

**University of North Carolina School of Medicine  
Clinical Psychology Internship**

**2020-2021**

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



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# UNIVERSITY OF NORTH CAROLINA SCHOOL OF MEDICINE

## CLINICAL PSYCHOLOGY INTERNSHIP

### DEPARTMENT OF PSYCHIATRY

#### DOCTORAL INTERNSHIP IN CLINICAL PSYCHOLOGY

The University of North Carolina School of Medicine Clinical Psychology Internship is a one year, comprehensive, full time internship for qualified doctoral students in psychology. The Internship is 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 the Office of Program Consultation and Accreditation, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242; <https://accreditation.apa.org/contact> Phone: (202) 336-5979

The Internship, administered by psychology faculty within the Department of Psychiatry, provides a broad range of clinical training opportunities across the School of Medicine and the University of North Carolina Hospitals, as well as multiple community-based sites. These inpatient, outpatient, and community settings provide interns with opportunities to work with children, adolescents and adults, in interprofessional teams.

Internship positions include adult-focused internship tracks in the Behavioral Medicine-Transplant, Clinical Forensic, or Women's Mental Health programs; more child-focused internship tracks in the Clinical Child-Pediatric or Clinical Child-Community programs; and internship tracks with a focus on individuals with developmental disabilities in the CIDD or TEACCH programs. Interns spend about half of their time in their primary area, participate in didactics, and may also elect to gain training experiences in the other areas and to engage in research.

#### **Diversity, Equity and Inclusion**

UNC Chapel Hill is the oldest public university in the United States, with a long tradition of producing highly engaged citizens and leaders, driven by an abiding ethos of service to community. The University is actively engaged in work to continue to promote diversity, equity and inclusion, <https://diversity.unc.edu>, as is the Department of Psychiatry.

“The UNC Department of Psychiatry is committed to excellence in our missions: clinical service, teaching, and research, and we are national leaders in each of these domains. We strive to embrace diversity, equity and inclusive excellence through our actions, our policies and our culture. Whether you are looking for information about patient care, education and training, clinical and neuroscience research, or our community-based efforts, I welcome your interest in our exceptional department.”

– Samantha Meltzer-Brody, MD, MPH, Chair. <https://www.med.unc.edu/psych/about-us/diversity-equity-inclusion/>

## **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, 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](#). 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, 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, 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 Equal Opportunity policies are available on the University's website, <https://eoc.unc.edu/>. The Equal Opportunity and Compliance Office (414 W. Cameron Avenue, CB 9160, Chapel Hill, NC 27599-9160; telephone (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, disability, gender, gender expression, gender identity, genetic information, national origin, race, religion, sex, sexual orientation, or veteran status.

## **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, and the use of academic and professional resources to inform clinical practice is emphasized.

The Internship is located within a strong public 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 ensure that interns have a rich set of clinical experiences.

Consistent with the mission of the UNC 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 interprofessional 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 ensure 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.

**Structure of the Internship Year:** 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.

**Modifications due to COVID-19:** In 2020, the impact of the pandemic on clinical services and on the internship activities has been significant. In-person psychological services at most of the internship sites were shut down in March 2020. Due to the resources and technical support of the School of Medicine and the Dept. of Psychiatry, and following guidance from APA and the Council of Chairs of Training Councils, modifications were made rapidly. Supervisors and interns received training and support for the provision of telepsychology, services for clients and supervision were restructured, and all interns were quickly able to continue their work and successfully complete their internship requirements. At most of our training sites, clinical work was conducted remotely from mid-March through the end of the 2019-2020 internship year in August. A few sites continued or resumed in-person services during this time, with appropriate PPE and protocols. Although skills and experiences in telehealth had not been a planned component of the 2019-2020 year; telehealth competencies were achieved.

The 2020-2021 internship year started with planned trainings in telepsychology and with many, but not all, clinical services being provided remotely. The number of opportunities for providing in-person services is increasing gradually. In all instances, when an intern is working in-person, the setting has strict cleaning and safety protocols and the intern is provided with appropriate PPE. Due to the uncertainties of the course of the pandemic, it is not possible to know the forms that clinical services and supervision will take in 2021-2022. The internship is well prepared for psychological services and internship training to continue in person, remotely, or with a balanced format that uses both. The descriptions of the internship tracks that follow indicate whether, in fall 2020, psychological services are being provided in-person, remotely, or using a combination of in-person and remote technology.

Interviews for 2020-2021 internship positions will be held virtually.

## **INTERNSHIP POSITIONS / TRACKS**

For 2021-2022, there are eight intern positions, in seven tracks.

In all positions, interns will:

- Spend, on average, approximately 50% of the time in activities in their specialization area, in each of the four-month rotations
- 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–Transplant (one position)	page 8
II.	Clinical Forensic (two positions)	page 8
III.	Clinical Child–Community (one position)	page 10
IV.	Clinical Child–Pediatrics (one position)	page 11
V.	CIDD (one position)	page 12
VI.	TEACCH (one position)	page 13
VII.	Women’s Mental Health (one position)	page 14

Descriptions of each of the seven tracks are on pages 8 to 14, followed by descriptions of the clinical services that are offered to interns as part of a specialization track or as an elective (pages 15-26). Most of the clinical services are available as elective rotations to all interns, depending on interests and the feasibility of scheduling.

