

BEHAVIORAL HEALTH CENTER-CMC-RANDOLPH

PREDOCTORAL CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM

The Behavioral Health Center-CMC-Randolph (Center), Charlotte, North Carolina, provides comprehensive community mental health services to the residents of Mecklenburg County, who number near one million. The major service components are inpatient, child and adolescent partial hospitalization, adult partial hospitalization, child and adolescent intensive outpatient, regular outpatient, medication clinic, emergency services and outreach programs in primary care settings, schools, and to SPMI populations.

The Center is administered by the Carolinas HealthCare System (CHS), which is the largest provider of health care services in both North and South Carolina. These services include primary and specialty physician practices, hospitals, nursing homes, educational programs, home health agencies, health care facilities, and primary care and specialty clinics. The mission statement of the organization includes a provision for education. At the Center, that goal is achieved by providing advanced mental health training to students from the fields of psychiatry, medicine, psychology, social work, nursing, recreation therapy and chaplaincy. Because there are students from various disciplines at the Center at all times, staff are very accustomed to having trainees on site, understand their needs, and appreciate their contributions. The interns are treated with the same respect as regular staff and have the same benefits. In addition, CHS is committed to ensuring equal employment opportunities regardless of race, color, religion, gender, age, national origin, veteran status, physical or mental disability. The Center has a dynamic structure with a progressive orientation. Programs are routinely evaluated and services are upgraded and expanded to meet the needs of this growing and diverse community.

The Internship Program is designed to prepare interns to function as skilled professionals in community mental health centers or similar agencies or settings. The goals are: 1) to prepare interns for entry level practice; and 2) to train interns in the scientific approach to clinical practice. The internship's training is based on the Local Clinical Scientist model, "which encourages the application of scientific knowledge and the scientific attitude to the local clinical setting, provides the bridge that is necessary for the development of the individual scientist-practitioner" (Stricker & Trierweiler, 1995, American Psychologist p.1001). In accordance with the model, the Center's clinical services are informed by research based treatment strategies as well as by empirically validated interventions. Where research based data is not available or applicable, the scientific approach of gathering data and formulating case specific hypotheses is utilized. Training is primarily experiential. Interns can expect to be assigned clients who present with a wide range of diagnoses, backgrounds, ages and presenting problems, while receiving intense supervision in a supportive and encouraging environment. In addition, interns have the opportunity to learn through observation, role-playing, acting as co-therapists with experienced staff, and through critiques of their audio- and videotaped sessions. Interns are expected to demonstrate an increasing level of competence and independence throughout the year, and to be functioning at an entry level by the end of the internship year. This is a one-year, full-time internship, with the expectation that the intern will

spend a minimum of 2000 hours during the internship year engaged in training activities.

INTERNSHIP OVERVIEW

Training Opportunities

Primary training opportunities for Psychology Interns are in the Outpatient Departments, with some potential for work on the inpatient units. The Outpatient staff is comprised of over 74 clinicians, including psychologists, clinical social workers, and other Master's prepared clinicians. The Inpatient Department has 66 beds, of which 22 are child/adolescent and the remainder split between two adult units. Of the 35 psychiatrists on staff, approximately eight are assigned to the Outpatient Department and another 10 work on the inpatient units. There is an emphasis on brief therapy models and prevalent orientations include cognitive-behavioral, with some representation of systems, eclectic, and psychoanalytic. Interns have the opportunity for both brief and longer-term therapy cases. There is an increasing emphasis on group therapy.

The internship year is divided into two required six-month major rotations, one in the Adult Services and one in the Child and Adolescent Services. Each intern is also required to spend the equivalent of one half day weekly in the Emergency Department, at least for the first semester. Interns select specialty (minor) rotations within the Division to which they are assigned. The choices are made in consultation with the primary supervisor. Interns are also required to complete a minor rotation in Supervision Methods. Interns are expected to spend a minimum of ten hours weekly in direct client contact.

