

2012-2013

CLINICAL PSYCHOLOGY

PREDOCTORAL INTERNSHIP

**The Department of Psychiatry
University of North Carolina School of Medicine
Chapel Hill, North Carolina**

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CLINICAL PSYCHOLOGY INTERNSHIP

DEPARTMENT OF PSYCHIATRY

UNIVERSITY OF NORTH CAROLINA SCHOOL OF MEDICINE

Policy on Non-Discrimination

The training programs in clinical psychology described in this brochure subscribe to the policy of the State of North Carolina and of the University of North Carolina. The University is committed to providing an inclusive and welcoming environment for all members of our community and to ensuring that educational and employment decisions are based on individuals' abilities and qualifications. Consistent with this principle and applicable laws, it is therefore the University's policy not to discriminate in offering access to its educational programs and activities or with respect to employment terms and conditions on the basis of race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression. Such a policy ensures that only relevant factors are considered and that equitable and consistent standards of conduct and performance are applied. A copy of the University's EPA and SPA Equal Opportunity Plans are available on the University's website <http://www.unc.edu/depts/eooada/>. Any complaints alleging failure of this institution to follow this policy should be brought to the attention of the University EEO/ADA Officer, CB# 9160, 100 Pettigrew Hall, Chapel Hill, NC 27599-9160; 919-966-3576.

We welcome applications from members of racial or other minority groups. Applicants will be accepted for training without respect to race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression.

PREDOCTORAL INTERNSHIP IN CLINICAL PSYCHOLOGY

The Department of Psychiatry, University of North Carolina School of Medicine, announces its internship program in clinical psychology, offering comprehensive field training to qualified doctoral students. This program is fully accredited by the American Psychological Association and holds membership in the Association of Psychology Postdoctoral and Internship Centers (APPIC). Further information regarding the APA Commission on Accreditation can be obtained by contacting Susan Zlotlow, Ph.D., Director, Office of Program Consultation and Accreditation, American Psychological Association, 202.336.5979, 750 First Street, NE, Washington, DC 20002-4242. The Division of Child Psychiatry is accredited by the American Association of Psychiatry Services for Children.

The internship program is administered by the psychology faculty in the Department of Psychiatry of the North Carolina School of Medicine and takes place at the University of North Carolina Hospitals and various community-based settings. Inpatient, outpatient, and community settings provide experience with children, adolescents and adults, as well as consultative experience with other agencies.

Students should apply for an adult-focused internship in the Behavioral Medicine, Eating Disorders, or Clinical Forensic program, or for a more child-focused internship in the Clinical Child-Pediatric, TEACCH, CIDD, or Clinical Child-Community programs.

PROFESSIONAL TRAINING PHILOSOPHY AND MODEL

The UNC School of Medicine Clinical Psychology Internship has the goal of contributing to the development of well-rounded and competent psychologists. Our training philosophy emphasizes broad-based training and experience, within a scientist-practitioner model of professional development. Our faculty is committed to an individualized, developmental approach to training, an approach that combines structure with flexibility and breadth with depth.

The Internship is located within a strong university medical center and has collaborative ties with university- and community-based programs. The diverse population that is served spans the entire age range, all socioeconomic levels, and the many ethnic groups that live in North Carolina. Our programs work with individuals with an enormous variety of mental health, medical, and developmental problems; clinical services are provided in a wide range of inpatient, outpatient, prison, and community contexts. A broad spectrum of theoretical approaches is represented. The Internship's training model is designed to take advantage of the strengths of our institutions and our faculty to insure that interns have a rich set of clinical experiences.

Consistent with the mission of the University of North Carolina School of Medicine and the Department of Psychiatry, clinical training occurs within the context of providing superior service. Treatment and assessment approaches are typically empirically based or supported; the use of academic and professional resources to inform the practice of psychology is emphasized. There is ongoing interdisciplinary collaboration with various medical staff and medical students, as well as with the staff and students of allied health groups such as social work and occupational therapy. Training methods include individual and group supervision, observation, demonstration, and audio- and videotaping. In addition to closely supervised experiential learning, the Internship offers a didactic seminar series, workshops, and guest lectures.

Interns enter our program with strong graduate school preparation, with many skills and often an identified area of specialization. At the start of the year, each intern is assigned a Program Coordinator – a faculty member in the intern's primary area of interest – who will act as a mentor throughout the internship. If the Program Coordinator-intern relationship does not prove satisfactory, changes can be implemented easily. During the first week, a four-day orientation program acquaints the new interns with the rich and varied array of training opportunities available. Then, in consultation with the Program Coordinator, the intern plans an individualized program for the year, taking into account the intern's interests and learning requirements, the Internship's framework and various service needs, and the Internship's training goals. Modifications in this program can be negotiated during the year as new interests emerge or the situation warrants.

The internship year is made up of three four-month rotations. An intern usually works on several different services each rotation, both in the area of specialization and in other areas of interest to the intern. Throughout the year, interns have opportunities for scholarship and research. There is approximately one hour of supervision per every 3-4 hours of clinical service (e.g., psychotherapy, psychodiagnosis, etc.). The Internship faculty carefully tracks each intern's program and progress to insure the development of strong general professional competencies and, in the area of specialization, strong specific competencies in psychological assessment, therapeutic intervention, and professional consultation.

INTERNSHIP POSITIONS

For 2012-2013, there are eight internship positions, in seven tracks.

In all positions, interns will:

- Spend, on average, approximately 50% of the time in each of the four-month rotations in activities in their specialization area
- Obtain significant experience in the areas of diagnosis and assessment, therapy, consultation, and severe psychopathology
- Elect additional clinical experiences, choosing from almost all of the services offered within the internship, depending on interests and the feasibility of scheduling
- Participate for the first eight months in the weekly seminar series, and attend research presentations
- Have the opportunity to engage in research activities, up to one day a week. Research collaboration with a faculty member is possible, depending on mutual interests and feasibility of scheduling

The internship tracks, further described below, are:

I.	Behavioral Medicine	page 6
II.	Eating Disorders	page 6
III.	Clinical Forensic (two positions)	page 6
IV.	Clinical Child – Community	page 8
V.	Clinical Child – Pediatric	page 8
VI.	CIDD (formerly CDL)	page 9
VII.	TEACCH	page 9

A note regarding the internship positions that have a focus on children may be helpful to applicants. While emphasizing different experiences and settings, these four internship tracks (the Clinical Child – Pediatric, Clinical Child – Community, CIDD, and TEACCH internships) all provide a wide range of opportunities with general child, pediatric, and developmentally disordered populations. Although the Clinical Child – Pediatric is considered a general clinical child position, the TEACCH and CIDD positions also provide general clinical child experiences with added emphasis on populations with developmental disabilities. Interns in each of these three tracks rotate onto the child psychiatry inpatient unit and all may rotate onto the pediatric services. The Clinical Child-Community intern specializes in children’s services as well. The majority of this intern’s time is in a number of community facilities that serve children and/or adolescents and the balance may be spent in UNC child-related programs, including Pediatrics, TEACCH and the CIDD. Thus, applicants interested in a clinical child internship should consider any of these four positions.

Listed below is a description of each of the seven tracks. Descriptions of the clinical services follow (pages to 11-21). Most of the clinical services offered are available to all interns, depending on interests and the feasibility of scheduling.

I. BEHAVIORAL MEDICINE

This position is intended to provide the intern with excellent training in behavioral medicine skills across several populations and settings. Although the Behavioral Medicine internship is designed to attract applicants anticipating a career in this specialty, it is also designed to include an emphasis on basic clinical skills and on broad based training, in accordance with the philosophy of all of the internships at UNC.

The Behavioral Medicine internship features a minimum of 50% Behavioral Medicine experiences, including one full day and two half-days days per week throughout the year on the Lung, Heart and Heart-Lung Transplant Team and a half day a week for two rotations on the Abdominal Transplant Team. The Behavioral Medicine intern will also be encouraged to take additional behavioral medicine training experiences, based on the intern's interests.

To accomplish the goal of broad-based training, the Behavioral Medicine intern is required to participate in the inpatient treatment of adult psychiatric patients served on the Crisis Stabilization unit or to complete a rotation on the Eating Disorders Inpatient unit. The Behavioral Medicine intern will also choose elective experiences from the other training experiences (pages 11 to 21) in consultation with the Program Coordinator, to complete the internship schedule.

II. EATING DISORDERS

The Eating Disorders internship is designed to provide the intern with extensive training in Eating Disorders, while providing opportunities for elective experiences in other areas of interest. In each of the four-month rotations, the intern will spend an average of half-time in UNC's Eating Disorders programs, gaining in-depth experience in assessment, treatment and consultation with adults and adolescents with the full range of eating disorders. Over the course of the year, the intern may work with patients in the inpatient, partial hospitalization and outpatient programs, the bariatric surgery program, and ongoing clinical trials.

In consultation with the Program Coordinator, the Eating Disorders intern will complete the internship schedule by selecting elective experiences in behavioral medicine, neuropsychology, or in any of the other training experiences (pages 11 to 21), depending on the intern's interests and the feasibility of scheduling.

III. CLINICAL FORENSIC (Two positions)

This internship track provides a unique training opportunity for interns with specific interests in forensic and correctional psychology, the relationship of law and public policy to professional practice, and correctional rehabilitation. Fifty percent of the intern's time (20 hours per week) consists of training within the range of services offered to all interns of the UNC School of Medicine Clinical Psychology Internship Program (see pages 11-21) with the remaining fifty percent spent at the Federal Correctional Complex (FCC) in nearby Butner, North Carolina. Butner is best known for high-publicity cases referred for forensic evaluation, but provides a broad spectrum of services to over 4500 adult inmates. Due to the tremendous resources in this area and the Butner site's history of excellence, the Bureau of Prisons

targeted the location for development of one of the first Federal Correctional Complexes. The 700 acre reservation includes 800 and 1200 bed Medium Security Federal Correctional Institutions, a 1300 bed Low Security Correctional Institution, a 300 bed minimum security Federal Prison Camp, and a 900 bed Federal Medical Center for federal detainees. The primary program faculty at FCC-Butner includes 30 fully credentialed, licensed psychologists with extensive experience in clinical and forensic practice. In addition to core faculty, the department includes a variety of treatment specialists and technicians. Adjunct faculty in psychiatry, general medicine, law, and social work also participate in the training program.

The Butner program is guided by the philosophy that clinical practice within correctional and forensic settings requires the same core clinical skills and knowledge base as professional practice generally, but takes place within a complex legal, political, and social context. Two primary training objectives emerge from this philosophy. The first is to develop the intern's competency in mainstream applied clinical skills such as psychological assessment, intervention, and consultation. The second is to impart a core knowledge base regarding the law, public policy, and social factors as they relate to the professional practice of psychology, and specifically in a correctional environment.

