Augusta University/Medical College of Georgia &

Charlie Norwood Veterans Affairs

Medical Center Psychology Internship

Training Model: The Empirical Clinician

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| **Overview of Training Model** |

The Augusta University/Medical College of Georgia-Charlie Norwood Veterans Affairs Medical Center Psychology Internship (AU/MCG-Charlie Norwood VAMC Psychology Internship) training model focuses on three primary facets of training in the development of professional psychologists: **(1)** Training in the implementation of essential practice skills in key field settings; **(2)** Training in an empirical approach to practice (fostering attitudes of empiricism and reflection), and; (**3)** Training in the provision of care for underserved populations and areas. The distinguishing characteristic of our training efforts, however, has been our focus on producing professional and diverse psychologists who are well prepared for and seek out careers that are directed toward integrated approaches to health care issues and who aspire to greater cultural awareness and humility in their practice. Consequently, the AU/MCG-Charlie Norwood VAMC Psychology Internship has combined solid grounding in core clinical psychology skills with emphasis training in the areas of integrated health psychology and health behavior care. Integral to all required rotations are joint educational and clinical service activities with primary care physicians, psychiatrists and other physician specialists, nurse practitioners, physician’s assistants, social workers, and other allied health professionals. Furthermore, core competencies taught include skills specifically relevant to the provision of mental health care in medical settings: **(1)** the application of clinical assessment and treatment in medical settings; **(2)** the ability to function effectively as a member of an interdisciplinary team, and; **(3)** the development of consultation strategies in medical contexts. Consistent with overarching principles of professional psychology training, the curriculum of AU/MCG-Charlie Norwood VAMC Psychology Internship intends to provide sequential and cumulative opportunities for the development and demonstration of core competencies. Furthermore, we strive to foster a culture of humility and inclusivity, prioritizing a training environment that is supportive of lifelong learning in multicultural orientation and humility and structural competencies.

**Core Values in Training:** The AU/MCG-Charlie Norwood VAMC Internship supports the foundational value of the scientist-practitioner model of training for the professional psychologist. Scientific methods can both inform us of the human experience and guide in the development and implementation of therapeutic responses to life problems. Therefore, training in scientific methods should be a core endeavor for the development of the professional psychologist. We aspire to a training model that we identify as The Empirical Clinician model of training. This model focuses on two primary facets of training in the development of professional psychologists: (1) Training in the implementation of essential practice skills in key field settings; (2) Training in an empirical approach to practice.

**Training in the implementation of essential practice skills in key field settings:**

Our internship emphasizes the training of professional psychologists to practice their skills in medical settings as well as more traditional mental health contexts. Incoming Interns should demonstrate the basic component skills of practice.  Broadening the training in the implementation of essential practice skills has been a traditional role fulfilled by internship sites.  Consequently, our training efforts seek not only to instruct and train interns in critical assessment and treatment skills but also to ensure that interns learn to adapt these skills in diverse interdisciplinary health care settings. Finally, we endeavor to prepare professional psychologists to provide quality services to underserved and minoritized populations.

**Training in an empirical approach to practice:**We view research skills as integral to the success of the Empirical Clinician Model of training. Demonstration of these skills by a completed, or at least a proposed data-based dissertation is a prerequisite for entry into our training program. As such, participation in research/scholarship activities are required and facilitated for Interns throughout the training year. The distinguishing characteristic of this training model, however, is the direct attention paid to using empirical studies and data critically to guide the clinician’s practice. Stricker and Trierweiler (1995) have pointed out that the integration of science and practice can be accomplished by the common ground of a scientific attitude, and we would suggest that integral to this attitude is an emphasis on empiricism and reflection. The Empirical Clinician Model of Training attempts to instill in Interns the attitude of empiricism as they develop their skills in gathering and integrating data from four key Data Domains:

**Research Data.** The Empirical Clinician maintains an ongoing vigilance of research pertinent to the clinical enterprise. When presented with diagnostic and treatment issues, the Clinician should routinely query as to what research has to offer in the matter. To be included in the Empirical Clinician’s database is a working knowledge of the empirically supported assessment instruments and treatments relevant to their field of practice.

**Idiographic Patient Data.** The Empirical Clinician values and systematically gathers the patient-specific data at hand, recognizing that each patient brings to the clinical enterprise a unique set of biopsychosocial characteristics that can inform the clinician in understanding the patient’s life problems as well as offer avenues for healing and growth. To be included in the idiographic patient database are objective data (i.e., data that can be directly observed by the Clinician), subjective data (i.e., data that cannot be directly observed by the Clinician but can be self-reported by the patient or their parent/legal guardian/significant other), and associative data (i.e., data obtained through projective and interpretive tools that may not be readily observed by the patient). Each of these sources of data have their virtues and liabilities in regard to their reliability and validity, and thus the Empirical Clinician seeks to maximize their benefits to the patient by maintaining a comprehensive and psychometrically sound approach to idiographic patient data collection and interpretation.

**Idiographic Clinician Data.** The Empirical Clinician understands that their own unique characteristics (including one’s own cultural/diversity factors) affect the diagnostic and treatment process. In particular, the Clinician maintains a vigilance on the reciprocal effects of the observer on the observed and the treater on the treated. Therefore, the Empirical Clinician continually gathers data from self-examination and process-oriented observations of the Clinician-patient relationship.

**Nomothetic and Idiographic Cultural Data.** The Empirical Clinician recognizes the unique contribution that cultural and diversity data may lend to the clinical enterprise. Cultural/diversity data provides the framework from which the Clinician is better able to understand the diverse values, interactional styles, and cultural expectations that can impact diagnostic and treatment processes. Research findings regarding cultural and diversity issues should represent the baseline data only, however, given that each patient has their own idiographic cultural and diversity experiences. Therefore, the Empirical Clinician maintains ongoing inquiry regarding pertinent research findings relevant to these issues, yet they do not mechanistically apply this nomothetic data but rather seek to integrate this data with the more unique cultural and diversity experiences of the patient.

The Empirical Clinician Model of Training attempts to instill in Interns the attitude of reflection as well. Effective integration of the data obtained requires a systematic process of evaluation and interpretation of data. This facet of training should represent a continuation of the critical thinking processes that were initially taught in the context of scientific experimentation. Fundamental to this critical thinking process are the following reflective components:

1. The development of hypotheses based on the data available.
2. Reflection upon data that confirm and disconfirm proposed hypotheses.
3. Inquiry as to what additional data is needed and what procedures should be followed to obtain it efficiently and validly.
4. The development of an “experiment” to obtain the additional data.
5. Interpretation of the additional data obtained in light of the proposed hypotheses.
6. Reformulation of the hypotheses.
7. Development of generalizable conceptual models.

The attitude of reflection, however, entails more than fundamental critical thinking processes and the application of empirically supported treatments. The Empirical Clinician begins in a professional setting, addresses a problem of significance to the patient who presents it, and is faced with a need to respond to that problem in a humane and effective manner. If scientific knowledge is sufficient to the task, the situation is an easy one and desirable behavior for the clinician is readily apparent. In such a situation the clinician can apply easy-to-use or supported techniques. At times, a more dynamic reflection by the Empirical Clinician is required to deal with problems that do not clearly lend themselves to scientifically verified approaches. It is here, where science only presents at best a partial solution, that critical judgment becomes crucial. The Empirical Clinician must recognize the gap between the global nature of research findings and the usual specific nature of clinical dilemmas. At the least, the clinician should recognize that scientific training can provide an attitude and an orientation to the problem at hand that will lead to an informed solution that is considered, and hopefully falls within acceptable professional canons. To develop this informed solution, the nomothetic task is to develop a therapeutic plan based on those prototypes assessed as being most relevant to the individual’s pattern of behaviors, personality traits, and situational stressors. The idiographic task, however, holds that the therapeutic plan must be elaborated on to accommodate the idiosyncratic features that may not fit readily into the schema of clinical prototypes. In effect, the diagnosis of a prototype is only a starting point for the many departures for clinical care that will be derived from an individual’s particular responses and pathologies and strengths, the extent to which the prototype is supported with actuarial data or clinical skills, and the feedback review of its effectiveness. This dynamic of moving from the nomothetic to the idiographic tasks involves a process of theory building at the individual patient level that requires reflection, the goal of which is to construct a circle - from established nomothetic commonalities to idiographic individuality to nomothetic individuality. The result of this reflective process is a “theory of the patient.” The development of the capability for dynamic reflection entails a system of practice that incorporates routinized habits that encourage the Clinician to “stop and think” and also requires developing capabilities to reflect while in action. Consistent with Schon’s (1983) conceptualization of the reflective clinician, the Empirical Clinician Training Model seeks to teach the Intern the ability to consider multiple points of data and associated hypotheses, while actively engaged in the diagnostic/treatment process. Yet, this model also emphases the value of a disciplined reflection that integrates the more objective and nonparticipant perspective of the scientist.

**References**

Schon, D. (1983) The Reflective Practitioner: How professionals think in action. New York: Basic Books.

Stricker, G., & Trierweiler, S.J. (1995). The local clinical scientist. American Psychologist, 50, 995-1002.

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| **TRAINING Goals & COMPETENCIES of the Internship** |

 [**GOAL I: PREPARING PROFESSIONAL PSYCHOLOGISTS TO SUPPORT QUALITY PRIMARY CARE INTEGRATED APPROACHES TO HEALTH CARE ISSUES**](https://www.augusta.edu/mcg/psychiatry/psychology/training_goals_and_competencies.php)

Objective 1: To develop and psychology interns, general proficiency and clinical assessment and intervention

**Sub-Objective 1 (Assessment):**To train interns in a broad range of empirically supported assessment strategies.

**Diagnostic Interviewing**

[COMPETENCIES REQUIRED](https://www.augusta.edu/mcg/psychiatry/psychology/training_goals_and_competencies.php)

* General interview skills
* Establishes relationship with patient (putting patient at ease, develops appropriate rapport, etc.).
* Asks questions appropriate to referral question.
* Obtains relevant history and clinical information.
* Integrates information for initial diagnostic hypotheses.
* Provides timely and appropriate feedback to involved parties in a way that is consistent with the APA Ethics Code.
* Cultural Sensitivity/Awareness
* Safety Assessment
* Recovery Orientation

**Psychological Testing**

[COMPETENCIES REQUIRED:](https://www.augusta.edu/mcg/psychiatry/psychology/training_goals_and_competencies.php)

* Selecting appropriate procedures and testing measures.
* Administering and scoring measures in accordance with test manual.
* Interpreting results in accordance with appropriate references.
* Cultural sensitivity and awareness regarding use of instruments with special populations and other relevant groups.
* Able to gather and integrate data from key assessment domains.
* Provides timely and appropriate feedback to involved parties in a way that is consistent with the APA Ethics Code.

**Sub-Objective 2 (Intervention):** To train interns to become proficient in the implementation of abroad range of interventions, with an emphasis on empirically supported treatments.

[COMPETENCIES REQUIRED](https://www.augusta.edu/mcg/psychiatry/psychology/training_goals_and_competencies.php)

* Creates workable treatment plans that demonstrate an integration of assessment data and available research literature.
* Implements treatment plans effectively; adapts intervention goals and methods consistent with empirically-validated treatments; routinely evaluates intervention effectiveness throughout the course of treatment
* Demonstrates effectiveness in the therapeutic relationship
* Demonstrates competence in treating patients from diverse backgrounds
* Effectively uses recovery-based principles of care

**Sub-Objective 3:** To train interns to become proficient in the implementation of interventions with a broad range of patient populations.

[COMPETENCIES REQUIRED](https://www.augusta.edu/mcg/psychiatry/psychology/training_goals_and_competencies.php)

* Understands the impact of such patient characteristics as age, gender, race/ethnic, cultural background, socioeconomic status, comorbid conditions, and level of functioning on response to interventions.
* Understands the impact of context/setting variables such as inpatient/outpatient treatment setting, family/community environment,availability of support/resources on response to interventions.
* Effectively engages with and is able to maintain an effective working alliance with a broad range of patient populations.
* Effectively adapts interventions to meet the diverse needs of a broad range of patient populations.

Objective 2: Consultation and Interprofessional/Interdisciplinary skills

To develop in psychology interns specific proficiencies in providing clinical assessment and treatment in integrated approaches to healthcare issues.

**Sub-Objective 1:**To train Interns in consultation assessment strategies in medical contexts.

[COMPETENCIES REQUIRED](https://www.augusta.edu/mcg/psychiatry/psychology/training_goals_and_competencies.php)

* Quickly and effectively identifies patients’ psychological concerns within the context of various medical settings.
* Integrates various sources of information when assessing patients, including a brief clinical interview, screening measures, and medical information.
* Recognizes and clarifies psychological factors that affect medical care and effectively brings these factors to the attention of the medical team.

**Sub-Objective 2:**To train psychology interns to function effectively in interdisciplinary teams.

[COMPETENCIES REQUIRED](https://www.augusta.edu/mcg/psychiatry/psychology/training_goals_and_competencies.php)

* Communicates, both verbally and in written format, with medical team members to enhance patient care.
* Recognizes each team member’s role and works with all team members to promote excellent patient care when addressing psychological and other medical issues.
* Helps the team create and implement treatment plans that meet patients’ psychological and medical needs.
* Able to develop, enhance and implement an effective liaison program designed to assess patients’ psychological and medical needs.

**Sub-Objective 3:** To train Interns to apply treatment strategies in medical settings.

[COMPETENCIES REQUIRED](https://www.augusta.edu/mcg/psychiatry/psychology/training_goals_and_competencies.php)

* Identifies and applies brief interventions that are appropriate to medical settings and adequately addresses the consultation question(s).
* Clearly and concisely documents interventions in a way that promotes effective interdisciplinary care.
* Effectively addresses a range of issues that typically present in medical settings, such as poor health behaviors, non-compliance with prescribed medical regimens, stress, anxiety, and depression.
* Flexibly applies interventions to a range of diverse patients to meet their individual needs.

[**GOAL II: PREPARING PROFESSIONAL PSYCHOLOGISTS WHO HAVE EXPERIENCE WITH AND INTEREST IN SERVING IN MENTAL HEALTH AND MEDICALLY UNDERSERVED AREAS.**](https://www.augusta.edu/mcg/psychiatry/psychology/training_goals_and_competencies.php)

Objective 1: To provide psychology interns with practicum experiences involving patients for mental health and medically underserved areas

[COMPETENCIES REQUIRED](https://www.augusta.edu/mcg/psychiatry/psychology/training_goals_and_competencies.php)

* Demonstrates proficiency in working in training experiences involving patients from mental health and medically underserved populations and areas.

Objective 2: To provide psychology interns with educational/didactic experiences

[COMPETENCIES REQUIRED:](https://www.augusta.edu/mcg/psychiatry/psychology/training_goals_and_competencies.php)

* Demonstrates a competent presentation of knowledge as noted by: 1) Presentations are organized and task-focused and 2) Projects an air of confidence and credibility.