Adult Division

Adult Outpatient (AOP)

AOP clinical staff provides a variety of outpatient services. These include comprehensive diagnostic evaluations of new clients, treatment planning, consultation, referral and psychotherapy. All clinical staff are assigned to multidisciplinary treatment teams that meet weekly to discuss cases. Each team is composed of a psychiatrist, psychologists, social workers/counselors and students. Treatment modalities in this division include individual, couple, and group. Regular staff meetings are held, as well as clinical in-services. Although interns are assigned cases in the same manner as regular staff, consideration is given to the training value of each case assigned. Primary supervisors are consulted on types of cases that would meet the training needs of individual interns. Interns are expected to spend two to three days weekly in this department.

Adult staff offers a number of time-limited psycho-educational groups focused on specific diagnostic categories or topical concerns. These include chronic medical conditions, depression, eating disorders, women dealing with midlife issues, anxiety disorders, grief and loss, and social skills (for lower functioning clients). A fully integrated, one-year Dialectical Behavior Therapy program that includes individual and group modalities and after-hours support by the Emergency department and the Call Center is also available for intern participation. Decisions concerning participation are based on discussions with primary supervisors and group leaders in conjunction with specific intern training goals and competencies.

Adult Inpatient

The Adult Inpatient Unit is a 44-bed acute care facility with an average length of stay of seven days. The goal of this unit is to stabilize patients and arrange for appropriate aftercare services. Training opportunities in this setting include intakes, treatment planning, psychological evaluation, consultation and possible follow-up with a client who is discharged to AOP services.

Adult Partial Hospital

The Adult Partial Hospitalization Program is an intensive clinical program for individuals diagnosed with a serious or severe and persistent mental illness, which may or may not co-occur with a diagnosis of substance abuse or developmental disability. It is designed to bridge the gap between inpatient and regular outpatient treatment, operating Monday through Friday, with the appropriate service track and length of stay determined by the needs of each individual. Service is person-centered and strengths-based, including assessment of needs, treatment planning, individual and group counseling, psycho-educational classes, nursing interventions, and medication management. The overall purpose is to reduce psychiatric symptoms and to empower participants in the understanding and management of their illness, thereby enhancing their quality of life. The program is staffed by three counselors, one of whom also functions as the assistant program coordinator, a registered nurse, a licensed therapist, a licensed program coordinator, and seven physicians who see patients weekly. Training opportunities include group therapy and individual therapy, as well as possible consultation and treatment planning.

Child & Adolescent Division

Child and Adolescent Outpatient (CAOP)

Similar to the AOP, CAOP staff provide a variety of outpatient services, including comprehensive diagnostic evaluations of new clients, treatment planning, consultation, referral and psychotherapy. All clinical staff are assigned to multidisciplinary treatment teams that meet weekly to discuss cases. Each team is composed of a psychiatrist, psychologists, social workers/counselors and students. Treatment modalities in this division include individual, family, group and outreach. Regular staff meetings are held, as well as in-services. Case assignment considerations are the same in this division as they are in AOP. There is routine collaboration with many community agencies, including the Department of Social Services, school systems, Area Mental Health Authority, case management, courts and guardian ad litem services. This is a required rotation of two to three days weekly.

Groups in CAOP are often psycho-educational in nature and may be offered or not depending on specific needs of the clinic at a given point in time. Groups pertaining to anger control, social skills, anxiety, and depression are frequently provided. Parenting groups and abuse-survivor groups are also offered on an intermittent basis. Groups for juvenile sex offenders are offered on an ongoing basis. Interns may observe these groups and/or act as co-leaders. Decisions concerning participation are based on discussions with primary supervisors and group leaders in conjunction with specific intern training goals and competencies

