Clinical Psychology Internship Program

Cherry Hospital

J. Luckey Welsh
Hospital Director

James Mayo, M.D.
Director of Clinical Services

Steven Peters, Psy.D.
Director of Psychology

Astrid Ertola, Ph.D.
Director of Internship Training
Overview

The Department of Psychology at Cherry Hospital offers a pre- and post-doctoral internship in clinical psychology for persons desiring extensive experience with adolescent, adult, geriatric, and forensic inpatient populations. The Training Director, Psychology Director, and other faculty members serving as Program Coordinators comprise the Psychology Training Committee, which administers the program, reviews applications, fills the available positions, monitors the quality of training, awards certificates of completion, and provides feedback to the interns and the graduate program that trained the intern.

Cherry Hospital is a state psychiatric hospital setting that offers inpatient psychiatric treatment to individuals starting at age 12. The hospital offers individual therapy, diagnostic assessment, psychoeducational groups, school psychology services, and capacity restoration services (when needed) for all ages.

In the fall of 2016, Cherry Hospital moved to a new, state-of-the-art facility with large open areas, large windows, and other architectural elements intended to maximize the positive outlook and potential of patients and staff. The 198-bed facility serves the acute mental health needs of adolescents and adults from 38 counties in eastern North Carolina. The new Cherry Hospital facility has the capacity to expand patient beds up to approximately 260 patients in the future. The additional patient beds will be opened systematically over time.

Cherry Hospital is located in Goldsboro, North Carolina, about 50 miles from Raleigh and 45 miles from Greenville. Goldsboro offers a wide range of restaurants and entertainment options. Raleigh and Greenville are home to numerous universities and colleges, and technology and medical science businesses.

Three primary rotations of four months duration are required. Typically, these rotations occur on the following services: adult admissions, adult independent transitions, adolescent, and geropsychology. Additional clinical opportunities are available for forensic populations and medical psychiatric units. Usually an intern does three rotations on three separate services, but an intern can do more than one rotation on a service based on individual training needs. All rotations and placements depend on supervisor availability, the need for psychological services, and most importantly, the training needs and/or interests of the intern.

The internship program begins August 1st and ends on the following July 31st. Interns receive a stipend of $25,648. Two weeks of personal leave time (10 work days) and 12 state holidays are included in the pay. Health insurance is not provided. Up to 10% time per week can be used for research/professional development and counted as internship hours.

Interns have LAN based computers with internet access and email and phone lines. Mail slots, fax machine, and copying are easily accessible to the intern’s work space.
Application Procedure

ELIGIBILITY: Doctoral candidates in APA-approved or CPA-approved psychology programs; APA-approved or CPA-approved school psychology programs are accepted for the Adolescent-focused area. Must be in the third year of doctoral program or later. If the doctoral program requires comprehensive exams, applicants must have passed prior to starting the internship. Must have at least 450 face-to-face intervention hours and 50 face-to-face assessment hours in doctoral program practica by application deadline. U.S. citizenship is not required, but non-citizen applicants must have permanent residency with an EAD (Employment Authorization Document) prior to application.

Candidates must send:

1) A completed application form

2) A current vita

3) Three letters of recommendation, including one from the Director of Clinical Training or Program Head stating readiness for internship

4) An official graduate school transcript

5) A personal statement which includes internship goals and long-term professional goals.

DEADLINE: The application deadline is November 15.

APPLICATION REVIEWS AND INTERVIEWS: We will contact all applicants by email no later than December 15 to notify you that we are offering an on-site interview, or to inform you we are no longer considering your application. On-site interviews are mid-to-late January. Applicants are strongly encouraged to have an on-site interview. Phone interviews can be arranged if travel is not possible.