[**GOAL III: PREPARING PROFESSIONAL PSYCHOLOGISTS THAT STAY ABREAST OF EVIDENCE-BASED PRACTICES**](https://www.augusta.edu/mcg/psychiatry/psychology/training_goals_and_competencies.php)

Objective 1: Research, Assessment, and Intervention

To train interns to systematically gather and integrate research data, idiographic patient data, idiographic clinician data, and nomothetic and idiographic cultural data for the purpose of clinical assessment and treatment.

[COMPETENCIES REQUIRED:](https://www.augusta.edu/mcg/psychiatry/psychology/training_goals_and_competencies.php)

* Maintains an ongoing vigilance of research pertinent to the clinical enterprise.
* Maintains a working knowledge of the empirically supported assessment instruments and treatments relevant to the field of practice.
* When presented with diagnostic and treatment issues, routinely queries as to what research has to offer in the matter.
* Maintains a comprehensive and psychometrically sound approach to idiographic patient data collection and interpretation.
* Using a systematic process of evaluation and interpretation, integrates pertinent research findings relevant to the patient’s issues at hand, the idiographic data obtained, and the unique cultural and diversity experiences of the patient.

Objective 2: Research

To continue the development of intern research skills and thinking through the ongoing participation in a research-scholarship project and the completion of a research manuscript suitable for submission for publication.

[COMPETENCIES REQUIRED:](https://www.augusta.edu/mcg/psychiatry/psychology/training_goals_and_competencies.php)

* Paper provides clear objectives/hypotheses.
* Paper presents a methodology that addresses the issues effectively.
* Paper presents statistical analyses and results that were sound and well presented.
* Paper provides discussion that is effectively linked with the results and present thoughtful discussion.
* Paper demonstrates a contribution to the field of psychology.

[**GOAL IV: PREPARING PROFESSIONAL PSYCHOLOGISTS WHO ASPIRE TO LIFELONG LEARNING IN MULTICULTURAL ORIENTATION AND STRUCTURAL COMPETENCIES.**](https://www.augusta.edu/mcg/psychiatry/psychology/training_goals_and_competencies.php)

Objective 1: Individual and Cultural Diversity

To train interns to be aware of and attend to cultural processes in psychotherapy.

[COMPETENCIES REQUIRED:](https://www.augusta.edu/mcg/psychiatry/psychology/training_goals_and_competencies.php)

* Intern recognizes and understands how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
* Intern strives to move beyond conceptualizations rooted in categorical assumptions.
* Intern endeavors to be aware of the role of the social and physical environment in the lives of the patients.
* Intern recognizes and understands historical and contemporary experiences with power, privilege, and oppression.
* Intern seeks to promote culturally adaptive interventions and advocacy across systems.
* Intern understands how developmental stages and life transitions intersect with the larger biosociocultural context.
* Intern actively strives to take a strengths-based approach to build resilience.

[**GOAL V: CULTIVATING OF A PROFESSIONAL IDENTITY IN PROFESSIONAL PSYCHOLOGISTS**](https://www.augusta.edu/mcg/psychiatry/psychology/training_goals_and_competencies.php)

Objective 1: Ethical and legal standards

To train Interns to maintain an awareness of the ethical and legal standards of the profession of psychology.

[**COMPETENCIES REQUIRED:**](https://www.augusta.edu/mcg/psychiatry/psychology/training_goals_and_competencies.php)

* Knowing the ethical principles
* Knowing the relevant laws, regulations, rules, and policies governing health service at the organizational, local, state, regional, and federal levels.
* Being able to identify situations where ethical guidelines apply
* Understanding the difference between ethics, state laws, and organizational demands
* Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas.

Objective 2: Professional Values and Attitudes

To train inters to constructively participate in the ongoing professional development of themselves and their colleagues.

[COMPETENCIES REQUIRED:](https://www.augusta.edu/mcg/psychiatry/psychology/training_goals_and_competencies.php)

* Integrity
* Accountability
* Concern for the welfare of others
* Professionally appropriate deportment
* Reflective practice
* Promoting the profession of psychology

Objective 3: Professional Values and Attitudes

To train inters to develop and execute lifelong learning through ongoing self-evaluation, effective use of supervision and consultation, and continuous pursuit of knowledge and skills pertinent to the practice of professional psychology.

[COMPETENCIES REQUIRED](https://www.augusta.edu/mcg/psychiatry/psychology/training_goals_and_competencies.php)

* Initiative and independent thinking
* Routine self-evaluation and self-insight
* Growth and willingness to take risks for the purpose of learning
* Preparation for learning opportunities
* Development of scientific-informed practice through effective implementation of collaborative supervision
* Ongoing pursuit of self-directed learning goals
* Knowledge and practice of self-care

Objective 4: Communication and Interpersonal Skills

To train interns to develop and maintain effective relationships with a wide range of individuals.

[COMPETENCIES REQUIRED:](https://www.augusta.edu/mcg/psychiatry/psychology/training_goals_and_competencies.php)

* Interactions with others that are respectful, pleasant, affirming, professional, flexible, and goal-oriented.
* An interpersonal style that is engaging, collaborative, and facilitates rapport.
* Listens effectively to others and shows understanding of and respect for diverse points of view.
* Seeks and uses input from others.
* Is generous in providing support for others.

Objective 5: Communication and Interpersonal Skills

To train interns to produce and comprehend oral, nonverbal, and written communications that are informative and well integrated.

[COMPETENCIES REQUIRED:](https://www.augusta.edu/mcg/psychiatry/psychology/training_goals_and_competencies.php)

* Effective teacher and presenter as demonstrated by: (1) in preparation, competent navigation of resources, (2) presentations are organized and task-focused, and (3) material is presented fluidly with an effective speaking style (e.g., professional, confident, engaged, and clear voice with good pace) that brings interest to the material at hand.
* Communicates effectively with other professionals to enhance patient care.
* Communicates clearly, accurately, in an organized manner, and with appropriate non-verbals.
* Listens to others for understanding and demonstrates the ability to synthesize varied perspectives well.
* Communicates effectively with patients and able to elicit positive responses to feedback.
* In didactic/supervision experiences, is actively engaged and participatory, and communicates effectively with colleagues and supervisors/seminar directors.
* In clinical reports, communicates both verbally and in written format, clearly, efficiently.

**Objective 6 (Communication and Interpersonal Skills): To train interns to demonstrate effective interpersonal skills and the ability to manage difficult communication well. (Communication and Interpersonal Skills): To train interns to demonstrate effective interpersonal skills and the ability to** [COMPETENCIES REQUIRED:](https://www.augusta.edu/mcg/psychiatry/psychology/training_goals_and_competencies.php)

* Demonstrates effective interpersonal skills and the ability to manage difficult communication well by exhibiting:
* Self-control and poise under stress.
* Expression of emotions appropriate to setting.
* Compassion and respect toward those experiencing distress.
* Ability to be patient and flexible, and to be able to balance support with challenge when managing difficult communications

**Objective 7 (Supervision): To train interns in the application of supervision knowledge with psychology trainees and/or other health professionals. (Supervision): To train interns in the application of supervision knowledge with psychology trainees and/or other health professionals.**

[COMPETENCIES REQUIRED:](https://www.augusta.edu/mcg/psychiatry/psychology/training_goals_and_competencies.php)

* Demonstrates effective application of supervision knowledge with psychology trainees and/or other health professionals by exhibiting:
* Knowledge of models and research on supervision.
* Ability to form a critical analysis of the supervisee’s feelings, thoughts, and behaviors relating to the assessment/intervention encounter.
* Ability to provide descriptive and evaluative feedback to the supervisee that is specific and constructive.
* Ability to employ educational principles that enhance learning with an emphasis on guided discovery.
* Attends to the impact of diversity in all forms.
* Engages with the supervisee in a manner that is empathic, nonjudgmental, supportive, and encourages the supervisee to experiment and take reasonable risks.

**Note:**The Profession-Wide Competency is provided in parentheticals (e.g., Objective 7 (Supervision))

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| **REQUIRED ASSESSMENT PROFICIENCIES** |

To fulfill the minimum assessment requirement, Interns must complete at least three integrated testing reports and achieve a Level 3 rating in this competency area. An integrated report is defined by APPIC as a report that includes a review of history, results of an interview and at least two psychological tests from one or more of the following categories: personality measures, intellectual tests, cognitive tests, and neuropsychological tests. Examples of personality measures, intellectual tests, cognitive tests, and neuropsychological tests available to Interns are provided below:

**Personality and Adaptive Functioning measures:** Personality Assessment Inventory (PAI and PAI-Adolescent version), Minnesota Multiphasic Personality Inventory (MMPI-2, 2-RF, and 3), Adaptive Behavior Assessment System (ABAS-3), Independent Living Scales, Millon Clinical Multiaxial Inventory-IV, Autism Diagnostic Interview – Revised (ADI-R), Ages & Stages Questionnaire (ASQ-3), Behavior Assessment System for Children (BASC-3), Gilliam Autism Rating Scale (GARS-3), Vineland Adaptive Behavior Scales (Vineland-3), Miller Forensic Assessment Of Symptoms Test (M-FAST), Structured Interview of Reported Symptoms (SIRS-2), Psychopathy Checklist Revised (PCL-R), HRC-20 V3, Pain Patient Profile (P-3), Texas Functional Living Scales (TFLS), Rorschach

**Intellectual tests:** Wechsler Intelligence Scale for Children (WISC-V), Wechsler Adult Intelligence Scale (WAIS-IV), Wechsler Preschool & Primary Scale of Intelligence (WPPSI-IV), Wechsler Abbreviated Scale of Intelligence (WASI-II), Test of Nonverbal Intelligence (TONI-4)

**Cognitive and Neuropsychological tests:** Wechsler Memory Scales IV (WMS-IV), Woodcock Johnson Achievement, Test of Memory Malingering (TOMM); Clinical Assessment of Attention Deficit -Adult (CAt-A), Repeatable Battery for the Assessment of Neuropsychological Status (RBANS), NEPSY-II, Wechsler Individual Achievement Test (WIAT-4), Wide Range Achievement Test (WRAT-5), Montreal Cognitive Assessment (MOCA), Mini Mental Status Exam (MMSE), Wisconsin Card Sorting Test, Competency Assessment for Standing Trial (CAST-MR), Validity Indicator Profile (VIP), Delis-Kaplan Executive Function System (D-KEFS), California Verbal Learning Test (CVLT-II), Boston Naming Test (BNT), Rey 15-Item Test

**Child/Family Evaluation:** For Interns obtaining emphasis training in child/family psychology, the Intern must completed at least one integrated report with a person under 18 years old.

**Forensic Evaluation**: For Interns obtaining training in forensic psychology, training will be provided in the administration and scoring for measures across the following categories: Measures of Response Style, Competency to Stand Trial, Mental Status/Intellectual Functioning/Adaptive Functioning, Personality Assessment, and Risk Assessment. The administration of these instruments will be determined on a case-by-case basis and with the needs/training goals of each intern in mind.

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| **EDUCATIONAL IMPLEMENTATION PLAN** |

The AU/MCG-CNVAMC Internship organizes practicum activities and supervision around three four-month rotations, each designed to expose Interns to a wide variety of patients with all types of diagnoses at varying levels of acuity and complexity, and to provide emphasis training in an area of interest to the Intern.

**SUPERVISORY EXPERIENCES**

Additionally, throughout the year one day of the week is set aside for emphasis track training, enabling a continuity of training experiences in the area of the Intern’s emphasis interest. The weekly supervision hours vary by rotation/track but each intern will most often have 3-4 supervisors during each of the three rotations resulting in significant access to individual and group supervision throughout the rotational training experiences.  Individual and group supervision is primarily provided on a weekly scheduled basis, although there may be as-needed-case consultation/supervision that represents a smaller portion of the supervision hours reported above.  With the exception of limited supervision by Postdoctoral Fellows, the supervision is provided by doctoral-level licensed psychologists who have been credentialed by their respective service organizations, including Augusta University/Medical College of Georgia, Augusta University-Summerville Campus, East Central Regional Hospital, and the Charlie Norwood VA Medical Center. Consistent with the policies of the Augusta University/Medical College of Georgia and the Charlie Norwood VA Medical Center, supervisors must be on-site when interns are performing direct patient care activities.  Moreover, access to supervisors is facilitated by messaging systems and/or phone in all the internship partner sites to insure that interns to address their supervision needs can promptly contact supervisors.  Descriptions of the key supervisory roles are provided below:

**Overall Supervisor.** Due to the complexity of internship training and the diverse interests and educational needs of interns entering internship training, the AU/MCG-Charlie Norwood VAMC Internship provides an Overall Supervisor (OS) for each intern prior to the beginning of the internship. The OS is charged with the duty to develop an understanding of the unique educational needs and interests of the Intern and to develop and monitor a year-long strategy to maximize the training experience available. Thus, for example, an intern might desire or require a special emphasis on psychological assessment. The OS would be responsible for helping the intern devise a sequence of trainings to meet this need that might begin with basic training in test administration and then move forward to more interpretive and integration training experiences. These special needs and sequence of training would be communicated with rotation supervisors to ensure that the necessary training experiences are provided in each rotation.  To facilitate a developmental process, at the beginning of the training year the Intern completes the Intern Self-Study and the Self-Assessment of Cultural Competency forms and discusses the results with the OS to determine specific areas of need for competency development.  The OS is responsible for insuring that each intern has adequate access to patient care activities that represent the key training requirements for the internship.  The OS also facilitates the intern’s efforts to treat at least 1-2 patients throughout the year that needs "long-term" therapy in order to meet the requirements of the Psychotherapy Process Seminar. The OS plays a vital role throughout the year in addressing rotational schedules and within rotational experiences to insure that target areas of need and interest are adequately addressed. The OS is responsible for providing the following assessments of the Intern during the training year: 1) At the completion of each rotation, the intern completes the Intern Performance Milestones Self-Evaluation form in order to assist in monitoring progress and self-identifying competency development needs.  This completed self-evaluation form is reviewed and discussed with the OS, and; 2) Each Intern is required to complete one research-scholarly project in which there is a written product authored or co-authored by the Intern. The Overall Supervisor is responsible for helping the intern develop with his/her/their research mentor a research-scholarly project and review the project plan and timetable.

When training issues/deficiencies are identified, the Internship Co-Training Directors will address such with the OS and the Core Committee so that effective educational interventions can be planned. The OS plays an important role in dealing with problems that may arise with the Intern’s behavior or performance. Similarly, the OS plays an important role in responding to any Intern Grievance. The OS is required to serve as a member of the Core Committee and to participate in the end of rotation evaluations of the Intern.  Finally, the OS insures that guidance is provided concerning career planning, including strategies for identifying and applying for postdoctoral fellowships or professional positions in a timely fashion.

