Medical College of Georgia and Charlie Norwood Veterans Affairs Medical Center Psychology Internship

Training Model: The Empirical Clinician

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Overview of Training Model

The Medical College of Georgia-Charlie Norwood Veterans Affairs Medical Center Psychology Internship (MCG-Charlie Norwood VAMC Psychology Internship) was formed with the guiding principle that synergy could be achieved by pooling resources and interrelating the respective institutional education efforts in regard to psychology internship training with a focus on interdisciplinary health care settings. Our training model focuses on four 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); (3) Training in the provision of care for underserved populations and areas; and (4) Training of recovery-oriented care that emphasizes the processes of Connectedness, Hope and optimism about the future, Identity, Meaning in life, and Empowerment (Leamy, Bird, Le Boutillier, Williams, & Slade, 2011). The distinguishing characteristic of our training efforts, however, has been our focus on producing professional and racially/ethnically 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 cultural competence in their practice. Consequently, the MCG-Charlie Norwood VAMC Psychology Internship has combined solid grounding in core clinical psychology skills with emphasis training in the areas of integrate 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, social workers, and other allied health professionals. Furthermore, core competencies that are 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 MCG-Charlie Norwood VAMC Psychology Internship is intended to provide sequential and cumulative opportunities for the development of and demonstration of core competencies. Furthermore, we strive toward diversity among our trainees and faculty and a training environment that is supportive of diverse individuals and achievement in cultural/diversity competence.
Core Values in Training

The 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. For the information achieved through scientific methods to be effectively integrated into clinical practice, however, systematic methods of observation and inquiry along with critical reasoning must be employed from an idiographic perspective. Furthermore, the practice of professional psychology entails an intense interpersonal experience that requires essential skills of communication and social interchange that enable the Clinician to successfully engage another in diagnostic and therapeutic processes. Therefore, training in the Clinician’s idiographic perspective and critical interpersonal skills also is fundamental for the development of the professional psychologist. The traditional conceptualization of the scientist-practitioner model of training advocates that graduate programs and internship/internship sites share the responsibility for teaching scientific research skills and professional practice skills in an integrative manner. The ideals of this integrative approach represent the core identity of professional psychology, and certainly no other training model has been articulated with comparable fervor. Nevertheless, the implementation of this model at both academic and practicum contexts remains incomplete. More specific to the internship training, we would argue that attempts to integrate science and practice have been hindered by:

(1) **The limited practice relevance of research conducted by Interns.** Practice relevant research is time consuming and typically progresses slowly in producing knowledge pertinent to assessment and therapy enterprises. In the context of a one-year training experience, it is often impractical for Interns to conduct practice oriented research that will inform them of issues pertaining to their practice. Therefore, research and practice activities in the Intern setting have often become parallel but not integrative events. This has been partially addressed by having faculty maintain ongoing research relevant to practice issues, such that the Intern readily could become engaged in practice relevant research. Nevertheless, tagging onto faculty research often does not provide for the Intern the needed integrative experience of conceptualizing, planning, implementing and interpreting research findings from a practice perspective.

(2) **The limited training in scientific approaches to practice.** Intern training traditionally has been focused on the development of practice skills, including a broad base of psychological assessment and therapy techniques. Ideally, the practice skills taught would be based on scientific evidence of their efficacy. In practice however, there are notable obstacles to the direct linear application of science to practice. For example, important contextual differences between research and applied settings hinder a direct translation of research findings to individual treatments. To elaborate, the impact of an empirically supported treatment is likely to depend upon such complex factors as the diagnostic “purity” of the patient, the severity of symptoms, patient characteristics that influence treatment adherence, therapist characteristics that influence treatment adherence, alternative processes that emerge within treatment, and other conditions of
administration. The extent to which such contextual factors complicate the effective implementation of empirically supported treatments should not be underestimated, as has been well articulated by critics of manualized treatments. More to the point, we agree with Hoshmand and Polkinghorne (1992) in their analysis of the novice Clinician whom they describe as “often unable to make sense of problems of practice until he or she has had the opportunity to apply the conceptual understanding and inquiry skills developed in academic training and to modify them according to the requirements of practice” (p.58). Unfortunately, there has been, all too often, a lack of attention as to how the novice Clinician develops critical application and translation skills. While relevant research may be presented and empirically supported practices may be taught, inadequate attention is placed on how the Intern applies these data and practices in patient specific work. Again, there tends to be a parallel process in which activities of science and practice are not well integrated.