Training Philosophy

The internship provides clinical training in the context of the Scientist-Practitioner model and has as its overarching goal, to produce a psychologist who is able to integrate science with professional practice knowledge, attitudes, and skills. Consistent with this training model, each intern makes a presentation to the faculty on a topic relating to their focus area. Many interns present their dissertation or other research project for critical review prior to presenting it to their dissertation committee or at a professional conference. Each intern is expected to demonstrate competency in integration of science and practice as measured by supervisor feedback. Each intern attends required didactic experiences to address the professional competencies referenced in the APA guidelines including the integration of science and practice. All interns may take up to 10% time (4 hours per week) for research/professional development, which may involve work on a dissertation or any other research project, or professional development (e.g. EPPP study,
reading scholarly articles, preparing a presentation, etc.). The internship also supports interns’ professional development by attending off-site training. Interns may request up to 2 full days for a specific off-site training experience to be counted as part of their internship year.

The internship expects to contribute to the development of well-rounded clinical psychologists. Our interns have a flexible and individualized training experience that both builds on their existing strengths and also broadens their clinical experience. We provide interns with exposure to a wide range of populations and services and a variety of experienced clinical supervisors. We employ a variety of training methods (e.g., individual and group supervision, observation, demonstration, audio- and videotape, seminars, workshops, etc.). Interns have close contact with a variety of other trainees. These include other psychology interns, psychology practicum students, and trainees from psychiatry, social work, occupational therapy, rehab services, and pharmacy services.

**Training Process**

Each intern will be assigned a faculty member from their major focus area that will serve on the training committee. This faculty member serves as an information source until the internship officially begins, then as advisor for the intern while planning their training program for the year. This faculty is available throughout the year for advice regarding problems that may arise, and collects feedback from supervisors concerning the intern’s progress.

**CORE COMPETENCIES:**

The internship identifies core competencies that all interns are expected to acquire by the end of the internship year regardless of their focus area. The core competencies are those which involve gradual acquisition of skills through experiential learning, direct service under supervision, and didactics.

**Treatment Competency**

We expect that the intern’s university program has provided them with basic training in provision of a variety of treatment approaches with their intended major population. Interns will build on their existing treatment skills by participating in treatment team meetings, offering individual or group psychotherapy, and offering programming in the Psychosocial Rehabilitation program.

The Treatment core competency skills include case conceptualization, the ability to use a range of therapeutic options, and providing effective treatment while demonstrating sensitivity to diversity. Consultation skills in the context of treatment include consultation to multidisciplinary teams. Program evaluation skills in the context of treatment include creating behavior plans using behavioral analysis, measuring outcomes, and adapting treatment to maximize effectiveness.

**Assessment Competency**
We expect that the intern’s university program has provided them with basic training in intellectual assessment, academic skills assessment, and personality-psychopathology assessment with their intended major population. The internship will build on the foundation provided by the intern’s university program by offering more intensive exposure to assessment in the intern’s major population, as well as access to assessment training in other populations.

The Assessment core competency skills include interviewing for rapport building and data gathering while remaining sensitive to diversity issues; administration, scoring and interpretation of testing measures; integration of data from multiple sources; writing reports which are timely, accurate, relevant, and readable. Consultation skills in the context of assessment include providing feedback to the referral source, patient, and multidisciplinary team.

**Specialty Population Competency**

The internship also considers skills with at least one specialty population to be a core competency for all interns. The specialty population requirement can be helpful in meeting intern career goals and also in expanding interns’ breadth of expertise, consistent with our intent to provide broad-based training. The settings in which interns gain a specialty population competency are the Adolescent Unit, Forensic Services, Geriatric Services, and the Physical Medicine and Rehabilitation Service (see descriptions below). The Adolescent, Forensics and Neuropsychology/Geropsychology focus interns meet this requirement in their major rotations but may also select another specialty population as a minor. The Adult focus intern meets this requirement through minor rotations. The specific skills being trained vary depending on the specific population.

**General Professional Competencies**

In addition to the specific clinical skills reflected in the core competencies, all interns are also expected to demonstrate general professional competencies which reflect core personal qualities and professional enculturation. These include adherence to ethical standards, ability to use supervision and consultation, ability to interact with other professionals effectively, assumption of responsibility for their work, positive coping strategies for managing personal stress, sensitivity to cultural and other individual differences, time management, integration of science and practice, and informal consultation.