**Co-Directors of Internship Training and Core Committee.** To insure that interns are progressing in areas of program competencies and individualized educational interests/needs, the Co-Directors of Internship Training review all rotational and seminar evaluations, intern self-evaluations, and the Intern Performance Milestones Tracking form of all the interns in a timely manner. When training issues/deficiencies are identified, the Co-Directors of Internship Training will address these with the OS and the Core Committee so that effective educational interventions can be planned. At mid-year, each intern’s progress is reviewed with the Co-Directors of Internship Training and the Core Committee and specific educational goals for the remainder of the training year are devised. At the end of the year, each intern’s performance is reviewed by the Co-Directors of Internship Training to insure that all required training experiences have been completed and all required competencies have been obtained.  The Co-Directors of Internship Training provide a summary letter of the intern’s progress to the respective Graduate School Training Director at the mid-year and end-of-year evaluations. The Co-Directors also work with supervisors to insure that 2 hours each day will be provided to the intern for documentation of clinical encounters and/or additional training and administrative/institutional responsibilities.

**Rotation/Track Supervision.** The Rotation/Track supervisors are responsible for establishing and communicating clear educational goals for the rotational/track experience, identifying and delegating appropriate clinical assessment/treatment cases for the Intern, supervising all clinical/professional activities on the rotation/track, maintaining on-site presence during all Intern clinical encounters, verifying the accuracy and timeliness of all clinical documentation, and providing routine verbal and written feedback regarding the Intern’s rotation/track performance. Interns are required to document all patient encounters in the appropriate electronic records that must be reviewed and signed by the appropriate supervisor. Typically, interns will have 2-4 rotational/track supervisors for all rotations and tracks.  At a minimum, interns must receive 4 hours of supervision per week with a minimum of 2 hours of individual supervision (one-on-one) per week.

With regard to rotation/case supervision, the AU/MCG-Charlie Norwood VAMC Internship emphasizes the following supervisory activities that facilitate a sequential and cumulative training experience that is graded in complexity:

* Initial assessment of the Intern’s skills/competencies and training needs is essential and the data obtained guides the supervisor in regard to the training experiences assigned.
* For new areas of skill development, didactic instruction and reading materials are provided prior to patient-care training activities. Continually updated research-oriented articles and articles specific to the cultural issues relevant for the clinical populations served are provided to the interns. In early stages of skill development, conjoint clinical/professional activities in which the Intern can observe the Supervisor in action are emphasized. These observational and co-therapy experiences are followed by the Supervisor observing live or via video recording the Intern engaging in the targeted skills.
* A feedback model of supervision is provided as the Intern progresses in the early phases of skills/competence development. This model emphasizes: 1) A clear understanding of what constitutes a “correct” and “incorrect” conceptualization or treatment intervention, and 2) Immediate, unambiguous, and consistent supervisory feedback regarding the specific relevant behaviors observed.  As the Intern progresses in the skill development this feedback model of supervision progresses in regard to the level of supervisor-intern collaboration pertaining to what was observed and the relevant evaluations associated with the observed behaviors.
* As much as possible, assignment of patient care experiences begins with the less complex and lower acuity cases and moves according to demonstrated competencies toward more complex and higher acuity cases. To enhance transfer and maintenance of skills/competencies, the Supervisor increases the variability or range of training experiences to which the Intern responds.
* A reflection-driven model of supervision is increasingly incorporated in the middle to latter phases of skill development. This model emphasizes: 1) The Supervisor encourages the Intern to engage in a reflective process in which the Intern pays deliberate attention to his/her/their experience, critically analyzes feelings and observations, and increasingly engages in a more self-evaluative process; 2) The Supervisor actively engages the Intern in learn from his/her/their own experiences; 3) Supervisory input and teaching is increasingly guided by the Intern’s own inquiry and conceptualization of case material, and; 4) Supervisory discussions should increasingly become more about collaborative reflections on skills and strategies, personhood issues, and conceptualizations.
* Within the legal limitations of practice of psychology, the Intern should increasingly become more and more independent in the clinical care training opportunities afforded as skills/competencies are successfully obtained.
* It is required that Rotation/Track supervisors and Intern have a relatively formal discussion of the Intern's progress six weeks after beginning the rotation. Each supervisor makes a report not less than every four months to the Internship Core Committee after discussion between the supervisor and supervisee concerning the Intern’s performance.  These evaluations are used to assess educational progress and further develop educational plans for the Intern.

**Case Supervisor.** If special expertise is needed on a case, or if the Intern has a special interest in working with a specific faculty member, a Case Supervisor can be added at any time.  The Case Supervisor, though not responsible for most of the Rotational or Track experiences, is responsible for the appropriate supervision of the case and must provide feedback in verbal and written form to the Intern and to the Co-Training Directors and Core Committee after each 4-month block.

**Mentor.** After the Intern gets to know the faculty, we encourage, but do not require, the Intern to seek a personal mentor relationship with a faculty person. In the past, the faculty mentor has acted as an informal advisor, ombudsperson, role model, and case supervisor. We also maintain a more formal mentorship process to those interns that want to take advantage of this opportunity. Psychologists associated with the internship, but not part of any of the evaluative processes for interns, are available to work with interns in this capacity.

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| **ROTATIONS** |

There are two 4-month rotations required of all Interns: (1) The General Practice Rotation and (2) the Integrated Health Psychology Rotation. The third rotation - Emphasis Track Rotation - is selected prior to entry into the internship program and represents one of the bases upon which Interns are selected in the APPIC match (i.e., Interns apply to and are matched according to emphasis training interest). Due to the size and diversity of the internship classes and the complexity of the training program, rotations cannot be sequenced to facilitate a particular progression of skills/competencies. Nevertheless, within each rotation training experiences and supervisory priorities are intended to reflect the anticipated progression in the skills/competencies of the Interns such that Interns practice more independently as the rotations progress and supervision increasingly become more reflective and collaborative.

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| **General Psychology rotation** |

By providing a blend of inpatient and outpatient services, we have developed a broad-based clinical training experience designed to maximize both the range of patient diagnostic categories and the variety of clinical training experiences. During the 4-month General Practice Rotation, Interns will have opportunities for development of their psychological assessment skills, skills pertaining to rapid assessment, de-escalation/stabilization, and triaging of individuals with acute psychiatric conditions, co-leadership of time-limited evidence-based psychotherapy groups, and individual psychotherapy. Interns have opportunity to gain experience in assessing and treating patient with a wide range of DSM diagnoses. The Interns will also take an active role in treatment planning as part of an interdisciplinary team. During the General Practice Rotation, Interns focus on assessment as outlined in the “Required Assessment Proficiencies” section.

The Competencies addressed in the General Practice rotation include:

* Ability to select appropriate psychological instruments for assessment of the presenting question and to score and interpret a variety of instruments to include neurocognitive, personality, and screening assessments.
* Ability to write a comprehensive, integrated psychological assessment and to provide feedback to the requesting team as well as the patient.
* Ability to rapidly assessment and provide stabilization of patients in crisis.
* Deliver evidence-based psychotherapy interventions in group and individual formats.
* Develop identity as a team psychologist with a defined role and collaborating with other disciplines in the delivery of professional patient care.

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| **CNVAMC Training Experiences**  |

*Listed below are the core sites for the General Psychology Rotation, although interns may rotate at other sites depending on intern interest and supervisor availability, as long as the rotational experience will help the intern meet the Competencies of the General Psychology Rotation.*

**Behavioral Health Interdisciplinary Program (BHIP).** Interns in consultation with the supervising psychologist will conduct psychological assessment for patients with a range of disorders including, schizophrenia, bipolar disorder, major depressive disorder, various cognitive disorders and personality disorders. Instruments frequently used include the WAIS-III, WMS-III, other brief measures of intelligence and cognitive functioning, MMPI-2, MMPI2 RF, MCMI and, PAI. In the VAMC Walk-In Clinic, interns are provided opportunities to learn the skills of rapid assessment of and stabilization of patients in crisis. Patients range in age from 18 to 80+ and frequently have multiple psychiatric diagnoses. Consultation/interaction with a multidisciplinary team is a typical component of the rotation as is exposure to a range of psychopharmacological interventions. Intern will gain experience with suicide risk assessment.

**Substance Use Recovery Clinic (SURC).** SURC provides treatment, education and support, including recovery opportunities for any Veteran with a substance abuse disorder. SURC treatment offerings include evidence-based treatment (individual and group), court ordered treatment, intensive outpatient program, and medication assisted treatment. Measurement based care is integrated throughout all SURC training experiences.

**Suicide Prevention Program (SP).** The SP training rotation focuses on increasing comfort level and learning the care and nuances of suicide risk. Interns participate in team case staffing, risk evaluation, safety planning, clinical interviewing psychiatrically hospitalized Veterans, provide follow up to crisis line calls, and case management of High Risk for Suicide veterans. Additional opportunities depending on interest are community outreach and education, internal VA education, and process improvement projects.

**Trauma Recovery Clinic (TRC)**. The comprehensive trauma recovery team serves male and female veterans who have encountered a variety of psychologically traumatic events. In addition to incidents occurring during war or other dangerous military assignments, treatment can focus on sexual assault, criminal assault, accidents, disasters, and child abuse. Program elements include assessment, crisis intervention, and Trauma orientation class, time-limited skills training groups, evidence-based psychotherapy (EBP), couples therapy, and case management. Interns will learn and be supervised in the delivery of EBP as part of their experience. Interns work closely with other disciplines as part of the clinic team. TRC also cares for veterans with trauma and substance use disorder history. Program elements include assessment and evidence-based treatment for this population. In addition to providing trauma-focused, time-limited, evidenced based individual psychotherapy, Interns rotating with the TRC during General Rotation also have an opportunity to co-facilitate a weekly Cognitive Processing Therapy (CPT) group and complete an intake assessment for Veterans in the TRC. The CPT group involves a 12-session protocol with typically 6-8 Veterans per group. In addition to learning the CPT protocol, this training opportunity will focus on group process such as fostering group alliance. Additionally, interns will gain experience in the TRC intake assessment, which involves psychosocial assessment, differential diagnosis, and treatment recommendations.

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| **AU/MCG Training Experiences**  |

*Listed below are the core sites for the General Psychology Rotation, although interns may rotate at other sites depending on intern interest and supervisor availability, as long as the rotational experience will help the intern meet the Competencies of the General Psychology Rotation.*

**Employee-Faculty Assistance Program (EFAP).** Employee-Faculty Assistance Program (EFAP) provides on-campus, psychological services to Augusta University employees and their family members. Population served includes staff, faculty, medical residents/fellows, and immediate family members from both the Health Sciences and Summerville campuses. Interns will train on brief evaluation and psychotherapy services (6 sessions or less) for both work-related and personal concerns. Presenting issues include depression, anxiety, stress, relationship difficulties, disruptive or unprofessional behavior, job underperformance, substance use. Interns will see 3-4 patients per day (intakes and return appointments) and will receive at least one hour of supervision per week. Additional time is scheduled for charting and other patient care. Intern also has opportunities to assist with program services development, presentations, and outreach activities. Telehealth services are also available.

**AU Student Counseling & Psychological Services (SCAPS).** Augusta University Student Counseling and Psychological Services (SCAPS) provides mental health services for all students attending Augusta University. Interns at SCAPS work as part of a diverse staff consisting of licensed psychologists, licensed professional counselors and psychiatrists who operate from a variety of theoretical orientations with the common denominator of implementing evidence-based interventions. Primary responsibilities for interns include individual psychotherapy, intake assessments, treatment planning, crisis intervention, and psychoeducational workshops for undergraduate, graduate and professional students, including medical and dental students. Clients come to SCAPS with presenting issues that range from typical student developmental concerns to serious mental illness. Interns will become skilled in using the Counseling Center Assessment of Psychological Symptoms (CCAPS) instrument to inform their therapeutic work. Interns will also gain experience working in a setting with a brief, focused model of psychotherapy. Weekly supervision with a licensed psychologist is considered an important part of the learning process and special attention is given to providing experiences in content areas identified as having special interest for the intern.

**ECRH**. Assessment and treatment are provided in the context of interdisciplinary teams on either the Forensic Unit or the Adult General Mental Health Unit. On both of these units, common diagnoses include Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, Intellectual Disability, Substance Use Disorders, Personality Disorders, and Neurocognitive Disorders. Supervisors have expertise in Dialectical Behavior Therapy, Cognitive Therapy for Schizophrenia, Cognitive Behavioral Therapy, Behavior Activation, and Motivational Interviewing. Interns will have an opportunity to conduct both group and individual therapy as part of their experience at ECRH. On both units, interns will complete assessments addressing a variety of patient needs, to include: intellectual/adaptive functioning testing to help secure community placement, neurocognitive testing, testing to provide diagnostic clarification, and substance use testing. Interns who rotate through the Forensic Unit will observe and conduct at least one court-ordered evaluation. Court-ordered evaluations are related to competency to stand trial, mental state at the time of the act, violence risk assessment, and sexual violence risk assessment. The clinical training experiences at ECRH expose interns to the benefits of an interdisciplinary approach by encouraging interns to actively participate in treatment team and transition meetings. Interns who are interested in working with patients with Severe and Persistent Mental Illnesses are encouraged to consider rotating through ECRH if time allows. Overall skills/competencies prioritized at ECRH include but are not limited to:

* Skills pertaining to rapid assessment, de-escalation/stabilization, and triaging patients with acute/chronic psychiatric conditions.
* Crisis intervention skills related to suicide prevention and reduction of dangerousness to self and/or others.
* Treatment engagement skills – able to effectively use motivational interviewing and shared decision-making.
* Application of the recovery principles of empowerment, holistic care, support, and hope in addressing the stresses of serious/chronic illness.
* Ability to select and make appropriate modifications to psychological measures in order to maximize assist in diagnostic clarification and treatment planning.
* Working within an interdisciplinary treatment team for the benefit of those that we serve.

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| **INTEGRATED HEALTH PSYCHOLOGY rotation** |

The Integrated Health Psychology Rotation focuses on the delivery of psychological services in interdisciplinary health care settings.  Training is offered in many inpatient and outpatient medical settings across all CNVAMC and AU/MCG hospitals and clinics and the AU/MCG Children’s Hospital of Georgia. This rotation focuses on acquiring a knowledge base that will enable the psychology interns to apply fundamental psychological principles to health care settings with a goal of training interns to function independently in interdisciplinary health care settings. This rotation focuses on the following competencies:

* Interns must quickly and effectively identify patients’ psychological concerns within the context of various medical settings.
* As a component of integrated approaches to health care issues, Interns must be able to integrate various sources of information when assessing patients, including a brief clinical interview, screening measures, and medical information.
* Interns must be able to recognize and clarify psychological factors that affect medical care and effectively brings these factors to the attention of the medical team.
* Interns must be able to communicate, both verbally and in written format, with medical team members to enhance patient care.
* Interns must recognize each team member’s role and work with all team member to promote excellent patient care when addressing psychological and other medical issues.
* Interns must help the team create and implement treatment plans that meet patients’ psychological and medical needs.
* Interns must be able to develop/enhance and implement an effective liaison program psychological and medical needs.
* Interns must be able to apply treatment strategies in medical settings as noted by:
	+ Identifies and applies brief interventions that are appropriate to medical settings and address the consultation question.
	+ Clearly and concisely documents interventions in a way that promotes effective interdisciplinary care.
	+ Effectively addresses a range of issues that typically present in medical settings, such as poor health behaviors, stress, anxiety, and depression.
	+ Flexibly applies interventions to a range of diverse patients to meet their individual needs.

