2017-2018

CLINICAL PSYCHOLOGY

PREDOCTORAL INTERNSHIP

The Department of Psychiatry
University of North Carolina School of Medicine
Chapel Hill, North Carolina
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Policy on Non-Discrimination

The training program in clinical psychology described in this brochure subscribes to the policies of the State of North Carolina and of the University of North Carolina.

The University is committed to providing an inclusive and welcoming environment and to ensuring that educational and employment decisions are based on individuals’ abilities and qualifications. Consistent with these principles and applicable laws, it is therefore the University’s policy not to discriminate on the basis of age, color, creed, disability, gender, gender expression, gender identity, genetic information, national origin, race, religion, sex, sexual orientation or veteran status as consistent with the University’s Policy on Prohibited Discrimination, Harassment and Related Misconduct, found at http://eoc.unc.edu/our-policies/ppdhrm/. No person, on the basis of protected status, shall be excluded from participation in, be denied the benefits of, or be subjected to unlawful discrimination, harassment, or retaliation under any University program or activity, including with respect to employment terms and conditions. Such a policy ensures that only relevant factors are considered and that equitable and consistent standards of conduct and performance are applied.

In accordance with this policy, the University of North Carolina at Chapel Hill is committed to equality of educational opportunity. The University does not discriminate in offering access to its educational programs and activities on the basis of age, color, creed, disability, gender, gender expression, gender identity, genetic information, national origin, race, religion, sex, sexual orientation, or veteran status. The University is also an equal opportunity, affirmative action employer and welcomes all to apply without regard to age, color, creed, gender, gender expression, gender identity, genetic information, national origin, race, religion, or sexual orientation. We also encourage protected veterans and individuals with disabilities to apply.

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/. The Equal Opportunity/ADA Office (100 E. Franklin Street, Unit 110, CB 9160, Chapel Hill, NC 27599-9160 or (919) 966-3576) has been designated to handle inquiries regarding the University's non-discrimination policies.

We welcome applications from members of racial or other minority groups. Applicants will be accepted for training without respect to age, color, creed, disability, gender, gender expression, gender identity, genetic information, national origin, race, religion, sex, sexual orientation, or veteran status.
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 Jacqueline Remondet Wall, PhD, Director, Office of Program Consultation and Accreditation, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242; 202-572-3037; http://www.apa.org/ed/accreditation

The internship program is administered by the psychology faculty in the Department of Psychiatry of the UNC School of Medicine and takes place at the University of North Carolina Hospitals and in 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 or Clinical Forensic programs, 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 professional 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 science of psychology forms the foundation for service. During the internship year, interns are exposed to methods of assessment and intervention that are evidence based or supported; the use of academic and professional resources to inform clinical practice is emphasized.

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 evidence based or supported service. There is ongoing interdisciplinary collaboration with the UNC Medical Center’s staff and trainees, including the staff and trainees in medicine and in allied health professions such as social work, nursing, speech and language pathology, and occupational therapy.

Interns enter our program with strong graduate school preparation, with many skills and an identified area of specialization that is reflected in their internship track. Each track has a carefully sequenced and coordinated set of experiences to insure that the intern will achieve depth of experience in this area of
specialization, with competence in assessment, intervention, and consultation. Simultaneously, the framework for the experiential component of the training model is flexible and designed to encourage each intern to explore other areas of interest, taking advantage of some of the program’s many training opportunities to broaden knowledge and skills. A related requirement is that each intern is to obtain significant experience working with individuals with severe mental illness; there are numerous services interns can choose from that will meet this requirement.

Across all services, the faculty is committed to training. Each supervisor tailors training and supervision developmentally, taking into account the intern’s level of knowledge at the start of the rotation, then modifying the level of support as the intern’s level of professional competence increases. Throughout all services, there is an emphasis on the development of strong general professional skills that are fundamental to the competent practice of professional psychology, such as the ethical practice of psychology and establishing effective relationships with clients. Training methods include observation, demonstration, and audio- and videotaping, with individual and group supervision. Supervisors review with interns the relevant scientific and empirical bases for their clinical area. In addition to closely supervised experiential learning, the Internship offers a didactic seminar series, workshops, and guest lectures, as well as opportunities to participate in didactic opportunities across the School of Medicine.

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. During the first week, a four-day orientation program acquaints the new interns with the rich and varied array of training opportunities available. During this week, the intern and Program Coordinator plan the intern’s individualized sequence of training across the year, taking a developmental perspective. They build upon the intern’s existing skills and take into account the intern’s goals and interests, 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. Interns are also provided with the opportunity to pursue their own research or embark on new research, although research is not a required part of this Internship. Scholarship is further supported by having each intern present a scholarly talk, typically on their dissertation research, to an audience of their peers and a faculty committee.

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, diagnostic evaluations, 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 2017-2018, there are seven internship positions, in six 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 mental illness
- 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 (one position) page 7
II. Clinical Forensic (two positions) page 7
III. Clinical Child – Community (one position) page 9
IV. Clinical Child – Pediatric (one position) page 10
V. CIDD (formerly CDL) (one position) page 11
VI. TEACCH (one position) page 11

A note regarding the internship positions that include a focus on children may be helpful to applicants. While emphasizing different experiences and settings, these four internship tracks (Clinical Child – Pediatric, Clinical Child – Community, CIDD, and TEACCH) 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 six tracks. Descriptions of the clinical services follow (pages 13-23). 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 requires a minimum of 50% Behavioral Medicine experiences, including one full day and two half-days per week throughout the year on the Lung, Heart and Heart-Lung Transplant and Ventricular Assist Device (VAD) Team and a half day a week throughout the year on the Abdominal Transplant Team. The Behavioral Medicine intern will also be encouraged to take additional behavioral medicine training experiences (described on pages 14-16), based on the intern’s interests.