An introductory note regarding the internship positions that include a focus on children may be helpful to many applicants. While emphasizing different experiences and settings, four internship tracks (Clinical Child–Pediatric, Clinical Child–Community, CIDD, and TEACCH) all provide a wide range of opportunities with general child and pediatric populations. The Clinical Child–Pediatric track is considered a general clinical child position. The TEACCH and CIDD positions combine an emphasis on individuals with developmental disabilities (early childhood through adulthood) with general clinical child experiences. The 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, with a focus on community-based programs that serve children, adolescents and their parents, and may choose electives in Pediatrics, TEACCH and the CIDD. Thus, applicants interested in an internship position with a clinical child focus could consider any of these four positions.

## **I. BEHAVIORAL MEDICINE–TRANSPLANT (one position)**

This position will provide the intern with excellent training in behavioral medicine skills across several populations and settings. The Behavioral Medicine–Transplant internship position is designed to attract applicants anticipating a career that includes a focus on transplant; 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 Transplant intern will have a minimum of 50% Behavioral Medicine experiences with the transplant and VAD teams, 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 Teams. The Transplant intern will also be encouraged to take additional behavioral medicine training experiences (described on pages 15-19), based on the intern's interests.

To accomplish the goal of significant experience in severe mental illness, the Behavioral Medicine intern will participate at least once a week, for a 4-month rotation, in the treatment of adults receiving inpatient psychiatric services. This can take place in the Crisis Stabilization unit, with the treatment of patients in the Eating Disorders or Women's Perinatal Inpatient units, or with the team of the Psychiatric Emergency Services (see descriptions on pages 15-17). The Behavioral Medicine intern will also choose elective experiences from the other training experiences (pages 15-26) in consultation with the Program Coordinator, to complete the internship schedule.

As of September 2020, some Transplant services are being provided through telehealth, and others are being provided in person. It is anticipated that additional in-person services will gradually increase.

**\*With questions about the Behavioral Medicine – Transplant track, please contact Eileen Burker, Ph.D., at [eileen\\_burker@med.unc.edu](mailto:eileen_burker@med.unc.edu)**

## **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 13-24) 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 for approximately 5000 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 1100 and 1300 bed Medium Security Federal Correctional Institutions, a 1200

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 FCI-I/LSCI General Population for the other six months. These programs are described in more detail on pages 19-21. 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 15-26. Rotation options include, for example, the eating disorders unit, adult inpatient treatment in women's mental health, health psychology/behavioral medicine, neuropsychology, crisis/ED services, developmental disabilities diagnosis and services, and pediatric psychology. Another forensic opportunity may be the Forensic Outpatient Assessment service at Central Regional Hospital.

Given the requirements of practice within the federal correctional setting, all the forensic interns' clinical work at FCC-Butner is provided in-person.

**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 the 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."

**Interview Requirements.** Candidates invited for interviews must complete pre-employment personnel procedures at a Bureau of Prisons facility to remain under consideration. The FCC-Butner portion of these procedures will be coordinated with UNC interview dates; candidates involved should plan to interview at FCC-Butner by video conferencing technology on the day preceding the scheduled virtual interviews at UNC. Selected applicants will also complete Human Resources requirements at a federal prison facility

closest to their location. This will include such procedures such as a Core Values Assessment test, background interview, and fingerprinting: 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. The interview at FCC-Butner will 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 the Forensic track 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](mailto:RCochrane@bop.gov)**

### **III. CLINICAL CHILD–COMMUNITY (one position)**

The Clinical Child–Community internship year has a focus on childhood in community-based settings, and the intern is also able to work with children and families in a variety of settings. Across the training year, the intern will spend 50% of the time in community sites located in Raleigh and Chapel Hill; this averages to 2.5 to 3 days per week. This includes a required primary experience for 1 to 2 days a week throughout the year with the Department of Psychiatry Child and Adolescent Psychiatry Outpatient Program (CAOP), a community-based treatment setting in Raleigh that serves children and adolescents with attachment, trauma, identity, and anxiety disorders (see page 23). The model of therapy is co-therapy with both parent and child participation. Co-therapists include psychology, social work and psychiatry trainees and models of treatment include insight oriented, play, trauma focused and cognitive behavioral therapy models. The intern will conduct weekly therapy with children (age 17 and under, with most under age 13), as well as parent counseling. The intern will also complete psychological evaluations designed to guide treatment, and present and participate in interdisciplinary diagnostic case conferences.

The Clinical Child-Community intern will also spend a day a week for three rotations at the UNC Horizons Program (see page 24). In the UNC Horizons Program, the intern will serve as a co-facilitator of parenting groups and provide mother-child psychotherapy with substance-use disordered pregnant and/or parenting women.

To obtain experience with severe mental illness, the Clinical Child-Community intern will participate for one day a week, for a 4-month rotation, with the treatment of adults receiving inpatient psychiatric services. This can take place in the Crisis Stabilization unit, with the treatment of patients in the Eating Disorders or Women's Perinatal Inpatient and Outpatient units, or working with the team of the Psychiatric Emergency Services (see below, pp.15-26).

Other sites that may be of interest include the TEACCH Autism Program, the Carolina Institute for Developmental Disabilities, the Center for Child and Family Health's Post Adoption Study, Pediatric Consultation and Liaison, and select Behavioral Medicine clinics (see descriptions below, pp. 15-26).

In consultation with the program coordinator, the Clinical Child-Community intern will design an internship year that uniquely 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.

