

Clinical Psychology Internship Program

Cherry Hospital

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Overview

The Department of Psychology at Cherry Hospital offers a pre- doctoral internship in clinical psychology for persons desiring extensive experience with adolescent, adult, geriatric, and forensic inpatient populations. Interns are trained to provide a broad array of psychological services with the public mental health sector using evidence-based practices in an inpatient setting.

The Training Director, Psychology Director, and other faculty members 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 230-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.

Interns have the opportunity to gain extensive experience with a broad array of patients with severe and persistent mental illness (SPMI). Three primary rotations of four months duration are required. Typically, these rotations occur on the following services: adult admissions, adult independent transitions, adolescent, and geriatric units. Additional clinical opportunities are available for forensic populations and medical psychiatric units. Interns typically do 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 minimum stipend of \$25,648 (\$14.00 per hour). 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.

Mission

Cherry Hospital's mission is to provide excellent psychiatric care to individuals with the greatest need and the fewest resources. The internship program at Cherry Hospital is designed to train competent and ethical psychologists who can work with a wide range of presenting problems.

Training Philosophy

The internship provides clinical training in the context of the Scientist-Practitioner model with an overarching goal, to produce psychologists, 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.

This internship expects to contribute to the development of well-rounded clinical psychologists. 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, seminars, workshops, etc.). It functions on an integrative care model allowing interns to have working relationships with several other professions. These professions include other psychology interns, psychology practicum students, and trainees from psychiatry, social work, occupational therapy, rehab services, and pharmacy services.

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 this exam 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 December 15th.

APPLICATION REVIEWS AND INTERVIEWS: We will contact all applicants by email no later than December 1st 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.

Requirements For Completion

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

1. Completion of a minimum of 1832 training hours.
2. At least two assessment case presentations to demonstrate competence in selection, administration, scoring, and interpretation of appropriate assessment instructions to demonstrate diagnostic proficiency.
3. Attainment of a rating of Good, or above, on all applicable areas of the intern's evaluation on his or her final rotation.

Training Process

Each intern will be assigned an advisor from their major focus area. This advisor 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 individual is available

throughout the year for advice regarding problems that may arise and collects feedback from supervisors concerning the intern's progress.

Goals and Objectives

The internship identifies goals and objectives that all interns are expected to acquire by the end of the internship year and which involve gradual acquisition of skills through experiential learning, direct service under supervision, and didactics.

Treatment Competency

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

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, and Geriatric Services.

General Professional Competencies

In addition to the specific clinical skills reflected in the core competencies, all interns are 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.

Supervision and Evaluation

Competency in provision of supervision

All staff at Cherry Hospital are highly invested in the training of our interns. We believe in a developmental model of supervision which provides the support and mentoring needed, as appropriate to the trainee's level of skill and ability, with the goal of the intern being able to work independently by the end of the training year. 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. Depending on availability of practicum students, some interns may serve as supervisor for a student from doctoral or masters programs.

Rotation Agreement

At the start of each rotation, interns are provided with a formal written agreement with each supervisor, describing the expected training experience, 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.

Given that interns acquire skills at different rates, skills leading to core competencies are acquired by experience under supervisions, and skills are expected to increase based on accumulated experience across the internship year. Therefore, evaluations of the supervisees are ongoing and each supervisor rates the intern's progress on acquiring skills every 3 months. Supervisors also provide ratings of the interns' general professional competencies described above, at 6 months and in the final month of internship.

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 supervisee. The umbrella supervisor shares this feedback with the intern.

Formal Evaluations (mid-year, end of year)

Formal evaluations of each intern are conducted mid-way through the internship and at the end of internship. Informal feedback is provided throughout the year. The Training Committee evaluates interns for progress toward acquiring core competencies via the ratings of component skills and narrative feedback from supervisors. The Internship Director provides feedback about the intern to their graduate program Director of Clinical Training.

Certificate of Internship

Upon successful completion of 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. One year after completing internship, the Internship Director will contact former interns and solicit their feedback about the internship, including their evaluation of the extent to which the internship met our goals. The Internship Director collates that information for program development.