To accomplish the goal of broad-based training, the Behavioral Medicine intern is required to participate for one to one and a half days a week, for a 4-month rotation, with either the inpatient treatment of adult psychiatric patients served on the Crisis Stabilization unit, the treatment of patients in the Eating Disorders or Women’s Perinatal Inpatient units, or the team of the Crisis and Emergency Unit. The Behavioral Medicine intern will also choose elective experiences from the other training experiences (pages 13-23) in consultation with the Program Coordinator, to complete the internship schedule.

II. 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 13-23) 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 5200 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 1200 and 1500 bed Medium Security Federal Correctional Institutions, a 1600 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 32 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 16-18. 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 13-23. UNC Rotation options include, for example, the Eating Disorders Unit, adult outpatient treatment in women’s mental health, health psychology/behavioral medicine, neuropsychology, crisis/ED services, child trauma and maltreatment program, and other child experiences. Another forensic opportunity may be the Forensic Outpatient Assessment at Central Regional Hospital.

**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. Applicants must not have reached your 37th birthday (in accordance with Public Law 100-238) at the time of initial appointment (age waivers may be granted up to the age of 40). Further, applicants must have lived in the United States for 3 of the 5 years prior to the start of the internship year. Because the internship position is classified as “sensitive,” candidates must pass a pre-employment medical examination, drug screening, and background investigation. Final acceptance into the Forensic intern position 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; Phone: 919-575-3900, ext. 5466; Fax: 919-575-4866. Email: RCochrane@bop.gov

III. CLINICAL CHILD – COMMUNITY

The Clinical Child – Community internship has a focus on 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. This includes a required primary experience for 2 days a week for the first two rotations with the Department of Psychiatry Child and Adolescent Psychiatry Outpatient Program, a community-based treatment setting in Raleigh that serves children and adolescents with attachment, trauma, and anxiety disorders. Models of therapy include play, insight oriented, trauma focused and cognitive behavioral therapy. The intern will complete psychological evaluations, present and participate in interdisciplinary diagnostic case conferences, and conduct long-term, weekly therapy with children (age 17 and under, with most under age 13), as well as parent or family counseling. Typically, the Clinical Child-Community intern also spends 1 to 2 days a week for one or two rotations with the UNC Horizons Program, as a co-facilitator of parenting groups and providing mother-child psychotherapy with substance-use disordered pregnant and/or parenting women, and/or 1 to 2 days a week for two rotations with the Center for Child and Family Health, with a focus in the Healthy Families Durham (HFD) Program, an intensive home visiting program primarily for first-time parents with multiple risk factors (see page 21). Other community sites that may be elected include the TEACCH Autism Program (see page 22), where the intern participates in diagnostic and/or intervention services with children, adolescents or adults with autism spectrum disorders, and possibly Wake Medical Center, working with premature infants and their families in the perinatal unit and the follow up clinics (page 21).

To obtain experience with severe mental illness, 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, with the UNC Pediatric Psychology service. The remainder of the intern's time can be spent in a variety of sites at UNC, including but not limited to additional Pediatric Potluck experiences, the Carolina Institute for Developmental Disabilities, the Childhood Trauma and Maltreatment program, the Eating Disorders and Women’s Mood Disorders programs, and behavioral medicine clinics (see descriptions below, pages 13-23).

In consultation with his/her program coordinator, 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 obtain a breadth of infant, child, and adolescent experiences across outpatient, inpatient, and consultative opportunities.

*With questions about the Clinical Child - Community track, please contact Echo Meyer, Ph.D., at echo_meyer@med.unc.edu
IV. CLINICAL CHILD - PEDIATRIC

The Clinical Child-Pediatric Intern is typically focused on work with children and their families with a special focus on Pediatric Psychology; however, the intern can also choose electives with adult populations.

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. The faculty has established on-going consultation-liaison teaching relationships within a variety of pediatric settings including: (1) Pediatric inpatient hospital wards and intensive care units including Pediatric Intensive Care, Children’s Intermediate Cardiac Care, and Burn Intensive Care Units; (2) Subspecialty clinics such as pediatric gastroenterology, neurology, endocrinology, pulmonary, rheumatology, cardiology, epilepsy and nephrology/kidney transplant; (3) Individual outpatient therapy cases. There may be opportunities to participate in consultations and training experiences/lectures with the Children’s Supportive Care Team that provides pediatric palliative care. The intern will have the opportunity to participate in evidence based practice with specific populations or problems (e.g., trauma work, anxiety, depression, pain). Evaluation and treatment experiences will include a breadth of strategies and treatment modalities.

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 the TEACCH Autism Program, 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, Pediatric Consultation/Liaison work in outpatient clinics, or additional inpatient Pediatric Psychology Consultation work. The Clinical Child – Pediatric intern may also choose electives from most of the clinical services pages 13 to 23, and may be particularly interested in community-based programs such as clinics at the CIDD and adult behavioral medicine clinics (heart and lung transplant, liver or kidney transplant teams, bariatric surgery evaluations, pain team).

Elective clinical experiences are chosen in consultation with the Program Coordinator and often include additional inpatient Pediatric Psychology Consultation work or Pediatric Consultation/Liaison work in outpatient clinics. The Clinical Child – Pediatric intern may also choose electives from most of the clinical services pages 13 to 23, and may be particularly interested in community-based programs such as clinics at the CIDD and behavioral medicine clinics (psycho-oncology, heart and lung transplant, liver or kidney transplant teams, bariatric surgery evaluations, pain team).