To address the limitations of the traditional implementation of the scientist-practitioner model at the internship site, we aspire to a training model that we will 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. 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. In regard to the former facet of our training model, our internship emphasizes the training of professional psychologists to practice their skills in medical settings as well as traditional mental health contexts. In-coming Interns are expected to demonstrate the basic component skills of practice. We propose that the internship year should represent a consolidation and integration phase of professional development and thus the fundamental components of clinical knowledge, conceptual/theoretical models, and assessment/therapy skills should be present upon entry to the internship. Of course, 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 practice interns in critical assessment and treatment skills but also to insure that interns learn to adapt these skills in diverse interdisciplinary health care settings. Moreover, they are taught training methods of consultation and collaboration with other health care professionals. Finally, we endeavor to prepare professional psychologists to provide quality psychological service to underserved populations with a particular interest in service individuals living with HIV/AIDS, children and their families, and individuals from medically underserved areas. In regard to the latter facet of our training model, the emphasis is on teaching professional psychologists to take a scientific approach to all aspects of their practice. The “scientist” facet of training, as narrowly defined by participation in research activities leading to nomothetic data, would not represent a major focus of training efforts during the internship year. Research skills and thinking are viewed as integral to the success of the Empirical Clinician Model of training, however, and thus demonstration of these skills would be a prerequisite for entry into the training program.
Also participation in research/scholarship activities would be 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:

1) **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 his/her field of practice. Furthermore, there should be an evolving research database in regard to the conceptual issues involved in the life problems being addressed.

2) **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), 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.

3) **Idiographic Clinician Data.** The Empirical Clinician understands that his/her own unique characteristics (including his own cultural/diversity experience) 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.

4) **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 his/her own idiographic cultural and diversity experiences. Therefore, the Empirical Clinician maintains ongoing inquiry regarding pertinent research findings relevant to these issues, yet he/she does not mechanistically apply this nomothetic data but rather seeks 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. Often, however, more dynamic reflection by the Empirical Clinician is required to deal with those 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 do 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 intelligent 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,” a theory so compelling that one gets the feeling that things could not be otherwise. 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 emphasizes the value of a disciplined reflection that integrates the more objective and nonparticipant perspective of the scientist.

Finally, the MCG-Charlie Norwood VAMC Internship aspires to a recovery-oriented model of care with its emphasis on freedom and choice in mental health services. The recovery-oriented model of care places emphasis less on symptom reduction or cure and more on restoration of individuals to meaningful lives regardless of the ongoing presence of mental illness. Thus our training model endeavors to promote an emphasis on a collaborative approach to care that emphasizes the overarching processes of personal recovery, the acronym of which is CHIME (Leamy, et al., 2011):

- Connectedness (e.g., being a part of a community, having relationships, receiving support from others),
- Hope and optimism about the future,
- Identity (e.g., rebuilding/redefining positive sense of identity, overcoming stigma),
- Meaning in life (e.g., meaningful life goals and social roles, quality of life), and
- Empowerment (e.g., personal responsibility, control over life, and focusing on strengths).

References


Goal I: Preparing professional psychologists to support quality primary care in integrated approaches to health care issues.

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

**Profession-Wide Competency: Assessment**

**Sub-Objective 1:** To train interns in a broad range of empirically supported assessment strategies.
A. Diagnostic Interviewing
B. Psychological Testing

**Profession-Wide Competency: Intervention**

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

**Program-Specific Competency**

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

**Profession-Wise Competency: Consultation and interprofessional/interdisciplinary Skills**

**Objective 2:** To develop in psychology interns specific proficiencies in providing clinical assessment and treatment in integrated approaches to health care issues.

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

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

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

Goal II: Preparing professional psychologists who have experience with and interest in serving in mental health and medically underserved populations
and areas.

**Program-Specific Competency**

**Objective 1:** To provide psychology interns with practicum experiences involving patients from mental health and medically underserved populations and areas.

**Objective 2:** To provide psychology interns with educational/didactic experiences involving consumers and providers from mental health and medically underserved populations and areas.

Goal III: **Preparing professional psychologists that stay abreast of evidence-based practices. (Develop the Attitudes of Empiricism and Reflection in Clinical Practice)**

**Profession-Wide Competencies: Research, Assessment, and Intervention**

**Objective 1:** 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.

**Program-Specific Competency**

**Objective 2:** To train interns to routinize reflective processes in their clinical practice. These reflective processes include the critical thinking inherent in scientific experimentation, habits of reflection outside of direct clinical practice, and the capacity to reflect while in action.