Each of the two Clinical Forensic interns participate in two FCC programs, rotating at the mid-year point. That is, each intern participates 20 hours per week in the Inpatient Forensic Program for six months and 20 hours per week with the LSCI/FCI-II General Population for the other six months. These programs are described in more detail on pages 14-16. The interns' 50% time in Chapel Hill is comprised of three, four-month rotations, as described earlier; the interns will elect their UNC training services from the services described on pages 11 to 21. UNC Rotation options include, for example, the Eating Disorders Unit, adult outpatient treatment in women's mental health, health psychology/behavioral medicine, neuropsychology, crisis/ER services, and child experiences. Other forensic experiences include: Forensic Outpatient Assessment at CRH and Forensic Consultation at the CIDD.

Special Considerations in Selections. Clinical Forensic applicants should be aware that, if selected, additional civil service and other government personnel procedures will be required. Pursuant to Executive Order 11935, only United States citizens and nationals may compete for civil service jobs. Because the internship position is classified as "sensitive," candidates must pass a pre-employment medical examination, drug screening, and background investigation. Final acceptance into either program option is contingent on satisfactory completion. As a condition of employment, male applicants born after December 31, 1959 must certify that they have registered with the Selective Service System, or are exempt from having to do so under the Selective Service Law. This position is a drug-testing designated position subject to random testing for illegal drug use. Once selected and enrolled, Interns must adhere to the requirements of the Program Statement (3420.09) titled, "Standards for Employee Conduct and Responsibility."

Candidates invited for interviews must complete pre-employment personnel procedures at this or another Bureau of Prisons facility to remain under consideration. These will be coordinated with UNC interview dates, and candidates involved should plan to spend the day at FCC-Butner on the day preceding scheduled interviews at UNC. Individuals who cannot reasonably travel to FCC-Butner may participate in a telephone interview with Psychology staff, and complete personnel procedures at a facility nearer their home or school.

Applicants to be interviewed will submit forms SF-85P, "Questionnaire for Public Trust Positions" and OF-306, "Declaration for Federal Employment." Law enforcement and credit checks will be completed prior to the interview. On site procedures include an integrity interview addressing issues of personal

conduct and a panel interview in which applicants will be asked to respond to a number of scenarios that could arise in our facility. This information and these procedures are used to determine qualifications for a position of public trust and are required of all applicants for positions with the Bureau of Prisons. ***Further information about this program can be obtained by contacting Robert E. Cochrane, Psy.D., ABPP, Director of Psychology Training, Federal Medical Center, Old Oxford Hwy NC 75, Butner, NC 27509 , Ph: 919-575-3900, ext. 5466, Fax: 919-575-4866. Email: RCochrane@bop.gov**

IV. Clinical Child – Community

The Clinical Child – Community internship has a focus on early childhood in community-based settings, and the intern is also able to work with a range of other populations in a variety of settings. Across the training year, the intern is expected to spend 50% of the time in community sites located in Raleigh, Durham, and Chapel Hill; this averages to 2 – 3 days per week. For the first two rotations, the intern will be required to spend two days per week at Project Enlightenment, and will spend at least 1 day for 1 rotation at Wake Medical Center. The intern may elect to spend time during additional rotations at Wake Medical Center. These two sites emphasize training with the birth to 5 years population. Typically, the intern spends time at the Chapel Hill TEACCH Center, participating in diagnostic and intervention services with children with autism spectrum disorders, and may elect to work with the interdisciplinary team with young children at the Raleigh Children’s Development Agency or with the Center for Child and Family Health. To obtain experience with severe psychopathology, the intern may conduct psychological assessments with very complex, psychiatrically hospitalized children and adolescents for whom diagnostic clarification is needed to guide clinical management and treatment planning, at UNC Child and Adolescent Inpatient Psychiatry Diagnostic Consultation Service. The remainder of the intern's time can be spent in a variety of sites at UNC, including but not limited to additional Child and Adolescent Psychiatry Inpatient and Outpatient programs, Eating Disorders programs, behavioral medicine clinics, pediatric clinics and consultation liaison service, the CIDD and TEACCH (see descriptions below, pages 11 to 21).

In consultation with his/her supervisor, the Clinical Child - Community intern will design an internship program that focuses on the intern’s particular interests and training needs. Thus, the internship allows flexibility to focus on the 0-5 populations or obtain a breadth of infant, child, and adolescent experiences across outpatient, inpatient, and consultative opportunities.

V. Clinical Child – Pediatric

The Clinical Child-Pediatric Intern often devotes full time to work with children and their families, with a special emphasis on Pediatric Psychology. However, electives focused on adults can also be chosen.

The Clinical Child Pediatric intern will spend approximately 3 days a week for one of the three rotations with the Pediatric Psychology/Psychiatry Liaison Service. A major objective of the Pediatric Psychology/Psychiatry Liaison Service is to teach the diagnosis and management of developmental, psychological, and social problems of childhood, particularly those that arise secondary to chronic and acute illnesses. To this end the faculty have established on-going consultation-liaison teaching relationships within a variety of pediatric settings including: (1) Pediatric inpatient hospital wards and intensive care unit; (2) Subspecialty clinics such as pediatric gastroenterology, neurology, endocrinology, pulmonary, rheumatology, cardiology, allergy, epilepsy, and nephrology/kidney transplant; (3) Primary care and screening clinics, which reflect pediatric office practice; (4) Case management including child abuse conferences; (5) Individual outpatient therapy cases.

The Clinical Child – Pediatric intern will also spend 3 days a week of another rotation working on the Child and Adolescent Psychiatry Inpatient Units. Typically, one to two days a week of a third rotation is spent at TEACCH, engaged in diagnostics and/or intervention with children with autism spectrum disorders and their families. Elective clinical experiences are chosen in consultation with the Program Coordinator and often include additional experience with the Pediatric Psychology/Psychiatry faculty in the Child and Adolescent Inpatient Psychiatry Diagnostic Consultation Service, the Child/Adolescent Psychiatry Outpatient Clinic, or Consultation/Liaison work in specific clinics. The Clinical Child – Pediatric intern may also choose electives from most of the clinical services pages 11 to 21, and may be particularly interested in community-based programs such as Wake Medical Center, Raleigh CDSA, clinics at the CIDD, and adult behavioral medicine clinics.

VI. CIDD (formerly CDL)

The Carolina Institute for Developmental Disabilities (CIDD), formerly the Center for Development and Learning (CDL), is a University Center for Excellence in Developmental Disabilities (UCEDD) offering interdisciplinary services to infants, children and adults with developmental disabilities. The CIDD offers training in assessment, intervention and clinical consultation in the areas of intellectual disability, autism, cerebral palsy, learning disability, epilepsy, chronic medical conditions, and other related developmental disabilities. The CIDD intern will also have the opportunity to work with families, schools, group home personnel, childcare providers, and other professionals. Specific activities may include but are not limited to evaluation and diagnosis across the age span, behavioral and mental health consultation with teachers, development and monitoring of behavior plans for children and adults with a developmental disability living in the community or in local or regional group homes, and short-term therapy with adults with a developmental disability. A child/adolescent neuropsychology evaluation experience is available. CIDD Clinics are listed on page 20.

Training is provided through one-to-one supervision of clinical activities, planned seminars, interdisciplinary team conferences, Grand Rounds presentations, and the CIDD Leadership core course. A special emphasis is placed on working with and learning from other disciplines represented in the CIDD, which uses interdisciplinary and transdisciplinary approaches. The other disciplines at the CIDD are Pediatrics, Psychiatry, Physical Therapy, Occupational Therapy, Nutrition, Audiology, Speech and Language Pathology, Social Work, Special Education, and Nursing. The CIDD Intern will spend approximately half time, averaged across the year, in the clinics and services offered at the CIDD. To accomplish the goal of broad-based training, the CIDD intern will also rotate onto the Child Psychiatry Inpatient Unit and spend time training at TEACCH. To complete the internship schedule, the intern may choose elective experiences from the other training opportunities pages 11 to 21.

***For more detailed information about the CIDD, contact: Jean Mankowski, Ph.D., or Rebecca Edmondson-Pretzel, Ph.D., Psychology Section Head, CIDD, CB#7255, University of North Carolina, Chapel Hill, NC 27599-7255 (919) 966-5171 or visit the CIDD website at <http://www.cidd.unc.edu/>**

VII. TEACCH

TEACCH is a clinical service and professional training program dedicated to serving individuals with autism spectrum disorder (ASD) and their families. It is the largest and most comprehensive statewide program for autism in the nation. It includes diagnostic and treatment centers throughout the state of North Carolina, a demonstration residential and vocational center, model preschool playgroups, a

supported employment program, social skills groups, parent groups, and training and consultation to teachers and to other professionals.

TEACCH's primary intervention method is called Structured Teaching. Structured Teaching is an evidence-based approach built upon an understanding of the learning style and unique needs of individuals with ASD. It uses environmental structure and visual supports to help teach new skills. Structured Teaching can be used with individuals of all ages and all ability levels, and parent and family collaboration is an integral part of the process. In addition, other evidence-based intervention techniques can be integrated within the Structured Teaching framework, such as joint attention interventions, Social Stories, modified cognitive behavioral interventions, relaxation techniques, and video modeling.

The intern has the opportunity to learn state-of-the-art assessment measures developed by the TEACCH program, as well as develop proficiency in all aspects of the diagnostic process across the age span. The intern will be engaged in treatment, working directly with clients with ASD as well as their families. The intern may also be involved with social skills groups, parent meetings, and training and consultation to other professionals. Given TEACCH's focus to providing services across the age span, there are extensive opportunities for experience with adolescent and adult clients with ASD.

The goals for this internship position include:

- Developing and expanding knowledge of current clinical and research concepts and issues in ASD.
- Developing and applying principles of typical development, behavior management, and cognitive social learning theory to the understanding and treatment of ASD.
- Learning the process of diagnostic assessment for ASD, including the use of common screening tools, use of gold standard diagnostic tools such as the Autism Diagnostic Observation Schedule (ADOS) and the newly revised Childhood Autism Rating Scales (CARS, CARS-HF), informal assessment of social and communication skills, and semi-structured parent/informant interviewing.
- Developing and applying knowledge in assessing the skills and needs of individuals with ASD using measures such as the Psychoeducational Profile-Third Edition (PEP-3), the TEACCH Transition Assessment Profile (TTAP), parent/informant interviewing, as well as informal assessment techniques.
- Developing and applying skills in creating and implementing individualized educational and behavioral programs for children, adolescents and adults with ASD using Structured Teaching and other evidence based methods.
- Understanding and facilitating the relationship of the individual with ASD and the family to larger social networks and to local, regional, and state services.