Child/Adolescent Inpatient

The Child and Adolescent Inpatient Unit is comprised of 10 beds for young children (elementary school age) and 12 for adolescents (middle school and above). With a mean length of stay of approximately 10 days, the Unit serves individuals with serious mental illness whose behavior places themselves and/or others at risk. Among the admitting diagnoses are depressive, psychotic, mood, and eating disorders. Because the program serves a large population center, patients with complex and/or rare presentations are often encountered. In addition, the program's affiliation with Carolinas Medical Center leads to the admission of patients whose behavioral-emotional difficulties are complicated by physical illness or trauma. Examples include children who are recovering from suicide attempts, malnutrition associated with eating disorders, and failure to comply with management of diabetes and other chronic medical conditions. As in the Center's other programs, there is substantial diversity on dimensions of ethnicity, income and nationality. Training opportunities on the C/A Inpatient unit include group therapy, psychological evaluation, and possible follow-up with a client who is discharged into CAOP services.

A minor rotation in the Child and Adolescent Unit requires approximately 4-6 hours per week, and involves the intern in both assessment and treatment functions. The primary duties are leadership of group sessions and completion of psychological evaluations, all under the supervision of a faculty member assigned to the inpatient program. Interns typically lead two hour-long process groups per week, with the possibility of an additional psychoeducational or process group. Evaluations are assigned on referral from the attending psychiatrist in consultation with the supervising psychologist, and will number between two and five for the semester, depending on how many are assigned to the intern in the Outpatient Department. In addition to routine duties, interns may assist and/or observe the Unit psychologist in activities such as consultations, individual psychotherapy, treatment team attendance, and court testimony.

School Based Services

This program began about ten years ago at one elementary school and has now expanded this year to include 29 elementary schools, three middle schools, three high schools and an alternative school within the county. Comprehensive mental health services are provided at the schools, including assessment, treatment planning, and individual, group and family therapy. Home visits for family therapy are arranged with families that do not have access to public transportation. The program also works with Community Support Services counselors to provide additional support to parents, to model parenting skills and to assist in improving social skills. Consultation is provided to teachers and support staff for referred students. The School Based Staff may also offer ongoing education to the faculty on such topics as treatment interventions and classroom management. This is an optional specialty rotation that requires up to one day weekly. Training opportunities include group co-therapy, family co-therapy, classroom observation and consultation with teachers.

Partial Hospital Program (C/A PH)

This outpatient program encompasses intense therapeutic experiences (group, individual, family) structured within daily school hours (roughly 8-3). Serving three age groups (younger, middle and older), there are opportunities to work with specific clients and families, and/or to observe/assist with group therapies. Psychological evaluation within this service is also a possibility. A certain

amount of cooperation is required of clients in this program, as they are not maintained in this program against their will. The amount of time devoted to this program may vary from several hours/week (minor rotation) to several hours most days (major rotation substituted for traditional outpatient services). Decisions concerning participation are based on discussions with primary supervisors and PH staff and specific intern training goals.

Intensive Outpatient Program (IOP)

Children and adolescents are seen between 2 and 4 times a week in the late afternoon-early evening hours. IOP offers primarily group modalities focused on mental health, substance abuse or dual diagnosis issues. Intern participation in this modality may require some re-arrangement of work hours to accommodate the early evening schedule of the IOP program. Amount of participation is open to negotiation depending on intern goals, IOP needs, and consultation with primary supervisor.

Juvenile Sex Offender Program (JSO)

This outpatient program is designed to address the treatment needs of sexually aggressive youth, primarily ages 12-18, who are identified as mild to moderate risk for re-offense in the community. An allied program, designed to treat sexually reactive youth, serves a somewhat younger population. Under the same umbrella of JSO are programs to treat survivors of sexual abuse. Training opportunities include all aspects of the treatment program: individual, family and group therapy; risk management; and limited forensic services. After initial orientation and training, interns may function as regular members of the program. This is an optional specialty rotation, with time commitments dependent on the amount of involvement.