As of September 2020, some Community Psychology services are being provided through telehealth, and others are being provided in person. It is anticipated that additional in-person services will gradually increase.

**\*For questions about the Clinical Child-Community track, please contact Echo Meyer, Ph.D., at [echo\\_meyer@med.unc.edu](mailto:echo_meyer@med.unc.edu)**

#### **IV. CLINICAL CHILD–PEDIATRICS (one position)**

The Clinical Child–Pediatrics intern is typically focused on work with children and their families, with a special focus on Pediatric Psychology; in addition, the intern can choose electives with adult populations.

The Clinical Child–Pediatrics 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 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 and Children’s Intermediate Cardiac Care; (2) Subspecialty clinics such as pediatric gastroenterology, pediatric sickle cell, cystic fibrosis, and transgender clinics; and (3) Individual outpatient therapy cases.

There may be opportunities to participate in consultations and training experiences/lectures with the Children’s Supportive Care Team (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–Pediatrics intern will also spend 2.5 days a week of another rotation working on the Child and Adolescent Psychiatry Inpatient Units. Typically, one day a week in the 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. Often the Clinical Child–Pediatrics intern will choose additional electives with the Pediatric Psychology program through a full or ½ day elective Pediatric Psychology experience which can involve additional inpatient and outpatient Pediatric Consultation/Liaison work. The Clinical Child–Pediatrics intern may also choose electives from most of the clinical services described on pages 15-26, and may be particularly interested in community-based programs such as clinics at the CIDD and adult behavioral medicine clinics (heart and lung or abdominal transplant teams, bariatric surgery evaluations, pain team, psycho-oncology).

The Clinical Child-Pediatrics intern will also spend one day per week throughout the year with the Pediatric Psychology Program completing psychological testing with children and adolescents being referred for a variety of reasons, which may include, for example, assessing for cognitive sequelae of a neurological illness such as lupus or epilepsy, or evaluation of cognitive and psychoeducational functioning in a child with chronic illness. More comprehensive psychological assessments may take place to include personality and cognitive testing for outpatient referrals to answer differential diagnostic questions. The intern will also carry 3 – 4 ongoing outpatient psychotherapy cases.

As of September 2020, some Pediatric Psychology services are being provided through telehealth, and others are being provided in person. It is anticipated that in-person services will gradually increase.

**\*For questions about the Clinical Child - Pediatrics Track, please contact Joni McKeeman, Ph.D., at [joni\\_mckeeman@med.unc.edu](mailto:joni_mckeeman@med.unc.edu)**

## **V. CIDD (one position)**

The Carolina Institute for Developmental Disabilities (CIDD) is a University Center for Excellence in Developmental Disabilities (UCEDD) program. The CIDD is also home to a Leadership Education in Neurodevelopmental and related Disabilities (LEND) program and an Intellectual and Developmental Disability Research Center (IDDRC). As such, the CIDD has a rich offering of clinical, training, and research opportunities. 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. Pediatric neuropsychology evaluation experience is also available. CIDD Clinics are listed on page 23.

Training is provided through one-to-one supervision of clinical activities, planned seminars, interdisciplinary team conferences, and a developmental disabilities lecture series. 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, Neurology, Physical Therapy, Occupational Therapy, Nutrition, Audiology, Speech and Language Pathology, Social Work, Special Education, Genetics, Genetic Counseling, 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 2.5 days of one rotation. To complete the internship schedule, the intern may choose elective experiences from the other training opportunities listed on pages 15-26.

As of September 2020, all CIDD services are being provided through telehealth. It is anticipated that in-person services will gradually resume.

**\*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/>**

## **VI. TEACCH (one position)**

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 for adults, and a supported employment program. Services provided at the clinics include evidence-based interventions for individuals of all ages including toddlers and their parents, individual and group parent training for school aged children; individual and group intervention and support for adults 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, 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, 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 including a DBT group for adults with ASD. 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 such as early intervention research (TEACCH for Toddlers) and the TEACCH School Transition to Employment and Postsecondary Education Program (T-STEP).

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 2.5 days of one rotation onto the Child Psychiatry Inpatient Unit (page 20) and, another rotation, onto the Pediatric Consultation/Liaison service (page 19). To complete the internship schedule, the intern may choose elective experiences from the other training opportunities listed on pages 15-26.

As of September 2020, TEACCH is offering both diagnostic and intervention services through telehealth as well as in person visits. It is anticipated that in-person services will gradually increase.

**\*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](mailto:Mary_Van_Bourgondien@med.unc.edu) or visit the website at <http://www.teacch.com/>**

## **VII. WOMEN'S MENTAL HEALTH (one position)**

The intern in this track will be trained to assess mental health and formulate and implement culturally relevant and empirically supported treatment plans for women seeking help for reproductive-related mood and anxiety disorders, and for eating disorders and related comorbidities. The intern will spend approximately 50% of each rotation in the track's two training sites: the UNC Center for Women's Mood Disorders, offering both inpatient and outpatient assessment and psychotherapy, and the Center for Excellence in Eating Disorders, an inpatient program for the treatment of low-weight adolescents and young adults with anorexia nervosa and other comorbidities. (See page 14 for additional descriptions.)

The Center for Mood Disorder's Perinatal Psychiatry Inpatient Unit is one of the only facilities 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. The intern 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. The Women's Mental Health intern will spend 1.5 to 2 days per week, across the year, in the Center for Mood Disorders.