Interns develop these skills through placements in different clinics or hospital settings in VAMC and the Medical College of Georgia/Augusta University. Each intern typically works in several different settings during the rotation.  Selected experiences include multiple integrated health care settings including such choices as: (1) AU/MCG services – Adult Infectious Disease Clinic (HIV/AIDS), Georgia Cancer Center (Inpatient and Outpatient), Developmental and Behavioral Pediatrics, Adult Neurology Clinic, Family Medicine, Pain Management, and; (2) CNVAMC Services – Blind Rehabilitation Inpatient Unit, Health Promotion and Disease Prevention Program, Inpatient medical rehabilitation units, Primary care clinics, Spinal Cord Injury Rehabilitation Unit, and the TBI Polytrauma Evaluation Clinic. Additional options may be added to this list depending on circumstances. See the “Clinical Health Psychology Track” for additional information on these training experiences.

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| **EMPHASIS TRACK rotation** |

Emphasis Track Rotations and the weekly track day are devoted to emphasis training. This allows Interns to accumulate a specific expertise that is consistent with their long-range career interests and enhances their marketability upon completion of their internship and graduation. Note that when applying via APPIC, Interns will select from *six* Track choices (the availability of track rotations may be subject to funding limitations in any given year):

1. Child & Family Track (AU/MCG)
2. Forensic Track (AU/ECRH)
3. HIV & LGBTQ Health Disparities Track (AU/MCG)
4. Clinical Health Psychology Track (1 intern @ AU/MCG); Clinical Health, Behavioral Medicine, and Rehabilitation Medicine Track (2 intern @ CNVAMC)
5. Veteran’s Healthcare Disparities with emphasis in Women’s Health Track (3 interns CNVAMC)
6. Trauma Psychology Track (CNVAMC)

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| **Child and Family Track** |

**Purpose:** The core purpose of the AU/MCG-Charlie Norwood VAMC Internship is to produce professional and diverse psychologists who are well prepared for and seek out careers that are directed toward integrated approaches to health care issues, who have experience with and interest in serving in mental health and medically underserved areas, who are well prepared to stay abreast if not lead the way in the development of evidence-based practices in the field of mental health care, and who aspire to cultural competence in their practice. The Child/Family Track endeavors to provide additional emphasis training in preparing professional psychologists to provide services for children adolescents, and their families who represent diverse populations in regard to socioeconomic, cultural, gender and sexual orientation, racial and ethnic characteristics.

# Settings: Augusta University Hospital and Clinics/Medical College of Georgia/Augusta University Hospital and Clinics; Children’s Hospital of Georgia

**Faculty:** Christopher Drescher, Ph.D., Director;Christina Bancroft, Ph.D

# Emphasis Goals/Objectives of the Child/Family Track:

* To train Interns to function effectively in Child Psychiatry and Pediatric interdisciplinary settings.
* To train Interns in consultation and psychological assessment strategies in child psychiatry and pediatric contexts to include developing understandings of the key patient, family, and system issues. For Interns obtaining emphasis training in child/family psychology, proficiency in the previously mentioned assessment instruments must be demonstrated.
* To develop a working knowledge of common child psychiatric and pediatric illnesses and their associated psychosocial issues.
* To train Interns to become proficient in the assessment of a broad range of patient populations in child psychiatry and pediatric settings.
* To train Interns to become proficient in the implementation of interventions with a broad range of patient populations in child psychiatry and pediatric settings. Emphasis will be placed on cognitive behavioral treatment approaches to child and adolescent problems.
* To train Interns to provide mental health education involving child-related areas for consumer and providers in mental health and underserved areas.

# Measurable Outcomes for Emphasis Training in the Child/Family Track:

* Interns will work comfortably and professionally within the interdisciplinary Developmental and Behavioral Pediatrics service. The quality of the performance will be determined by ratings of the rotational supervisor.
* Interns will demonstrate proficiency in psychological assessments by demonstrating by the completion of a minimum of 3 integrated assessment batteries resulting in an integrated psychological assessment report requiring only minimal corrections by the clinical supervisors. In these integrated reports, the Intern must provide pertinent data for the purpose of a clear formulation of the case, demonstrates a thorough conceptualization of the case and the data obtained, and must provide treatment recommendations that effectively follow from the integration of the data and empirical support for relevant interventions.
* Interns will demonstrate knowledge of common child psychiatric and pediatric illnesses and their associated psychosocial issues as determined by the quality of their assessments, consultations, and associated treatment recommendations.
* Interns will successfully participate in an outreach program that is relevant to Child/Adolescent mental health.

**Educational Implementation Plan:** The Child/Family Track makes use of the following educational components in efforts to achieve the identified Goals/Objectives of this emphasis track:

* For Child/Family Track Interns, the preponderance of the clinical education experience throughout the year will be completed in the AU/MCG Outpatient Psychiatry Clinic and the Children’s Hospital of Georgia providing assessment and treatment services. The Wednesday Track day provides a continuity of training experiences in child and family throughout the year that includes services in Developmental and Behavioral Pediatrics and outpatient child/adolescent services. In addition, a 4-month Track Rotation is provided that focuses on child and family training experiences in a more intense and diversified way for that training period.
* The Intern will participate and co-lead the Adolescent DBT Skills group with adolescents and their parents throughout the training year.
* For research activities, Child/Family Track Interns are provided the opportunity to devote a significant portion of their research efforts to working with the Georgia Prevention Institute in their on-going child research activities.

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| **Clinical Health Psychology (AU) and Clinical Health, Behavioral Medicine, and Rehabilitation Medicine (VA) Track** |

**Purpose:** This is an extension of the required Integrated Health Psychology Rotation. Interns that elect this track will have an additional 4 months during the year, as well as one continual day throughout the year, to train in those medical psychology settings that most interest them. This additional time allows an intern to explore and train in a much broader range of medical psychology experiences than is possible through the required rotation in medical psychology. Interns can also use this additional time to develop expertise in one or two sub-areas of medical psychology. This program provides evidenced based psychological assessment/evaluation, cultural formulation, and treatment in the context of interdisciplinary outpatient and inpatient treatment teams.  The patients served have a broad array of problems/disorders, including a wide range of medical diagnoses (see below) with psychological comorbidities. Interns will serve in an integral role in the comprehensive care of patients through their assessment and treatment of behavioral issues related to medical treatment adherence and comorbid psychopathologies, including anxiety and mood disorders, trauma-related disorders, somatic symptom disorders, eating and feeding disorders, sleep-wake disorders, disruptive/impulse-control and conduct disorders, personality disorders, and psychotic disorders. Treatments include individual and group therapies using evidence-based psychotherapies from cognitive behavioral and contextual behavioral science traditions, such as traditional CBT, behavioral activation, motivational interviewing and acceptance-based behavioral therapies (e.g., ACT, DBT, CFT).

**Settings:** See list of available training experiences/settings below

**VA Faculty:**  Julie Chodacki, Ph.D.; Jill Hann, Ph.D.; Debra Pierce, Ph.D.; Katrina Speed, Ph.D.; Jennifer Whitford, Ph.D.; Crystal Roberts, Ph.D.;

**AU Faculty:** Lauren Bigham, Ph.D.;Jessica Britt-Thomas, Ph.D.;Tracy Casanova, Ph.D.; Rebecca Jump, Ph.D.;Matthew Kridel, Ph.D.**;** Michael Rollock, Ph.D.**;** Lara Stepleman, Ph.D.

**Goals/Objectives of the Clinical Health Psychology Track emphasis training:**

We expect that interns will develop specific skills and knowledge pertinent to their settings and to the medical conditions and psychological comorbidities being treated. In addition, we expect that interns will develop general competencies important for success in most medical psychology settings. Following, are the 11 core competencies we promote in both the required Clinical Health Psychology Rotation and the optional Clinical Health Psychology Track experience. Please note that any reference to the patient below will likely include the patient’s family and significant others.

1. Be able to define your specific role and articulate it to staff and the patient as appropriate

1. What are the specific tasks or objectives required - which do you define – which are defined based on the needs of others?
2. What are the medical personnel asking you to accomplish?
3. What is the patient asking for, if anything?
4. What are the limits of confidentiality (i.e., do you report findings to the whole team)?
5. What are the limits of your role and what are the responsibilities of other professionals?

2. Know how to modify your evaluation/consultation session to be consistent with your role

1. Have criteria for deciding what aspects to address, which to skip and which to explore in depth or just to a specific criterion level
2. Know how to write a clear and concise evaluation report with realistic pragmatic recommendations
3. Know who needs to get what kind of feedback

3. Know how to modify your type of intervention/treatment as needed

1. Adopt a problem- and solution-focused treatment approach as needed
2. Properly orient the patient to the task and to his/her role in his/her treatment
3. Be aware of when to shift style (e.g., educate, collaborate, assess, motivate, therapy)
4. Create safe space and encourage the patient to actively collaborate and engage in therapeutic process
5. Target interventions and decide what issues to ignore

4. Develop strategies for promoting health behaviors

1. Educate
2. Motivate (e.g., motivational interviewing or other strategy)
3. Behavior management if needed (to include harm avoidance and behavioral plans)

5. Have a basic working knowledge of the medical conditions of your patients and the medication and medical procedures that are being used to treat them.

6. Understand the typical ways a medical condition might impact the person’s functioning (i.e., coping with or adjusting to the symptoms or limitations or treatments of the condition). Be able to explore the psychological consequences of these changes.

7. Evaluate the mind-body interactions.

1. how mental status affects the disease process
2. how mental status influences treatment success and health-related behavior
3. understand transient acute effects of medications on mental status

8. Understand general professional issues in medical settings

1. Understand the workings of a medical center, medical administration and interdisciplinary medical teams
2. Understand the roles of other professionals do (e.g., occupational therapists, physical therapists, respiratory therapists, recreational therapists, speech therapists, child-life specialists, nurses, physicians, social workers, etc.)
3. Know how to communicate your findings and opinions to non-mental health providers through oral and written reports
4. Consider how others view and understand you and how to be of optimal value to the medical team and the patient

9. Know the resources to effectively triage a patient from a consultation setting to a mental health treatment setting where appropriate

10. Be able to choose and utilize objective screening/testing instruments and clinical interview techniques appropriate to the consultation environment.

11. Be able to identify and understand the unique diversity/cultural competencies specific to that consultation setting and how these might interact with disease and treatment issues (e.g., HIV clinic competency needs include working with very low SES, African Americans, and MSM; Pediatric consultation competency need include the unique needs of children and working with their families, community agencies, schools, etc.).

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| **CNVAMC Training Experiences**  |

**Medical Rehabilitation 10-Bed Inpatient Program:** The Medical Rehabilitation Unit is a sub-acute unit located at the Uptown Division. The mission of our Comprehensive Inpatient Medical Rehabilitation Program is to work effectively as a healthcare team to provide quality rehabilitative care and training to our patients, their families, and caregivers. Our goals are to promote maximum individual independence, to enhance the lives of veterans as they transition to the highest practicable level of independent living, and to provide the best continuum of care. Psychology interns function as a member of a comprehensive interdisciplinary team including psychiatry, nursing, social work, and psychiatry, as well as physical, speech, occupational, and recreational therapy. Assessments of neurocognitive status and personality are common, and opportunities to provide individual therapy are available on a regular basis.

**Blind Rehabilitation 15-Bed Inpatient Program:** Partial or complete loss of vision can have a profound effect on one’s life and often requires a complete readjustment of roles, activities and living skills.  A person faces significant psychological challenges and stressors as they try to adapt to a loss of independence and to a narrowing range of options for positive engagement in life.  The VA has taken a lead role nationwide in providing comprehensive rehabilitation for veterans with vision loss by creating ten regional inpatient rehabilitation centers, one of which is located in Augusta.  Psychological services are provided at each center as part of an intensive multidisciplinary program of training and adjustment services to veteran who are either losing their vision or are totally blind. Psychology interns have the opportunity to work with Blind Center patients.  Typically this involves initial assessments of changes in their quality of life due of vision changes, assistance with coping and adjustment, monitoring of pre-existing mental health issues such as depression and PTSD, positive psychological interventions designed to enhance quality of life, cognitive testing if the veteran is not learning as expected in their skills classes, and “INte consultation to the team pertaining to psychological issues.

**Neuropsychological Assessment:** Opportunity to work with a variety of patient groups, including dementia, brain injury, stroke, intracranial tumor, anoxia/hypoxia, nervous system infections, multiple sclerosis, neurodegenerative diseases, and various psychiatric disorders. Interns gain experiences in preparing comprehensive reports that are timely, accurate and clinically useful, communicating report data to patients, interdisciplinary staff, family members, and outside agencies in a timely manner and providing diagnostic and treatment consultation to interdisciplinary staff throughout CNVAMC

**Polytrauma/TBI Outpatient Clinic:** The Polytrauma/TBI Outpatient Clinic provides assessment, referral, and case management services to OEF/OIF soldiers and veterans with TBI. The treatment team consists of a physiatrist, clinical psychologist, nurse, and social worker. During the multidisciplinary team interview and evaluation, a wide range of possible referrals are made to facilitate comprehensive treatment for each service member. Psychology interns function as a member of this comprehensive interdisciplinary team by conducting an interview and assessment of neurocognitive status and psychological functioning. Opportunities for short- and long-term psychotherapy as well as assessment and treatment team meeting attendance are available throughout the year. Involvement in telehealth activities and research related to TBI are also available based on the interest of the intern.

**Primary Care Psychology Services:** There are 6 primary care medical teams at the VA with embedded mental health staff assigned to them. These are busy outpatient VA primary care medical clinics dedicated to providing embedded mental health services and assisting the clinical staff. The intern can negotiate his or her role in this clinic from shadowing staff to independent provision of services.

**Behavioral Sleep Medicine:** This rotation experience allows for development of assessment and treatment of behavioral sleep disorders such as insomnia and nightmares. The intern will learn comprehensive evaluation of sleep history and related factors, consultation with interdisciplinary teams, and delivery of evidence-based treatments for clinical sleep disorders.