Psychological Evaluations

This internship emphasizes the development of psychological assessment skills. In evaluating internship applications, special attention is given to the number and types of test instruments the intern has had experience with during graduate training (IQ, Personality), the populations they have tested (child/adolescent, adult) as well as the number of integrated reports written. In order to successfully complete the internship at this site, interns are expected to complete a minimum of ten psychological testing batteries during the course of the internship year. In the first few weeks of the internship, proficiency in administering and scoring basic test instruments is evaluated. If the intern needs additional practice and/or remediation, individual assignments are made to the intern to bring his/her proficiency to a point where he/she can competently begin the testing sequence. Interns are then assigned to testing cases. A regular hour and a half testing seminar is held weekly throughout the year to discuss difficult scoring problems, interpretation issues, integration of data, and to further hone the interns' testing competencies. Computer-assisted scoring is available for a number of standard psychological instruments. This is a required rotation for the entire internship year, which averages a half-day weekly commitment.

Emergency Department

The Emergency Department (ED) provides evaluation, intervention and referral services 24 hours daily for persons who are having an emotional and/or psychiatric crises, ages three and up. While working primarily with self/family referrals, the ED also works closely with law enforcement agencies, court clerks, and the Magistrate's office to commit individuals who will not voluntarily seek or accept evaluation and/or treatment. It is continually staffed with psychiatrists, psychiatric

nurses and psychiatric technicians. This is a required minor rotation and requires the equivalent of one-half day weekly for at least the first semester.

Supervision Methods

In Supervision Methods, interns have the opportunity to explore models of supervision and legal/ethical issues related to supervision. The supervisory relationship and the diversity/individual difference issues that may be entailed are also explored. Experiential learning and the opportunity to role play supervision situations is included. Professional development as a psychologist in the provision of supervision is a primary goal. This is a required minor rotation. For 2006-2007 it consists of 12, 90-minute sessions.

Supervision

Interns are assigned to a doctoral-level psychologist as primary supervisor in the Division in which they are completing their major rotation. When they rotate to the other Division for the remaining six months, interns are reassigned to another doctoral-level psychologist in the new Division. Since they retain some cases from the former Division, less intense supervision with the 'old' supervisor continues. Interns receive a minimum of two hours of individual supervision each week from their primary supervisor. There are also several group supervision opportunities, including weekly multidisciplinary treatment team meetings. Specialty rotations provide supervision by a staff member in that specialty area. There are also several group supervision opportunities, including weekly multidisciplinary treatment team meetings. Interns may be expected to audio- or videotape therapy sessions when requested by their supervisors.

Education

Interns are exposed to a wide range of educational opportunities. The primary educational presentations are at weekly hour and a half, didactic seminars on a variety of clinically and professionally related subjects. Psychologists, psychiatrists, and social workers from the Center, from the Charlotte community, and from other CHS facilities provide the leadership for these seminars. An hour and a half weekly psychological assessment seminar occurs from August through May. This seminar usually begins with intensive Rorschach training and includes observing intern's proficiency with several common assessment instruments. Interns meet monthly with a psychologist for a diversity journal club exploring issues related to gender, race and ethnicity/culture. The Department of Psychiatry sponsors Grand Rounds, normally twice monthly (except August), dealing with research and practice issues that have interest and relevance for the entire staff. The Nursing Department sponsors a clinical case conference monthly. The Center also provides various in-services, often as a part of the regular staff meetings, and occasionally sponsors or co-sponsors lengthier workshops that are open to interns as well as staff.

Curriculum

An average weekly schedule would generally include the following elements:

Direct Clinical Service	
Therapy/Intakes/Crisis Intervention	8 hours
Assessment	5 hours
Emergency Department	4 hours
Specialty Rotation	3 - 5 hours
Treatment Team	2 hours
Didactic Training	4 hours
Case Preparation	5 hours
Supervision	4 hours
Administrative	3 - 5 hours

Psychology Department

There are 12 full-time (plus 2 half-time) doctoral level and 7 master's-level psychologists on staff at the Center. The Psychology Department has a monthly business meeting and occasional educational seminars. CHS also employs a number of doctoral-level psychologists in other facilities.