Housed within the UNC Neurosciences Hospital, the Center for Excellence in Eating Disorders (CEED) provides comprehensive multidisciplinary assessment and treatment to individuals with eating disorders. The intern works with professionals and trainees in psychology, medicine, psychiatry, nursing, social work, nutrition, occupational therapy, and recreational therapy. Interns 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. The intern may participate in daily rounds, interdisciplinary treatment team meetings, engage in individual psychotherapy, and co-lead CBT and DBT groups. The intern also has the opportunity to participate in a variety of other treatment services, including family therapy, parent education, nutrition education, and therapeutic community outings within EDU.

This track is 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 Women's Mental Health intern will be encouraged to take additional elective rotation experiences, choosing from the range of experiences

described on pages 15-26. Due to the focus on underserved women, the Women's Mental Health intern may have a particular interest in an elective in the UNC Horizons Program (page 24).

As of September 2020, some of the Women's Mental Health services are being provided through telehealth, and others are being provided in person. It is anticipated that additional in-person services will gradually increase.

**\*For questions about the Women's Mental Health track, please contact Crystal Schiller, Ph.D. (Women's Mood; [crystal\\_schiller@med.unc.edu](mailto:crystal_schiller@med.unc.edu)) or Maureen Dymek-Valentine, Ph.D. (Center of Excellence for Eating Disorders; [maureen\\_dymek@med.unc.edu](mailto:maureen_dymek@med.unc.edu))**

## **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 Psychiatry Inpatient and Outpatient Services (page 14)
- Behavioral Medicine and Neuropsychology (page 15)
- Forensics (page 18)
- Pediatrics and Child/Adolescent Psychiatry (page 19)
- Community Programs for Children and Families (page 21)
- Developmental Disabilities (page 23)

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

There are multiple inpatient and outpatient services for adults in the Departments of Psychiatry and Emergency Services 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 evidence-based and evidence-supported 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 utilize the literature and 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 work with professionals and trainees in psychology, medicine, psychiatry, nursing, social work, nutrition, occupational therapy, and recreational therapy. Interns 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. As an elective rotation, training experiences are structured as four-month rotations, but the time commitment for each rotation is negotiable.

**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 one of the only facilities 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.

**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 participate in daily interdisciplinary treatment team meetings and may develop a cognitive-behavioral psychoeducational group to offer to patients on a topic of the intern's 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. Group therapy sessions for substance abuse issues, starting in 2019, will provide an opportunity for co-leading groups. Interns also have the opportunity to provide brief supportive therapy to patients.

**Psychiatric Emergency Service** The Psychiatric Emergency Service, a program of the Emergency Department, uses a crisis intervention model, which includes assessment, intervention, and disposition of patients who present to the ED with emergent mental health and substance abuse problems. The philosophy of PES advocates maximizing the use of community resources and avoiding unnecessary hospitalizations. The Service is staffed 24 hours a day, seven days a week. Interns will typically participate for one day a week, for one rotation, as a member of the multidisciplinary team, learning to provide clinical assessment, intervention, and disposition of individuals presenting to the ED on a voluntary or involuntary basis while experiencing a psychiatric/substance abuse emergency. Interns will also provide follow up/supportive and problem-solving therapy to clients following an emergency visit, on a temporary basis until long-term treatment can be arranged; and answer incoming calls regarding psychiatric emergencies and referrals. Case consultation reports will include biopsychosocial history,

differential diagnosis, risk assessment and treatment recommendations. *This Service may not be available in 2021-2022. Additionally, it is only offered as an in-person elective.*

## **II. Behavioral Medicine and Neuropsychology**

**Lung and Heart Transplant Teams and Ventricular Assist Device (VAD) team.** Interns with an interest in the psychological issues surrounding organ transplantation and VAD surgery may work with the clinical psychologist of the UNC lung and heart transplant teams and the VAD team. Interns will have the opportunity to complete comprehensive psychological evaluations of adult candidates for lung and heart transplantation and VAD surgery. Interns will consult with members of the interdisciplinary transplant and VAD teams (physicians, nurse coordinators, physical therapists and social workers) to help maximize patient functioning and outcomes. Interns will be able to provide individual and couples therapy before and after transplantation and VAD surgery, and group therapy with patients and their caregivers who are pre- and post-transplant and VAD surgery. Interns have the chance to follow patients from pre- to post-transplant which is a very powerful experience. On this rotation, interns gain an in-depth understanding of heart transplant, lung transplant and VAD placement. Interns also learn the disorders associated with heart disease (congestive heart failure, post-partum cardiomyopathy, etc.) and lung disease (cystic fibrosis, COPD, sarcoidosis, etc.) and they learn to assist patients in coping with the myriad comorbid conditions (pain, insomnia, substance abuse, psychological distress) that patients may experience pre- and post-transplant and VAD. Interns have the opportunity to supervise master's students in mental health counseling. Interns are 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.