The TEACCH intern will spend approximately half time throughout the year working in TEACCH services. To accomplish the goal of broad-based training, the TEACCH intern will also rotate onto the Child Psychiatry Inpatient Unit and onto the Pediatric Consultation/Liaison service. The TEACCH intern typically participates in a CIDD clinic, and, to complete the internship schedule, the intern may choose elective experiences from the other training opportunities listed below.

***For more detailed information about TEACCH, contact Elaine Coonrod, Ph.D., Associate Clinical Director, Chapel Hill TEACCH Center, at Elaine_Coonrod@med.unc.edu or visit the website at <http://www.teacch.com/>**

CLINICAL TRAINING OPPORTUNITIES

The following training opportunities are available as electives to all interns, regardless of the intern's track and background experience, with a few exceptions that are noted, based on the feasibility of scheduling. There are opportunities for research collaboration in many of these services.

The services have been grouped into seven broad categories:

- Adult Inpatient and Outpatient Services, UNC Department of Psychiatry (page 11)
- Behavioral Medicine and Neuropsychology (page 13)
- Forensics (page 14)
- University Services (page 16)
- Pediatrics and Child/Adolescent Psychiatry, UNC (page 17)
- Community Programs for Children and Families (page 18)
- Developmental Disabilities (page 20)

I. Adult Inpatient and Outpatient Services, UNC Department of Psychiatry

There are multiple inpatient and outpatient services for adults in the Department of Psychiatry at UNC. Training goals of these services, with modifications based on the treatment context of a specific service, include: 1) to learn diagnostic interviewing and treatment planning; 2) to utilize the range of therapeutic options available in that setting; 3) to function as an integral member of a multidisciplinary assessment and/or treatment team; 4) to express logically and concisely (both verbally and in writing) the relevant history, formulation, recommendations and treatment progress; 5) to gain familiarity with medical issues relevant to psychiatric disorders, such as pharmacotherapy, ECT, and co-existing medical illnesses; and 6) to gain familiarity with sociolegal issues, such as patient's rights, commitment laws, and confidentiality.

The UNC Eating Disorders Unit is a 10-bed inpatient program for the treatment of adolescents and adults with eating disorders. The patient population consists primarily of low-weight patients with Anorexia Nervosa; however, there are occasionally some normal weight patients with Bulimia Nervosa and other co-morbidities. Length of stay is variable, but typically ranges from 2 weeks to 4 months. The treatment model on this unit utilizes cognitive-behavioral and dialectical-behavioral approaches and emphasizes the therapeutic milieu. Interns on the unit participate in daily rounds, interdisciplinary treatment team meetings, engage in 1:1 psychotherapy, co-lead cognitive behavioral groups, and participate in family therapy sessions. Interns also have the opportunity to participate in a variety of other treatment services, including nutrition education and therapeutic community outings. Training experiences are structured as four-month rotations, but the time commitment for each rotation is negotiable.

UNC Eating Disorders Program. The eating disorders program at UNC also includes a partial hospitalization program, outpatient services, and federally funded clinical trials for anorexia nervosa, bulimia nervosa, and binge eating disorder. The Eating Disorders Program also is responsible for pre-operative screening of bariatric surgery patients. Training opportunities include assessment and individual, group, and family therapy.

The Crisis Stabilization Unit is a 15-bed psychiatric inpatient program, serving patients primarily between the ages of 18-60 years of age, from all socioeconomic groups. This is a regional hospital that

accepts patients with a wide variety of psychiatric disorders, which offers the opportunity for interns to be exposed to patients with a broad range of psychopathology. The average length of hospitalization is 4-6 days. Interns on this unit can participate in daily interdisciplinary treatment team meetings and develop a cognitive-behavioral psychoeducational group to offer to patients on a topic of their choosing. Topics for work either in a group or individual format can include depression, anxiety, stress management, anger management, trauma, grief, and substance abuse/dependence. In addition, they can provide brief supportive therapy to patients, and attend family discharge planning meetings.

Geriatric Psychiatry Unit and Clinic. The UNC Geriatric Psychiatry programs specialize in the diagnosis and management of psychiatric disorders in older adults. Interns may complete a four-month elective rotation of one or two half-days a week under the supervision of Mick Hill, M.D. Intern activities may include diagnostic interviews, mental status examinations and cognitive screenings, and patient and family education.

Crisis and Emergency Psychiatry Service. This service operates within the Department of Psychiatry and is a conjoint activity of this Department, UNC Hospitals, and the Orange-Person-Chatham Local Management Entity (LME). The Crisis Service uses a crisis intervention model, which includes assessment, intervention, and disposition of patients with emergent mental health and substance abuse problems. The philosophy of the service advocates maximizing the use of community resources and to avoid unnecessary hospitalizations. The Service is staffed 24 hours a day, seven days a week, by team members (Nurse Practitioners, Social Workers), by psychiatry residents and attending psychiatrist, and by social work, medical and psychology students. Weekday operations are based in the Walk-In Clinic of the Outpatient Department and the Emergency Department (ED), and after 5:00 P.M. and during weekends through the Emergency Department of UNC Hospitals. Interns can participate as team members in the clinical assessment, intervention, and disposition of cases; collaborate in the individual and family crisis intervention programs, and attend a weekly didactic seminar.

Women's Mental Health Disorders. On this service, interns will participate in the assessment and treatment of mental health disorders in women in the UNC Perinatal Psychiatry Inpatient Unit and in the Outpatient Unit, participating in group psychotherapy and/or administering individual psychotherapy. Specific aims include: 1) Gain experience in screening, diagnosis, and treatment of mood disorders in the context of women's reproductive events (pregnancy, infertility and assisted reproduction, pregnancy loss, postpartum, and menopause) in outpatient and inpatient environments, 2) Learn and become facile with Interpersonal Psychotherapy, an evidence-based intervention for depression (results in Level A and B Certification in IPT), and 3), Obtain experience in case formulation and treatment planning from multiple evidence-based theoretical perspectives.

The STEP Clinic. (*Note: The STEP Clinic may not be available in 2012-2013.*) The Schizophrenia Treatment and Evaluation Program (STEP) of UNC Hospitals and the Department of Psychiatry offers comprehensive care for individuals with chronic mental illness, specifically those illnesses with psychotic features. A specialized staff of psychiatrists, psychologists, nurses, social workers, occupational and recreational therapists provides treatment which considers all aspects of the individual's life, working closely with families and community support services in order to provide continuous, consistent and effective care. The training goals of this experience are: 1) To acquire an understanding of the acute and long-term treatment and support needs of individuals with chronic psychotic disorders, and 2) To increase the intern's ability to distinguish between manifestations of cognitive impairment attributable to primary psychiatric disorders versus other disease processes.

II. Behavioral Medicine and Neuropsychology

Lung and Heart Transplant Teams. Interns with an interest in the psychological issues surrounding organ transplantation may work with Eileen Burker, Ph.D., who is a member of the UNC lung and heart transplant teams. Experiences include psychological evaluations of adult candidates for lung and heart transplantation, consultation with physicians, nurses, and social workers on the transplant teams, individual and couples therapy before and after transplantation, and group therapy with patients who are pre- and post- transplant. Interns are also welcome to participate in ongoing research on psychosocial issues surrounding transplantation and quality of life before and after heart and/or lung transplant.

Hepatitis C Treatment Program. Interns interested in learning more about chronic hepatitis C and antiviral therapy may work with Donna Evon, Ph.D., a member of the UNC Hepatology Program. Interns gain experience in a) conducting comprehensive psychological evaluations of patients to determine their appropriateness for antiviral therapy, and b) providing brief psychological or behavioral interventions during treatment to help patients cope with treatment side effects. Evaluations are comprehensive, but focus on past mental health and substance abuse histories, as peginterferon therapy can cause or worsen underlying psychiatric illness. Histories of affective, anxiety, and personality disorders are common, as well as alcohol and illicit drug abuse. Interns will also work closely with the medical providers during antiviral treatment to monitor mood symptoms, relapse to alcohol and drugs, medication adherence and provide behavioral side effect management. The opportunity to collaborate on manuscripts is also available for the interested intern.

Liver/Kidney/Pancreas Transplant Teams. Any behavioral medicine intern wishing to complement his/her understanding of cardiothoracic transplantation issues or any other intern with an interest in abdominal transplantation may work with the psychologist who is a member of the UNC liver/kidney/pancreas transplant teams. Experiences include psychological evaluations of adult candidates being considered for liver and kidney transplantation, psychological evaluations of candidates considering living kidney donation, consultation-liaison services on inpatient units, consultation with physicians, nurses and social workers on the transplant teams, and participation on the multi-disciplinary transplant team. Opportunities to observe a transplant and/or donation surgery may be available.

Functional Gastrointestinal Disorders Clinic. (*Note: The Functional GI Disorders service may not be available in 2012-2013.*) Functional GI disorders are those for which patient symptom reports are unexplained by current medical findings. This rotation involves individual assessment and treatment of patients with gastrointestinal disorders such as non-cardiac chest pain, cyclic vomiting syndrome and irritable bowel syndrome. Common features of patients with these disorders include severe somatization and factitious disorders, chronic pain, mood disorders, and physical and sexual abuse histories. Experiences will be primarily therapy and clinical assessment with medical outpatients as well as inpatients. Regular consultation-liaison with attending physicians and house staff will be provided. Therapy offered is short term, client centered, utilizing a CBT or eclectic framework. Participating in didactic learning experiences such as mortality and morbidity conferences as well as participating in learning of physician/patient interaction skills with GI medicine fellows is encouraged.

Pain Clinic. The UNC Hospitals Pain Management Center is an outpatient, multidisciplinary clinic of the Anesthesiology Department. Interns will participate in the assessment and treatment of patients and in providing consultation to anesthesiologists, a nurse practitioner, and a clinical pharmacist. Assessment methods include psychological testing and semi-structured interviews to provide a conceptualization of the patient and an evaluation for suitability for spinal cord stimulation and chronic opioid management.

Group and individual therapy involve teaching patients how to cope effectively and positively with their pain using eclectic strategies including cognitive behavioral and motivational interviewing methods.

Physical Medicine and Rehabilitation (PM&R) Neuropsychology. This rotation at the UNC Hospitals offers specialized training in neuropsychological assessment and interventions. Interns gain experience in patient/family interviewing and counseling, test administration, scoring, and formulation, writing reports, and conducting interpretive conferences. The patient population is diverse and includes patients from geriatric medicine, general neurology, neurosurgery, physical medicine and rehabilitation, epilepsy surgery, psychiatry, and rheumatology as well as attorney referrals. The majority of referrals is for outpatient assessments, but will include some inpatient consults.