Selection Criteria

The Center offers a general internship experience. Interns divide the year equally between AOP and CAOP programs. Applications are judged on the congruence between the applicant's experiences, goals and the training offered. More specifically, only those applicants who have a reasonable balance of experience in providing direct clinical service (e.g., individual therapy) to children, adolescents, **and** adults will be considered. As mentioned previously, this internship also places emphasis on psychological assessment and communicating findings in writing. Successful applicants will have experience in administering, scoring and interpreting intellectual assessment instruments and personality tests to **both** children and adults. The Rorschach (Exner's Comprehensive System) is used and taught in the internship; previous course-work and experience is a plus, but is not required. Although not always required, personal interviews have proven to be useful to interns and to the internship site in making final decisions about how good the fit may be between the two. After an initial screening, 25-30 applicants will be e-mailed* offers of a personal interview, using the schedule provided below (see Interviewing at Behavioral Health Center). Interview offers are e-mailed on or before the APPIC suggested date of Dec15. We encourage minorities and culturally diverse students to apply.

Please note that per CHS policy, any offers of positions are contingent on the applicant successfully completing a health assessment (including drug test) and a background check.

INTERVIEWING AT THE BEHAVIORAL HEALTH CENTER

CMC-Randolph attempts to comply with APPIC guidelines and interns are normally notified by/on December 15th of their interview status. (If you have not heard by Dec. 16, please e-mail or call). If you are invited to interview, you will be asked to choose a 1st and 2nd date/time from the schedule below. We have a limited number of slots available for each date but will attempt to match your first choice, if possible. An e-mail confirmation of your interview time/date will normally be sent within 48 hours of receipt of your request.* The interviews are structured to allow applicants to meet with faculty and current interns and will provide a tour of our facility. Interviews on dates other than those listed below cannot be guaranteed. Phone interviews may be arranged if an applicant is unable to schedule an appointment on one of the listed dates. The personal interview schedule for **2007-2008** applicants is:

Wednesday	January 3	1-4 p.m.
Friday	January 5	9-12 noon
Tuesday	January 9	9-12 noon
Thursday	January 11	1-4 p.m.

***Make certain your e-mail is configured to accept e-mails from our facility, as that will be the primary communication tool, unless other arrangements are made.**

DIRECTIONS TO BEHAVIORAL HEALTH CENTER

Airport

Right exit lane, shunted onto Billy Graham Parkway South.

Name changes to Woodlawn Road (6.0 miles).

Continue with General Directions below....

I-77

South: Exit 6A (Woodlawn), exit shunts onto Woodlawn Road east.

Continue with General Directions below....

North: Exit 6A (Woodlawn), turn right at top of ramp onto Woodlawn Road east.

Continue with General Directions below....

I-85

South: Exit 38 (Billy Graham Parkway, Airport), turn left at top of ramp onto Billy Graham Parkway east.

Name changes to Woodlawn.

Continue with General Directions below....

North: Exit 33 (Billy Graham Parkway).

Stay in right lane and turn right at top of ramp onto Billy Graham Parkway.

Name changes to Woodlawn Road (approx. 6.0 miles).

Continue with General Directions below....

General Directions

....Continue east on Woodlawn Road.

Name changes to Runnymede Lane (2.8 miles).

Runnymede Lane dead ends into Sharon Road (1.3 miles). Be in the center lane at that intersection to turn left.

Sharon Road will shunt (right) onto Wendover Road (.3 miles).

At the second light after turning onto Wendover, turn left onto Randolph.

At the first light after turning onto Randolph Road, turn right onto Billingsley Road.

Behavioral Health Center, 501 Billingsley Road is on the left (.4 miles).