Training Settings

Two interns will be selected each year. Interns will do three, four-month rotations. These rotations typically occur on the following services: adult admissions units, adult independent transitions, and adolescent, and geriatric units. Additional clinical opportunities are available for forensic populations and on the medical psychiatric unit. Usually an intern does three rotations on three separate services, but an intern can do more than one rotation based on service or 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. 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 (AAU)

The Adult Acute Admissions Units (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 Use Disorder, co-morbid Intellectual Disability, and Personality 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 80 patients who reside on five separate

patient care units (PCUs): three all-male units, one all-female unit, and a psychiatric intensive care unit. 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, 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 and implementing behavioral interventions, including providing staff training for behavioral interventions. The intern will engage in treatment planning activities in multidisciplinary treatment team meetings.

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. Patients may also have legal issues and require treatment to restore capacity to proceed to trial. 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. 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. Patients are able to participate in a work therapy program to learn job skills and earn money during their hospitalization. Interns provide psychological consultation and may also provide psychological services across units. Interns also gain experience providing direct psychological services including 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-IV, 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 22-bed 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 disorders, conduct disorders and oppositional-defiant disorders. 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. 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, 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 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 Geriatric Unit is designed to provide exposure to a range of conditions in both neurologic and psychiatric patients. The Geriatric Services Unit at Cherry Hospital is a 24-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. 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 geriatric 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 also 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 unit 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 a rule out for malingering or psychosis, assessing 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-IV). The discrimination of malingering will be accomplished using the above methods as well as standardized tests such as the 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.

Performance Impairment, Remediation, Grievance

The Internship provides interns and faculty with clear guidelines for identifying and remediating problems in intern performance. Due process is employed to ensure that decisions about interns are not arbitrary, personally based, or discriminatory. Due process requires that interns are informed of the basis for decisions, the process for disputing decisions, and the process for appealing decisions to a governing body if the dispute cannot be resolved.

Interns are provided with all policies, including this policy, at the start of the internship year. This policy specifies the process for decisions made by the Internship, for formal remediation plans, and for interns to dispute or appeal decisions. Decisions are made with input from several sources which are then documented and communicated to all relevant parties. Interns are provided with instruction on how to appeal decisions and given sufficient time to do so.

A. Definition of Intern Performance Problems

Intern performance problems are defined as any behaviors or attitudes resulting in impaired professional functioning. Typically, these will involve an inability and/or unwillingness to acquire and integrate professional standards into professional behavior; and/or to acquire professional skills to reach an acceptable level of competency; and/or to contain or seek treatment for stress or psychological dysfunction.

Any intern may exhibit problems requiring remediation, but which do not rise to the level of being a serious professional impairment. Most such problems reflect a skill deficit which can be rectified by academic or didactic training. This type of remediation will be referred to as “informal remediation” in the rest of this document.

Some intern performance problems do cause serious performance impairment. This can occur when:

- 1) the intern does not acknowledge, understand, or address the problem when it is identified; and/or
- 2) the quality of services delivered by the intern is sufficiently negatively affected; and/or
- 3) the problem is not restricted to one area of professional functioning; and/or
- 4) a disproportionate amount of attention by training faculty is required; and/or
- 5) the intern’s behavior does not change as a function of feedback, informal remediation, or time.

When an intern problem is identified as a creating a performance impairment, the Internship Director will create a formal remediation plan and/or a sanction according to this policy.

B. Identifying, Notifying and Responding to Intern Performance Problems

There are two ways in which a potential performance problem may be identified: an intern receives a rating of “R” (i.e. “Remediation”) from any supervisor on the “Intern Professional Competencies” form; or any person raises serious concerns about an intern’s behavior, including ethical or legal violations and professional incompetence.

1) The person who raised a concern about a possible performance problem in an intern will discuss the concern with the Training Director.

If the Training Director determines that the alleged behavior would not or does not constitute a serious professional impairment, the Training Director will:

- a) provide the intern with verbal notification and discuss informal remediation;
- b) keep no record of this concern.

If the Training Director determines that the alleged behavior, if proven, would constitute a serious professional impairment, the Training Director will:

- a) inform the person who raised the concern;
- b) discuss possible formal remediation/sanctions in the full Training Committee; and
- c) bring the formal remediation/sanction plan to the Psychology Director for review.

Once a decision regarding remediation has been reached, the Training Director will inform the intern in writing, and will meet with the intern to review the decision.