**Spinal Cord Injury/Disorders Center:** The Charlie Norwood VAMC Spinal Cord Injury/Disorders (SCID) Center covers much of the southeastern United States and is one of 11 VA SCID Centers in the nation. This center provides services to veterans and active duty service members who have acquired a spinal cord condition. Services include a 71-bed inpatient unit, an outpatient program for medical and psychological management, and a home-based health care program. All patients receive a psychological evaluation on admission. The SCID service continues to follow veterans for their general medical care for the remainder of their life, so all veterans also receive a psychological evaluation annually. Clinical activities involve rehabilitation of newly acquired spinal cord conditions and multiple sclerosis. Additional activities involve psychological consultation and management of veterans with SCI who have co-occurring mental health conditions, traumatic/acquired brain syndromes, and/or substance abuse conditions. Psychology works closely with other members of the multidisciplinary team that includes physicians, physician assistants, physical therapists, occupational therapists, recreational therapists, nurses, pharmacists, a speech/language pathologist, a nutritionist, and respiratory therapists. There is also frequent consultation with a variety of medical specialists from psychiatry, neurology, neurosurgery, oncology, orthopedics, and infectious disease. Caseloads vary with opportunities to work in rehabilitation for veterans/active duty personnel with new spinal injuries and/or multiple sclerosis, with veterans diagnosed with comorbid psychological and/or acute medical conditions, and in behavioral-health consultation. Intern activities typically involve evaluation of emotional and cognitive functioning; health behavior assessment, education and treatment; treatment of emotional and behavioral complications associated with adjustment to their medical condition; behavioral pain management; and treatment of a variety of traditional psychological conditions.

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| **AU/MCG Training Experiences**  |

**AU/MCG Health Infectious Diseases – HIV/AIDS Clinics:** Experiences in these clinics provide additional emphasis training in preparing professional psychologists to provide services in interdisciplinary environments for 1) individuals and families affected by HIV/AIDS and 2) LGBTQ patients and family members in primary care settings. This track makes use of the following educational components: (A) TheAU/MCG Adult Infectious Disease Clinic treats over 1200 HIV-positive individuals and is the recipient of Ryan White funding that provides primary and ancillary medical services to indigent HIV-positive patients. The intern functions as part of a large multidisciplinary primary care team, training and practicing alongside physicians, physician assistants, nurses, treatment navigators, peer educators, fellows, medical students, and social workers. In this setting the intern will gain skills in consultation to physicians and patients, rapid assessment, crisis intervention, motivational interviewing and behavioral interventions. (B) AU/MCG Outpatient Psychiatry Clinic provides diagnostic evaluation, individual, family, and group psychotherapy for transgender/genderqueer individuals and individuals infected with or affected by HIV/AIDS. In this setting the intern will gain skills in assessment, evaluation, and brief and long term evidence-based psychotherapeutic interventions. (C) AU Health’s Equality Clinic of Augustais an all-volunteer clinic that provides integrated primary care services to uninsured/under-insured LGBTQ individuals from the CSRA and surrounding regions. The intern functions as part of a large multidisciplinary primary care team, training and practicing alongside physicians, fellows, medical students, dental students, and occupational therapy students. In this setting the intern will gain skills in consultation to physicians and patients, rapid assessment, crisis intervention, motivational interviewing and behavioral interventions. (D) Interns choose from other AU/MCG and VA clinic options to augment their track experience including substance abuse, trauma, psychology of women, palliative care, and other chronic illness populations. (E) Interns will participate in at least one HIV/AIDS and/or LGBTQ mental health educational program that may include consumer/community presentations, lectures to medical students, and medical/mental health provider continuing education. (F) Interns have the opportunity to participate in a multidisciplinary LGBTQ+ research team.

**AU/MCG Health Cancer Center:** The Division of Psycho-Oncology provides comprehensive psychiatric evaluation of medically ill (e.g., cancer or other illnesses) patients, throughout all phases of illness: initial diagnosis, during treatment, recurrence, chronic phases of illness, advanced cancer, end of life care, and during cancer survivorship at the Georgia Cancer Center at Augusta University.  In this service, Interns have opportunities to provide: diagnosis and treatment of psychiatric syndromes associated with medical and surgical conditions (e.g., cancer or other illnesses) and the effects of these treatments; assessment and management of the major psychiatric disorders encountered in the medically ill/cancer patient including: Adjustment Disorders, Anxiety Disorders (e.g., Panic Disorder, Post-Traumatic Stress Disorder), Mood Disorders (e.g., Major Depression), Cognitive Impairment Disorders (e.g., Delirium), Psychotic Disorders, and Somatoform Disorders (e.g., Pain Disorder); assessment and management of psychiatric syndromes and psychosocial issues impacting families and caregivers of medically ill (cancer) patients, including issues related to palliative care and bereavement; and utilization of nonpharmacologic approaches in the management of psychiatric symptoms and syndromes in medically ill (cancer) patients, including specific knowledge of the use of individual psychotherapies (e.g., psychodynamic, supportive, interpersonal, existential, and spiritually oriented), cognitive-behavioral interventions (e.g., relaxation techniques, self-hypnosis, meditation), sleep improvement techniques, and bereavement counseling.

**AU/MCG Adult Neurology Clinic:** Interns will work as part of an inter-disciplinary team to provide integrated mental health care primarily consisting of consults to patients and providers, time-limited psychotherapy (i.e., 30-minutes, 1-10 sessions), and psychoeducational groups for patients and their families. Areas of focus will include movement disorders (e.g., Parkinson's disease, Tourette syndrome) and epileptic disorders (e.g., including psychogenic nonepileptic seizures), though students may have the opportunity to work in other subspecialities (e.g., general neurology, memory, multiple sclerosis, neuromuscular disorders, neuropsychological assessment). Interns can expect to assess, diagnose, treat, and manage disorders and psychosocial issues often associated with neurological conditions including anxiety, mood disorders, cognitive impairment, conversion and somatoform disorders, bereavement, chronic pain, and caregiver fatigue, and to learn and implement knowledge about treatment of these disorders (e.g., Habit Reversal Therapy, ReACT, CBT, trauma therapies, mindfulness and relaxation therapies, and pharmacological interventions from prescribing providers).

**AU/MCG Family Medicine – Primary Care:** Augusta University Family Medicine Center (FMC) is a primary care outpatient clinic attached to Augusta University Medical Center in downtown Augusta, GA. FMC is recognized nationally as a Level 3 Patient-Centered Medical Home and is AU's largest comprehensive primary care service. Our patient population primarily consists of underserved rural families in the CSRA area. FMC serves all ages with comorbid chronic medical conditions (i.e., diabetes, chronic pain, neurological impairments, weight management, sleep disturbances, etc.). Interns are a part of the integrated behavioral health service team comprising psychology and psychiatry in-clinic. Integrated behavioral health connects medical and behavioral health clinicians to collaborate around medical conditions and related biopsychosocial factors impacting patients' health and well-being. With FMC's fast-paced setting, interns will gain advanced training in diagnostic assessment and interventions within a consultation framework. Interns are trained to conduct semi-structured functional analysis assessments with a 5A approach (Assess, Advise, Agree, Assist, Arrange) during initial consults. Follow-up consults focus on implementing brief interventions/protocols utilizing CBT, ACT, MI, and DBT interventions. Initial consults are the majority of clinical services, with opportunities to follow patients on a short-term basis (e.g., 4-8 consults as needed). All patients are referred in-house by their Primary Care Providers (PCPs), providing many opportunities for interns to engage in curbside consultation within a multidisciplinary framework in clinic. In addition to scheduled consults, BHS responds to same-day consultation requests from PCPs, pharmacists (typically related to diabetes management), or residents. Interns also have the opportunity to supervise a Master's level trainee or M3s during their clerkship rotations- when available. Assessment opportunities include brief screeners and integrated assessments.

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| **Forensic Track** |

The Forensic Track provides emphasis training that prepares interns to provide services where psychology and the law intersect. The intern has the unique opportunity to conduct clinical assessments and treatments with a diverse population of clients with severe and persistent mental illness who are involved with the criminal justice system, including many with serious criminal charges. This track makes use of the following educational components: (A) providing treatment services as a member of an inpatient multidisciplinary team at East Central Regional Hospital (ECRH); (B) consultation services to treatment teams at ECRH by providing empirically-based violence risk assessments; (C) providing court-ordered evaluations of competency to stand trial and criminal responsibility to inpatients at ECRH and outpatients housed at various detention centers throughout our 48 county catchment area; (D) opportunities to observe and participate in testimony; (E) participate in specialized weekly forensic seminars including Landmark Case Law and Psychology and the Law Seminars in conjunction with our postdoctoral fellows in forensic psychology. Training may include participation in mock trials. In the past our postdoctoral fellows have engaged in mock trial exercises with Mercer Law School, in Macon, GA, Judge Advocate General Attorneys from Fort Gordon, in Grovetown, GA, Emory School of Law in Atlanta, GA, and the Medical University of South Carolina in Charleston, SC.

**Purpose:** The core purpose of the forensic track, is to produce professionally and racially/ethnically diverse psychologists who are well prepared to seek out careers in forensic psychology. We also strive to train future psychologists who can offer expert services to the courts, who call upon forensic experts to inform them on matters where psycho-legal referrals arise. Finally, the Forensic Track strives to train future psychologists who are culturally sensitive and have developed a systems approach to both treatment and assessment of individuals with severe and persistent mental illness who are also involved in the criminal justice system. Trainees will be given ample opportunities to provide both treatment and assessment services to clients from diverse cultural, socioeconomic, racial, and ethnic backgrounds.

**Settings:** Forensic and Civil Units at ECRH; Detention Centers; Medical College of Augusta Clinics

**Faculty:** Holly Tabernik, Ph.D (Director of Internship Forensic Psychology Training and Director of the Forensic Psychology Fellowship Training Program); Cassandra Groth, Ph.D.; Jessica Fritts, Ph.D.; Megan Porter-Staats, Ph.D.

**Emphasis Goals/Objectives of the Forensic Track:**

1. To provide Interns with experience working on interdisciplinary treatment teams responsible for the day to day treatment and management of forensic inpatients. Interns will work with psychiatrists, nurses, social workers, and activity therapists to provide comprehensive treatment services for forensic inpatients at ECRH.
2. To train Interns to provide mental health treatment services to a diverse clientele who are involved with the criminal justice system. Treatment opportunities include restoration of competency to proceed to trial, Cognitive Therapy for Schizophrenia, sex offender treatment, Motivational Interviewing, and Dialectical Behavior Therapy. These services can be offered in either a group or individual treatment context.
3. Provide a background in theory and science related to forensic psychology. This goal is facilitated through attendance at two specialty seminars dealing with the intersection of psychology and the law.
4. To train Interns to conduct comprehensive evaluations of violence/sexual risk with forensic patients and potentially violent civil patients.
5. To train Interns in case conceptualizations of clients with a variety of diagnoses in inpatient and outpatient forensic evaluations.
6. Work with Interns to conduct forensically-related research suitable for presentation and publication in peer-reviewed sources. This can take place with a project the intern is currently working on or through the onset of a new research project that could include archival data.
7. To train interns to conduct comprehensive forensic evaluations of criminal responsibility (insanity) and competency to proceed to trial. Conduct psychological assessments with forensic patients.

A primary training goal of the forensic track is for the intern to gain familiarity and comfort with conducting forensic psychological evaluations. Interns will also become proficient in working with a wide variety of individuals suffering from severe and persistent mental illness. These evaluations include taking a thorough history, conducting a detailed mental status examination, conducting structured interviews related to the legal referral question, and making pertinent recommendations easily understood by the referring agency. To this end, Interns will become familiar with the following clinical, forensically-related, and forensic instruments.

Evaluation of Competency to Stand Trial-Revised

Historical, Clinical, Risk-20v3

Inventory of Legal Knowledge

MacArthur Competence Assessment Tool for Criminal Adjudication

Miller Forensic Assessment of Symptoms Test

Minnesota Multiphasic Personality Inventory-Restructured Form

Personality Assessment Inventory

Psychopathy Checklist-Revised

Psychopathy Checklist-Short Version

Test of Memory Malingering

Validity Indicator Profile

Structured Interview of Reported Symptoms-2

Violence Risk Appraisal Guide

Wechsler Adult Intelligence Scales

**Measurable Outcomes for Emphasis Training in the Forensic Track:**

1. Interns will work effectively and professionally as a member of the forensic service team at ECRH. This includes working with members of a multidisciplinary team devoted to the treatment and care of forensic patients hospitalized at ECRH.
2. Forensic interns will have two long-term therapy clients over the course of their training year. Interns, in conjunction with their supervisors, will develop specific interventions that will be the focus of treatment. Some examples of this individual treatment may involve preparation for return to the community, individual psychoeducational work on issues related to competency restoration, CBT, Motivational Interviewing, or DBT skills training. Instead of individual therapy or in combination with, interns can choose to facilitate group treatment with Dr. Tabernik. Previous group treatment topics have included DBT, Cognitive Therapy for Schizophrenia, and Sex Offender Treatment
3. Interns will work comfortably and professionally as a consultant to treatment teams located throughout ECRH. The primary goal of this outcome is the completion of violence risk assessments that can assist treatment teams with appropriately placing our individuals. Another goal is for the intern to lend their psychological expertise in order to assist with treatment and discharge planning.
4. A key component of forensic emphasis training is the completion of court-ordered forensic evaluations.
5. Interns will demonstrate knowledge of common mental health diagnoses found within inpatient and outpatient forensic settings. Interns will gain knowledge about appropriate assessment techniques for these populations. Interns will learn how to appropriately apply the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* to mental health issues commonly encountered in forensic settings.

Forensic Assessment:

* Proficiency will be demonstrated by the completion of a minimum of 10 pretrial forensic assessments, all of which will be signed by the intern and submitted to the court. These assessments will include competency to proceed to trial and mental state at the time of the alleged act.
* On each case, the intern will be carefully supervised by a licensed psychologist. With supervision, the intern will be responsible for conducting the clinical interview, completing appropriate psychological testing, making clinical diagnoses, writing the forensic opinion related to the psycho-legal question, and developing appropriate recommendations that can be effectively utilized by the court and legal system. Each intern will be given extensive formal supervision during the course of report writing. Supervision will include everything from the development of the psychosocial history to the formulation of the psycho-legal opinion. Moreover, there are multiple opportunities for informal supervision during the report writing process.
* These evaluations will be comprehensive and require highly refined report writing skills. To that end, supervisors will work closely with the intern to ensure each report meets the exacting standards required of court-ordered reports.
* Over the course of forensic evaluations, there is a possibility the findings of the report authored by the intern and their supervisor will be disputed by one party, which would then involve the need to testify regarding the findings of the report. If this occurs, the intern, accompanied by their supervisor, would have the opportunity to offer expert testimony in the courtroom.

Forensic Consultation: Consultation is often a necessary component of the forensic psychologist’s work. In the forensic track, the intern will have the opportunity to provide two types of consultations.