The Clinical Child Pediatric intern will also spend one day per week throughout the year with the Pediatric Psychology Program completing psychological testing on the child and adolescent inpatient psychiatry units and treating several outpatient psychotherapy cases. Psychological testing mostly involves clinical interviews, MMPI-A and projective testing to help with diagnostic clarification (e.g., evaluate for psychosis, PTSD, bipolar, major depression). *For questions about the Clinical Child - Pediatrics Track, please contact Joni McKeeman, Ph.D., at joni_mckeeeman@med.unc.edu
V. CIDD

The Carolina Institute for Developmental Disabilities (CIDD), formerly the Center for Development and Learning (CDL), is home to UNC’s University Center for Excellence in Developmental Disabilities (UCEDD) program, its Leadership Education in Neurodevelopmental and related Disabilities (LEND) program, and its Intellectual and Developmental Disability Research Center (IDDRC). As such, the CIDD has a rich offering of clinical, training, and research opportunities and the CIDD intern will be designated as a UCEDD/LEND fellow. Clinically, the CIDD provides interdisciplinary services to infants, children and adults with or at-risk for intellectual/developmental disabilities. The CIDD offers specialized training in assessment, intervention and clinical consultation in the areas of intellectual disability, autism spectrum disorders, learning disability, epilepsy, chronic medical conditions, sensory impairments, genetic syndromes and other related developmental disabilities. The CIDD intern will have the opportunity to work on interdisciplinary teams as well as with families, schools, group home personnel, care providers, and other professionals. Specific activities may include but are not limited to evaluation and diagnosis across the life span, behavioral and mental health consultation, intervention groups, consultation surrounding behavior plans for children and adults with IDD living in the community or in local or regional group homes, and short-term therapy with individuals with intellectual/developmental disability. Child/adolescent neuropsychology evaluation experience is also available. CIDD Clinics are listed on page 22.

Training is provided through one-to-one supervision of clinical activities, planned seminars, interdisciplinary team conferences, a developmental disabilities lecture series, 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, Genetics, 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 for 2-3 days of one rotation and may spend time training at the TEACCH Autism Program. To complete the internship schedule, the intern may choose elective experiences from the other training opportunities pages 13-23.

*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](http://www.cidd.unc.edu/)

VI. TEACCH

The TEACCH Autism Program is a community based clinical service and professional training program dedicated to serving individuals with autism spectrum disorder (ASD) and their families, throughout the lifespan. 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, and a supported employment program. Services provided at the clinics include individual and group parent training; individual and group intervention and support for individuals with ASD; parent support groups; and training and consultation to teachers and to other professionals.
The TEACCH intern will participate as a member of a diagnostic team, developing proficiency in all aspects of the diagnostic process across the age span, often seeing diagnostically complex individuals. The intern will also engage in a variety of evidence-based intervention activities, including implementing evidence-based visual strategies/support (Structured TEACCHing), behavioral interventions, naturalistic interventions, cognitive behavioral interventions for anxiety, social skills interventions, and community support programs. Current programs include parent-child training sessions with individual families and in small groups, home-based early intervention, kindergarten preparation, and CBT-based groups for school-aged children and their parents to promote social understanding, social communication and emotional regulation. Given TEACCH’s focus on providing services across the age span, there are extensive opportunities for experience with adolescents and adults with ASD in individual therapy and group formats. The TEACCH intern will also attend and participate in parent support groups as well as training workshops for parents and for professionals, and may provide consultation to other professionals. If interested, the intern may elect to participate in ongoing research projects.

The TEACCH intern will spend approximately half time throughout the year working in TEACCH services; the intern and the Program Coordinator meet at the start of the training year to individualize the specific training activities for the year. To accomplish the goal of broad-based training, the TEACCH intern will also rotate for 2 to 3 days of one rotation onto the Child Psychiatry Inpatient Unit (page 19) and, another rotation, onto the Pediatric Consultation/Liaison service (page 18). To complete the internship schedule, the intern may choose elective experiences from the other training opportunities listed on pages 13-23.

*For more detailed information about TEACCH, contact Mary Van Bourgondien, Ph.D., Clinical Director, Chapel Hill TEACCH Center, at Mary_Van_Bourgondien@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, based on the feasibility of scheduling, with a few exceptions. There are opportunities for research collaboration in many of these services.

The services have been grouped into six broad categories:

- Adult Inpatient and Outpatient Services, UNC Department of Psychiatry (page 13)
- Behavioral Medicine and Neuropsychology (page 14)
- Forensics (page 16)
- Pediatrics and Child/Adolescent Psychiatry, UNC (page 18)
- Community Programs for Children and Families (page 20)
- Developmental Disabilities (page 22)

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.

UNC Center of Excellence for Eating Disorders (CEED). Housed within the UNC Neurosciences Hospital, the CEED provides comprehensive multidisciplinary assessment and treatment to individuals with eating disorders. Interns may work within the inpatient eating disorders unit (EDU), a 6-bed inpatient program for the treatment of low-weight adolescents and young adults with anorexia nervosa and other comorbidities. Length of stay is variable, but typically ranges from two weeks to four months. The treatment model within EDU utilizes cognitive-behavioral and dialectical-behavioral approaches and emphasizes the therapeutic milieu. Interns may participate in daily rounds, interdisciplinary treatment team meetings, engage in individual psychotherapy, and co-lead CBT and DBT groups. Interns also have the opportunity to participate in a variety of other treatment services, including family therapy, parent education, nutrition education, and therapeutic community outings within EDU. Interns may also have the opportunity to participate in outpatient services (assessment and treatment) if they train on the service for more than one rotation. Training experiences are structured as four-month rotations, but the time commitment for each rotation is negotiable.

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, interns can provide brief supportive therapy to patients, and attend family discharge planning meetings.