**Profession-Wide Competency: Research**

**Objective 3:** To continue the development of intern research skills and thinking through the ongoing participation in a research-scholarship project.

Goal IV: **Preparing professional psychologists who aspire to cultural competence in their practice.**

**Profession-Wide Competency: Individual and cultural diversity**

**Objective 1:** To train interns to be culturally competent.

Goal V: **Cultivating a professional identity in professional psychologists.**

**Profession-Wide Competency: Ethical and legal standards**

**Objective 1:** To train interns to maintain an awareness of the ethical and legal standards
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of the profession of psychology.

**Profession-Wide Competency: Professional values, attitudes, and behavior**

**Objective 2:** To train interns to participate constructively in the ongoing professional development of themselves and their colleagues.

**Objective 3:** To train interns 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.

**Profession-Wide Competency: Communications and interpersonal skills**

**Objective 4:** To train interns to develop and maintain effective relationships with a wide range of individuals.

**Objective 5:** To train interns to produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated.

**Objective 6:** To train interns to demonstrate effective interpersonal skills and the ability to manage difficult communication well.

**Profession-Wide Competency: Supervision**

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

**Goal VI: Preparing professional psychologists to practice recovery-oriented care that places the emphasis on recovery as a restoration of individuals to meaningful lives regardless of the ongoing presence of mental illness.**

**Program-Specific Competency**

**Objective 1:** To train interns to understand and apply recovery-oriented care processes in their clinical services.

**Measurable Outcomes of the Internship**

**Goal I: Preparing professional psychologists to support quality primary care in integrated approaches to health care issues.**

**Objective 1:** To develop in psychology interns general proficiency in clinical assessment and intervention.
Profession-Wide Competency: Assessment

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

Core Competencies Required:
A. Diagnostic Interviewing
   a. General interview skills
      1. Establishes relationship with patient (putting patient at ease, etc.).
      2. Asks questions appropriate to referral question.
      3. Obtains relevant history and clinical information.
      4. Integrates information for initial diagnostic hypotheses.
      5. Provides timely and appropriate feedback to involved parties in a way that is consistent with the APA Ethics Code.
   b. Culturally Sensitivity/Awareness
   c. Safety assessment
   d. Recovery Orientation

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

Outcome:
A. Interns will demonstrate competency in interview assessments by successfully completing a minimum of four diagnostic interviews. Competency will be judged by the responsible clinical supervisor.
B. Interns will demonstrate competency in interview assessment by successfully completing the Clinical Skills Verification Exam at the end of the first rotation. Competency will be judged by the seminar directors for the Diagnostic and Treatment Seminar and the Psychotherapy Process Seminar as well two additional internship supervisors.
C. Interns will demonstrate competency in psychological testing assessments by successfully completing a minimum of three assessments in which the intern integrates clinical interview data and data from multiple psychological assessment instruments to form a theory of the patient and a diagnosis built on the data.
D. For both diagnostic interviewing and psychological testing competencies, 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 assessments independently with supervision/review”.

(SEE SPECIFIC TEST PROFICENCIES REQUIRED).

**Profession-Wide Competency: Intervention**

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

**Core Competencies Required:**

A. Creates workable treatment plans that demonstrate an integration of assessment data and available research literature.
B. Implements treatment plans effectively. Changes to the treatment plan are made as needed, thoughtfully and with consideration of patient’s progress and/or capabilities as well as relevant psychological literature.
C. Demonstrates effectiveness in the therapeutic relationship.
D. Demonstrates competence in treating patients from diverse backgrounds.
E. Effectively uses recovery based principles of care.

**Outcome:**

A. Interns will use interventions that are based on empirical rationale and will document the basis of their choices on presentation to their supervisors.
B. Intern competence in implementing these interventions will be judged by supervisor’s ratings of performance.
C. As part of the requirements for the Diagnostic/Treatment Seminar Interns must successfully conduct a Cognitive-Behavioral Therapy (CBT) Session judged by the seminar directors/CBT instructors as “good” on the question, “How would you rate the clinician overall in this session, as a cognitive therapist?” (Contextual CBT Therapy Rating Scale)
D. For competency in the implementation of a broad range of interventions competencies, 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 interventions independently with supervision/review”.