Central Regional Hospitals Neuropsychology. The intern will conduct neuropsychological assessments at Central Regional Hospital, the state psychiatric facility located in Butner, NC, on the acute care and the long-term rehabilitation units. The main goals of this rotation are to: 1) Gain experience conducting neuropsychological testing in a state hospital psychiatric population, 2) Obtain a solid knowledge base of the empirical literature on the neuropsychology of schizophrenia and other mental disorders, applying research to clinical cases, and 3) Learn to integrate neuropsychological testing results into rehabilitation and treatment plans and communicate test results to psychiatrists, nurses, and other mental health professionals.

AIDS Neurological Center. (Note: This is a research-only service.) The AIDS Neurological Center is engaged in clinical neuroscience research, focused on psychological, neuropsychological and neurological aspects of HIV infection. The center is involved in several AIDS clinical trials with neurological components requiring administration of brief neuropsychological batteries. Interns will gain research experience with a diverse adult population, and gain knowledge in psychological, neuropsychological, neurological and psychoneuroimmunological aspects of HIV infection.

III. Forensics

Federal Correctional Complex, Butner, NC. There are three services offered at the FCC, one for non-forensic interns and two, required, for the Clinical Forensic interns. (For more information on the FCC, please see description under Clinical Forensic Internship, page 6.

1. Federal Correctional Complex. For non-forensic interns, a one or two day per week rotation is available at this correctional complex for male offenders, which includes a hospital facility with 300 psychiatric and 300 medical patients, a residential drug abuse treatment unit, a sex offender treatment unit, and outpatient services to a general population of about 1900 medium security, 1300 low security, and 300 minimum security inmates. Interns are clinically responsible for psychological assessment, treatment planning, individual and group psychotherapy, and crisis intervention. FCC Butner offers its own freestanding internship, and trains UNC interns alongside FCC interns.

2. Forensic Assessment and Treatment Services. This 6-month rotation is required for the Clinical Forensic interns. Inmates are admitted at the discretion of the federal courts for various pre- and post-trial studies, but primarily involving competency to stand trial, criminal responsibility, and violence risk assessment. Given the highly charged legal atmosphere surrounding forensic evaluations, these involve thorough psychological assessment including extensive clinical interviews, batteries of testing, review of clinical and law enforcement records, consultation with other professionals, understanding of legal standards and procedures, and highly refined report-writing. When called upon to do so, interns serve the courts by providing expert testimony (accompanied by supervisory staff). Inmate/patients are

also admitted at the discretion of the courts for treatment, either pre-trial for restoration of competency, or post-conviction as a function of sentencing. The treatment service involves the same general skills and experiences as in community psychiatric hospitals, including clinical interviewing, treatment planning, group therapy and education, and supportive, behavioral and insight-oriented individual psychotherapies.

The primary training objectives are that the intern will acquire the following skills:

1. Proficiency in basic clinical/diagnostic interviewing, with emphasis on relating diagnostic impressions to appropriate treatment strategies.
2. Appreciation of legal, social, and policy issues inherent in serving this population, such as socioeconomic disadvantage, confidentiality, right to (and to refuse) treatment, etc.
3. Ability to interpret and apply psycholegal constructs to clinical practice.
4. Broad knowledge of current issues in forensic psychology, with particular emphasis on professional and ethical standards within the specialty area.
5. The ability to integrate extensive clinical and non-clinical sources of information in the formulation of comprehensive forensic reports.
6. The ability to serve as an effective expert witness regarding mental disorders and human behavior.
7. Ability to formulate comprehensive treatment and management plans spanning the full range of inpatient therapeutic and rehabilitation services.
8. Capacity to collaborate with other professionals in psychiatry, medicine, nursing, social work, case management and allied disciplines in the evaluation process.

3. The LSCI/FCI-II Rotation is a 6-month rotation that is required for the Clinical Forensic interns. The General Population area at the Low Security Correctional Institution (LSCI) and the medium security Federal Correctional Institution-II is served in several ways, as defined by the agency's Psychology Services Program Statement. All admissions to the institution participate in an Admission and Orientation program for Psychology Services, which includes individual interview, standardized testing, an orientation to available services, and basic drug abuse education. Direct services, including crisis intervention, individual therapy and group treatment are provided on a voluntary basis. Specific modalities and goals are agreed upon by therapist and client, and may be time-limited or long-term. Psychologists also serve as members of interdisciplinary unit teams and assist in planning programs and reviewing progress of correctional inmates. Special areas for intervention include HIV counseling, suicide prevention, and focus groups (e.g. Gulf War era veterans). The primary training goals include:

1. Familiarization with the role of clinical psychologists in correctional settings.
2. Competency with a variety of psychotherapeutic approaches and techniques applicable in a correctional setting.

3. The ability to serve as an effective consultant to staff in corrections, administration, education, and medicine, as well as other agencies such as the United States Parole Commission.
4. Skills in triage and needs assessment within institutional settings.
5. Competency in crisis management and intervention with a primarily non-psychiatrically disordered population.

Pretrial Center at Central Regional Hospital - Forensic Outpatient Assessment. The former Dorothea Dix Hospital in Raleigh was merged into the new Central Regional Hospital (CRH) in Butner in December 2010 after a protracted merge process. CRH has its own APA accredited internship and trains their interns on this rotation as well. This is a one day per week, four month rotation doing court ordered evaluations of capacity to proceed to trial. The Pretrial Center is the forensic evaluation service for the state of North Carolina, with population and procedures that are distinct from the equivalent Federal service. The defendants are typically more impaired by mental illness or cognitive disorders, the population includes some females and juveniles, and the expected time frame for completion of the evaluation is faster. Most evaluations can be completed with 1-2 hours of interview/observation of the defendant. Cases vary widely with respect to the amount of collateral information needed to incorporate into the report. Some reports can be completed within one week of the interview, most are completed within one month. The training focuses on efficiency in interviewing, collateral collection, forming an opinion, and report writing. Patients are brought from county jail to the Pretrial Center by law enforcement officers for evaluation. In most cases, the defendant returns to jail via law enforcement; occasionally, an admission to the Pretrial Center may be required to complete the forensic evaluation. Interns will assist in interviewing the defendant for capacity to proceed as well as diagnostic impressions, review collateral information, administer/interpret psychological testing if required to clarify diagnosis or rule out malingering, and prepare written reports of findings for the court. focuses on efficiency in interviewing, collateral collection, forming an opinion, and report writing.

Forensic Consultation Clinic. At UNC's Carolina Institute for Developmental Disabilities, interns who elect this rotation will assist in preparation for expert testimony in cases involving intellectual disability and the death penalty. This includes, for example, records reviews, meetings or phone calls with attorneys and forensic evaluations as schedules allow.

IV. University Services

Counseling and Wellness Services. UNC's Counseling and Wellness Services (CWS), Division of Student Affairs, provides a wide array of mental health services to the University's nearly 28,000 students. CWS is offered as a rotation during the summer months, when the intern would obtain experience in short-term, individual psychotherapy with university students. In addition, co-facilitating a focused therapy group may be possible depending on scheduling and availability.

V. Pediatrics and Child/Adolescent Psychiatry, UNC

Pediatric Psychiatry/Psychology Liaison Program. A major objective of this program is to teach pediatric residents, interns, and medical students the diagnosis and management of developmental, psychological, and social problems of childhood, particularly those that arise secondary to chronic and acute illnesses. To this end the faculty have established on-going consultation-liaison teaching relationships within a variety of pediatric settings including: (1) Pediatric inpatient hospital wards, intensive care unit, and nurseries; (2) Subspecialty clinics such as pediatric hematology-oncology, brain tumor, gastroenterology, neurology, endocrinology, pulmonary, rheumatology, allergy, epilepsy; (3) Primary care and screening clinics, which reflect pediatric office practice; (4) Case management including child abuse conferences; (5) Individual outpatient therapy cases.

Duties will depend on the specific area of the liaison service in which interns and trainees select to work. However, interns are expected to take full responsibility for case management, for synthesizing diagnostic material in the consultation, collaboration with physicians and interdisciplinary team, and, when appropriate, presenting material at case conferences. Attendance at regular liaison meetings may be required and would be arranged between the intern and individual supervisor. Involvement may be daily or weekly depending on the specific service, but a 4-month minimum commitment is required. Depending upon the type and consultation setting chosen, various members of the liaison faculty may supervise trainees. Because of the nature of liaison psychology, supervision often occurs at the actual practice site, involving continuing dialogue between the trainee and supervisor. In addition, each trainee is free to establish a regular weekly supervision time when more diverse material can be discussed. The following are key general objectives expected of each trainee:

1. To acquire clinical experience in the diagnosis and treatment of children and families presenting with organic and/or functional disorders in the pediatric setting.
2. To identify significant psychological factors related to chronic illness in children and to understand the integration of these factors into comprehensive medical care.
3. To become familiar with the major modes of consultation-liaison teaching and to operate appropriately within these models in relation to both attending and house staff physicians.
4. To become familiar with the basic literature on children's adaptation to chronic illness, psychosomatic disorders, and to develop an understanding of the principles of pediatric behavioral medicine.

Child/Adolescent Psychiatry Outpatient Clinic. This clinic provides services for children up to age 18 and their families. Interns may train on an interdisciplinary team along side trainees from a variety of backgrounds (psychology, psychiatry, social work, school psychology and medicine). The teams meet once a week for four to six hours. A General Diagnostic Team provides supervised experiences with and observations of diagnostic interviewing and testing, interpretation, school and other agency consultation and crisis counseling for children up to age 12. The Adolescent Evaluation Team provides similar services for children 12-18 years of age. Treatment cases are often available through this team. The Forensic Team engages in a variety of court-ordered and legal consultative cases. It is described in more detail below.

Child and Adolescent Psychiatry Inpatient Units: Treatment. These units provides services to children (5 through 12) and adolescents who have severe neuropsychiatric illnesses, and their families. Services include intensive diagnostic evaluation and treatment consisting of individual sessions with the children or adolescents, treatment planning, ward milieu, medication management, and work with the parents and community agencies.

Interns are given primary responsibility for the overall coordination of the treatment of the children and adolescents to whom they are assigned. Because of the rapid nature of acute hospital stays, each intern will be assigned 2 children or adolescents at a time, thus allowing exposure to a number of varying cases. The interns are responsible for the general case management, individual therapy, working with the nursing staff to plan individual behavior management regimens, participation in the family work, and consultation with the child psychiatry fellow assigned to the case for the medical management of the patient's disorder initially, with direct case supervision by the psychiatry attending.

Interns learn to deal with managed care companies, participating in treatment team conferences, calling in appropriate referrals for consultation, learning how to effectively utilize various community resources, both during the hospitalization, as well as to construct treatment plans that can direct longer-term community management.

