practices in an inpatient psychiatric setting with mentally ill adults and adolescents. Interns have the opportunity to gain extensive experience with a broad array of inpatients with severe and persistent mental illness (SPMI) via rotations including adult acute service, community transition units, adolescent, geriatric, deaf, or forensic areas of service. The internship program begins on July 1st and ends the following June 30. The internship participates in the APPIC process for matching interns.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours	N	x	Amount: 200
Total Direct Contact Assessment Hours	N	x	Amount: 100

Describe any other required minimum criteria used to screen applicants:

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	29312	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	YES	
If access to medical insurance is provided:		
Trainee contribution to cost required?	YES	
Coverage of family member(s) available?	YES	
Coverage of legally married partner available?	YES	
Coverage of domestic partner available?		NO
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	0	
Hours of Annual Paid Sick Leave	0	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	YES	
Other Benefits (please describe):		

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2017-2020	
Total # of interns who were in the 3 cohorts	12	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Community mental health center	3	1
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center	1	
Military health center		
Academic health center		
Other medical center or hospital		
Psychiatric hospital		1
Academic university/department	1	
Community college or other teaching setting		
Independent research institution		
Correctional facility		1
School district/system		
Independent practice setting	3	1
Not currently employed		
Changed to another field		
Other		
Unknown		

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

For information regarding the
Guidelines and Principles for Accreditation of Programs in Professional Psychology, contact:
APA Office of Program Consultation and Accreditation
750 First Street, NE • Washington, DC • 20002-4242
Phone: 202-336-5979 • TDD/TTY: 202-336-6123
Fax: 202-336-5978 • email: apaaccred@apa.org
Website: <http://www.apa.org/ed/accreditation/>

Broughton Hospital provides equal opportunity to all applicants without discrimination on the basis of race, color, religion, national origin, gender, age, or disability. Both the hospital and mental health agencies affiliated with the internship program have a drug-free workplace policy.

Information Booklet revised: July 2020