**Program-Specific Competency**

**Sub-Objective 3:** To train interns to become proficient in the implementation of interventions with a broad range of patient populations.
Core Competencies Required:
A. Understands the impact of such patient characteristics as age, gender, race/cultural background, socioeconomic status, comorbid conditions, and level of functioning on response to interventions.
B. Understands the impact of context/setting variables such as inpatient/outpatient treatment setting, family/community environment, availability of support/resources on response to interventions.
C. Effectively engages with and is able to maintain an effective working alliance with a broad range of patient populations.
D. Effectively adapts interventions to meet the diverse needs of a broad range of patient populations.

Outcome:
A. Interns will maintain consultation and therapy logs that verify that they are becoming proficient in the implementation of interventions with a broad range of patient populations.
B. Interns will successfully complete rotations that include inpatient and outpatient settings, and general medical settings.
C. For competency in the implementation of interventions with a broad range of patient populations, 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 interventions with a broad range of patient populations independently with supervision/review”.
D. There are no precise numerical criteria for determining a sufficient number and diversity of patients served. Nevertheless, the minimal level of achievement is that all interns must provide services for patients in both inpatient and outpatient settings and have a diversity of patients (more than one in race/ethnicity and gender, and patients from at least two of the age categories of child, adolescent, adult, and senior adult).

Profession-Wise Competency: Consultation and interprofessional/interdisciplinary Skills
Objective 2: To develop in psychology interns specific proficiencies in providing clinical assessment and treatment in integrated approaches to health care issues.

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

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

Outcome:
A. Interns will successfully complete rotations that include provision of care in interdisciplinary health care settings.
B. For competency in the consultation assessment strategies in medial contexts, 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 provide consultations in medical contexts independently with supervision/review”.

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

Core Competencies Required:
A. Communicates, both verbally and in written format, with medical team members to enhance patient care.
B. Recognizes each team member’s role and works with all team member to promote excellent patient care when addressing psychological and other medical issues.
C. Helps the team create and implement treatment plans that meet patients’ psychological and medical needs.
D. Able to developed/enhanced and implemented an effective liaison program psychological and medical needs.

Outcome:
A. Interns will work comfortably and professionally as a member of at least three interdisciplinary teams.
B. For competency in functioning effectively in interdisciplinary teams, 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 function effectively in interdisciplinary teams independently with supervision/review”.

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

Core Competencies Required:
A. Identifies and applies brief interventions that are appropriate to medical settings and address the consultation question.
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B. Clearly and concisely documents interventions in a way that promotes effective interdisciplinary care.
C. Effectively addresses a range of issues that typically present in medical settings, such as poor health behaviors, stress, anxiety, and depression.
D. Flexibly applies interventions to a range of diverse patients to meet their individual needs.

Outcome:
A. Interns will successfully complete rotations that include provision of care in interdisciplinary health care settings.
B. For competency in the application of treatment strategies in medical contexts, 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 apply treatment strategies in medical contexts independently with supervision/review”.

Goal II: Preparing professional psychologists who have experience with and interest in serving in mental health and medically underserved populations and areas.

Program-Specific Competency
 Objective 1: To provide psychology interns with practicum experiences involving patients from mental health and medically underserved areas.

Core Competencies Required:
A. Demonstrates proficiency in working in practicum experiences involving patients from mental health and medically underserved populations and areas.

Outcome:
A. Intern completes one child/family training experience and/or Intern completes one HIV/AIDS training experience and/or one Sexual Orientation and Gender Minorities training experience.
B. Intern completes one training experience with individuals with chronic/serious mental illness:
C. Interns will maintain consultation and therapy logs that will be reviewed by the Training Director at the completion of each rotation to verify that interns are becoming proficient in the implementation of interventions with an adequate representation of patients from mental health and medically underserved populations and areas.

Objective 2: To provide psychology interns with educational/didactic experiences involving consumers and providers from mental health and medically underserved population areas.

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

Outcome:
A. Presentation Competency will be judged by the faculty supervisor/co-presenter.

Goal III: Preparing professional psychologists that stay abreast of evidence-based practices. (Develop the Attitudes of Empiricism and Reflection in Clinical Practice)

Profession-Wide Competencies: Research, Assessment, and Intervention

Objective 1: 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.