Crisis and Emergency Psychiatry Service (NOTE: This service may not be offered in 2017-2018). This service operates within the Department of Psychiatry and is a conjoint activity of this Department, UNC Hospitals, and the MCO (Managed Care Organization), Cardinal Innovations. 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 avoiding 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 trainees. Weekday operations are based in the Emergency Department (ED). 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.

UNC Center for Women’s Mood Disorders. On this service, interns will participate in the assessment and treatment of mood disorders in women within the UNC Perinatal Psychiatry Inpatient Unit and the Women’s Mood Disorders Outpatient Clinic. The Perinatal Psychiatry Inpatient Unit is the only facility in the nation providing multidisciplinary care to women with severe mental illness during pregnancy and the postpartum in a separate, stand-alone setting that minimizes mother/baby/family separation. The inpatient unit is dedicated to treatment of severe mental illness, including treatment for mood disorders, anxiety disorders, substance use disorders, psychosis, trauma, and chronic suicidality, during pregnancy and the immediate postpartum period. Interns will work with both individual and group modalities. In the outpatient clinic, the intern will participate in the provision of evidence based treatments for women across the lifespan experiencing mood and anxiety disorders such as perinatal depression and anxiety, premenstrual dysphoric disorder, and depression during the menopause transition. Specific aims include: 1) Gain experience in screening, diagnosis, and treatment of mental illness in the context of women’s reproductive events (pregnancy, infertility and assisted reproduction, pregnancy loss, postpartum, menstrual cycle, and menopause) in outpatient and inpatient environments; 2) Develop skills in Interpersonal Psychotherapy (IPT) and Acceptance and Commitment Therapy (ACT); and 3) Obtain experience in case formulation and treatment planning from multiple evidence-based theoretical perspectives.

UNC Beacon Child and Family Program (Note: This service may not be offered in 2017-2018). This service provides care to UNC Health Care System's patients, families, and employees experiencing a variety of family violence. It includes services for children, victims of domestic abuse, human trafficking, workplace violence, sexual assault, and the elderly. The program provides medical and psychological assessments, counseling, and education for patients. Interns will assist with evaluation, counseling, education, safety planning, and referrals to community agencies.

III. Behavioral Medicine and Neuropsychology

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

**Integrative Liver Disease Program (Psycho-hepatology).** Interns interested in learning more about chronic liver diseases may work with Donna Evon, Ph.D., a member of the multidisciplinary liver center. The UNC Liver program is one of the few in the country to utilize an integrated management approach to optimize care for patients with chronic hepatitis C, hepatitis B and non-alcoholic fatty liver disease (NAFLD). Team members are from various disciplines including hepatology, psychology, nursing, nutrition, and clinical pharmacy. Interns may gain experience in a) conducting comprehensive psychological evaluations of patients with hepatitis C or B to determine appropriateness for antiviral therapy, b) conducting comprehensive psychological evaluations of patients with NAFLD prior to initiating a behavioral lifestyle management program, and c) providing brief psychological, behavioral, and weight loss interventions to address treatment side effects, maladaptive coping, alcohol and drug abuse, medication adherence, and dietary and activity changes. Evaluations for Hep C treatment are comprehensive and include assessment of occupational, mental health, substance abuse histories, motivational factors, and potential for treatment success. Histories of affective, anxiety, and personality disorders, as well as alcohol, illicit and prescription drug abuse, is commonly comorbid with Hep C. Evaluation and psychotherapy for NAFLD utilizes CBT principles and skills to promote positive lifestyle changes. We have several NIH, PCORI and industry-sponsored research projects currently being conducted, so there are abundant opportunities for the intern to also work ½ day or full day on research projects.

**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 Marci Loiselle, Ph.D., 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.

**Bariatric Surgery Program.** The UNC Bariatric Surgery Program is housed within the Division of Gastrointestinal Surgery at UNC. This multidisciplinary program is headed by two gastrointestinal surgeons and also includes a nurse practitioner, a dietician, a clinical psychologist, and a nurse coordinator. Patients who are interested in pursuing weight loss surgery are required to have visits with all providers within the program in order to determine candidacy for surgery and then to continue with follow-up visits afterwards. Interns on this service will primarily participate in the evaluation and diagnosis of pre-surgical bariatric candidates and consultation with the multidisciplinary team, all under the supervision of Christine Peat, Ph.D. The intern will have the opportunity to co-facilitate group therapy session(s) for post-surgical patients during regularly scheduled (monthly) meeting times. Depending on availability, the intern may also have the opportunity to work with Dr. Peat in providing ongoing cognitive-behavioral services to post-surgical patients who may be struggling with a unique range of psychosocial challenges. Research opportunities in bariatrics may also be available for the interested intern.
Pain Clinic. The UNC Hospitals Pain Management Center is an outpatient, multidisciplinary clinic that serves a diverse patient population. Patients present with many different types of chronic pain complaints and mental health comorbidities. Interns have the opportunity to participate in the assessment and treatment of patients and in providing consultation to pain physicians, fellows, residents, nurse practitioners, and clinical pharmacists. Interns work as part of the multidisciplinary treatment team and have opportunities to shadow attending physicians in clinic and in OR-like procedure rooms. Assessment methods include psychological testing and semi-structured interviews to provide a conceptualization for different types of referral questions, including evaluation for suitability for spinal cord stimulation and chronic opioid management. Group and individual therapy opportunities also are available and often involve teaching patients coping skills to address pain, health behaviors, quality of life, functionality, and emotional adjustment. Training and supervision in CBT, DBT, ACT, Substance Abuse, and Motivational Interviewing techniques is available. Interns will have the chance to attend education didactics from the Departments of Neurology and Anesthesiology, attend journal club, and participate in ongoing research projects. Opportunities to supervise master’s and PhD practicum students also are available. Interns may also participate in ongoing research projects.