**Competency in provision of supervision**

All interns are expected to demonstrate competency in provision of supervision. Training in supervision competency is two-fold. Through the didactic seminar series interns learn the competency-based approach to clinical supervision. Then interns obtain direct experience in supervision under the supervision of an umbrella supervisor (i.e. interns are being supervised on their supervision). Most interns obtain this direct experience via peer supervision, whereby interns with areas of greater competence in a specific area provide supervision to interns with less competence in that area. Depending on availability of practicum students, some interns may
serve as supervisor for a student from doctoral or masters programs. The intern and supervisee sign a formal supervision agreement which is comparable to the rotation agreement between the intern and their own supervisors.

**ROTATION AGREEMENT**

At the start of each rotation, interns are provided with a formal written agreement with each supervisor, describing the expected training experience, the expected work load including writing time, and the minimum amount of supervision to be provided on a regular basis. Each supervisor also reviews with the intern their past relevant experience. Each supervisor identifies which skills are expected to be trained during the training experience. The intern and supervisor will agree on a current rating of their skills at the start of the rotation, and the expected level at the end of the rotation.

**SUPERVISOR FEEDBACK**

Interns receive ongoing informal feedback from supervisors and formal feedback from supervisors at regular intervals. Both are critical to the mission of helping interns develop the skills necessary to demonstrate acquisition of the core competencies by the end of internship.

Because skills leading to core competencies are acquired by experience under supervisions, skills are expected to increase based on accumulated experience across the internship year. Because interns acquire skills at different rates, each supervisor rates the intern’s progress on acquiring skills every 3 months. Each supervisor also provides ratings of the interns’ general professional competencies described above, at 6 months and in the final month of internship. Each supervisor also completes narrative feedback at 6 months and also at the end of internship. All of this formal feedback is shared with the intern.

Interns’ competency in provision of supervision is evaluated by their umbrella supervisor at the end of the formal supervision arrangement between the intern and their peer supervisee. The umbrella supervisor shares this feedback with the intern.

See the policy on Minimum Achievement Expectations for more details on how interns’ progress is measured and the minimum expectations for successful completion of internship.

**Formal Evaluations (mid-rotation, end of rotation)**

The Training Committee conducts formal evaluations of each intern mid-way through each 6-month rotation, and at the end of each rotation. The Training Committee evaluates the interns for progress toward acquiring core competencies via the ratings of component skills from their supervisors, and narrative feedback from supervisors. The Training Committee monitors the interns’ demonstration of general professional competencies via supervisor feedback. The Training Director provides feedback about the intern to their graduate program Director of Clinical Training.

**Certificate of Internship**
Upon successful completion of the internship, a certificate of completion is awarded by the Department of Psychology of Cherry Hospital.

**Intern Feedback to the program**

Interns are given an opportunity to provide feedback about the program anonymously. One year after their internship year is over, the Training Director contacts former interns and solicits their feedback about the internship, including their evaluation of the extent to which the internship met our goals in training their competencies. The Training Director collates that information for program development.

**Training Settings**

Two interns will be selected each year. Interns will do three, four-month rotations. Typically, these rotations occur on the following services: adult admissions, adult independent transitions, adolescent, and geropsychiatry. Additional clinical opportunities are available for forensic populations and medical psychiatric units. Usually an intern does three rotations on three separate services, but an intern can do more than one rotation on a services based on individual training needs. Patients on all units attend a centralized treatment mall daily from 9am to 2pm, where they attend four 45-minute psychoeducational groups geared toward their needs. Interns may have the opportunity to co-lead existing therapy or skills-training groups (e.g., CBT, DBT) or to develop and implement other groups that address specific patient needs. Participation in the Treatment Mall program may also provide interns with the opportunity to gain or expand specialty skills, such as working with dual diagnosis and substance abuse. Rotation options are described below:

**ADULT ACUTE ADMISSIONS UNIT**

The AAU provides treatment to adults with active symptoms of severe and persistent mental illness. Diagnoses represented in the patient population include Schizophrenia, Schizoaffective Disorder, Depression, Bipolar Disorder, Substance Abuse/Dependence, Intellectual Disability, and Axis II disorders (most commonly Antisocial Personality Disorder and Borderline Personality Disorder). This rotation provides training with the Adult SPMI specialty population. Currently, the AAU consists of approximately 60 patients who reside on four separate patient care units (PCUs): two all-male units and one all-female units, and, psychiatric intensive care unit. While length of stay varies greatly (anywhere from one week to greater than one year) the average length of stay for patients is 12 weeks. Typically, an intern completing an AAU rotation will be assigned to work with patients on one PCU and will be supervised by the psychologist on that PCU. During the rotation, the intern will have the opportunity to engage in psychological assessment (e.g. diagnostic, cognitive, malingering, independent living) and brief, goal-focused individual psychotherapy. The intern may also have the opportunity to provide individual capacity restoration to a sub-population of forensic patients on the AAU who have legal charges and have been found not capable to proceed to trial. The intern may also participate in conducting behavioral assessments, behavioral observations, and developing/implementing behavioral interventions, including providing staff training for behavioral interventions. The intern will engage in treatment planning activities in multidisciplinary treatment team
meetings. There may be opportunities for the intern to co-lead a group in the treatment mall, depending on the intern’s interest and supervisor availability.

INDEPENDENT TRANSITIONS UNIT

Independent Transition Unit (ITU) provides treatment and rehabilitation services to adults with severe and persistent mental illness (SPMI). ITU provides treatment for approximately 80 patients with a variety of diagnoses, including schizophrenia, major affective disorders, and severe personality disorders. Patients may also have legal issues and require treatment to restore capacity to proceed to trial. In addition, the unit treats mentally ill/intellectually developmentally disordered patients and SPMI patients with co-occurring substance abuse problems. The length of stay varies from three to six months to many years. The ITU offers an alternative to the custodial atmosphere prevalent in traditional psychiatric institutions. Instead, the unit offers a social environment where patients are treated as responsible adults. Rehabilitation efforts are aimed at reducing symptoms and helping patients to develop the cognitive, interpersonal, and self-management skills needed to achieve the highest level of independent functioning possible. The treatment philosophy emphasizes the importance of the milieu, the need for clearly communicated behavioral expectations, appropriate medication management, and opportunities for patients to acquire new skills that improve their level of independent functioning. For higher functioning patients, emphasis is placed on the development of patient-centered goals and developing skills necessary for meeting these goals. Patients follow their own schedules and take responsibility for developing independent living skills (symptom management, ADL skills, money management, etc.). Lower functioning patients are provided with more structure and support to enable them to successfully complete daily activities and engage in treatment. Clear and consistent reinforcement for appropriate behaviors is critical. Patients are able to participate in a work therapy program to learn job skills and earn money during their hospitalization. This rotation provides training in the Psychiatric Rehabilitation and Social Learning models. Interns are assigned to one or more treatment teams to provide psychological consultation and may also provide psychological services across wards. Interns also gain experience providing direct psychological services including leading community meetings, providing individual behavioral assessment, group and individual skills training and psychotherapy, participating in multidisciplinary treatment team meetings and treatment planning, neuropsychological screening (e.g., RBANS), psychodiagnostic assessment (e.g., MCMI-III, MMPI-2, etc.), and functional assessment. Interns develop skills in assessing and treating a variety of psychiatric symptoms and problematic behaviors (e.g., psychosis, depression, emotional dysregulation, substance abuse, social skills deficits, aggression, self-injurious behavior) with a focus on evidence-based practice. Interns are expected to progress from working “side-by-side” with unit psychologists to working more independently with specific patients and treatment teams.