Core Competencies Required:
A. Maintains an ongoing vigilance of research pertinent to the clinical enterprise.
B. Maintains a working knowledge of the empirically supported assessment instruments and treatments relevant to the field of practice.
C. When presented with diagnostic and treatment issues, routinely queries as to what research has to offer in the matter.
D. Maintains a comprehensive and psychometrically sound approach to idiographic patient data collection and interpretation.
E. 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.

Outcome:
A. Interns will demonstrate competence in an empirical approach to clinical practice. Clinical case presentations and documentation should include demonstration of knowledge of the pertinent research literature, assessment of the critical idiographic data and cultural data, and integration of data into workable treatment plans. For competency in the ability to systematically gather and integrate research data, idiographic patient data, idiographic clinician data, and nomothetic and idiographic cultural data for the purpose of clinician assessment and treatment, 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 in an empirical approach to clinical practice independently with supervision/review”.

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**Program-Specific Competency**

Objective 2: To train interns to routinize reflective processes in their clinical practice. These reflective processes include the critical thinking inherent in scientific experimentation, habits of reflection outside of direct clinical practice, and the capacity to reflect while in action.

Core Competencies Required:
A. Intern demonstrates ability to understand the therapeutic process from his/her own perspective and the perspective of his/her patients. Is aware of and responds effectively to patients’ emotions, cognitions, and behaviors that impact the therapeutic alliance. Tolerates well his/her own distress in the face of patients’ distress or difficult behavior, and is able to respond without being judgmental or defensive.
B. Intern demonstrates abilities to tolerate ambiguity in the therapeutic process.
C. Intern demonstrates introspective qualities through self-report and questions asked during supervision.
D. Intern demonstrates use of a systematic process of introspection, evaluation and discovery.

Outcome:
A. Interns will demonstrate competence in the reflective process in their clinical practice as indicated by their supervisors’ ratings. 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 engage in reflective processes independently with supervision/review”.
B. Interns will demonstrate competence in reflective processes in their performance in the Diagnostic/Treatment Seminar, the Psychotherapy Process Seminar, and the Professional Issues Seminar. Instructors will provide ratings of competence in reflective processes at the midyear and end of year evaluations. Self-evaluations of Interns will demonstrate a routinization of habits of reflection in their clinical practice.

**Profession-Wide Competency: Research**

Objective 3: To continue the development of intern research skills and thinking through the ongoing participation in a research-scholarship project.

Core Competencies Required:
Demonstrates research-scholarship skills in a completed research project as noted by:
A. Paper provides clear objectives/hypotheses
B. Paper presents a methodology that addresses the issues effectively
C. Paper presents statistical analyses and results that were sound and well-presented
D. Paper provides discussion that is effectively linked with the results and present thoughtful discussion.
E. Paper demonstrates a contribution to the field of psychology

Outcome:
A. Interns will complete one research-scholarly project by the end of May in which there is a written product authored or co-authored by the intern that is publishable. Proficiency of the research-scholarly product will be judged by two faculty not directly involved in the research project and the Training Director using the Evaluation of Intern Research Paper form.

Goal IV: Preparing professional psychologists who aspire to cultural competence in their practice.

**Profession-Wide Competency: Individual and cultural diversity**

**Objective 1:** To train interns to be culturally competent.

**Core Competencies Required:**
A. Intern recognizes and understands that identity and self-definition are fluid and complex.
B. Intern strives to move beyond conceptualizations rooted in categorical assumptions.
C. Intern endeavors to be aware of the role of the social and physical environment in the lives of the patients/clients.
D. Intern recognizes and understands historical and contemporary experiences with power, privilege, and oppression.
E. Intern seeks to promote culturally adaptive interventions and advocacy across systems.
F. Intern understands how developmental stages and life transitions intersect with the larger biosociocultural context.
G. Intern actively strives to take a strengths-based approach to build resilience.

**Outcome:**
A. Interns will successfully complete clinical practicum experiences involving inpatient and/or outpatient care of racial/ethnic/sexual orientation minority status patients with evidence of cultural competence. By the end of the training year, the intern must be rated by the supervisors as having demonstrated the majority of milestones targeted for this competency at Level 3 or higher, which generally represents that the Intern is “competent to provide cultural competent care independently with supervision/review”.
B. Interns will successfully complete Seminars and Workshops devoted to sensitivity
to and understanding of cultural differences and the implications of these differences in clinical assessment and treatment.