Child and Adolescent Psychiatry Inpatient Units: Diagnostic Consultation Service. This rotation provides interns an opportunity to develop greater proficiency in diagnostic interviewing and formal psychological assessment of children and adolescents with severe social-emotional difficulties, often in combination with developmental disabilities, in an inpatient setting. An emphasis is placed on relating diagnostic impressions to appropriate treatment strategies and management within a consultation model. This rotation also provides an exposure to the workings of a child and adolescent inpatient service, while providing a primary psychology function in a psychiatry inpatient setting. A multi-setting, multi-instrument, multi-source model of assessment is used, with particular attention to issues of differential diagnosis and comorbidity.

VI. Community Programs for Children and Families

Wake Medical Center Developmental Team and Pediatric Psychology Service. Wake Medical Center, in Raleigh, offers the opportunity for interns to work with a pediatric psychologist providing psychological consultation to the Neonatal Intensive Care Unit, the inpatient pediatric ward and the Pediatric Intensive Care Unit and the outpatient Special Infant Care Clinic. Pediatric experiences include consultations with children of all ages who have a wide range of diagnoses, from accidental injury through neurological issues, child abuse and neglect, chronic illness, and many other conditions). Special Infant Care activities include developmental assessments of former preterm and other high-risk infants birth to three performed as part of a closely collaborative interdisciplinary team, as well as parent support and consultation and extensive communication with community resources. Experiences in the NICU can include training in the Brazelton and other infant assessment tools. There is a strong emphasis on working with parents in all settings. There are many opportunities for interdisciplinary training and collaboration (physical therapists, speech pathologists, and pediatricians/neonatologists).

The Center for Child and Family Health represents a collaboration among Duke University, UNC, and North Carolina Central University. Located in Durham, NC, the CCFH was formed initially to address the child protection needs of the community, particularly medical and social work evaluations for child maltreatment and child and family trauma treatment. The CCFH expanded services to include a wider range of mental health services, including evidence based treatments such as Parent Child Interaction Therapy, Abuse Focused Cognitive Behavior Therapy, and Trauma Focused Cognitive Behavior Therapy. CCFH maintains a Prevention Intervention program that provides a range of services (and training opportunities), including a home visiting program and parenting interventions directed at preventing child maltreatment. There are several initiatives in the Durham Public Schools for early identification and treatment of mental health difficulties for children and their families, including groups for girls at high risk for early pregnancy using the model Structured Psychotherapy for Adolescents Responding to

Chronic Stress. The North Carolina Child Response Initiative involves a collaboration with the Durham Police Department to provide rapid responses to calls in which a child is involved in or exposed to domestic or community violence as well as training for patrol officers in child posttraumatic stress and child-oriented community policing strategies. An intern at CCFH can select specific areas for training or develop, with supervisors, a program combining experiences. Many of the evidenced based protocols require 12 to 16 weeks for their completion, so training and supervised experience would generally require a minimum of 8 months. In addition, specific services may require involvement on specific days of the week. CCFH maintains a Prevention Intervention program that provides a range of services (and training opportunities), including a home visiting program and parenting interventions directed at preventing child maltreatment.

Raleigh Children’s Developmental Services Agency (CDSA). The Raleigh CDSA provides early intervention services for children ages birth to 3 years in Wake County who are at risk for or have developmental delays. Services provided include evaluations, service coordination, and oversight of services for children eligible for intervention through the NC Infant-Toddler Program. All services are provided in the natural environment. Disciplines represented at the CDSA include audiology, medicine, psychology, education, occupational therapy, physical therapy, speech and language pathology, and social work. The client population is diverse in terms of socioeconomic status, ethnicity, and race, as all children in need of early intervention services in Wake County must be referred to the CDSA to access NC Infant Toddler Program services. The primary focus of the internship is on participation in team evaluations using a transdisciplinary model, conducted in the child’s home or day care setting. Interns will work as a member of the Initial Evaluation / IFSP team (involving 2-3 CDSA staff) to provide developmental evaluations of children referred to the CDSA, using the Mullen, and to develop intervention plans (Individualized Family Service Plans – IFSPs). Interns will also have the opportunity to complete psychological evaluations of children enrolled in the program to evaluate social-emotional development and evaluations conducted for the purpose of confirming/ruling out the diagnosis of autism (using the ADOS). Interns may also choose to observe service coordination activities such as IFSP reviews, transition planning meetings, and monitoring of intervention services.

Project Enlightenment (PE), a model service program of the Wake County Public Schools, and a contract agency for Wake Smart Start, is one of the core sites for the Clinical Child Community intern. **This service is not able to accommodate interns from other tracks.** PE provides services to children from birth through the end of kindergarten and their families through several components:

1. Parent services, including short-term counseling and parent workshops
2. Consultation to teachers and child care workers on both individual child and program-level issues and teacher training
3. The Demonstration Preschool, an inclusive half-day preschool serving children with social-emotional and behavioral concerns and typically developing children.
4. The Family Literacy Classroom, a demonstration classroom for four year old children emphasizing research-based early literacy practices.
5. Parents as Teachers, a home visiting program for young children birth to three that includes group meetings and screening.
6. Developmental Screening of children from age three to the end of kindergarten.
7. Transition to Kindergarten program
8. Parent-Teacher Resource Center, a lending library of print and video resources for parents and children including a production center to create learning activities.

PE is a prevention and early intervention program that addresses common childhood behavior problems using a mental health consultation model. The intern has typically been involved in the parent/child services and consultation components, doing child and family intervention, parent counseling, parent workshops, developmental screening, and classroom consultation activities. The intern has the opportunity to learn about a wide range of early childhood concerns, including developmental delays, child abuse, temperament and compliance, reactions to divorce and loss, attention deficits and behavior disorders. If interested, there is the opportunity to do individual therapy with young children. The Clinical Child-Community intern typically spends two days a week for eight months at PE.

Developmental Disabilities: A number of the services and clinics offered by TEACCH and by the CIDD, described in the following section, take place in community contexts.

VII. Developmental Disabilities

Carolina Institute on Developmental Disabilities. The CIDD, a University Center for Excellence in Developmental Disabilities (UCEDD), offers interdisciplinary services to infants, children and adults with developmental disabilities. The CIDD provides assessment, intervention and clinical consultation in the areas of intellectual disability, autism, cerebral palsy, learning disability, epilepsy, chronic medical conditions, and other related developmental disabilities. The assessment, consultation, and treatment programs are carried out by multiple disciplines using interdisciplinary and transdisciplinary approaches. The psychological assessment focuses on cognitive skills, adaptive skills, and socio-emotional and socio-behavioral issues. There is also an emphasis on opportunities to observe and learn evaluation and treatment techniques from the other disciplines, including special education, speech and language pathology, social work and physical therapy. Community-based and school-based consultations (e.g., behavioral consultation with families, local and regional group homes, Head Start preschool programs) are part of the outreach services offered by the CIDD. The following clinics and outreach programs were available for interns in 2011-2012; there are minor changes each year:

- Adolescent and Adult Autism Clinic
- Neurodevelopmental Dyads
- Neuropsychology Clinic
- Hearing and Developmental Clinic
- Dept of Public Instruction School Psychology Consult
- Young Adult Program
- Preschool Autism Assessment, Consultation and Treatment Clinic
- School Age Team/Psychology Consults
- Behavioral Medicine Clinic
- OPC Mental Health Community Consultation
- Prader-Willi Clinic
- Forensic Consultation

F. TEACCH. TEACCH is a clinical service and professional training program dedicated to serving individuals with autism spectrum disorder (ASD) of all ages and their families. Treatment is cognitively and behaviorally oriented and utilizes evidence based approaches including use of environmental structure, visual supports, and modified cognitive behavioral interventions. It emphasizes a psychoeducational model with a focus on parent and family training. TEACCH promotes an integrated approach to the individual's school or work and home environment. Treatment is on an outpatient basis.

For additional information, see the description of TEACCH on page 9. Opportunities for interns at TEACCH include the following options:

1. Chapel Hill TEACCH Center. There are a variety of experiences available for interns interested in working with individuals on the autism spectrum in diagnostic and treatment settings.

- Diagnostic evaluations of children, adolescents and adults who are referred due to suspected ASD. The intern will learn assessment instruments specifically designed for determining a diagnosis of ASD, as well as about providing diagnostic information and recommendations to clients and families.
- Group interventions for individuals with ASD and their families, including social skill groups for clients with ASD, training groups for parents of children with ASD, support and information groups for parents, and support groups for adults with ASD. Some of these opportunities occur at community sites in Raleigh.
- Individual interventions for individuals with ASD and their families, including family training sessions for child and adolescent clients and individual psychoeducational interventions for adults with ASD. This last experience is best for interns who have already had experience with the diagnosis of ASD.

2. Carolina Living and Learning Center. The CLLC is a model residential and vocational program for adults with ASD, operated by TEACCH in a farm setting in Pittsboro, NC, about 20 minutes from Chapel Hill. Interns will learn about the application of Structured Teaching and other evidence-based intervention procedures and participate on the interdisciplinary treatment team. The intern will join the consulting psychologist in the development and monitoring of behavior plans, the assessment of cognitive and adaptive living skills, monthly documentation, and consulting on programs for personal, domestic and vocational skill development, while participating in meetings including annual habilitation planning and the Human Rights Committee.

IV. EXPERIENCES AVAILABLE TO ALL INTERNS IN THE DEPARTMENT OF PSYCHIATRY

A. Seminars. A required weekly seminar conducted by psychology, psychiatry, and law faculty on a rotating basis addresses a variety of professional, ethical, and social issues. Interns also have the opportunity to attend seminars and colloquia presented by faculty and guests in various departments in the University. Several optional attendance seminars are conducted especially for our trainees. The specific content varies somewhat from year to year, depending on trainee interest. Seminars have included: Rorschach (Silverstein and Mermin), Behavior Management (Van Bourgondien), Crisis Intervention (Wise), Autism (TEACCH staff), and a workshop on suicide prevention aimed at the college population (Counseling and Wellness Services staff).

B. Departmental Grand Rounds. This is a weekly meeting open to all trainees and faculty of the Department of Psychiatry. Content includes clinical case presentations, presentations of ongoing or completed research by members of the Department, and guest speaker presentations.

C. Psychology Faculty Presentations. During the fall, faculty members give presentations on research, clinical, or professional topics of current interest. These biweekly meetings are open to all psychology faculty and psychology trainees in the Department of Psychiatry. There is also intern representation on the Psychology Training Committee, which meets biweekly throughout the year.

D. Support Group. A weekly support group for all interns is provided. The group provides a unique and meaningful experience for interns and has helped in the development of cohesiveness and friendships. Support group is held every Friday for up to 8 months (2 rotations).

E. Faculty and Intern Retreat. A half day retreat is provided for interns, fellows, faculty and community supervisors in the spring on a topic of general interest such as supervision, ethical issues in clinical settings, and the role of the psychologist in a changing environment. For the past four years, the annual retreat was expanded to include interns and training faculty from several other internships in the area.