ADOLESCENT UNIT

The Adolescent Unit (AU) offers a range of inpatient services to adolescents and their families. The 16-bed Adolescent Inpatient Unit provides crisis stabilization and inpatient evaluation services for adolescents ages 12-17. The patient population presents a full range of psychiatric conditions, including emerging presentations of severe mental illness or character pathology, as well as substance abuse, autism spectrum disorder, conduct disorder and oppositional-defiant
disorder. Training opportunities for interns provide a balance of psychological assessment and treatment interventions including individual and group therapy, and participation in interdisciplinary treatment teams and diagnostic conferences. AU supervisors have a wide variety of therapeutic orientations and approaches, offering training in cognitive-behavioral, behavioral, client-centered, psychodynamic, psychoeducational, and experiential modalities. Interns may provide individual therapy to patients whose admissions generally range from four weeks to six months in length. Group therapy experiences consist of traditional “process” groups as well as psychoeducational groups in a variety of areas such as anxiety, DBT, substance abuse, social skills and problem solving. Psychological assessments range from single tests, which target a specific referral question, to in-depth, full-battery evaluations. Opportunities are available to gain training and exposure to a wide range of assessment tools including cognitive/IQ testing, educational/achievement testing, projective tests (e.g. TAT), personality inventories (e.g. MMPI-A), behavior checklists (e.g. Behavior Assessment System for Children), neuropsychological testing, and behavioral observations. In addition to performing formal assessments, interns gain experience with the diagnostic process through active participation in team meetings, where information gathered by staff members from of a variety of disciplines is shared for the purposes of diagnostic conceptualization and treatment planning. Interns will also have the opportunity to conduct behavior plan evaluations in which functional assessments of patients’ behavior is conducted to determine the need for behavioral interventions, and subsequent plans are developed as needed.

GERIATRIC UNIT

The training sequence for the Neuropsychology/Geropsychology intern is designed to provide exposure to a range of conditions in both neurologic and psychiatric patients. The Geriatric Services Unit at CRH is a 22-bed, primarily acute inpatient psychiatric unit which provides expertise in treating older psychiatric patients. Patients are usually admitted on an involuntary commitment. Presenting problems include dementia (e.g. Alzheimer’s disease, vascular dementias, substance abuse-related dementias, or mixed etiologies), chronic schizophrenia, recurrent affective and schizoaffective disorders, and late onset psychosis and depression, among others. Substance abuse/dependence patients are also admitted, with alcohol the most common substance. Many patients have multiple chronic medical illnesses complicating or contributing to their psychiatric and neurological difficulties. Length of stay varies by diagnosis and chronicity, although the goal is always stabilization of the behavioral problems that led to admission and discharge to a less restrictive community setting (e.g., home, family, rest home, nursing home).

Interns are provided with specialty training working with a geropsychiatry population and the special considerations in assessment and treatment raised by aging and lifespan issues (e.g., importance of age and education-corrected test norms). The Intern will represent psychology on a multidisciplinary treatment team that includes psychiatry, nursing, social work, and other disciplines, with a caseload spanning the full range of patient diagnoses. Assessment, including clinical interview, review of patients’ history, chart review, testing, report writing, and feedback to the treatment team will be a large part of the Intern’s responsibility. Interns conduct initial psychological screenings (required on all new admissions). There will be a heavy emphasis on neuropsychological assessment, including cognitive screening, as well as opportunity for more in-depth intellectual and neuropsychological assessment on referral from the attending
MD. Personality assessment such as MMPI-2 (often short forms) and depression inventories will be required on occasion. Interns are expected to become proficient in the interpretation of evaluation data and in reporting the results of evaluations to other disciplines in both written and oral form. Treatment activities include both group (e.g. leading cognitive-behavioral therapy groups such as coping skills or symptom management) and individual modalities. There are also opportunities for individual behavioral management plans. The relative emphasis of responsibilities will vary according to PCU or hospital needs.