**Liver/Kidney/Pancreas Transplant Teams.** Interns with interest in psychological issues in transplantation may elect to work with the abdominal transplant team. This service provides excellent training conducting psychological evaluations of potential transplant recipients (liver, kidney, and pancreas) and of living kidney donors. Areas of assessment include adherence, informed consent, motivation for transplant/donation, substance history/relapse risk, psychiatric history, social stressors, and coping skills. Interns will learn about the disorders most commonly associated with liver disease (e.g., Hepatitis A, B, & C; non-alcoholic fatty liver disease; alcoholic cirrhosis; and hepatocellular carcinoma) and kidney disease (e.g., Type I and II diabetes; hypertension; FSGS). Interns will also likely encounter cases of acute liver failure due to medical disease and deliberate/accidental medication overdose. Consultation with outside professionals is common and there are often opportunities to become involved in cases involving complex ethical decision-making processes with both transplant recipients and living donors. There also may be opportunities to perform islet cell transplant evaluations and work with islet cell transplant patients on issues involving chronic pain and severe mental illness. Typical rotation experiences include psychological evaluations of adult candidates being considered for liver and kidney transplantation, psychological evaluations of candidates considering living kidney donation, consultation with physicians, nurses and social workers on the transplant teams, psychotherapy with both pre-transplantation and post-transplantation patients, brief inpatient consultations and psychotherapy interventions, and participation on the multi-disciplinary transplant team. Opportunities to observe a transplant and/or donation surgery, shadow other professionals, supervise students working toward master's degrees, attend rounds and didactics, and participate in departmental research projects may also be available.

**Integrated Liver Disease Program.** Interns interested in learning more about chronic liver diseases may work the psychologist on UNC's 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. NAFLD is now the primary presenting issue in the Integrated Liver Disease Program. Interns may gain experience in the following: (1) Conducting comprehensive psychological evaluations, including health and behavior assessments, of patients with NAFLD and elements of metabolic syndrome to initiate lifestyle modification/behavioral weight loss. (2) Providing lifestyle modification / behavioral weight loss treatment, informed by evidence-based practices. In addition, we have several NIH, PCORI and industry-sponsored research projects currently being conducted, so abundant opportunities exist for interns to also work ½ day or full day on intervention research projects.

**Bariatric Surgery Program.** The UNC Bariatric Surgery Program is housed within the Division of Gastrointestinal Surgery at UNC. This multidisciplinary program is headed by three gastrointestinal surgeons and also includes a nurse practitioner, several dietitians, three clinical psychologists, 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, under the supervision of the team's clinical psychologists. 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 provide brief individual interventions 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 has two outpatient, multidisciplinary clinics that serve a diverse patient population. Patients from the entire state of North Carolina present with many different types of chronic pain complaints and mental health comorbidities. Interns are supervised by a clinical health psychologist and interact with attending physicians, pain fellows, residents, nurses and clinic staff, learning to work well in a demanding multidisciplinary health clinic. Interns conduct semi-structured diagnostic interviews, administer psychological tests, co-lead/lead group therapy, provide individual therapy, participate in crisis management as needed, and perform case management. Interns learn how to assess psychosocial risk for medical interventions and develop comprehensive recommendations for short- and long-term treatment plans. Interns may also shadow physicians at times during patient visits and procedures for further training opportunities. Clinical consultation is done with attending physicians, fellows and clinical pharmacists.

Training and supervision in CBT, DBT, ACT, Substance Abuse, and Motivational Interviewing techniques are 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 in the areas of acute and chronic pain, PTSD, depression, sexual trauma, thermal burn injury, and automobile related trauma events, among others.

**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 referral sources. 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 including the UNC Athletic Department, with diagnoses that include stroke, sports concussion, Parkinson's disease, autoimmune disease, chemotherapy effects, conversion disorder, symptom exaggeration, and other medical and/or developmental or psychiatric conditions with associated cognitive impairments. This service also sees retired football players for evaluation through a partnership with the NFL Players' Association and can include involvement with a specific dementia clinic we have called the Aging Brain Clinic. Wada tests are sometimes available to observe/help with. 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.

**Also see Psycho-oncology, page 20.**

### **III. Forensics**

**Federal Correctional Complex, Butner, NC.** There are three services offered at the FCC, one for non-forensic interns and two, required, for the Clinical Forensic interns. (For more information on the FCC, please see description under Clinical Forensic Internship, page 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, 1200 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 FCI-I/LSCI 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-I 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 Evaluation Center at Central Regional Hospital - Forensic Outpatient Assessment.** Central Regional Hospital (CRH) is one of three state psychiatric hospitals in North Carolina, along with Cherry Hospital in the eastern portion of the state and Broughton Hospital in the west. While CRH serves as a treatment facility for the central area of the state, the pretrial evaluation center serves defendants from all 100 counties of North Carolina. CRH also has its own APA-accredited internship program.

In this elective rotation, for which significant prior forensic experience is required, interns will spend 1 to 1.5 days a week conducting court-ordered capacity to proceed (i.e., competency to stand trial) evaluations of pretrial defendants involved in criminal cases in North Carolina. The training focuses on efficiency in forensic interviewing, test selection and administration, collateral collection and integration, forming a forensic opinion, and report writing. 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. Defendants are typically evaluated based on one session of interview/observation and testing (if indicated). Cases vary widely with respect to the amount of collateral information needed to incorporate into the report. Most reports are completed within one month of the evaluation. In ordinary times, defendants are transported via law enforcement from their respective county detention centers to the Pretrial Evaluation Center for the evaluation. In most cases, the defendants return to the detention center the same day via law enforcement. Occasionally, an admission to the pretrial evaluation center may be required to complete the forensic evaluation. During the COVID-19 pandemic, the vast majority of evaluations are conducted via videoconference, which significantly limits the use of psychological assessment. The defendants being evaluated are typically adult males, though there are occasional evaluations of older adults, juveniles, females, transgender, and/or nonbinary individuals, etc. The racial/ethnic identities of the assessment population mirror the diversity of North Carolina. Presenting mental health concerns typically include (but are not limited to) severe and persistent mental illness, developmental disabilities, and/or cognitive impairment.