LIVING IN CHARLOTTE

Charlotte is the largest city in both of the Carolinas, with a population of over half a million. It is 765 feet above sea level and has a moderate climate. Charlotte is located approximately 2 1/2 hours from the Blue Ridge Mountains to the west, and 3 hours from the Atlantic Ocean beaches to the east. Charlotte is the nation's second largest banking center, with two of the largest banks headquartered here. Recreation opportunities are plentiful, including 152 city-county parks, two large nearby lakes, a whitewater center, NFL Carolina Panthers, NBA Bobcats and Charlotte Motor Speedway. Charlotte is the home of the North Carolina Dance Theater, as well as the Charlotte Symphony, Mint Museum of Art, Mint Museum of Craft and Design, Opera Carolina, Discovery Place (a "hands on" science museum) and the Blumenthal Performing Arts Center. The city has over 500 churches, and the combined city-county school system is the 28th largest in the country. Charlotte is one of the leading medical centers in the Southeast. Charlotte is a culturally diverse community with a number of ethnic celebrations and facilities, such as the African American Cultural Center, International House, Jewish Community Center and the annual Greek Festival, Kwanza, and an Eastern Indian Festival, to name a few.

INTERNSHIP APPLICATION PROCESS--SUMMARY

The deadline for receipt of applications is November 15th for the internship year which begins the first full week after the 4th of July holiday (July 9, 2007).

Completed applications must include*:

- 1) Completed AAPI application
 - 2) Curriculum Vita
 - 3) Official Graduate Transcripts
 - 4) Three letters of recommendation
 - 5) Psychological Assessment sample report (Integrated/comprehensive, non-neuropsychological assessment preferred)
(A Carolinas HealthCare System Application must be completed after a successful match)
- * Using as few staples as possible is appreciated

Submit all materials to:

John T. Magee, PhD
Psychology Internship Director
Behavioral Health Center CMC-Randolph
501 Billingsley Road
Charlotte, NC 28211
(704) 358-2973
(704) 358-2956(fax)
John.Magee@CarolinasHealthcare.org

Please note that per CHS policy, any offers of positions are contingent on the applicant successfully completing a health assessment (including drug test) and a background check.

This internship site is accredited by the **American Psychological Association** (APA, 750 First Street, NE, Washington, DC 20002-4242, 202-336-5500).

The internship is also a member of the **Association of Psychology Postdoctoral and Internship Centers** (APPIC). This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant. This site will be participating in the APPIC Internship Matching Program, and 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 with this program. The Program Code for the Matching Program is: **141011**. Further information about APPIC and/or the Match and the policies governing these organizations is available at <http://www.appic.org/index.html>.

The internship year begins July 9, 2007, and ends July 3, 2008. There are openings for three interns. The salary is \$23,670, plus a benefits package comprising paid vacation, sick leave, medical insurance, professional development time, and a 401(k) savings plan with employer matching of contributions. Applications to this program will not be considered until all materials are received. The deadline for receipt of materials is **November 15**.

CORE PSYCHOLOGY FACULTY
(Primary Supervisors and/or Internship Committee Members)

Stephanie Kemper, PsyD*
Regent University, 2004

John Lewallen, Ph.D.
West Virginia University, 1989

John T. Magee, Ph.D.
Coordinator, Psychology Department and
Director, Clinical Psychology Internship
Auburn University, 1988

Virginia Hart, Ph.D.
Coordinator of Forensic Services
University of Alabama, 2001

Chad Ritterspach, Psy.D.*
Regent University, 2002

Jennifer Krance, PsyD
CSPP-Fresno, 2003

* Former BHC intern

ADJUNCT FACULTY
(Specialty Rotation Supervisors)

Pleas Geyer, M.D.
Child/Adolescent Treatment Team

Laura Frohboese, LCSW
Lead Adult Inpatient
Social Worker

Joanne Sobolewski, LCSW
Coordinator, Community Based Services

Antoinette Souffrant, LCSW
Coordinator, Juvenile Sex Offenders

Carol Young, MA
Coordinator, Adult Partial Hospital

Wayne Sparks, M.D.
Emergency Department

Lynn Stanton, LCSW
Supervision Methods
DBT Team Chair

Robert Bright, M.D.
Adult & DBT Treatment Teams

Kelly McCracken, LCSW
Coordinator, C/A Partial Hospital