FORENSIC SERVICES

In the AAU, ITU, and Geriatric units interns will gain experience treating our forensic population. Interns will be able to observe and administer assessments with pre-trial defendants who are court ordered to receive capacity restoration services. Interns may conduct psychological assessments in response to specific referral questions from the primary forensic evaluator, including rule out malingering, rule out psychosis, assess neuropsychological, cognitive, or intellectual functioning, and/or diagnostic clarification. A combination of methods may be utilized including clinical interviews, psychological testing, consultations with staff, and an extensive review of collateral information. Tests may include measures of effort and malingering (TOMM, M-FAST), neuropsychological screening tests (RBANS), intellectual and achievements tests, personality inventories (MMPI-2), and diagnostic assessments (MCMI-III). The discrimination of malingering will be accomplished using the above methods as well as standardized tests such as the TOMM, SIRS, and symptom validity testing. Reports of findings are completed under supervision and submitted to the Court. Interns may also observe and participate in capacity restoration groups and individual sessions working on capacity restoration of patients. Interns can also observe evaluations for Capacity to Proceed (CTP), which are completed by a forensic psychiatrist or forensic psychologist on staff at Cherry Hospital.

Didactics

Grand Rounds: Coordinated through East Carolina University Department of Psychiatry. Grand Rounds are held on Thursdays and are open to all trainees.

Continuing Medical Education Activities (CMEs): Workshops and trainings on various topics in psychiatric care are presented on by guest speakers. These activities often allow for CME credits for various disciplines working in the hospital.

Seminars: Interns are required to weekly attend seminars, some of which are shared with the medical students from Campbell University. These seminars include topics on ethics, professional development, therapy, assessment, evaluation, psychopharmacology, cultural competence, and various other topics in psychology and psychiatry.

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 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.

Psychology Department


Astrid Ertola, Ph.D. Senior Psychologist. Ph.D. in Clinical Psychology from Fielding Graduate University in 2013. Special interests in SPMI, diagnostic assessment, capacity restoration, and brief, solution-focused therapy.

Jim Williams, Ph.D. Senior Psychologist. Ph.D. in Psychology from University of North Carolina at Chapel Hill in 1978. Special interests in psychosocial rehabilitation and cognitive remediation.

Devon Barnes, Ph.D. Staff Psychologist. North Carolina University in 2000. Special interest in geropsychology and neuropsychology.


Cynthia Lewis, Ph.D. Senior Psychologist. Ph.D. in Clinical Psychology from Alliant International University, San Diego in 2015. Special interests in adults with serious mental illness and conducting multicultural research.


Holly Manley, M.A., LPA. Staff Psychologist/Forensic Services Coordinator. Master’s Degrees in both Forensic Psychology and School Psychology from Chicago School of Professional Psychology (2007) and East Carolina University (2013), respectively. Currently completing dissertation for a Ph.D. in Clinical Health Psychology from East Carolina University. Special interest in forensic psychology.


Rose Williams, M.A., LPA. Staff Psychologist. Rose Thigpen Williams, M.A., LPA, Staff Psychologist, Master's Degree from East Carolina University, 1993 in IDD/ Developmental Disabilities. Special interests in IDD, autism spectrum disorders, capacity restoration, and solution focused therapy.

Richard Unkiewicz, M.A., LPA Staff Psychologist. M.A. in Human Relations from University of Oklahoma (1975); M. ED. Counseling Psychology from University of Central Oklahoma (1978). Special interests in group psychotherapy and psycho-social rehabilitation.

Sean Vick, M.A., LPA. Staff Psychologist. Master’s Degree from Western Carolina University in 2014. Special interests in adolescent psychopathology and the Five Factor Model of Personality.


Adrienne Hollowell. Behavior Management Specialist II. Bachelor's degree from Wake Forest University in 2008 and currently a Master's Degree student at Fayetteville State University (expected graduation 2017). Special interests in behavior modification programming.