If the intern accepts the decision, any formal action taken by the Internship may be communicated in writing to the intern's graduate training program. This notification will indicate the nature of the concern and the specific remediation or sanctions to be applied.

The procedure for challenging these decisions is presented in section E.

C. Formal Remediation or Sanction

In implementing formal remediation or sanction, the faculty must balance the needs of the intern, the affected patients, the intern training group, the faculty, and other agency personnel. When a performance problem requires formal remediation or sanction, the plan may include any of the following actions:

1) Written acknowledgment of the problem, in a letter from the Training Director that:

- a) describes the problem behavior;
- b) indicates that the Training Committee will work with the intern to rectify the problem;
- c) indicates that the problem is not significant enough to warrant more serious action.

The letter will be removed from the intern's file when the intern responds to the concerns and successfully completes the internship.

2) Written warning from the Internship, in a letter from the Training Director that:

- a) describes the problem behavior;
- b) instructs the intern to discontinue the problem behavior;
- c) describes the actions needed by the intern to correct the problem behavior;
- d) provides a time frame for correcting the problem behavior;
- e) describes what action will be taken if the problem behavior is not corrected;
- f) notifies that the intern has the right to appeal this action.

The letter will be kept in the intern's file during the training year. The Training Director may remove the letter from the file once the intern successfully completes the internship.

If the letter remains in the file, the file will also contain the position statements of the parties involved in the dispute.

3) Training Schedule Modification

This is an accommodation made to assist the intern in responding to personal reactions to stress. It will include a specific formal remediation plan that is time-limited and overseen by the Training Director. The intent is to return the intern to a more fully functioning state, with the full expectation that the intern will satisfactorily complete the internship.

Modifications may include a combination of:

- a) increasing the amount of supervision, either with the same or other supervisors;
- b) change in the format, emphasis, and/or focus of supervision;
- c) recommending personal therapy;
- d) reducing the intern's clinical or other workload;
- e) requiring specific academic coursework.

The length of a schedule modification period will be determined by the Training Director in consultation with the Psychology Director. The termination of the schedule modification period will be determined, after discussions with the intern, by the Training Director in consultation with the Psychology Director.

4) Probation

This is a time limited, remediation-oriented, closely supervised training period, with the intent of assessing whether the intern will be able to complete the internship. The Training Director systematically monitors for a specific length of time the degree to which the intern addresses, changes and/or otherwise improves the identified problem behavior.

The intern is informed of the probation in a written statement which includes:

- a) the specific problem behaviors;
- b) the remediation plan for rectifying the problem;
- c) the time frame for the probation during which the problem is expected to be ameliorated;
- d) the procedures to ascertain whether the problem has been appropriately rectified.

5) Review of Formal Remediation Plan

If the Training Director determines that there has not been sufficient improvement in the intern's behavior to remove the Probation or modified schedule, then the Training Director will discuss with the Psychology Director possible courses of action to be taken.

The Training Director will communicate in writing to the intern that the conditions for revoking the probation or modified schedule have not been met. This notice will include the course of action the Training Director has decided to implement. These may include continuation of the remediation efforts for a specified time period or implementation of an alternative plan.

The Training Director will communicate to the intern's graduate program that if the intern's behavior does not change, the intern will not successfully complete the internship.

6) Suspension

For suspension to be invoked requires that the Training Director, in consultation with the Psychology Director, determine that the welfare of patients or clients has been jeopardized by the intern.

Direct service activities will be suspended for a specified period as determined by the Training Director in consultation with the Psychology Director. At the end of the suspension period, the Training Director will assess the intern's capacity for effective functioning and determine when direct service can be resumed.

If suspension interferes with the successful completion of the training hours needed for completion of the internship, this will be noted in the intern's file and the intern's academic program will be informed. The Training Director will inform the intern of the effect the suspension will have on the intern's stipend and accrual of benefits.

7) Administrative Leave

Administrative leave is temporary withdrawal of responsibilities and privileges. This is an option in cases of severe violations of the APA Code of Ethics, when the intern poses a risk of physical or psychological harm to a patient or client, or the intern is unable to function adequately with a modified schedule or probation period due to physical, mental or emotional illness.

If Administrative Leave interferes with the successful completion of the training hours needed for completion of the internship, this will be noted in the intern's file and the intern's academic program will be informed. The Training Director will inform the intern of the effects the Administrative Leave will have on the intern's stipend and accrual of benefits.