#### **IV. Pediatrics and Child/Adolescent Psychiatry**

**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 Elective:** Interns who choose to work with the 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 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, sickle cell disease, and other pediatric illness
- 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.
- Interns are also able to work within the Gender Equality Psychiatry Clinic, which serves transgender and gender expansive youth and their families through a gender-affirming model. Interns can work with faculty to conduct initial assessments and may have the opportunity for short-term individual outpatient therapy cases.

**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. 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. Some interns have chosen to 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.

**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 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.

**Also see Child and Adolescent Outpatient Program (CAOP), immediately below.**

## **V. Community Programs for Children and Families**

**Child and Adolescent Outpatient Program (CAOP), UNC Department of Psychiatry.** Located in Raleigh, this is the primary rotation for the Clinical Child – Community intern. Other interns may elect to spend a single day a week elective with a primary assessment focus during the third rotation. CAOP is a community-based outpatient program that provides training for mental health professionals to develop the skills necessary for service in the public sector. The CAOP clinic has a multidisciplinary team model which includes child psychiatrists, psychologists, social workers, psychoeducational consultants, psychology interns and trainees, child psychiatry residents, and social work trainees. It serves children and adolescents with a range of presenting issues including attachment, trauma, identity and anxiety/mood. Interns will complete psychological assessments as part of comprehensive diagnostic evaluations or treatment reviews to answer questions that range from diagnostic clarification, to understanding individual and family dynamics to make recommendations for treatment. Training in cognitive and objective assessment and in performance/projective measures is provided, as well as in adaptive and some neuropsychological measures. Interns may have the opportunity to participate and present in interdisciplinary case conferences. Additional training opportunities include a psychotherapy seminar and an assessment seminar.

Training goals for interns include:

1. Integration and application of empirically supported interventions in an outpatient community setting.
2. To become familiar with major models of child development and how to integrate the components of these models into therapy with children and adolescents.
3. For the Clinical Child-Community intern, practice in a co-therapy model with psychology, social work, and psychiatry trainee co-therapists.
4. Learning to collaborate and work within a multidisciplinary team model.
5. Gain and increase consultative skills related to diagnostic assessment formulations.

6. Based on developmental level, increasing proficiency and competence with a range of empirically supported assessment tools including cognitive (e.g., Wechsler scales), objective (e.g., self-report measures), and performance/projective measures (e.g., Rorschach R-PAS system)
7. Learning skills to construct an assessment battery to respond to specific referral questions.

**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, and two residential treatment programs for women and their children. 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. Horizons is a primary site for the Clinical Child – Community interns and is offered as an elective for other interested interns.

**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. It is located in Durham. 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).

Interns may participate in mental health treatment with the Post Adoption Support Services (PASS). Clinicians on PASS provide a range of services to families who have adopted children (domestic and international) and reside in one of 20 NC counties. Clinical services include trauma-focused, adoption-informed assessments, psychoeducational groups for parents (the National Child Traumatic Stress Network's Caring for Children Who Have Experienced Trauma) and parents/children (Learning and Empowerment for Adoptive Parents, LEAF), and evidence-based therapy services.

**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.

## **VI. 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 2019-2020; there are minor changes each year:

- Adult Autism and Related Disorders Clinic
- Angelman Syndrome Clinic
- Behavioral Medicine Clinic
- Dept. of Public Instruction School Psychology Consultation
- Group-Based Social Skills Training
- Hearing and Development Clinic
- Neurogenetics Clinic
- Pediatric Neuropsychology Clinic
- PEERS® Social Skills Groups
- Prader-Willi Syndrome Follow up Clinic
- Preschool Assessment, Consultation and Training 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 emotional-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, as well as support groups 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 series, conducted by psychology, psychiatry, and other faculty and professionals on a rotating basis for 8 months, addresses a variety of professional, ethical, and social issues. The specific content varies somewhat from year to year, and seminars selected will depend on trainee interest. In the spring and fall of 2020, didactic seminars are being held in an interactive webinar format. Interns also have the opportunity to attend the wide range of seminars and colloquia presented by faculty and invited speakers in various departments in the School of Medicine and other parts of the University.

**B. School of Medicine and Departmental Grand Rounds and Additional Didactics.** The Department of Psychiatry has a weekly grand 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 and the Center for Excellence in Eating Disorders, 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 support group for all interns is provided. The group, held for an hour 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. In 2020, the support group's meetings are being held virtually.

**E. Faculty and Intern Retreat.** A half day retreat is provided for interns, postdoctoral 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 is 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, when services are provided in person, via a one-way mirror or video, or through remote supervision. Demonstrations also are provided by the faculty with regard to intervention techniques.

To develop competency in providing supervision, interns learn about models of supervision in the seminar series and participate in supervision role-plays. Interns may also obtain direct experience in supervision under supervision of a faculty member or postdoctoral fellow. Most interns obtain this direct experience via peer supervision, in which interns with areas of greater competence in a specific area provide supervision to interns with less competence in that area. Depending on availability of practicum students, some interns may serve as supervisor for a student from doctoral or masters programs.