Physical Medicine and Rehabilitation (PM&R) Neuropsychology. This rotation at UNC’s outpatient Center for Rehabilitation Care (CRC) in Chapel Hill 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 providing feedback to patients, family, and referring physicians. The patient population is diverse and includes both adult and pediatric patients referred by community providers and by UNC physicians from Neurology, Neurosurgery, PM & R, Psychiatry, Rheumatology, Oncology, the transplant services, and other departments and programs. This service also sees retired football players for evaluation through a partnership with the NFL Players’ Association. Interns may have the opportunity to work with multiple supervisors and to supervise other interns and doctoral psychology students.

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.

IV. 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 7.)

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 2700 medium security, 1600 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, cognitive, 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., 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. CRH has its own APA accredited internship and trains its 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.

*Also see the Childhood Trauma and Maltreatment Program, page 20.*

**V. Pediatrics and Child/Adolescent Psychiatry, UNC**

**Pediatric Psychiatry/Psychology Liaison Program:** This is a major rotation for the Clinical-Child Pediatric intern and for the TEACCH intern, who will spend 2.5 to 3 days a week for a 4-month rotation with this service. Other interns may elect to spend one to two days a week for 4 months on this service. A major objective of this program 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 has established
on-going consultation-liaison relationships within a variety of pediatric settings including:
Pediatric and adolescent inpatient hospital wards, the pediatric intensive care unit, and the burn unit.

Examples of experiences include:
- consultation regarding assessment of safety in teens who present after a suicide attempt
- evaluation of mental status changes / delirium
- assessment of trauma symptoms in children with burn injuries or motor vehicle accidents
- evaluation of possible conversion disorder.

Interns are expected to take full responsibility for case management, for synthesizing diagnostic material in the consultation, and collaboration with physicians and interdisciplinary team. 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.

**Pediatric Psychology “Potluck”:** Interns who choose to work with Pediatric Psychology Program as an elective experience 1 or 2 days per week may be involved with the program in a broader way (a Pediatric Psychology “Pot Luck” experience) with opportunities to participate in:
- Inpatient pediatric psychology consults on the medical floors
- Outpatient consultations or evaluations in the pediatric clinics of children referred for kidney, lung or heart transplant evaluations, concerns about adjustment to chronic illness in patients with chronic kidney disease, lupus, cystic fibrosis and other pediatric illness
- Psychological testing of children and adolescents hospitalized on the inpatient child and adolescent psychiatry units. This includes clinical interviews, MMPI-A and projective testing to help with diagnostic clarification (e.g., evaluate for psychosis, PTSD, bipolar, major depression).
- Interns can sometimes become involved with individual outpatient therapy cases.
- Depending on the intern’s interest, there are opportunities to participate in systematic neuropsychological evaluations and/or follow-up of infants, children, and adolescents with chronic medical conditions.
- There are some opportunities to be involved with Children’s Supportive Care team/Palliative Care, which can include consultation work with children with terminal illness and their families.

**Child Psychiatry Inpatient Unit: Treatment.** This is a major rotation for the Clinical-Child Pediatric intern, CIDD intern, and the TEACCH intern, who will spend 2.5 to 3 days a week for a 4-month rotation with this service. Other interns may conduct assessments on the Child and Adolescent Units, through a rotation with the Pediatric Psychology Program Potluck elective. The Child Inpatient Unit 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, treatment planning, ward milieu, medication management, and work with the parents
and community agencies. The medical team often asks the psychology intern for additional assistance
regarding diagnostic clarification for patients with complex presentations, particularly utilizing the
psychology intern’s strengths and conceptual abilities.

Interns are given primary responsibility for the overall coordination of the treatment of the children to
whom they are assigned. Because of the rapid nature of acute hospital stays, each intern will be assigned
2 children 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.

The intern has also been involved in implementing evidence based practices on both an individual level
with patients but also informing and educating the medical team about specific treatment models and
ideas. The medical team may make requests of the psychology intern to consult regarding specific issues
on the milieu based on evidence based practices. The intern may lead weekly group treatment with some
of the children using various strategies, as appropriate for that particular group that can include social
skills training, relaxation / mindfulness training, or the Coping Power Program.

Interns participate in treatment team conferences, call in appropriate referrals for consultation, and
effectively utilize various community resources. Furthermore, the intern works with the medical team to
construct treatment plans that can direct longer-term community management.

**Childhood Trauma and Maltreatment Program.** In this service, interns complete psychological
evaluations with maltreated children and adolescents and may participate in the evaluations of allegations
of abuse requested by Child Protective Services. For a local district court, interns may participate in
evaluations of young maltreated children and their parents. When a case is available, interns may provide
treatment to individual psychotherapy clients.

**Psycho-oncology.** Within the UNC Comprehensive Cancer Support Program at the North Carolina
Cancer Hospital, interns may participate in the provision of inpatient as well as outpatient psychotherapy
to pediatric and some adult patients with cancer, in the provision of consultation and liaison services with
the pediatric and adult oncology teams, and in conducting psycho-educational assessments with
children/adolescents with cancer.