* The first type of consultation involves general psychological testing with forensic patients. Under supervision, the intern will perform psychological testing to provide information to the referring treatment team on common issues found with individuals undergoing forensic evaluations. Testing will generally be requested to assist with accurate diagnosis, including malingering, or to provide information on an individual’s intellectual and adaptive functioning.
* The second type of consultation involves conducting comprehensive risk assessments for referring treatment teams. These evaluations include the use of structured risk assessment instruments (e.g., VRAG, PCL-R, and HCR-20v3) and integrating the risk assessment information with extensive background information. These reports are often used to inform treatment teams on the individual’s violence risk, which in turn forms the basis for decisions regarding civil commitment. Often the individuals who are undergoing risk assessments have high profile crimes and the results of the risk assessment undergo a high level of scrutiny. The intern will complete a minimum of two violence risk assessments.

**Educational Implementation Plan:** The Forensic Track makes use of the following educational components in efforts to achieve the identified Goals/Objectives of this emphasis track:

1. For Forensic Track Interns, the preponderance of the clinical education experiences throughout the year will be completed at ECRH inpatient and outpatient forensic services. Activities will include traditional inpatient and outpatient evaluations of competency to proceed to trial and criminal responsibility, as well as consultation with forensic and civil inpatient units throughout the hospital regarding violence risk.
2. Throughout the year, interns will be involved in mental health interventions with forensic patients. These interventions include competency restoration treatment and involvement in dialectical behavior therapy. Forensic interns will co-facilitate both competency restoration and dialectical behavior therapy groups.
3. Interns will attend team meetings/morning rounds as a member of the multidisciplinary treatment team. This allows interns interactions with a variety of professionals all tasked with the care and treatment of forensic individuals. The team meeting will also provide the intern time to interact with forensic patients in a formal treatment setting.
4. Forensic interns will attend two weekly specialized seminars dealing with forensic mental health and the law. The Psychology and Law seminar occurs weekly and provides foundational information related to forensic psychology. Landmark Case Seminar also occurs weekly and reviews important state, appellate, and Supreme Court cases that provide the legal framework for conducting forensic evaluations and understanding forensic issues. Interns will be responsible for briefing a case each week and then sharing the case with postdoctoral forensic fellows and forensic supervisors. This is an opportunity for interns to learn how to read and understand case law, and to sharpen their presentation skills.
5. Forensic interns will engage in other specialized educational experiences as they are made available. Included in this are mock trials and a state-wide Department of Behavioral Health and Developmental Disabilities forensic conference that is held each year in the Atlanta area.
6. For research activities, forensic interns will be encouraged to devote their time to forensically-related research. Specifically, forensic interns will be encouraged to consider how their research may relate to public policy issues.

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| **HIV & LGBTQ Health Disparities Track** |

**Purpose**:
The HIV & LGBTQ Health Disparities Track endeavors to provide additional emphasis training in preparing professional psychologists to provide services in interdisciplinary environments for 1) individuals and families affected by HIV/AIDS and 2) LGBTQ patients and family members in primary care settings.

**Settings**: Augusta University-Medical College of Georgia Outpatient Psychiatry, Augusta University Medical Center Adult Infectious Diseases Clinic, AU Health Services-Equality Clinic of Augusta, Augusta.

**Faculty:** Lara Stepleman, PhD, Track Director

 Rebecca Jump, PhD

 Kena Arnold, MS

 David Kriegel, MD

Cheryl Newman, MD

 Jonell Poe, PA

**Goals/Objectives of the HIV & LGBTQ Health Disparities Track:**

1. To develop proficiency in the theory, research, and practice of LGBTQ health and HIV/AIDS psychology, and more generally, in health psychology, chronic illness management, and integrated primary health care delivery.

2. To train Interns to function effectively in interdisciplinary medical settings.

3. To train Interns in consultation assessment strategies in HIV/AIDS medical settings using a biopsychosocial approach.

4. To train Interns in consultation assessment strategies in LGBTQ primary care settings and hormone/surgery readiness evaluations for transgender individuals in outpatient psychiatry.

5. To develop a working knowledge of HIV transmission, disease course, medications, common co-morbid psychiatric and substance abuse diagnoses, and related psychosocial issues.

6. To develop a working knowledge of LGBTQ health disparities, related psychosocial issues, and delivery of appropriate medical and mental health care.

7. To train Interns to become proficient in the assessment of a broad range of disadvantaged patient populations (e.g., rural, low SES, racial, sexual, and gender minorities) with emphasis on assessment in primary care settings.

8. To train Interns to become proficient in the implementation of evidenced based interventions with a broad range of patient populations in psychiatric, primary care, and social service settings. Emphasis will be placed on individual therapy, group therapy, behavioral medicine, motivational interviewing, and psychoeducation.

9. To train Interns to provide HIV/AIDS and LGBTQ mental health education to consumers and medical and mental health care providers, particularly in areas of critical need such as in rural and African American communities.

10. To develop a working knowledge of how culture, race, religion, sexual orientation, gender identity, and economic status intersect with HIV/AIDS mental health issues and other health considerations.

# Measurable Outcomes HIV & LGBTQ Health Disparities Track:

1. Interns will work comfortably across a broad array of HIV/AIDS and LGBTQ treatment environments including medical and mental health settings that work largely with medically underserved patient populations.
2. Interns will demonstrate proficiency in consultation assessment strategies by completing a minimum of 50 brief consultations across Infectious Disease HIV Clinic and Equality Clinic The quality of the consultations will be judged by the responsible clinical supervisor on the basis of the accuracy of the consultation documentation and the effectiveness of communication with the consultee.
3. Interns will demonstrate knowledge of common psychiatric and medical illnesses associated with HIV/AIDS and related psychosocial issues as determined by the quality of their assessments, consultations, and associated treatment recommendations in ID settings.
4. Interns will demonstrate knowledge of common health disparities affecting sexual and gender minorities, and related psychosocial issues as determined by the quality of their assessments, consultations, and associated treatment recommendations in LGBTQ primary care settings.
5. Interns must complete a minimum of one integrated assessment reports of an HIV/AIDS case and/or one medical or surgical gender transitioning evaluation of a transgender patient in which the Intern provides pertinent data for the purpose of a clear formulation of the case, demonstrates a thorough conceptualization of the case consistent with the theoretical model used, provides a treatment plan that effectively follows from the conceptualization of the case, and includes evidence of empirical support for the treatment plan devised (if applicable).
6. Interns will demonstrate proficiency in at least two evidenced based interventions (DBT, CPT, CBT, Seeking Safety, etc.). The responsible supervisor will judge the quality of these interventions.
7. Interns will successfully participate in at least one HIV/AIDS and/or LGBTQ mental health

educational program that may include consumer/community presentations, lectures to medical students, and medical/mental health provider continuing education.

**Educational Implementation**Interns will spend one four-month rotation plus one full day per week throughout the year in The **HIV & LGBTQ Health Disparities** track. The track makes use of the following training environments in an effort to achieve the identified Goals/Objectives of this emphasis track:

1. The **AU/MCG Adult Infectious Disease Clinic** treats close to over 1400 HIV-positive individuals and is the recipient of Ryan White funding that provides primary and ancillary medical services to indigent HIV-positive patients. The intern functions as part of a large multidisciplinary primary care team, training and practicing alongside physicians, physician assistants, nurses, treatment navigators, peer educators, fellows, medical students, and social workers. In this setting the intern will gain skills in consultation to physicians and patients, rapid assessment, crisis intervention, motivational interviewing and behavioral interventions.

2. **AU/MCG** **Outpatient Psychiatry Clinic** provides diagnostic evaluation, individual, family, and group psychotherapy for transgender/genderqueer individuals and individuals infected with or affected by HIV/AIDS. In this setting the intern will gain skills in assessment, evaluation, and brief and long term evidence-based psychotherapeutic interventions.

3. **AU Health’s** **Equality Clinic of Augusta** is an all-volunteer clinic that provides integrated primary care services to uninsured/under-insured LGBTQ individuals from the CSRA and surrounding regions. The intern functions as part of a large multidisciplinary primary care team, training and practicing alongside physicians, fellows, medical students, dental students, and occupational therapy students. In this setting the intern will gain skills in consultation to physicians and patients, rapid assessment, crisis intervention, motivational interviewing and behavioral interventions.

4. Interns will chose from other AU/MCG options to augment their track experience including DBT/ACT, child and family, trauma, and other chronic illness populations.

5. Interns will participate in at least one HIV/AIDS and/or LGBTQ mental health educational program that may include consumer/community presentations, lectures to medical students, and medical/mental health provider continuing education.

6. The intern will participate 4 hours per week in activities that fulfill the research requirement for the internship. This may involve a data-based research project, analysis of an existing data base, writing a critical review, conducting a program evaluation project, or a policy evaluation project. The intern’s research project will be relevant to LGBTQ health, people living with HIV/AIDS, and/or HIV risk behavior.

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| **Veteran’s Healthcare Disparities TRACK with emphasis in Women’s Health**  |

**Purpose**: The purpose of the Veteran’s Healthcare Disparities Track with emphasis in Women’s Health is to produce professional and racially/ethnically diverse psychologists who are well prepared for and seek out careers that serve the mental health needs of women and advance the knowledge base in the psychology of women. This track experience provides emphasis training in the recognition of psychological, social, and cultural issues unique to women and the provision of culturally competent psychological services to women from diverse socioeconomic, cultural, racial, and ethnic populations. Special emphasis is given to training experiences with women who typically have limited access to mental health and medical services.  There are three internship positions. Because these positions are funded by the VA, nearly all training experiences will occur at CNVAMC.

**Settings**:   Charlie Norwood VA Medical Center

**Faculty:**Vicie Hurst, Ph.D.; Sarah Rowland, Ph.D.; Shannon Rogers, Ph.D.

**Primary Goals/Objectives of the Psychology of Women Track:**

1. To train Interns to recognize and understand cultural and societal influences on women and their contribution to women’s experiences of both psychopathology and normal psychological development, including such phenomena as: Sexual trauma, Eating disorders, Chronic illness/chronic pain, Substance Use Disorders, Personality Disorders, Life stage transitions
2. To help Interns develop a working knowledge of basic theories in the literature on the psychology of women, including a working knowledge of feminist psychology.
3. Treating patients with trauma resulting in post-traumatic stress disorder (PTSD), using recovery principles, measurement-based care, and evidence-based psychotherapies (e.g., Prolonged Exposure; Cognitive Processing Therapy, Written Exposure Therapy)
4. To train Interns to become proficient in the implementation of interventions that address problems that are over-represented by women in clinical populations (e.g., eating disorders, sexual trauma), with an emphasis on evidence-based psychotherapies.
5. To train Interns to provide education to both consumers and other medical/mental healthcare professionals on issues related to women’s mental health.

**Measurable Outcomes of the Rotation:**

1. Interns will demonstrate knowledge of cultural/psychological issues unique to women.  This will be determined by the quality of their case conceptualizations and treatment recommendations including a consideration of these issues.
2. Interns will demonstrate proficiency in implementing effective interventions for both 1) disorders that are more likely to be found among women and 2) disorders whose psychosocial implications are different for women than for men.  These may include, but are not limited to, interventions for PTSD secondary to sexual trauma and/or combat trauma, eating disorders, substance use disorders, Borderline Personality Disorder and chronic illness.  Proficiency will be demonstrated by supervisor ratings of video-recorded sessions and live observation in group psychotherapy settings.
3. Interns will plan and implement one major or two to three minor educational/outreach presentations on topics related to women’s mental health for the community and/or other medical/mental healthcare students, trainees, or professionals.  The quality of the presentations will be assessed by faculty supervisors.

**Educational Implementation Plan:**

The Psychology of Women Track makes use of the following educational components in efforts to achieve the identified Goals/Objectives of the Rotation:

1. **Trauma Recovery Clinic (TRC)**: Interns will spend one four-month rotation plus one full day per week throughout the year in the Psychology of Women Track.  Settings and activities for the provision of psychological services are as follows: Outpatient intake evaluations; Psychological assessment Individual psychotherapy with women presenting with a broad range of problems including Depression, Anxiety, Eating Disorders, PTSD/Sexual Trauma, Chronic Illness/Pain, Borderline Personality Disorder, Substance Abuse Issues; Group psychotherapy opportunities include (schedule permitting): DBT Skills Training Group and CPT for Military Sexual Trauma Survivors
2. **VA Suicide Risk Prevention Program:** The intern will spend one day per week during one four month rotation working with the Suicide Prevention Team at the VAMC providing follow-up for Veterans who have called the Crisis Line, conducting comprehensive risk assessments and evaluations of risk for veterans admitted to the inpatient psychiatric clinic. The intern works in an interdisciplinary setting and is responsible for determining follow-up and treatment recommendations for veterans who are flagged for suicide risk.
3. **Educational Presentations**: The intern will coordinate with one or more of the Women’s Health faculty to develop and present one major **or** two to three minor educational presentations on topics related to women’s mental health for the community and/or other medical/mental healthcare students, trainees, or professionals at either AU/MCG or the CNVAMC.
4. **Optional Experiences**: **Inpatient consultation/assessment/treatment**: As available, interns may participate in inpatient consultation (e.g., Inpatient Psychiatry, DOM); **VA Primary Care Clinic for Women:** The Intern may have an opportunity to spend one full day per week for one four month rotation providing consultation/liaison services to patients in the Women's Primary Care Clinic of the CNVAMC using a patient-centered model of consultation. Patients will be screened for mental and behavioral health concerns. Interns will make recommendations regarding appropriate referrals to treatment teams within the CNVAMC, intervention, and follow-up. Interns will work with physicians, nursing staff and health care providers throughout the healthcare system on the care of the patient.

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| **Trauma Psychology Track** |

**Purpose:** Interns selecting the Trauma track option will gain experience with a wide range of problems related to adjusting to psychological trauma. These include PTSD, depression, panic disorder, and substance abuse. The clinical population consists of veterans with PTSD, or who have significant PTSD symptoms but are below threshold for the full diagnosis. Traumatic events primarily involve war-related events or sexual assault, but may also include motor vehicle accidents, life-threatening accidents, and physical assaults. War-related events may span a range from Korean War to the present military action in the Middle East and beyond.Some of these patients will have complex, co-occurring psychopathology. Some will also have accompanying medical conditions that can complicate treatment, such as traumatic brain injuries, spinal cord injuries, hypertension, diabetes, hepatitis, HIV or dementia. In the context of an interdisciplinary health care team, interns will complete diagnostic assessments and evidence-based psychological treatment, in addition to crisis stabilization.

**Settings**: Charlie Norwood VA Medical Center

**Faculty:** Tim Perry, Ph.D. ; J. Richard Monroe, Ph.D.

**Goals/Objectives of the Trauma Track Specialization:**

1. To develop competence in:
* Treating patients with many varieties of trauma often resulting in post-traumatic stress disorder ( PTSD), using recovery principles, measurement based care, and the primary Evidence-Based Psychotherapies: Prolonged Exposure; Cognitive Processing Therapy (individual and group)
* Treating patients with multiple, sometimes chronic, psychiatric disorders.
* Selecting and using psychometrically sound assessment methods.
* Writing clinically useful reports describing history, symptoms, and diagnosis and treatment recommendations.
* Providing patient care in interdisciplinary teams.
* Adjusting treatment models with sensitivity to cultural diversity
* Choosing and administering treatment outcome measures that are cost-efficient and clinically useful.
* Providing PTSD treatments to underserved patient populations.