F. Guest lectures and presentations. Interns may be invited to make presentations in various courses on campus or to School of Medicine trainees.

G. Conferences. Interns are encouraged to participate in workshops and conferences and are provided time off to attend.

H. Research. The intern who is interested may take up to one day per week for research. This may involve work on a dissertation or a small individual project. Collaboration with a faculty member is possible, depending on mutual interests and feasibility of schedule.

SUPERVISION AND TEACHING METHODS

The intern's work is supervised primarily by members of the psychology faculty. Since the ratio of faculty to interns is quite favorable, close and intensive supervision can be provided throughout the year. Psychiatrists, psychiatric social workers, and other mental health professionals also participate in the supervision of some aspects of the intern's work.

Interns have the opportunity to observe faculty engaged in a wide variety of clinical activities either in the same room or via a one-way mirror or video. Demonstrations also are provided by the faculty with regard to intervention techniques, especially with children.

ASSESSING INTERNS' SKILLS AND FEEDBACK

While interns receive ongoing verbal feedback from supervisors, formal written evaluative feedback is also provided. At the start of each rotation, an agreement is completed by the intern and each supervisor, spelling out the specific goals and responsibilities of the intern on a particular service. The agreement serves as the basis for written evaluation of the intern by the supervisor at the end of the rotation; the intern also has the opportunity to evaluate the experience on the service. In addition, the supervisor completes the internship program's competency evaluation, rating the intern on core clinical and professional skills, including ethical standards and legal professional guidelines, technical skills and competence, utilization of and approach to supervision, approach to professional growth, ability to function independently, and understanding of time issues. The intern receives the completed rotation evaluations, reviewing and discussing them with the supervisor and with the Program Coordinator. Any rating below the expected minimum is reviewed by the Training Committee. A similar written agreement is completed between the intern and Program Coordinator to insure ongoing support and monitoring of the intern's progress, as well as to provide opportunities for in-depth discussion of professional and career issues. During the course of the year, each intern is expected to present on a clinical or research topic to a general meeting of the faculty and interns. At mid-year, the Program Coordinator summarizes the intern's progress for the Training Committee, to insure that the intern is meeting the program's

competency criteria. The Program Coordinator also completes a final evaluation letter at the end of the internship year. Copies of both the mid-year and final evaluations are forwarded to the intern and to the Director of Clinical Training at the intern's university.

CERTIFICATE OF INTERNSHIP

Upon successful completion of the internship in clinical psychology, a certificate to that effect is awarded by the Department of Psychiatry of the University of North Carolina School of Medicine.

MARTIN S. WALLACH AWARDS

The Martin S. Wallach Awards for outstanding performance in clinical psychology are given annually to two students at the University of North Carolina at Chapel Hill. One award is given to the outstanding Ph.D. candidate in Clinical Psychology in the Department of Psychology. The other award is given to the Clinical Psychology Intern in the Department of Psychiatry who best represents the qualities of Dr. Wallach. These awards are given in memory of the late Martin S. Wallach and are made possible through a Trust Fund established by his family and friends. Dr. Wallach, at the time of his death in May, 1965, was an Associate Professor in the Departments of Psychiatry and Psychology at the university in Chapel Hill.

The individuals receiving the Wallach Award have displayed significant progress toward excellence as a scientist-practitioner. This includes an appreciation of the empirical basis of psychological work (including diagnosis, treatment, consultation) in the chosen area of clinical practice; demonstrated strengths in written and oral expression; and high ethical standards. Additionally, the recipients demonstrate the thoughtful style, conscientiousness, genuine care and respect for clients and colleagues, and advocacy of the needs of underserved populations, which characterized Dr. Martin Wallach.

FINANCIAL SUPPORT AND BENEFITS

Funding is available in two formats:

1. Stipends of \$17,450 each are provided for six of the seven tracks (Behavior Medicine, Eating Disorders, Clinical Child-Community, Clinical –Child-Pediatric, TEACCH, and CIDD). Health insurance, with a nominal monthly fee, is also provided as a benefit for these interns.
2. Two stipends of \$24,440 each are available for the two Clinical Forensic internship positions, which require half-time assignment at the Federal Correction Institute at Butner, North Carolina. Health insurance is not provided as a benefit for these two positions; the interns receive a larger stipend and are encouraged to use the additional funding to purchase health insurance through their universities.

All interns are provided with professional liability insurance at no cost. Three weeks of vacation time and 11 major holidays observed by the University are provided. Professional leave time is available for attending conferences. Interns are eligible for the UNC One Card, which permits access to University libraries and use as a debit card for UNC Student Stores and other services. Interns have access to UNC facilities and are eligible for a free pass to non-revenue sporting events. Each intern also has a professional development budget of \$250 for travel to conferences, books or other relevant materials or activities.

ELIGIBILITY

Applicants should be from APA- or CPA-accredited programs. The Behavioral Medicine, Eating Disorders, Clinical Forensic, and Clinical Child-Pediatric Internship positions are limited to students who are degree candidates in clinical psychology programs. The TEACCH, CIDD, and Clinical Child-Community do not have this restriction. Additional eligibility restrictions for the Clinical Forensic track are described on pages 7 and 8, above.

For all positions, a minimum of 500 AAPI hours (intervention plus assessment) is expected, as is the completion of at least three years of graduate training. Comprehensive exams must have been passed by the application deadline, and the dissertation proposal by the start of the internship.

Applicants who are not U.S. citizens must be eligible for and receive a U.S. visa for the internship year. Immediately prior to the start of the internship year, a criminal and background check will be completed for each intern.

STARTING DATE

All interns start at the same time so that they can participate in a weeklong orientation program. The starting date has been set as the last Monday in August. All faculty members will be on hand to help orient the new trainees and facilitate a smooth transition.

APPLICATION AND INTERVIEW PROCESS

The formal application on-line application must be completed no later than **November 1, 2011** and should include:

1. A completed on-line APPIC Application for Psychology Internship (AAPI Online). AAPI Online is available from the APPIC Web site: www.appic.org
2. The AAPI application should include:
 - a. A cover letter stating why the applicant is interested in the UNC Internship Program
 - b. CV
 - c. Graduate transcripts
 - d. Three letters of reference.
3. A completed UNC Application Form (page 34, below) which, along with basic identifying information, asks for the applicant to indicate up to two choices for internship track (s) and available interview dates. This single page should be completed, printed, and then submitted as Supplementary material.
4. Clinical Forensic applicants must also complete the procedures described on pages 7 and 8.

Applicants may be invited for an interview after a review of application materials. We arrange interviews for the mutual benefit of both the applicant who seeks to meet with our faculty to receive information on the program and faculty who wish to learn more about the applicant's interests, experiences and fit with the program. The following options are available:

On-site personal interviews will be scheduled by invitation on the following days: Tuesday January 10; Wednesday January 11; Wednesday January 18; and Thursday January 19, 2012. During the day,

scheduled from 8:30-5:30, faculty and interns in the applicant's area of interest will be available to discuss the training program. Clinical forensic applicants also interview at the FCC, typically on the day prior to the interview day scheduled at UNC, or complete personnel procedures at a facility nearer their home or school

2. We see telephone interviews to be a viable and less costly alternative. They can be arranged with the Director of Training and one or more faculty members.
3. Requests for interviews at times other than the designated January period may be honored under special circumstances. Although the Director of Training may be available at alternative times, contact with other faculty and current interns cannot be guaranteed.

There will be a preliminary screening of all applicants; not every interested applicant will be accepted for an interview. We will notify any applicant no longer being considered as soon as possible. Applicants still under consideration will also be notified as soon as possible and offered the opportunity to attend one of the on-site open house dates. Applicants will be contacted no later than December 15, 2011.

Applicants are requested not to contact the training office regarding interviews prior to that date. We will make every effort to inform applicants of their status as early as possible.

This training program observes the guidelines regarding timing of internship offers and acceptances adopted by the Association of Psychology Postdoctoral and Internship Centers and the Councils of the University Director of Clinical and Counseling Programs. *See a copy of these guidelines on the www.appic.org website.* In applying to this internship facility, applicants are also agreeing to adhere to these guidelines.

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 prior to Uniform Notification Day.

Cover letters should be addressed to:

Gladys Williams, Ph.D., Director of Psychology Training
UNC School of Medicine, Dept. of Psychiatry
Clinical Psychology Internship, CB #7160
University of North Carolina at Chapel Hill
Chapel Hill, NC 27599-7160

(919) 966-5279 (Phone); (919) 966-4003 (Fax)

LOCATION

UNC Hospitals are located on the campus of the University of North Carolina. The town of Chapel Hill is almost exclusively a university town and provides the advantages of small town residential living. It is noted for its charm and beauty, and the climate is pleasantly mild. Proximity of the hospital to the University Psychology Department as well as to Duke University (10 miles away) and North Carolina State University (30 miles away) provides an active professional environment. Colloquia and lectures at either UNC or Duke are open to our trainees.

Recreational facilities abound in this region. Chapel Hill has golf courses, tennis courts, a gymnasium and two university swimming pools, as well as other swimming facilities. In addition, the university holds a license from the U.S. Army Corps of Engineers for use of a 230-acre peninsula on the western shore of

Kerr Lake, a vast reservoir, about 65 miles north of Chapel Hill that has over 800 miles of shoreline. This tract is reserved for recreational use by the students, employees, and faculty of the university where fishing, picnicking, camping, and boating are available. A public lake, Jordan Lake, is also nearby.

FACILITIES

The facilities of the Department of Psychiatry are modern and extensive. An audio-visual center and one-way mirror rooms extend the possibilities for natural observation of clinical situations and for closer supervision. The Department houses a well-equipped research laboratory. There are large university and health affairs libraries, as well as a departmental psychiatry library. Interns have access to the Department's network of personal computers.

For more information about the Department of Psychiatry, the Medical School, Hospitals and area, visit the web site at www.psychiatry.unc.edu. For more information on or about Chapel Hill, visit the Chamber of Commerce website at www.carolinachamber.org, the Chapel Hill Visitors Bureau at www.chocvb.org or triangle.citysearch.com.

FREQUENTLY ASKED QUESTIONS

How many positions are available? There are 8 positions for 2012-2013: 1 Behavioral Medicine; 1 Eating Disorders; 2 Clinical Forensic; 1 Clinical Child-Pediatric; 1 TEACCH; 1 CIDD (formerly CDL); and 1 Clinical Child-Community.

How does the rotation system work? There are three rotations lasting four months each. During each rotation, the intern will be on two to four services depending on the time requirements of the service. For example, the Clinical Child-Pediatric intern may be on the Child Inpatient service (25 hours) and Pediatric Liaison (10 hours), plus seminar and support group (4 hours); another rotation this intern may be on Pediatric Liaison (20 hours), TEACCH (8 hours) and WakeMed (8 hours), plus seminar and support group (4 hours). Each intern works out his/her individualized program with the Program Coordinator to best fit his/her interests and needs.