C.

Goal V: Cultivating a professional identity in professional psychologists.

**Profession-Wide Competency: Ethical and legal standards**

**Objective 1:** To train interns to maintain an awareness of the ethical and legal standards of the profession of psychology.

**Core Competencies Required:**
- A. Knowing the ethical principles
- B. Knowing the relevant laws, regulations, rules, and policies governing health service at the organizational, local, state, regional, and federal levels.
- B. Being able to identify situations where ethical guidelines apply
- C. Understanding the difference between ethics, state laws and organizational demands
- D. Applying the ethical principles in complex situations

**Outcome:**

D. A. Interns will demonstrate an awareness of the ethical and legal standards of the profession of psychology and engage in appropriate ethical behavior in their clinical activities as determined by the rotational supervisors and seminar instructors. By the end of the training year, the intern must be rated by the supervisors as having demonstrated the majority of milestones targeted for this competency at Level 3 or higher, which generally represents that the Intern is “competent to provide cultural competent care independently with supervision/review”.

**Profession-Wide Competency: Professional values, attitudes, and behavior**

**Objective 2:** To train interns to participate constructively in the ongoing professional development of themselves and their colleagues.

**Core Competencies Required:**
Demonstrates professionalism by:
- A. Integrity
- B. Accountability
- C. Concern for the welfare of others
- D. Professionally appropriate deportment
- E. Reflective practice
- F. Promoting the profession of psychology
Outcome:
A. Interns will routinely participate in peer supervision through the Diagnostic/Treatment Seminar, Psychotherapy Process Seminar and Professional Issues Seminar and demonstrate competence to work effectively with colleagues and supervisors and to provide constructive feedback to their colleagues. This will be assessed by the seminar instructors.
B. Interns will demonstrate competence in rotational/case supervision as well as engagement with supervisors and fellow interns as indicated by their supervisors’ ratings. By the end of the training year, the intern must be rated by the supervisors as having demonstrated the majority of milestones targeted for this competency at Level 3 or higher, which generally represents that the Intern is “competent to provide cultural competent care independently with supervision/review”.

Objective 3: To train interns 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.

Core Competencies Required:
Demonstrates skills in developing and executing lifelong learning by exhibiting:
A. Initiative and independent thinking
B. Routine self-evaluation and self-insight
C. Growth and willingness to take risks for the purpose of learning
D. Preparation for learning opportunities
E. Development of science-informed practice through effective implementation of collaborative supervision
F. Ongoing pursuit of self-directed learning goals
G. Knowledge and practice of self-care

Outcome:
A. Interns will demonstrate competence developing and executing lifelong learning as indicated by their supervisors’ ratings and their seminar instructors’ ratings. By the end of the training year, the intern must be rated by the supervisors as having demonstrated the majority of milestones targeted for this competency at Level 3 or higher, which generally represents that the Intern is “competent to provide cultural competent care independently with supervision/review”.

Profession-Wide Competency: Communications and interpersonal skills

Objective 4: To train interns to develop and maintain effective relationships with a wide range of individuals.

Core Competencies Required:
Demonstrates skills in developing and maintaining effective relationships by exhibiting:

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

Outcome:
A. Interns will demonstrate competence in developing and maintaining effective relationships with a wide range of individuals as indicated by their supervisors’ ratings and their seminar instructors’ ratings. By the end of the training year, the intern must be rated by the supervisors as having demonstrated the majority of milestones targeted for this competency at Level 3 or higher, which generally represents that the Intern is “competent to provide cultural competent care independently with supervision/review.”

Objective 5: To train interns to produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated.

Core Competencies Required:
Demonstrates skills in communicating effectively in oral, nonverbal, and written communications by exhibiting:

A. 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.
B. Communicates effectively with other professionals to enhance patient care.
C. Communicates clearly, accurately, in an organized manner, and with appropriate nonverbals.
D. Listens to others for understanding and demonstrates the ability to synthesize varied perspectives well.
E. Communicates effectively with patients and able to elicit positive responses to feedback.
F. In didactic/supervision experiences communicates effectively with colleagues and supervisors/seminar directors.
G. In clinical reports communicates, both verbally and in written format, clearly, efficiently, and effectively.