**Educational Implementation Plan:** The Trauma Track makes use of the following educational components in an effort to achieve the identified objectives of this emphasis track:

1. Interns in this option will primarily see patients with combat and/or sexual trauma who are followed by the Trauma Recovery Clinic Treatment Team, the OEF/OIF/OND Primary Care Team, the Substance Use Recovery Team or the MHRRTP (domiciliary) at the VA Medical Center. Supervisors are licensed psychologists with experience in the treatment of these disorders. Patients are all veterans of military service. Many are members of minority groups. Many are from underserved rural counties in GA and SC.
2. The Trauma Recovery Team is a specialty team that provides specialty service and then returns the patient to Outpatient MH (BHIP) or Primary Care. The clinic follows approximately 150 patients at any given time and offers, diagnostic assessments and evidence-based psychological interventions such as Cognitive Processing Therapy, Prolonged Exposure, Dialectical Behavior Therapy, Mindfulness, CBT, IPT, STAIR, and CBCT for PTSD. Interns divide their time primarily between assessments, crisis management, psycho-education and evidence-based psychotherapy both individual and group.
3. Interns will also encounter medical problems that result from chronic PTSD as well as medical problems that simply co-occur, but that compound PTSD symptoms. Substance use and PTSD are often co-occurring disorders.
4. Psychology Interns regularly interact with medical interns, physicians, social workers, nurses and other allied health professionals in the course of normal team-based treatment. Each discipline surveys the clinical problem from their perspective in a joint intake and treatment planning process. Treatment problems are discussed as a team. The interns learn the shared working knowledge base of the team and gain an understanding of the range and limits of each professional’s expertise.
5. Trauma Track Interns will participate in Outreach Educational and Prevention Teams. Outreach has been done for community groups, professional organizations, staff, etc.

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| **SEMINARS AND DIDACTIC TRAINING** |

All Interns attend three year-long seminars: Process Seminar, the Diagnostic-Treatment Seminar, and the Professional Issues Seminar. All interns are also required to successfully complete a Diagnostic Intake Assessment and successfully conduct a Cognitive-Behavioral Therapy (CBT) session. Finally, the AU/ MCG Department of Psychiatry and Health Behavior's GrandRounds series, which features speakers of regional and national prominence, as well as workshops pertaining to recovery-oriented mental health care, evidence-based assessment and treatment strategies, and cultural/diversity competence, are required for AU/MCG when their schedules allow for attendance.

**Diagnostic/Treatment Seminar.** The Diagnostic/Treatment Seminar is a 1.5-hour seminar that meets weekly for eleven months of the year and includes application of a “Problem-Based Learning” (PBL) model. The PBL approach to learning employs a clinical case/problem as the vehicle of learning and demands scientific thinking. A case is presented in a progressive and stepwise manner, and the Interns are guided to engage in self-directed learning around salient issues of clinical practice. It focuses explicitly on the development of the central components of the Empirical Clinical Model of training: attitudes of empiricism and reflection. Learning results from both the content of the issue at hand and the process of working towards the understanding of the clinical problem. The goal is active participation in learning by gathering, accessing, organizing and sharing information as well as participating in the evaluation process. Distinct teaching modules (e.g., depression, anxiety disorder) with their associated clinical cases are identified, and the exploration of the case and pertinent clinical issues is facilitated by the course directors and by the module “expert.” Module experts are generally postdoctoral fellows and faculty members. Each module is approximately six-hours long and involves the presentation of a video recording or written report of an intake conducted by either a postdoctoral fellow or faculty member. Each module is self-contained while maintaining the fundamental learning principles of PBL (i.e., understanding is developed through the scrutiny of the data available, development of hypotheses and the additional data desired, and identification of learning needs). Each intern participates in PBL by way of group interaction, development of learning issues, and seeking information related to outstanding learning issues. The module “expert” supplements the understandings developed through the processes of empiricism and reflection with didactic material pertinent to the assessment and treatment issues at hand.

During the first rotation, Interns are required to complete a Diagnostic Intake Assessment (DIA). This formative assessment provides an opportunity for faculty to determine Interns’ skills in performing a diagnostic interview, presenting findings in an organized and meaningful way, and exhibiting fundamental case conceptualization. This exercise is an opportunity for Interns to receive instruction and feedback regarding these fundamental skills as well as developmental recommendations for improving these skills throughout the year. Individually, each Intern presents a video or live session of a new patient assessment/intake to two internship faculty/supervisors or two videos/live sessions to one supervisor. After a supervisor has observed the intake, the Intern is expected to provide:

1. A concise and organized summary of the key information pertinent to the case.
2. An assessment plan that includes key additional data needed to form a case conceptualization. This may include a proposal for psychological testing if such testing would be helpful.
3. The conceptualization provided should include both a descriptive and etiological understanding of the patient’s key problems and relevant strengths. This formulation should also include relevant constructs pertaining to the social/cultural context of the key issues at hand and the biopsychosocial contributing factors.
4. A DSM-5 diagnostic impression of the case.
5. A treatment plan that addresses the key biopsychosocial contributing factors and that addresses the life goals that form the basis for an appropriate treatment plan.

The Diagnostic Intake Assessment Form is used to rate the Intern’s performance. After completing the ratings, the Intern should be given verbal feedback and a copy of the ratings. This feedback should include a review of the Intern’s strengths and areas for growth, as well as developmental recommendations. This feedback should also be shared with the Overall Supervisors and Training Directors. If an Intern receives an Overall Score of 4 or less (“unacceptable”) in the areas of “Clinician Patient Relationship,” “Conduct of the Interview,” “Case Presentation,” or “Contextual Understanding” on the Diagnostic Intake Assessment Form, the Intern will be required to have a supervisor complete the Diagnostic Intake Assessment Form for another diagnostic interview by the end of November. If the Intern receives acceptable ratings (5 or above) on the Overall Score in all four domains, but receives a rating of 4 or less on one or more items, then the Intern should be observed by a supervisor as they complete another (live or over video) diagnostic interview. Additional rating forms are not required. In all other cases, recommendations for improvement that do not require direct observation of another full intake interview will be provided. These recommendations may be integrated into the Intern’s training plan to inform ongoing training experiences and goals.

After introduction of the Problem Based Learning training model, the initial phases of the PBL conceptualization trainings places emphasis on learning how to effectively organize data and learning the basic principles of clinical conceptualization. As the Interns become more skilled in organizing data and avoiding common conceptualization errors (e.g., mistaking a hypothesis for a factual finding; engaging in confirmation bias, etc.), the seminar instructors then place more emphasis on understanding and using “illness scripts” and schemas to better identify key clinical issues at hand and to appropriately devise promising treatment strategies. Didactics and role-plays related to supervision are also incorporated into this seminar.

**Psychotherapy Process Seminar.** The Psychotherapy Process Seminar meets for the entire year and includes both didactic and experiential components in the service of understanding, identifying, and influencing the interpersonal, intrapersonal, and behavioral processes of therapy. In addition, the seminar provides an opportunity to learn the skills for effectively giving and receiving feedback in a supportive peer supervision environment. The seminar includes observing interns’ session videos and providing feedback and discussion. In addition, several weeks of didactics focus on therapy processes, therapy termination, peer supervision, and giving and receiving feedback. The year-long seminar focuses upon the progression of therapy skills, identity as a therapist and eventual supervisor, and supervision skills. The common factors of relationship in therapy are emphasized by a didactic session as well as throughout the seminar. Typically, at the end of the year interns are presenting their most complex and difficult cases, seeking supervision and receiving supervision on their countertransference, and self-reflections on their areas for continued growth, and accepting constructive criticism as well as positive feedback. Each Intern presents a psychotherapy case live or from a recording on a rotating schedule over the course of the year. The Interns bring a brief (1-2 page) summary of the patient’s history, case formulation, diagnostic impression, treatment plan, the patient’s progress to date and issues where feedback is requested from their peers and the faculty facilitators. This seminar also includes both didactic and experiential components in the service of understanding, identifying, and influencing evidence-based processes of therapy. Drawing on the well-established CBT literature and the developing field of process therapy/process CBT, this seminar teaches strategies for implementing evidence-based therapy in flexible, individualized ways. The seminar includes observing interns’ session videos and providing feedback and discussion.

**Course Objectives:**

• To be able to understand, identify, and influence the processes of psychotherapy as they are happening in the moment.

• To be able to use modern behavioral psychology to conceptualize the interpersonal processes of psychotherapy.

• To learn to effectively build, maintain, and end powerful and effective therapeutic relationships.

•To learn to give and receive constructive feedback effectively in a peer supervision context.

• To understand modern process-based CBT and how to use it in evidence-based practice.

• To understand functional contextual philosophy of science, and to become familiar with psychotherapy approaches within contextual behavioral science, and how these are influencing current psychotherapy research and practice.

• To learn, explain, and effectively apply basic behavioral principles in assessment, case conceptualization, and treatment.

• To be able to help patients identify functional goals and effectively monitor progress toward those goals.

• To be able to use specific evidence-based psychotherapy strategies effectively and in a theoretically coherent way.

• To have an introduction to Acceptance and Commitment Therapy, as one example of a process-based CBT therapy.

**Course Evaluation:**

Interns will be evaluated for seminar based on the following:

• The frequency and quality of participation in, engagement in, and contribution to discussions

• Demonstrated levels of openness and curiosity when engaging in discussions

• Ability to both give and receive feedback effectively

• Ability to link to relevant theory when offering ideas, conceptualization, etc.

Interns will be evaluated on their CBT skills by showing a demonstration of a CBT session for evaluation. Evaluation feedback will be offered and the evaluation form will be shared with intern and a supervisor. Session will be evaluated using a rating form created for that purpose. The rating form will be shared with interns in advance. Should an interns initially be unable to satisfy this requirement by demonstrating necessary skills in the provision of CBT will be given an additional opportunities to be observed and evaluated throughout the year.

**Professional Issues Seminar.** The Professional Issues Seminar is a 2-hour seminar that meets monthly for the year and is intended as a complementary endeavor to be devoted to the task of the professional development of the Intern. The seminar primarily focuses on the non-therapy aspects of being a psychologist. This seminar addresses the following topics throughout the year:

1. Professional roles in medical settings including principles of consultation/liaison work, effective communication strategies, and proper documentation;
2. The integration of legal, ethical, and organizational issues pertaining to successful clinical practice;
3. Rural/Underserved populations;
4. Appropriate responses to acute/crisis symptoms;
5. Preparation for postdoctoral/first job search;
6. Licensure/Career planning;
7. Cultural Competence issues - race/ethnicity, sexual orientation, spiritual/religious world views;
8. Special topics pertaining to treatment of military veterans;
9. Program Evaluation – theories and methods;
10. Psychopharmacology;
11. Self-care to manage the stresses inherent in clinical work over the long term;
12. Advocacy.

The typical progression of seminar topics begins at the basic level of understanding the cultures/contexts within the training environment and establishing basic professionalism habits and then moves toward more of a focus on preparation for the next steps in interns’ careers.

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| **DIVERSITY TRAINING EXPERIENCES** |

Diversity is a critical area of competence for psychologists. One of the main goals of our psychology internship is preparing professional psychologists who aspire to greater cultural awareness and humility in their practice. The internship works toward ensuring a supportive and encouraging learning environment for training diverse individuals and providing training opportunities by emphasizing the importance of diversity in the very first week of the internship when Interns complete a Multicultural Self-Assessment and discuss such with their Overall Supervisor. Additionally, during the first few weeks of internship, interns are invited to provide a personal history at the beginning of the Psychotherapy Process Seminar to allow them to reflect on how their histories affect their attitudes, biases, and practices as clinicians. AU Interns are required to complete compliance training at Augusta University that includes a Healthy Perspectives module. Within this training, interns participate in an online cultural competency training module. The theme of the module changes yearly, but past topics have focused on sexual orientation and gender identity, implicit bias, and interrupting unconscious bias. Participants are assessed with brief multiple choice and true/false quiz questions throughout the module, in addition to attesting to the completion of this module. Throughout the training year, the internship embeds cultural diversity in all of its training activities. This is done intentionally in seminar topics (i.e., race/ethnicity, LGBT, religion, class, age, political party, region, and military/veteran status), patient populations (e.g., transgender patients, HIV-positive patients, veterans, adolescents and children, patients with serious mental illness, forensic patients), and supervision. Intended outcomes are measured by the interns’ successful completion of the following: (A) Clinical practicum experiences involving inpatient and/or outpatient care of racial/ethnic/sexual orientation/gender identity minority status patients as indicated by their supervisors’ ratings of “competent to implement clinical skills independently” by the completion of each of the rotations; (B) Seminars and workshops devoted to sensitivity to and understanding of diversity and cultural differences and the implications of these differences in clinical assessment and treatment; (C) Review of a diagnostic interview and case conceptualization that directly addresses the pertinent cultural/diversity data and the impact of this data in guiding the conceptualization of the case and the development of the treatment plan at a level that is adequate or above average for the intern’s level of training.

**Training Experiences with Underserved Populations.** One of the points of emphasis in our internship’s training experiences is having opportunities to serve individuals from underserved populations. Throughout the training year, these opportunities are available through many clinics/services that care for children and their families, for individuals who live in federally designated underserved counties, for individual living with HIV/AIDS, and/or for those individuals that represent racial/ethnic/sexual minorities that are often underserved in addressing their health care needs. In order to diversify this aspect of our training, interns are required to receive training in one or if desired both of the following training opportunities:

**The Augusta University Health’s Equality Clinic of Augusta -** AU Health’s Equality Clinic of Augustais an all-volunteer clinic that provides integrated primary care services to uninsured/under-insured LGBTQ individuals from the CSRA and surrounding regions. The intern functions as part of a large multidisciplinary primary care team, training and practicing alongside physicians, fellows, medical students, dental students, and occupational therapy students. In this setting the intern will gain skills in consultation to physicians and patients, rapid assessment, crisis intervention, motivational interviewing and behavioral interventions. Services are provided on the 2nd and 4th Wednesday of the month from 6:00 p.m. to 9:00 p.m.