Is there a primary theoretical orientation of the faculty? Not really. The viewpoints may be described as eclectic and pragmatic. There are psychologists and other faculty that prefer traditional psychodynamic approaches to treatment. Some utilize more cognitive behavioral methods. The child psychologists are strongly developmental and take a cognitive, problem solving approach to case management. While a formal family therapy program does not exist, many of the faculty do family work in the context of treatment. Thus, the intern can be assured of being trained in a variety of models and approaches.

What is the diversity of the population served by the programs in the internship? Interns have an opportunity to work with a wide range of clients reflecting considerable diversity with respect to ethnicity, race, socioeconomic status, and other individual differences. For example, at UNC Hospitals, during a recent year patients were identified according to the following groups: Caucasian: 61%; African-American: 35%; Hispanic: 2%; Native American: 1%; and Asian: 1%.

What types of jobs do former interns obtain? These vary depending on the interests of the intern. Many work in clinical settings, others in academic and research positions including medical schools and universities; others have gone into private practice. Many have initially chosen postdoctoral settings (including positions at UNC) to further their training.

What kinds of research opportunities are available and do interns typically get involved? Opportunities range from time to complete a dissertation to engaging in research with faculty in rotation settings. Up to a day a week can be set aside. Realistically, given the wide variety of clinical activities most interns do not choose to start something new.

What are the strengths of the program? Interns who have completed their training typically praise the diversity of experiences and the individualization to their needs and interests. The quality of supervision by a staff of psychologists committed to psychology training is an important asset. Interns are a part of excellent service models, both in the hospital and in the community, that give high priority to training and service.

What is the relationship between Psychology and Psychiatry? The relationship between psychologists and psychiatrists in the Department has been strong and positive. Psychologists are held in high regard and valued for their important contributions. Psychologists have held key administrative positions (e.g., Director of TEACCH). Interns have enjoyed and learned from the multidisciplinary training and collaboration with Psychiatry residents, who respect the interns' skills.

Do interns have an opportunity to do supervision? There are some settings in which interns can provide supervision..

PSYCHOLOGY INTERNSHIP TRAINING FACULTY

Members of the psychology faculty are listed below with a brief statement of their academic background and current areas of special interest.

Director of Psychology Training

Gladys A. Williams, Director of Psychology Training, Clinical Assistant Professor, Department of Psychiatry. Ph.D., University of Illinois at Urbana-Champaign, 1998. Autism spectrum disorders.

Child Psychiatry Service

Nichole D. Grier, Assistant Professor, Department of Psychiatry. M.D., University of North Carolina at Chapel Hill, 1998. Child and adolescent psychiatry.

James Jenson, Clinical Associate Professor, Department of Psychiatry. M.D., Jefferson Medical College, 1987. Child and adolescent psychiatry.

John C. Nicholls, Assistant Professor, Department of Psychiatry. M.D., J.D. Child and adolescent psychiatry.

Joni McKeeman, Associate Professor, Child Psychiatry Division. Ph.D., Virginia Commonwealth University, 1992. Pediatric psychology, development of high risk infants, evaluation and treatment of preschoolers, personality assessment of children and adolescents on inpatient psychiatry, eating disorders.

Erin Malloy, Associate Professor, Program Director for Child and Adolescent Inpatient Services and Medical Director, Child Inpatient Unit. M.D., University of Florida, 1993. Medical student teaching and resident training, inpatient child and adolescent psychiatry, effects of maternal depression on children.

Echo Meyer, Clinical Assistant Professor, Psychiatry and Pediatrics, Ph.D., University of Massachusetts Boston, 2002. Children's adaptation to chronic illness, particularly IDDM, childhood anxiety, psychosomatic disorders, and differential diagnosis in child and adolescent psychiatry, particularly of autism spectrum disorders.

Amy M. Ursano, Assistant Professor of Psychiatry, Associate Director of Child and Adolescent Psychiatry Residency Program. M.D., University of North Carolina School of Medicine, 1997. Inpatient child psychiatry, trauma, teaching and education.

J. Kenneth Whitt, Professor of Psychology; Chief Child Psychologist, Child Psychiatry Division. Ph.D., University of Texas at Austin, 1976. Pediatric psychology, child and family adaptation to chronic illness, children's conception of illness, neuropsychological sequelae of childhood illness and treatment, infant failure to thrive.

Adult Psychiatry and Behavioral Medicine Section

Anna R. Brandon, Assistant Professor, Department of Psychiatry. Ph.D., University of Texas Southwestern Medical School at Dallas. Women who suffer from mood and anxiety disorders in the context of reproductive events.

Cynthia Bulik, William and Jeanne Jordan Distinguished Professor of Eating Disorders, Department of Psychiatry, Director, UNC Eating Disorders Program. Ph.D., UC Berkeley, 1988. Research and treatment of eating disorders, epidemiological, twin and molecular genetic studies of eating disorders and body weight regulation, integrating technology into treatment for eating disorders and obesity.

Eileen J. Burker, Adjunct Associate Professor, Department of Psychiatry; Associate Professor, Allied Health Sciences, Ph.D., Auburn University, 1990. Psychosocial adjustment to lung and heart transplantation. Appraisal, stress, and coping pre- and post-lung and heart transplantation. Religiosity and spirituality as predictors of quality of life pre- and post transplant. Cardiac and pulmonary rehabilitation.

Maureen Dymek-Valentine, Assistant Professor, Department of Psychiatry, Chief Psychologist, UNC Eating Disorders Program. Ph.D., University of Alabama at Birmingham, 1999. Assessment and treatment of eating disorders, treatment outcome for eating disorders, obesity and quality of life.

Eric Elbogen, Associate Professor of Psychiatry. Ph.D., M.L.S., University of Nebraska / Law-Psychology Program. Clinical work and empirical research at the intersection of law and mental health services.

LeKisha Y. Edwards, Clinical Assistant Professor of Anesthesiology. Ph.D., University of South Carolina, 2002. Clinical work and research in pain management.

Donna M. Evon, Assistant Professor of Medicine, UNC Division of GI and Hepatology, Ph.D. University of Health Sciences, Chicago Medical School, 2002. Health Psychology/Behavioral Medicine, Psychology in Medical Settings and working with patients with chronic medical problems such as transplant, liver diseases, hepatitis C.

Catherine A. Forneris, Associate Professor. Ph.D., University at Albany, State University of New York, 1998. Crisis assessment and intervention, DBT, individual and group cognitive-behavioral psychotherapy.

Burton Hutto, Assistant Professor, M.D. Medical University of South Carolina, 1989. Adult inpatient psychiatry.

Marci Marroquin Loiselle, Clinical Assistant Professor, Department of Surgery, Ph.D., Western Michigan University, 2003. Behavioral Medicine and Health Psychology.

Julie McIntyre, Chief Social Worker. M.S.W., University of North Carolina at Chapel Hill, 1988. Department of Psychiatry Crisis Emergency Services.

Paul Morea, Social Worker, Crisis Emergency Services. M.S.W.

T.J. Raney, Assistant Professor, Psychiatry, Ph.D., University of Nebraska-Lincoln, 1997. Eating Disorders.

Kevin R. Robertson, Professor, Neurology; Director of Neuropsychology; Ph.D., Oklahoma State University, 1989. Neuropsychology of HIV and AIDS, clinical trial design, psychometrics, statistics and computers.

Karla Thompson, Clinical Assistant Professor, Physical Medicine and Rehabilitation; Consulting Psychologist, UNC Spine Center; Program Coordinator, UNC Hospitals Day Rehabilitation Program. Ph.D., University of South Florida, 1995. Neuropsychological assessment, adjustment to disability, psychological approaches to pain management and chronic illness.

Alexander Tröster, Associate Professor, Neurology, Neuropsychological Director of the Memory Disorders Clinic. Ph.D., University of California-San Diego and San Diego State University, 1991. Parkinson's and Deep Brain Stimulation, Alzheimer's, and memory disorders.

Carolina Institute for Developmental Disabilities

Jim Bodfish, Professor, Departments of Psychiatry and Pediatrics, Associate Director, Carolina Institute for Developmental Disabilities. Ph.D., University of Alabama, 1986. Pathogenesis and treatment of repetitive behavior disorders; Integration of psychological and medical treatments for behavioral disorders.

Rebecca Edmondson-Pretzel, Clinical Associate Professor. Ph.D., University of North Carolina, 1992, Head, Psychology Section, CIDD. Developmental follow-up of high risk infants, family involvement in early intervention, temperament, infant assessment.

Heather Cody Hazlett, Assistant Professor. Ph.D., School Psychology (specialization in child neuropsychology), University of Georgia. Neuropsychology and neuroimaging research investigating brain development in neurodevelopmental disorders.

Stephen R. Hooper, Professor; Ph.D., University of Georgia, 1984. Child neuropsychology, learning disabilities, school psychology, child psychopathology.

J. Gregory Olley, Clinical Associate Professor; Ph.D., George Peabody College, 1973. Mental retardation, autism, severe behavior problems, social behavior, adolescent and adult community services.

Caroline M. Hexdall, Clinical Scientist, Adjunct Assistant Professor, University of South Carolina, 2004. Strengths in individuals with developmental disabilities and family members' contributions to enhancement of those strengths; psychoeducational and social-emotional functioning in individuals with Williams syndrome; factors that enhance mental health consultation in early childhood education; and supervision and training of students.

Jean Mankowski, Assistant Professor. Ph.D., University of North Carolina at Chapel Hill, 2007. Evaluation and consultation, children and adolescents with or at risk for neurodevelopmental disabilities.

Lauren Turner Brown, Assistant Professor. Ph.D., Vanderbilt University, 2005. Assessment and research, children and adolescents with autism spectrum disorders.

Anne Wheeler, Ph.D., Clinical Scientist, Adjunct Assistant Professor. Neurodevelopmental profiles of children with genetic syndromes (specifically PWS, FXS, and AS); stress and coping in parents of children with disabilities (including mindful parenting and promotion of positive coping strategies); the development of emotion regulation in children with disabilities, and the application of positive psychology constructs in research and clinical work with children and families.

Hal Shigley, Psychologist. Ph.D., University of Georgia, 1973. Autism spectrum disorders and other developmental disabilities, Oppositional Defiant Disorder, LD/ADHD, and anxiety disorders. He also works with adults with Autism spectrum disorders including Asperger's disorder.

TEACCH

Gladys A. Williams, Director of Psychology Training, Clinical Assistant Professor, Department of Psychiatry. Ph.D. University of Illinois at Urbana-Champaign, 1998. Autism spectrum disorders.