**VI. Community Programs for Children and Families**

**UNC Horizons.** Within the UNC Department of Obstetrics & Gynecology, Horizons targets substance-
use disordered pregnant and/or parenting women through a prenatal clinic, an outpatient treatment
program, residential programs, and a health program. Interns will co-facilitate parenting groups and
mother-child psychotherapy using evidence based models such as Child Parent Psychotherapy, Parent
Child Interaction Therapy, Trauma Focused Cognitive Behavioral Therapy, and Circle of Security
Parenting. Over time, interns will be able to lead parenting groups, follow at least one mother-child dyad
in the residential program through child-parent psychotherapy, and learn how the disease of substance
abuse impacts infant/child social and emotional development. Interns may also have some experiences
conducting perinatal child psychotherapy and working with infants with neonatal abstinence syndrome.
Wake Medical Center Developmental Team. (Note: this site may not be offered for 2017-2018) 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 and for children under the age of three on all units, including the Pediatric Intensive Care Unit. 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 (physical therapists, speech pathologists, and pediatricians/neonatologists), as well as parent support and consultation. Experience with the Bayley-III is a key part of this activity. There may be opportunities to observe/Shadow the psychologist in the NICU, which might include observations of the Brazelton and other infant assessment tools, and observation of premature infants and infants with Neonatal Abstinence Syndrome.

The Center for Child and Family Health. The mission of the Center for Child & Family Health (CCFH) is to define, practice, and disseminate the highest standards of care in the field of prevention and treatment of childhood trauma. CCFH was launched in 1996 as a collaborative endeavor between Duke University, The University of North Carolina at Chapel Hill, North Carolina Central University, and the Durham community. CCFH’s services are comprised of three core services: mental health treatment for children who have experienced trauma, prevention services for families at risk for trauma and adverse childhood experiences, and training in evidence-based treatments for childhood trauma (e.g., Parent Child Interaction Therapy, Trauma Focused Cognitive Behavior Therapy, Child Parent Psychotherapy).

Prevention services at CCFH include the Healthy Families Durham (HFD) Program, an intensive home visiting program primarily for first-time parents with multiple risk factors (e.g., teen parenthood, social isolation, mental health and/or substance use problems, history of domestic violence or childhood maltreatment, poverty). HFD serves approximately 150 families per year. HFD is an accredited site of Healthy Families America, an evidence-based home visiting program which is rated as a 1 (highest rating) by the California Evidence-Based Clearinghouse. HFD uses the Parents as Teachers (PAT) curriculum, which includes information about child development, early literacy, brain development, attachment, health, and safety. A smaller subset of families with a history of domestic violence or trauma receives Child Parent Psychotherapy (CPP), which promotes children’s mental health and social-emotional well being by enhancing the family environment and addressing family trauma.

Interns at CCFH will focus on these early childhood services through HFD. They will develop a small caseload of home visiting clients and will help plan and lead parent support groups. Additional learning opportunities (depending on available time and the schedule of activities at CCFH) might include assisting with trauma-informed parenting groups for resource parents (e.g., adoptive, foster, kinship) and exposure to evidence-based treatment models at the Center (e.g., participating in treatment-specific group supervisions). Due to the nature of the work, an 8-month commitment is necessary.

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, occupational and physical therapy, psychiatry, and pediatrics. Community-based and school-based consultations (e.g., behavioral consultation with families, local and regional group homes) are part of the outreach services offered by the CIDD. The following clinics and outreach programs were available for interns in 2016-2017; there are minor changes each year:

- Adult Autism and Related Disorders Clinic
- Angelman Syndrome Clinic
- Behavioral Medicine Clinic
- Dept. of Public Instruction School Psychology Consult
- Group-Based Social Skills Training
- Hearing and Development Clinic
- Neurodevelopmental Dyads/Transition Clinic
- Neuropediatrics Clinic
- Neuropsychology Clinic
- Pediatric Neuropsychology Clinic at PM&R
- PEERS® Social Skills Groups
- Prader-Willi Syndrome Follow up Clinic
- Preschool Assessment, Consultation and Treatment Clinic
- School Age Autism Clinic
- School Age Team

TEACCH. The TEACCH Autism Program is a clinical service and professional training program dedicated to serving individuals with autism spectrum disorder (ASD) of all ages and their families. Treatment utilizes multiple evidence based approaches. TEACCH promotes an integrated approach to the individual's school or work and home environment. For additional information, see the description of TEACCH on page 11. Opportunities for interns at TEACCH include the following options:

1. Chapel Hill TEACCH Center. There are a variety of diagnostic and treatment experiences available for interns interested in working with individuals with ASD of all ages.

- Diagnostic evaluations of children, adolescents and adults who are referred due to suspected ASD; many are diagnostically complex. The intern will utilize 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 intervention groups for clients and their parents with ASD of all ages from preschool through adults. The intervention groups focus on teaching a variety of social-communication, independence, and emotional understanding and self-control skills.
• Individual interventions for individuals with ASD and their families, including family training sessions for child and adolescent clients and individual therapy for adults with ASD.
• Support groups for parents of children and adults with ASD, and support for adults with ASD also provide training opportunities for interns.

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. The intern will join the consulting psychologist in the development and monitoring of behavior support plans, the assessment of cognitive and adaptive living skills, monthly documentation, and consultation on programs for personal, domestic and vocational skill development. The intern will also participate as a member of the interdisciplinary treatment team in meetings including annual program planning, and will prepare and present materials to the Clinical Advisory Board/Human Rights Committee. Interns will learn about the application of Structured TEACCHing and other evidence-based intervention procedures for working with adults with ASD.

DIDACTICS AND RESEARCH OPPORTUNITIES

A. Seminars. A required weekly seminar conducted by psychology, psychiatry, and law faculty on a rotating basis for 8 months 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. The specific content varies somewhat from year to year, depending on trainee interest.

B. School of Medicine and Departmental Grand Rounds and Additional Didactics. The Department of Psychiatry has a weekly ground rounds 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. The School of Medicine also holds grand rounds, open to all trainees. Other didactic opportunities include seminars held within some of the internship programs, such as the CIDD, Center for Excellence in Eating Disorders and Women’s Mood Disorders program, training workshops such as those held by TEACCH, and the Department’s weekly didactic series for psychiatry residents.