8) Dismissal

When specific interventions do not, after a reasonable time period, rectify the impairment and the trainee seems unable or unwilling to alter her/his behavior, the Training Director will discuss with the Director the possibility of dismissal from the training program.

Dismissal is also an option in cases of severe violations of the APA Code of Ethics, when the intern poses a risk of physical or psychological harm to a patient or client, or the intern is unable to complete the internship due to physical, mental or emotional illness.

When an intern has been dismissed, the Training Director will communicate to the intern's academic department that the intern has not successfully completed the internship.

D. Supervisor Performance Problems

Supervisors may also experience performance problems. Most of the time, these do not rise to the level of being a serious professional impairment. Some examples might be poor quality of supervision, lack of supervisor availability, evaluations are perceived as unfair, excessive workload, or simple personality clashes. It is also possible for a supervisor to exhibit behavior that does constitute serious professional impairment. Some

examples might be sexually inappropriate behavior with interns or patients, threatening or assaultive behavior, or coming to work intoxicated.

If an intern encounters any problem with a supervisor, the intern should discuss their concern with the Training Director.

1. If the Training Director determines that the alleged behavior would not or does not constitute a serious professional impairment, they will:

- a. Ask the intern if they prefer to be reassigned to a different supervisor, and if so, bring this request to Training Committee for action;
- b. Discuss informal resolution of the problem with the faculty involved.

2. If the Training Director determines that the alleged behavior, if proven, would constitute a serious professional impairment, they will:

- a. Inform the Psychology Director, who will follow Office of State Personnel guidelines covering the supervisor performance;
- b. Reassign the intern to an alternative supervisor immediately;
- c. Bring to Training Committee a request to revise the intern's training schedule if necessary to avoid further contact with the supervisor.

3. If the Intern disagrees with the decision of the Training Director regarding the seriousness of the behavior, the intern can raise the concern directly with the Psychology Director for another review.

4. If the above steps fail to resolve the problem, the Intern may file a formal grievance.

E. Grievance Procedure

Decisions of the Training Committee may be challenged via a formal grievance. This is a complaint in writing, including all supporting documents, filed with the Training Director.

- a) Within three (3) working days of receiving a formal grievance, the Training Director will inform the Hospital Director, who will convene a Review Panel;
- b) The Review Panel will consist of three (3) psychology faculty selected by the Hospital Director with recommendations from the Training Director and the intern involved.

- c) Within five (5) working days, the Review Panel will hold a hearing in which the challenge is heard and relevant material presented. In this hearing the intern has the right to hear all facts with the opportunity to dispute or explain the behavior of concern.
- d) Within three (3) working days of the Review Hearing, the Review Panel will submit a written report to the Hospital Director, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.
- e) Within three (3) working days of receipt of the recommendation, the Hospital Director will either accept or reject the Review Panel's recommendations.
- f) If the Hospital Director rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the Director may refer the matter back to the Review Panel for further deliberation and revised recommendations.
- g) If referred back to the Panel, they will report back to the Hospital Director within five (5) working days of the receipt of the Hospital Director's request of further deliberation.
- h) The Hospital Director then makes a final decision regarding what action is to be taken.
- i) The Training Director informs the intern, staff members involved and if necessary members of the training staff of the decision and any action taken or to be taken

Didactics

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 invited to attend weekly 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. All interns will obtain a minimum of 2 didactic hours per week.

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 interns' needs. Each intern receives at least two hours of face-to-face supervision each week, including weekly supervision meetings with the director of the internship program. Interns and supervisors develop a supervision and training contract at the beginning of each 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

Steven Peters, Psy.D. Director of Psychology. Psy.D in Clinical Psychology from Illinois School of Professional Psychology in 1986. Special interests in forensic assessment and psychodiagnostics.

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.

Daniel Nelson, Psy. D. Senior Psychologist. Psy.D. in 2006 from the Virginia Consortium Program in Clinical Psychology (VCPCP). His clinical interests include trauma informed care, substance use disorders (SUDs), adolescent and SPMI populations.

Akua Jackson, Ph.D. Psychology Post-Doctoral Fellow. Ph.D. in Clinical Psychology from Fielding Graduate University in 2019. Special interests in psychological assessment, multicultural issues, and forensic psychology.

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