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| **RESEARCH** |

The Intern is required to devote 4 hours each week to research activities. These activities can include dissertation work or some other form of research, but must also be comprised of one or more of the following categories of research endeavors:

1. **Research Project.** The Intern may participate in either an internship-related research project or a research project external to the internship that has been approved by the Core Committee. Consistent with the Empirical Clinician training model, the research project should be relevant to clinical practice issues. The Intern must submit to the Overall Supervisor a plan of participation in this research project that justifies a weekly commitment of 4 hours and that will enable the Intern to meet the scholarly work objectives. It is expected that by the end of the internship training year the Intern participation in the research project will result in at least one journal submission in which the Intern is an author or co-author. After being approved by the Intern’s Overall Supervisor (OS), the research plan is submitted to the Internship co-Training Directors for approval.
2. **Scholarly Review Article.** Under the mentorship of an internship faculty member, the Intern would design and implement a critical review of a topic relevant to clinical practice. The Intern must submit to the Overall Supervisor a proposal of this scholarly activity and a timetable that justifies a weekly commitment of 4 hours and that will enable the Intern to meet the scholarly work objectives. It is expected that by the end of the internship training year the Intern’s participation in this scholarly activity will produce one journal submission in which the Intern is an author or co-author. The proposal of the scholarly activity follows the same approval guidelines addressed above with respect to the OS and the Co-Training Directors.

1. **Public Policy “White Paper”**. Under the mentorship of an internship faculty member and in cooperation with a professional association, a mental health advocacy organization, or a governmental agency, the Intern would critically evaluate an issue of public policy relevant to clinical practice or to public mental health. This public policy “white paper” must maintain high standards of empirical support and critical thinking for any conclusions drawn. The Intern must submit to the Overall Supervisor a proposal of this research activity and a timetable that justifies a weekly commitment of 4 hours and that will enable the Intern to meet the research objectives. It is expected that by the end of the internship training year the Intern’s participation in this research activity will produce one “white paper” submission to the relevant public policy agency in which the Intern is an author or co-author. The proposal of the public policy “white paper” follows the same approval guidelines addressed above with respect to the OS and the Co-Training Directors.

1. **Program Evaluation**. Under the mentorship of an internship faculty member and in cooperation with a health care service delivery system within or affiliated with the AU/MCG-Charlie Norwood VAMC Internship, the Intern would conduct a systematic evaluation of a health care service delivery program. This program evaluation must maintain high standards of empirical methodology and therefore must include reasoned data collection and analysis. The conclusions drawn must be based in large part on empirical support and recommendations must be based in part on the data at hand as well as applicable systems theory/models. The Intern must submit to the Overall Supervisor a proposal of this proposed program evaluation and a timetable for the project that justifies a weekly commitment of 4 hours and that will enable the Intern to meet the research objectives. It is expected that by the end of the internship training year the Intern’s participation in this research activity will produce a written program evaluation report in which the Intern is an author or co-author. The proposal of the program evaluation follows the same approval guidelines addressed above with respect to the OS and the Co-Training Directors.

**The AU/MCG-Charlie Norwood VAMC Internship will make use of the following evaluation components in order to monitor the progress and efforts of the Interns in their respective research activities:**

 Performance Evaluation. It is required that the Overall Supervisor and Intern have a formal discussion of the Intern's progress on the chosen research project every four months. The Overall Supervisor will make a report in August, November and April of the internship year to the Internship Core Committee regarding progress on the research-scholarly project. The Core Committee will review the progress of the research project and the Overall Supervisor will check off on Intern Performance Milestones Tracking form whether or not the intern is making sufficient progress on his/her research project during the Mid-Year Evaluation process. The intern must submit his/her paper for the research-scholarly project for review on or before May 1st of the internship year. Proficiency of the research-scholarly product will be judged by two faculty not directly involved in the research project using the Evaluation of Intern Research Paper form. Completion of this Intern research-scholarly project will be included in the Intern’s end-of-the-year evaluation using the Intern Performance Milestones Tracking form.

**RESEARCH REQUIREMENT TIME TABLE:**

**End of August:** A written proposal of the research project is submitted to the Overall Supervisor, Research Director, and Co-Training Directors.

**November - End of 1st rotation:** The co-training directors and OS will review the progress of the Interns’ research projects as part of the first rotation evaluation meeting

**January Midyear Evaluation:** The Overall Supervisor will check whether or not the intern is making sufficient progress on their research project.

**March- End of 2nd rotation:** The co-training directors and OS will review the progress of the Interns’ research projects as part of the second rotation evaluation meeting

**May 1st:** The written product of the research project is due. Proficiency of the research-scholarly product will be judged by two faculty not directly involved in the research project using the Evaluation of Intern Research Paper form. Successful completion of the research-scholarly product will be judged as outlined above.

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| **CONSULTATION AND THERAPY LOGS** |

All interns are required to maintain timesheets on a weekly basis that record all indirect and direct service hours, research efforts, supervision, etc. These timesheets are reviewed by the Internship Co-Training Directors on a regular basis and discussed at monthly Internship Core Committee meetings to make sure interns are meeting the various internship requirements. This data are also reviewed during the Midyear and End of Year Evaluations of Intern Performance meetings.

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| **OUTREACH EDUCATIONAL AND PREVENTION PRESENTATION** |

Interns are required to participate in at least one Outreach Educational and Prevention Activity designed to provide mental health education for consumers and/or providers in mental health and medically underserved areas in the region. These psychology faculty and intern teams typically provide lectures or workshops on issues of prevention and treatment of mental health disorders based on the needs of the community mental health consumers and providers. Proficiency of the intern’s presentation will be judged by the participating supervisor(s) with an overall rating of average or better on the Outreach Educational and Prevention Presentation Evaluation required.

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| **EVALUATIONS** |

**The MCG-Charlie Norwood VAMC Internship makes use of the following evaluation components in efforts to achieve the identified Goals of the Internship:**

**Rotation/Track Performance Evaluation.** It is required that the supervisor and Intern have a rela­tively formal discussion of the Intern's progress six weeks after beginning each of the three 4-month rotations. Each rotation/track supervisor makes a report regarding internship performance not less than every four months using the electronic evaluation system of One45 (SEE “Intern Performance Milestones Evaluation” in Appendix A). Goals/Objectives/Competencies milestones are all rated by the supervisors as the intern makes progress toward the milestones targeted for the completion of internship – Level 3 or higher, which generally represents that the Intern is “competent to function independently\*.” The general standard for progress through the program is for the intern to demonstrate steady movement from Level 1 competencies toward Level 3 or higher. Failure to make progress beyond Level 1 milestones are indicative of the possible need for some form of remediation. The degree of administrative formality of the remediation plan is determined by the severity of deficit observed. The Co-Training Directors review all One45 evaluations of interns and releases those to the interns upon review. The Internship Core Committee conducts end of rotation reviews of all evaluations for each Intern. If significant problems are noted, the committee decides if any changes are to be instituted. The committee can institute a four-month probationary period if indicated, and this period can be extended. All reports and actions taken by the commit­tee are stored in the file kept on each Intern. The Intern Performance Milestones Tracking Form provides a mechanism to verify at mid-year and end-of-year evaluations that the cumulative intern evaluations are indicating that interns are developmentally on course in regard to completion of the program goals/objective/sub-objectives and their associated competencies.

**Diagnostic Intake Assessment.** As indicated above in the “Seminars and Didactic Training” section of this document,Interns are required to complete a Clinical Skills Verification Examination. This typically occurs about 2.5 months into the training year.

**Cognitive Behavioral Therapy Assessment.** As part of the Diagnostic/Treatment Seminar all interns must successfully conduct a Cognitive-Behavioral Therapy (CBT) Session judged by the two faculty/supervisors. More information about this evaluation process may be found above in the “Seminars and Didactic Training” section of this document.

**End of Rotation Evaluations and Milestones/Hours Tracking Log.** At the end of four and eight months, the OS and Co-Training Directors meet with the Intern to review his/her/their ratings, discuss prog­ress, and make specific recommendations for any alterations in the training plan. Recommendations for changes are made after review of evaluations of the Intern’s performance are provided by the Rotational Supervisors, the Overall Supervisor, and the Faculty of theseminars. Ratings for the performance in the Diagnostic/Treatment Seminar, Psychotherapy Process Seminar, and the Professional Issues Seminar are completed by the seminar directors and recorded in the evaluation tracking system. In addition, the Interns are required to complete a self-evaluation rating of their performance in order to assist in evaluating the progress in the Internship Training and to develop specific educational goals for the remainder of the year. Progress toward milestones is tracked within the milestone and hours tracking log throughout the year and will routinely be reviewed by the training directors and Overall Supervisor as needed. It is the responsibility of the Intern to keep this log up to date at least weekly. These tracking forms maintain a formal account of the progress of each intern in meeting the internship training goals established generally by the training model and specifically according to the individualized intern training goals. The Internship Co-Training Directors summarize the findings of these multiple data points in a letter sent to the Graduate School Training Director of the respective intern.

**Research Paper Evaluation.** Interns must complete one research-scholarly project in which there is a written product authored or co-authored by the intern by the first of May of the training year. Proficiency of the research-scholarly product is judged by two faculty not directly involved in the research project and the Co-Training Directors using the Evaluation of Intern Research Paper form. Successful completion of the research-scholarly product will be judged by the Overall Supervisor and the Internship Co-Training Directors.

The Co-Training Directors review and releases the Research Paper Evaluation form results to the respective intern via the One45 system as formal written feedback to the intern.

**Outreach Educational and Prevention Presentation.** Interns are required to participate in at least one Outreach Educational and Prevention activity designed to provide mental health education for consumers and/or providers in mental health and medically underserved areas in the region. These psychology faculty and intern teams typically provide lectures or workshops on issues of prevention and treatment of mental health disorders based on the needs of the community mental health consumers and providers. Proficiency of the intern’s presentation will be judged by the participating supervisor(s) with an overall rating of average or better on the Outreach Educational and Prevention Presentation Evaluation required.

**End of the Year Evaluation.** At the conclusion of the year, the OS and Co-Training Directors meet with the Intern to review their ratings, discuss their ­performance, and make specific recommendations regarding post-internship professional development. Evaluations of the Intern’s performance are provided by the Rotational Supervisors, the Overall Supervisor, and the Faculty Directors of theSeminars in the evaluation tracking system. In addition, the Interns are required to complete a self-evaluation rating of their performance in order to assist in evaluating their success in completing their educational goals during the Internship Training and to assist them in developing future personal educational and career goals. By the end of the training year the intern must be rated by the supervisors as having demonstrated the majority of milestones targeted for the completion of internship – Level 3 or higher, which generally represents that the Intern is “competent to implement clinical skills independently\*.” The Co-Internship Training Directors summarize the findings of this End of the Year Evaluation in a letter sent to the Graduate School Training Director of the respective intern.

**\* Some state license boards require an additional postdoctoral supervised training year to meet the criteria of competence to perform independently.**

**Evaluation of the Internship and Faculty by Interns.** The Internship continually seeks to improve the training program curriculum and faculty performance.

Every four months interns are required to complete the Trainee Evaluation of **Rotation and Supervisor Experience Evaluation Form** of supervising faculty. This formal evaluation procedure provides feedback to the rotation supervisors regarding the overall quality of the training experience for the rotation or track as well as Intern recommendations regarding how the training experience might be further enhanced. Further, faculty performance information provides proximal data pertinent to faculty performance and data relevant to the overall effectiveness of the training program. Evaluation data is used to evaluate faculty performance, for annual job reviews, and for departmental excellence in education awards. Faculty receive this information and are expected to use it as a basis for improvement if needed. The results of the individual faculty performance can also be provided to the Faculty’s respective Administrative Service Chief.

Interns complete **Evaluations of Seminar Faculty** at year-end and a **programmatic evaluation**/exit-survey.

At the midyear point and at the end of the training year, Interns are required to participate in oral feedback with the Co-Training Directors of the internship. The content and format of the Interns’ feedback is at the discretion of the Intern class. The Internship Co-Training Directors submit the intern feedback reports to the full internship faculty.

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| **PROGRAM REQUIREMENTS** |

**The AU/MCG-Charlie Norwood VAMC Psychology Internship requires that the following standards be met by the completion of the Internship:**

1. Completion of 2080 hours of training. Georgia requires 2000 hours of internship training and the VA requires 2080 hours of internship training; we routinely provide 2100 or more. Required rotations are expected to be completed with no more than one week of vacation and one week of sick time per 4 months. If an intern misses more than two weeks of a 4-month rotation block, the amount of time may need to be made up. The internship will be a minimum of 48 weeks. The Intern is required to complete the full one-year internship in which leave does not exceed allowable leave hours/days. Stipends will be paid to the end of the internship year. If makeup time is needed, it will be completed without remuneration.

2. A minimum of 520 hours of direct clinical services. Direct clinical services includes “All intervention activities (of a psychological nature) with patients/clients. Examples include individual therapy, test administration or feedback sessions, client consultation (where an Intern meets with clients to assess their needs), career counseling, crisis intervention, family therapy, group therapy, intake interviews, hospital rounds, school intervention (including direct intervention with student and/or staff), program development, supervision of other students or other mental health providers, and systems interventions.”

3. By the end of the training year the intern must be rated by the supervisors as having demonstrated all of the competency milestones targeted for the completion of internship – Level 3 or higher, which generally represents that the Intern is “competent to implement clinical skills independently.”

4. All interns are required to maintain timesheets on a weekly basis that record all indirect and direct service hours, research efforts, supervision, etc. These timesheets are reviewed by the Internship Co-Training directors to make sure interns are meeting the various internship requirements.

5. Interns are required to participate in at least one Outreach Educational & Prevention Project designed to provide mental health education for consumers and providers in mental health and medically underserved areas in the region.

6. Competency-based evaluations demonstrating proficiency in the Diagnostic Intake Assessment and the Cognitive Behavioral therapy Assessment.

7. Competency-based evaluations indicating that the Intern’s performance in the Diagnostic/Treatment, Psychotherapy Process, and Professional Issues Seminars are rated as having demonstrated a Level 3 or higher, which generally represents that the Intern is “competent to implement clinical skills independently” for all competencies targeted by the seminars by the completion of the internship date.

8. Interns will demonstrate proficiency in psychological testing assessments by accurately completing a minimum of three assessments in which the intern: (1) demonstrates well-reasoned selection of the tests to be administered; (2) administers the tests adhering to standardized testing procedures; (3) effectively interprets and integrates the test data; and (4) produces an integrated report that accurately communicates the key findings and relevant recommendations requiring only minimal corrections by the clinical supervisor.

9. Interns must demonstrate they can work comfortably and professionally as a member of interdisciplinary teams. Interns will demonstrate proficiency in consultation assessment/treatment strategies by completing a minimum of three consultations in a medical setting.

10. Must complete at least one research-scholarly project in which there is a written product authored or co-authored by the intern that is publishable (see above under section heading “Research Requirements”).

11. Must have appropriately completed all medical record documentation.

12. Must complete all evaluations of training experiences, supervisors, and self-evaluations.

Successful Completion of the internship training requirements is documented in the end of the year Intern Milestones Tracking log form. In addition, at the end of the training year the Co-Training Directors compose a letter that is sent to the Intern’s graduate school training director verifying the successful completion of the internship.

**Diplomas are awarded after all requirements are met.**

Revised: June 30, 2023