C. Psychology Faculty Presentations and Meetings. During the year, faculty members give periodic presentations on research, clinical, or professional topics of current interest. There is also intern representation on the Psychology Internship Training Committee, which meets biweekly throughout the year.

D. Support Group. A weekly support group for all interns is provided. The group, held on Fridays for the first 4 months, provides a unique and meaningful experience for interns and has helped in the development of cohesiveness and friendships.

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. The annual retreat includes interns and training faculty from two other internship programs in the area.

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

**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 often 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 receive a minimum of three hours a week of individual supervision, often more, and often participate in additional group supervision.

Interns have the opportunity to observe and to be observed by faculty in 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.

**EVALUATION OF INTERNS: FORMAL ASSESSMENT 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 management 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 make a scholarly presentation 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 $22,000 each are provided for five of the six tracks (Behavior Medicine, CIDD, Clinical Child-Community, Clinical-Child-Pediatric, and TEACCH). Health insurance, with a nominal monthly fee, is also provided as a benefit for these interns.

2. Two stipends of approximately $25,500 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, Clinical Forensic, and Clinical Child-Pediatric 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 under Special Considerations in Selections, pages 8 and 9, 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.

Immediately prior to the start of the internship year, a criminal and background check will be completed for each intern. In order to start the internship, the results from the criminal and background check must meet UNC requirements for working with patients. Applicants who are not U.S. citizens must be eligible for and receive a U.S. visa for the internship year.

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; in 2017, this will be August 28. 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, 2016 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 cover letter (see points 3 and 4)
   - CV
   - Graduate transcripts
   - Three letters of reference

3. The cover letter should indicate the reasons that you are interested in this internship and the track or tracks for which you are applying.

4. At the end of the cover letter, for the purpose of scheduling interviews, list internship track preferences and interview date preferences, selecting from the following lists.
Internship Tracks:
- Behavioral Medicine
- Clinical Forensic (2 positions)
- CIDD (formerly CDL)
- Clinical Child-Community
- Clinical Child-Pediatric
- TEACCH

2017 Interview Dates: January 10 - January 11 - January 19 - January 20

You may choose one or two tracks for which you wish to be considered for interviews. Please rank order your preferences for interviews by putting your top choice first. You may also indicate interview date preferences. **Please use the following format:**

**Internship Track Interview Preferences**
1. __________________
2. __________________

**Interview Date Preferences (in order of preference)**

[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.]

5. Clinical Forensic applicants must also complete the procedures described on pages 8 and 9.

**Interviews:** 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:

1. On-site personal interviews will be scheduled by invitation on the following days: Tuesday January 10; Wednesday January 11; Thursday January 19; and Friday January 20, 2017. 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 will include an interview with the Director and with 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, 2016. **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 #7180
University of North Carolina at Chapel Hill
Chapel Hill, NC 27599-7180

(919) 962-5307 (Phone)

Email at: Gladys_Williams@med.unc.edu

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 both UNC and 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 multiple well-equipped research laboratories. 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.
FREQUENTLY ASKED QUESTIONS

How many positions are available? There are 7 positions for 2017-2018: 1 Behavioral Medicine; 1 CIDD (formerly CDL); 1 Clinical Child-Community; 1 Clinical Child-Pediatric; 2 Clinical Forensic; and 1 TEACCH.

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 (24 hours) and Pediatric Liaison (12 hours), plus seminar and support group (4 hours); another rotation this intern may be on Pediatric Liaison (20 hours), TEACCH (8 hours) and Heart-Lung Transplant (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. During the internship year, interns will be exposed to methods of assessment and intervention that are evidence based or supported; the use of academic and professional resources to inform clinical practice is emphasized. 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 will work with a wide range of clients reflecting considerable diversity with respect to ethnicity, race, socioeconomic status, and other individual differences. The UNC Medical Center serves as the primary care facility for local counties, and as a tertiary care provider for patients from all 100 counties in North Carolina and from nearby states, serving more than 37,000 people as inpatients each year. Many more are seen in outpatient settings. Therefore, the population served is as diverse as the population of the State of North Carolina. The population of North Carolina, according to the 2014 estimate of the US Census Bureau, is 9,943,964, of which approximately 22% are African-American, 9% are Hispanic/Latino, 3% Asian, and 2% American Indian.

What types of jobs do former interns obtain? These vary depending on the interests of the intern. Many work in clinical, academic, and/or research positions in medical centers, universities, psychiatric facilities and correctional settings; 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. Up to a day a week can be set aside, based on the intern’s interests and goals.

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 the TEACCH Autism Program). 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?** This is not a focus of the internship, although there are some settings in which interns may be able to 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, Assistant Professor, Department of Psychiatry. Ph.D., University of Illinois at Urbana-Champaign, 1998. Autism spectrum disorder.

**Child Psychiatry Service**

Nadia Charguia, Assistant Professor, Department of Psychiatry. M.D., University of North Carolina at Chapel Hill School of Medicine, 2007. Child and adolescent psychiatry.

Mark D. Everson, Professor and Director of the Program on Childhood Trauma and Maltreatment, Department of Psychiatry. Ph.D., Stanford University, 1982.

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

Joni McKeeman, Professor, Department of Psychiatry. 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.

Echo Meyer, Associate 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.

Mary Beth Prieur, Assistant Professor, Department of Psychiatry. Ph.D., University of Miami, 2011. Pediatric psychology, including children with chronic and terminal medical diseases and palliative care.
Jennifer Richards, Assistant Professor, Department of Psychiatry. M.D., University of Buffalo, 2005. Child and adolescent psychiatry and eating disorders.