Elaine Coonrod, Clinical Assistant Professor, Associate Director, Chapel Hill TEACCH Center, Ph.D., Vanderbilt University, 2005. Early diagnosis and intervention of autism and the development of social cognitive skills in individuals with autism

Lee M. Marcus, Clinical Professor of Psychiatry; Former Clinical Director, Chapel Hill TEACCH Center. Former Director of Psychology Training, Ph.D., University of Minnesota, 1972. Autistic children and their families, early diagnosis, family support, developmental disabilities, multi-axial diagnosis and classification.

Mary E. Van Bourgondien, Professor of Psychiatry; Clinical Director, Chapel Hill TEACCH Center, Ph.D., University of Washington, 1979. Adolescents and adults with autism, pediatric psychology,

developmental disabilities, behavioral treatments, parent training, and community programs for developmentally disabled people.

Federal Correctional Complex, Butner, NC

Robert Cochrane, Director of Psychology Training/Forensic Psychologist, Federal Medical Center. Psy.D., 1999, Wright State University.

Tanya L. Cunic, Forensic Psychologist, Federal Correctional Institution. Psy.D., 2001, Central Michigan University.

René Daubón, Staff Psychologist, Federal Correctional Institution. Psy.D., 2006, Ponce School of Medicine.

M. Lela Demby, Staff Psychologist, Federal Correctional Institution. Ph.D., 2001. University of North Carolina.

Cynthia Fisher, Drug Abuse Treatment Program, Federal Correctional Institution. Ph.D., 1997, Minnesota School of Professional Psychology.

Katherine Freiman-Fox, Outpatient Treatment Coordinator. Ph.D., 1990, University of Kentucky.

Caroline "Lacy" Frazer, Non-Residential Drug Abuse Coordinator, Federal Correctional Institution. Psy.D., 1997, Georgia School of Professional Psychology

Dawn J. Graney, Staff Psychologist, Federal Correctional Institution. Psy.D., 2001, California School of Professional Psychology.

Jill R. Grant, Forensic Psychologist, Federal Medical Center. Psy.D., 1994, Virginia Consortium in Clinical Psychology.

Brian C. Gray, Ph.D., Staff Psychologist, Low Security Correctional Institution. Ph.D., 2006, Florida State University.

Brian Grover, Deputy Chief Psychologist - Psychology Treatment Programs, Federal Correctional Complex. Psy.D., 1988, Wright State University, School of Professional Psychology.

Manuel Gutierrez, Forensic Psychologist, FCI, Psy.D., 2001, Nova Southeastern University.

Andres Hernandez, Commitment and Treatment Program Coordinator, FCI. Psy.D., 1993, Rutgers University.

Gary Junker, Chief Psychologist, Federal Correctional Center. Ph.D., 1993, Georgia State University.

Edw. "Rhett" Landis; Deputy Chief Psychologist, Federal Correctional Complex. Ph.D., 1989, University of Louisville

Robert Melin, Step-Down Program Coordinator, Federal Correctional Institution. Psy.D., 2001, Chicago School of Professional Psychology.

Carlton Pyant, Drug Abuse Treatment Coordinator, Federal Medical Center. Ph.D., 1989, Southern Illinois University.

Maureen Reardon, Forensic Psychologist, Federal Medical Center; Ph.D., 2004, Florida State University.

Karen Steinour, Administrator, Commitment and Treatment Program, Federal Correctional Complex.. Ph.D., 1985, Duke University

Adeirdre L. Stribling, Forensic/Behavioral Medicine Psychologist, Federal medical Center. Ph.D., 2003, University of Tennessee

Angela Walden Weaver, Forensic Psychologist, Federal Medical Center. Ph.D., 1995, University of Alabama at Tuscaloosa.

N. Chanell Williams; Behavioral Medicine Psychologist, Federal Medical Center. Ph.D.,1996, California School of Professional Psychology (Los Angeles).

Michael R. Wydo, Associate Director of Psychology Training/Habilitation Program Coordinator, FCI. Psy.D., 2003, Philadelphia College of Osteopathic Medicine.

Central Regional Hospital

Ann Louise Barrick, Clinical Professor, UNC-Chapel Hill, Department of Psychology and Director of Psychology; Ph.D. Counseling Psychology, 1986, Ball State University. Assessment and treatment of persons with dementia.

David M. Hattem,. Adjunct Associate Professor, UNC Chapel Hill Department of Psychiatry; Senior Psychologist II. Primary clinical assignment in Forensics Division (Forensic Treatment Program; Pre-Trial Evaluation Center). Ph.D. from University of Southern California, 1983. Special interests in personality assessment, forensic assessment, clinical supervision.

Nancy Laney, Senior Psychologist. Ph.D., Temple University, 1997.

Nancy D. Lloyd, Adjunct Assistant Professor, UNC Chapel Hill Department of Psychiatry; Senior Psychologist, Dorothea Dix Hospital. Ph.D. from North Carolina State University, 1980. Primary clinical assignment as Program Director, Adult Admissions. Special interests in neuropsychology, SPMI.

Paul Mermin, Adjunct Assistant Professor, Department of Psychiatry, University of North Carolina. Senior Psychologist II. Primary clinical assignment in Child Outpatient Clinic. Ph.D. from University of North Carolina at Chapel Hill, 1982. Special interests in Child clinical, child assessment, projective testing.

Michael Murray, Adjunct Assistant Professor, Department of Psychiatry, UNC Chapel Hill; Adjunct Consulting Associate, Duke University. Senior Psychologist I. Ph.D. from University of South Florida, 1993. Primary clinical assignments in Geropsychiatry and Clinical Research Unit. Special interests in neuropsychology, geropsychology.

Richard R. Rumer, Adjunct Assistant Professor, Department of Psychiatry, UNC Chapel Hill; Consulting Associate, Duke University Medical Center; Senior Psychologist II; Ph.D. from UNC-Chapel Hill, 1982.

Program Director, Adolescent Admissions Unit. Special interests in Children/adolescents who are court-involved.

Elliot Silverstein, Adjunct Professor, UNC Chapel Hill Department of Psychiatry. Director of Psychological Services, Dorothea Dix Hospital. J.D. from Harvard University, 1973; Ph.D. from University of North Carolina, 1977. Diplomate in Forensic Psychology. Special interests in teaching, ethics, forensics, child and adolescent therapy and assessment, law, psychology, negotiation, and Rorschach.

Mark Stein, Clinical Assistant Professor. Senior Psychologist. Special interests in statewide policy on child and adolescent services; Medicaid and Health Choice policy.

Heather Twomey, Senior Psychologist. Primary clinical assignment in Acute Female Admissions. Ph.D. from Miami University, 1997. Special interests in Women's Issues, Group Therapy, Suicidal Behavior, Childhood Trauma Survivors.

Elise Vestal, Senior Psychologist, Ph.D., University of Maryland at Baltimore, 2003. Forensics.

Center for Child and Family Health

George Ake, III (Tripp), Clinical Associate Psychologist, Psychiatry and Behavioral Sciences, Duke University Medical Center, Ph.D., University Memphis, 2003. Child and adult trauma, acute mental health treatment, domestic violence, religious coping.

Robert A. Murphy, Executive Director, CCFH, Ph.D., University of Massachusetts Amherst, 1996, Special interests in Children exposed to violence; police-mental health collaboration; program and services development & evaluation; psychosocial aspects of HIV/AIDS.

Karen O'Donnell, Clinical Services Director, CCFH, Ph.D., University of North Carolina-Chapel Hill, 1983. Special interests in Early childhood, prevention services, parenting, neurobehavioral assessment, international work in HIV/AIDS.

Community Psychologists

Melissa Johnson, Clinical Assistant Professor (joint appointment). Clinical Psychologist; Pediatric Teaching Program, Wake Medical Center. Ph.D., University of North Carolina, 1980. High-risk infant development, infant mental health, pediatric illness and injury.

Canby Robinson, Psychologist, Project Enlightenment. Ph.D., North Carolina State University, 2003.

Marcia A. Mandel, Clinical Assistant Professor. Director, Raleigh Children's Developmental Services Agency (CDSA), Ph.D., University of Maine, 1987.

April Harris-Britt, Private Practice. Facilitator of Support Group. Ph.D., University of North Carolina at Chapel Hill.

SUPPLEMENTARY APPLICATION FOR INTERNSHIP IN CLINICAL PSYCHOLOGY
 Department of Psychiatry, University of North Carolina School of Medicine, Chapel Hill, NC

**PLEASE EQO RNVG'VJ KURCI G.'RT#V.'CPF '#ENWF G'CU'UWRRNGO GPVCT['FQEWG'GPV''
 #'VJ G'CCRKCRRN#CVIQP**

Name: _____

Email address: _____

Phone for _____ Other phone: _____
 Dec/Jan calls: _____

Please place an "X" to the left of the program(s) for which you wish to be considered. (You may choose one or two programs). **In addition, for each program that you have checked, please rank order your preferences for interviews, placing a "1" or "2" in the "interview preference" column to the right of the program(s) you have chosen.** [NOTE: We are asking for your interview preferences in accordance with APPIC Match Policy 3d. We will use this information for the scheduling of interviews only, and will not use it for any other purpose in the selection process. We need this information because we have limited interview slots, and must make choices about where and with whom applicants can interview.]

Adult Internship Positions:	Interview Preference	Child Internship Positions:	Interview Preference
<input type="checkbox"/> Behavioral Medicine	_____	<input type="checkbox"/> CIDD (formerly CDL)	_____
<input type="checkbox"/> Clinical Forensic (2 positions)	_____	<input type="checkbox"/> Clinical Child-Community	_____
<input type="checkbox"/> Eating Disorders	_____	<input type="checkbox"/> Clinical Child-Pediatric	_____
		<input type="checkbox"/> TEACCH	_____

Applicants should be from APA- or CPA-accredited programs. The Behavioral Medicine, Eating Disorders, Clinical Forensic, and Clinical Child-Pediatric Internship positions are limited to students who are degree candidates in clinical psychology programs. The TEACCH, CIDD, and Clinical Child-Community do not have this restriction.

NOTE: THERE WILL BE A PRELIMINARY SCREENING OF ALL APPLICANTS. NOT EVERY INTERESTED APPLICANT WILL BE ACCEPTED FOR INTERVIEWS. WE WILL NOTIFY ANY APPLICANT NO LONGER BEING CONSIDERED AS SOON AS POSSIBLE. APPLICANTS WILL BE NOTIFIED OF INTERVIEW STATUS NO LATER THAN DECEMBER 15, 2011.

INTERVIEW INFORMATION

If selected for an interview, I would prefer to visit on **(please rank order as many as possible):**

Tuesday, January 10, 2012 _____

Wednesday, January 11, 2012 _____

Wednesday, January 18, 2012 _____

Thursday, January 19, 2012 _____

Are you a vegetarian? _____ yes _____ no (this information is for lunch ordering purposes only)