## **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 the supervisor's 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 will 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 Director of Clinical Training 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 COMPLETION**

Upon successful completion of the internship in clinical psychology, a certificate 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 UNC 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 for the needs of underserved populations, which characterized Dr. Martin Wallach.

## **FINANCIAL SUPPORT AND BENEFITS**

Funding is available in two formats:

1. Stipends of approximately \$22,600 each are provided for six of the seven tracks (Behavioral Medicine-Transplant, CIDD, Clinical Child-Community, Clinical-Child-Pediatric, and TEACCH). Health insurance is also provided as a benefit for these interns.
2. Two stipends of approximately \$27,000 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. Thirty days of leave time are provided; these include vacation and sick leave, professional leave, and 11 major holidays observed by the University. 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. There is no charge for the bus service

within Chapel Hill and Carrboro. Each intern also has a professional development budget of \$250 for travel to conferences, books or other relevant materials or activities.

## **ELIGIBILITY**

Applicants must be from APA- or CPA-accredited programs. The Behavioral Medicine-Transplant, Clinical Forensic, and Clinical Child-Pediatric positions are limited to students who are degree candidates in clinical psychology programs. The TEACCH, CIDD, Clinical Child-Community, and Women's Mental Health positions do not have this restriction. **Additional eligibility restrictions for the Clinical Forensic track are described under Special Considerations in Selections, page 9, above.**

For all positions, a minimum of 500 AAPI hours (400 intervention plus 100 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 completed 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 participate in a weeklong orientation program at UNC. The starting date for this orientation in 2021 will be August 23. All faculty members will be on hand to help orient the new trainees and facilitate a smooth transition. The start date for the forensic interns will be a week earlier (August 16) to allow participation in an additional orientation/training week at the FCC-Butner.

## **APPLICATION AND INTERVIEW PROCESS**

**The formal application on-line application** must be completed no later than **November 1, 2020** 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](http://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-Transplant
- Clinical Forensic (2 positions)
- CIDD
- Clinical Child-Community
- Clinical Child-Pediatric
- TEACCH
- Women’s Mental Health

**2021 Interview Dates:** January 12 - January 13 - January 21 - January 22

You may choose one or two tracks for which you wish to be considered for interviews, which will be held virtually. 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 9 and 10.

**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. Virtual personal interviews will be scheduled by invitation on the following days: Tuesday January 12; Wednesday January 13; Thursday January 21; and Friday January 22, 2021. 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 will also interview at the FCC, virtually, typically on the day prior to the interview day scheduled at UNC.

2. 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 interview dates. Applicants will be contacted no later than December 15, 2020.

**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](http://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 A. Williams, Ph.D., Director of Psychology Training  
UNC School of Medicine Clinical Psychology Internship, CB #7180  
University of North Carolina at Chapel Hill  
Chapel Hill, NC 27599-7180

Dr. Williams may be reached for questions at (919) 962-5307 (phone) and via email at [Gladys\\_Williams@med.unc.edu](mailto: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 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 and the wide range of outpatient programs and clinics are extensive, with a variety of options for natural observation of clinical situations and for close supervision. The Department houses multiple well-equipped research laboratories. There are large university and health affairs libraries, with excellent digital collections and access. Interns have access to the Department's network of computers.

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

## FREQUENTLY ASKED QUESTIONS

**How many positions are available?** There are 8 positions for 2021-2022: 1 CIDD; 1 Clinical Child-Community; 1 Clinical Child-Pediatric; 2 Clinical Forensic; 1 TEACCH; 1 Behavioral Medicine-Transplant; and 1 Women's Mental Health.

**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 2017 estimate by the US Census Bureau, is 10,273,000, of which approximately 22.2% are African-American, 9.5% are Hispanic/Latino, 3.1% Asian, and 1.6% 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 in an interdisciplinary context alongside trainees in multiple professionals.

**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?** Training in supervision is provided through the didactic seminar series and through individually-developed experiences in supervising peers and/or other trainees.

## **PSYCHOLOGY INTERNSHIP TRAINING FACULTY**

### **Director and Assistant Director of Psychology Internship**

Gladys A. Williams, Director of UNC School of Medicine Clinical Psychology Internship Program; Clinical Director, Carolina Living and Learning Center, TEACCH Autism Program. Assistant Professor, Department of Psychiatry. Ph.D., University of Illinois at Urbana-Champaign, 1998.

Tamara Dawkins, Assistant Director of UNC School of Medicine Clinical Psychology Internship; Associate Director, Chapel Hill TEACCH Center; Assistant Professor, Department of Psychiatry. Ph.D., McGill University, 2014. Autism spectrum disorder.

### **Child Psychiatry Service**

Shahzad Ali, Assistant Professor, Department of Psychiatry. M.D., King Edward Medical University. Child and adolescent psychiatry; treatment resistant depression.

Christina Cruz, Assistant Professor, Department of Psychiatry, M.D., Harvard University; M.Ed. in Prevention Science and Practice, Harvard University. Improving the mental health of children and adolescents globally in resource-limited settings by meeting them where they are – every day in their schools.

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; Vice Chair of Psychological Services. Ph.D., University of Massachusetts Boston, 2002. Somatization disorders, severe social anxiety disorders, gender dysphoria, psychosis, trauma, burn injury, and endocrine disorders. Complex neurodevelopmental and psychiatric disorders.