**Adult Psychiatry and Behavioral Medicine**

Jessica Baker, Assistant Professor, Department of Psychiatry, Center for Excellence in Eating Disorders. Ph.D., Virginia Commonwealth University. Eating disorders.


Maureen Dymek-Valentine, Associate Professor, Department of Psychiatry, UNC Center for Excellence in Eating Disorders. Ph.D., University of Alabama at Birmingham, 1999. Assessment and treatment of eating disorders, treatment outcome for eating disorders, obesity and quality of life.

Donna M. Evon, Associate Professor, 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.

Amy Goetzinger, Assistant Professor, Department of Anesthesiology. Ph.D., University of Missouri-Kansas City, 2008. Clinical work and research in pain management.

Meg Harney, Assistant Professor, Department of Psychiatry, Center for Excellence in Eating Disorders. Ph.D., UNC Chapel Hill, 2012.

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

Marci Marroquin Loiselle, Associate Professor, Department of Surgery. Ph.D., Western Michigan University, 2003. Behavioral medicine and health psychology.

Paul Morea, Clinical Instructor, Department of Psychiatry, Outpatient Crisis. M.S.W., L.C.S.W.

Seema Patidar, Assistant Professor, Department of Anesthesiology. Ph.D., University of Florida – Gainesville, 2013. Clinical work and research in pain management.

Christine Peat, Assistant Professor, Department of Psychiatry. Ph.D., University of North Dakota, 2011. The intersection between obesity, bariatric surgery, and eating pathology and investigating the outcomes associated with success after bariatric surgery.
Terra Rose, Adjunct Assistant Professor, Allied Heath; Psy.D., Marshall University, 2010. Transplant psychology.

Crystal Schiller, Assistant Professor, Department of Psychiatry; Ph.D., University of Iowa, 2011. Hormonal changes during pregnancy and postpartum; postpartum depression.

Elliot Silverstein, Professor, Department of Psychiatry. J.D., Harvard University, 1973; Ph.D., 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.

Karla Thompson, Associate 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.

Justin Yopp, Assistant Professor, Department of Psychiatry, Ph.D., Central Michigan University. Children’s adaptation to cancer.

**Carolina Institute for Developmental Disabilities**

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

Gabriel Dichter, Associate Professor, Ph.D., Vanderbilt University, 2004. Neuroimaging and psychopathology research investigating core deficits and response to treatments in autism and depression.

Peter Duquette, Assistant Professor, Ph.D., University of North Carolina, 2008. Specialization in neuropsychology and autism diagnostics.

Heather Cody Hazlett, Assistant Professor, Ph.D., School Psychology (specialization in child neuropsychology), University of Georgia, 1999. Neuropsychology and neuroimaging research investigating brain development in neurodevelopmental disorders.

Laura Hiruma, Assistant Professor, Ph.D., University at Albany, State University of New York, 2014. Specialization in intellectual/developmental disabilities, diagnostics, and intervention.

Jean B. Mankowski, Assistant Professor, Ph.D., University of North Carolina, 2006. Director of Training, NC-LEND, Consulting Psychologist Central Regional Hospital and Whitaker Psychiatric Residential Treatment Facility. Evaluation and consultation, children and adolescents with or at risk for neurodevelopmental disabilities, consultation surrounding individuals with dual diagnoses, autism, and severe behaviors.

**TEACCH Autism Program**

Tamara Dawkins, Associate Director, Chapel Hill TEACCH Center; Assistant Director, Psychology Internship; Assistant Professor, Department of Psychiatry. Ph.D., McGill University, 2014. Autism spectrum disorder.
Laura Klinger, Director of TEACCH Autism Program, Associate Professor, Department of Psychiatry. Ph.D., University of Washington, 1993. Autism spectrum disorder.


Lauren Turner-Brown, Assistant Director, TEACCH Autism Program; Assistant Professor, Department of Psychiatry. Ph.D., Vanderbilt University, 2005. Autism spectrum disorder, including early identification and intervention.

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 individuals with developmental disabilities.

Gladys A. Williams, Director of Psychology Training; Director, TEACCH Carolina Living and Learning Center; Assistant Professor, Department of Psychiatry. Ph.D. University of Illinois at Urbana-Champaign, 1998. Autism spectrum disorder.

UNC Horizons Program


Federal Correctional Complex, Butner, NC


Angela Walden Weaver, Forensic Psychologist, Federal Medical Center. Ph.D., 1996, University of Alabama at Tuscaloosa.

Central Regional Hospital Outpatient Forensic

David M. Hattem, Adjunct Associate Professor, UNC Department of Psychiatry; Senior Psychologist II. Primary clinical assignment in Forensics Division (Forensic Treatment Program; Pre-Trial Evaluation Center). Ph.D., University of Southern California, 1983. Special interests in personality assessment, forensic assessment, clinical supervision.
Stephanie Callaway, Forensics Division (Forensic Treatment Program; Pre-Trial Evaluation Center). Psy.D., University of Denver, 2004.

Central Regional Hospital Neuropsychology

Eric Elbogen, Ph.D., M.L.S., University of Nebraska / Law-Psychology Program, 2001. Clinical work and empirical research at the intersection of law and mental health services.

Center for Child and Family Health, Durham

George Ake, III (Tripp), Associate Professor, 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.

Karen Carmody, Assistant Professor, Psychiatry and Behavioral Sciences, Duke University Medical Center. Program Director, Healthy Families Durham, Ph.D., University of Minnesota, 2005.

Kate Murray, Parent Curriculum Lead Clinician/Trainer, Ph.D., UNC Chapel Hill, 2010.

Durham Children’s Developmental Services Agency

Marcia A. Mandel, Adjunct Assistant Professor. Director, Durham Children’s Developmental Services Agency (CDSA), Ph.D., University of Maine, 1987.