Samantha Pflum, Assistant Professor, Department of Psychiatry. Ph.D., Palo Alto University. Providing affirming care to the LGBTQ community, primarily transgender and gender expansive youth, as well as children and adolescents coping with medical diagnoses, depression, and anxiety.

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.

Scott Schwartz, Professor, Department of Psychiatry. Ph.D., University of North Carolina-Chapel Hill.

Rebecca Taylor, Assistant Professor, Department of Psychiatry, M.D., University of North Carolina - Chapel Hill. M.A., Clinical Psychology, Eastern Carolina University. Children, adolescents and adults who struggle with mood disorders, anxiety, ADHD, and psychotic illnesses

### **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.

Jim Bedford, Assistant Professor, Department of Psychiatry, M.D., University of North Carolina at Chapel Hill.

Eileen J. Burkner, Division Director and Professor, Clinical Rehabilitation and Mental Health Counseling, Allied Health Sciences. Ph.D., Auburn University, 1990. Psychosocial adjustment to lung and heart transplantation. Appraisal, stress, and coping pre- and post-lung and heart transplantation. Religiosity and spirituality as predictors of quality of life pre- and post-transplant. Cardiac and pulmonary rehabilitation.

Jessica Diket, Psy.D., UNC Center for Transplant Care. Transplant psychology.

Peter Duquette, Assistant Professor, UNC Center for Rehabilitative Care, Department of Physical Medicine. Ph.D., University of North Carolina, 2008. Specialization in neuropsychology. ABPP (CN).

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, Professor, UNC Division of Gastroenterology and Hepatology, Ph.D. University of Health Sciences, Chicago Medical School, 2002. Health Psychology/Behavioral Medicine. Chronic liver disease.

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

Matthew Harris, Assistant Professor/Clinical Neuropsychologist, Department of Physical Medicine. Ph.D., California School of Professional Psychology at Alliant International University. ABPP (CN).

Tiffany Hopkins, Assistant Professor, Department of Psychiatry. Ph.D., University of Southern Mississippi.

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

Skye Margolies, Assistant Professor, Department of Anesthesiology. Ph.D., Virginia Commonwealth University.

Paul Morea, Clinical Instructor, Department of Emergency Medicine, Psychiatric Emergency Services. M.S.W., L.C.S.W.

Krystal Morgan, Center for Transplant Care. Ph.D., Eastern Carolina University. Transplant psychology

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, Assistant Professor, Allied Health Sciences; Psy.D., Marshall University, 2010. Behavioral medicine, transplant psychology, assessment and treatment of populations with SPMI.

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

Karla Thompson, Assistant Professor, Director of Psychological and Neuropsychological Services Department of Physical Medicine. 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, Professor. Ph.D., Vanderbilt University, 2004. Neuroimaging and psychopathology research investigating core deficits and response to treatments in autism and depression.

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 Professor, Department of Psychiatry. Ph.D., McGill University, 2014.

Laura Klinger, Director of TEACCH Autism Program, Associate Professor, Department of Psychiatry. Ph.D., University of Washington, 1993.

Lee M. Marcus, TEACCH Autism Program. Ph.D., University of Minnesota, 1972. Individuals with autism spectrum disorder and their families, early diagnosis, family support, developmental disabilities, multi-axial diagnosis and classification.

Mary E. Van Bourgondien, Professor of Psychiatry; Clinical Director, Chapel Hill TEACCH Center, Ph.D., University of Washington, 1979. Adolescents and adults with autism, pediatric psychology, developmental disabilities, behavioral treatments, parent training, and community programs for individuals with developmental disabilities.

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

### **UNC Horizons Program**

Evette Horton, Assistant Professor, Department of Obstetrics and Gynecology – UNC Horizons. Ph.D., University of North Carolina Greensboro, Counseling and Counselor Education, 2013. Parenting interventions, child maltreatment, infant mental health, neonatal abstinence syndrome, and attachment.

### **Federal Correctional Complex, Butner, NC**

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

Brian Gray, Ph.D., Advance Care Psychologist, Federal Correctional Institution-I. Florida State University, 2006.

Kristina Lloyd, Psy.D., ABPP, Forensic Psychologist, Federal Medical Center. Loyola University Maryland, 2010.

Michelle Rissling, Ph.D., Staff Psychologist, Federal Correctional Institution-I. San Diego State/University of California, 2012.

Gillespie Wadsworth, Psy.D., Forensic Psychologist, Federal Medical Center. Nova Southeastern, 2010.

### **Central Regional Hospital Outpatient Forensic Center**

David M. Hattem, Adjunct Associate Professor, UNC Department of Psychiatry; Forensic Services Unit, Central Regional Hospital. Ph.D., University of Southern California, 1983. Special interests in personality assessment, forensic assessment, clinical supervision.

Susan Hurt, Senior Psychologist II. Ph.D., University of Virginia 2002. Special interests in juvenile forensic assessment and ethics education.

Nancy Laney, C.R.C. Senior Psychologist I. Ph.D., Temple University in 1997. Special interests in forensic assessment, clinical supervision, multicultural training, neuropsychological rehabilitation.

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### **Central Regional Hospital Neuropsychology**

Eric Elbogen, Ph.D., ABPP (Forensic), University of Nebraska / Law-Psychology Program. Adjunct Associate Professor, UNC Dept. of Psychiatry. 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.