Outcome:
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A. Interns will demonstrate competence in producing and comprehending oral, nonverbal, and written communications that are informative and well-integrated as indicated by their supervisors’ ratings and their seminar instructors’ ratings. By the end of the training year, the intern must be rated by the supervisors as having demonstrated the majority of milestones targeted for this competency at Level 3 or higher, which generally represents that the Intern is “competent to provide cultural competent care independently with supervision/review”.

B. By the end of the training year, the intern must have successfully presented an Outreach Educational and Prevention presentation to a lay and/or professional audience. Proficiency of this 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.

Objective 6: To train interns to demonstrate effective interpersonal skills and the ability to manage difficult communication well.

Core Competencies Required:
Demonstrates effective interpersonal skills and the ability to manage difficult communication well by exhibiting:

A. Self-control and poise under stress.
B. Expression of emotions appropriate to setting.
C. Compassion toward those experiencing distress.
D. Ability to be patient, flexible, and to be able to balance support with challenge when managing difficult communications.

Outcome:
A. Interns will demonstrate competence interpersonal skills and the ability to manage difficulty communications as indicated by their supervisors’ ratings and their seminar instructors’ ratings. By the end of the training year, the intern must be rated by the supervisors as having demonstrated the majority of milestones targeted for this competency at Level 3 or higher, which generally represents that the Intern is “competent to provide cultural competent care independently with supervision/review”.

Profession-Wide Competency: Supervision

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

Core Competencies Required:
Demonstrates effective application of supervision knowledge with psychology trainees
and/or other health professionals by exhibiting:

A. Knowledge of models and research on supervision.
B. Ability to form a critical analysis of the supervisee’s feelings, thoughts, and behaviors relating to the assessment/intervention encounter.
C. Ability to provide descriptive and evaluative feedback to the supervisee that is specific and constructive.
D. Ability to employ educational principles that enhance learning with an emphasis on guided discovery.
E. Attends to the impact of diversity in all forms.
F. Engages with the supervisee in a manner that is empathic, nonjudgemental, supportive, and encourages the supervisee to experiment and take reasonable risks.

**Outcome:** Interns will demonstrate competence in the application of supervision knowledge with psychology trainees and/or other health professionals as indicated by their supervisors’ ratings and their seminar instructors’ ratings. By the end of the training year, the intern must be rated by the supervisors as having demonstrated the majority of milestones targeted for this competency at Level 3 or higher, which generally represents that the Intern is “competent to provide cultural competent care independently with supervision/review”.

**Core Competencies Required:**
Demonstrates effective application of supervision knowledge with psychology trainees and/or other health professionals by exhibiting:

G. Knowledge of models and research on supervision.
H. Ability to form a critical analysis of the supervisee’s feelings, thoughts, and behaviors relating to the assessment/intervention encounter.
I. Ability to provide descriptive and evaluative feedback to the supervisee that is specific and constructive.
J. Ability to employ educational principles that enhance learning with an emphasis on guided discovery.
K. Attends to the impact of diversity in all forms.
L. Engages with the supervisee in a manner that is empathic, nonjudgemental, supportive, and encourages the supervisee to experiment and take reasonable risks.

**Goal VI:** Preparing professional psychologists to practice recovery-oriented care that places the emphasis on recovery as a restoration of individuals to meaningful lives regardless of the ongoing presence of mental illness.

**Program-Specific Competency**
Medical College of Georgia and Charlie Norwood Veterans Affairs Medical Center
Psychology Internship Training Model

Objective 1: To train interns to understand and apply recovery-oriented care processes in their clinical services.

Core Competencies Required:
Demonstrates a person centered perspective in care as noted by:
   A. Uses person first language
   B. Works collaboratively with individuals seeking treatment.
   C. Thinks beyond illness and symptom reduction and connects treatment to how individuals define purpose and meaning
   D. Is familiar with the services of a peer support specialist and be able to work collaboratively with a peer support specialist.
   E. Uses hope inspiring strategies – goal setting, pathways thinking.
   F. Promotes advocacy that addresses stigma.
   G. Identifies and uses person’s strengths as part of treatment plan.
   H. Routinely engages in shared decision-making.
   I. Helps individuals define own needs and goals
   J. Connects treatment to how the individual defines purpose and meaning
   K. Encourages the individual to be active and take risks in seeking a life that has meaning and purpose.
   L. Supports full integration of people in recovery into their communities where they can exercise their rights of citizenship, as well as to accept the responsibilities and explore the opportunities that come with being a member of a community and a larger society.
   M. Promotes self-determination and empowerment, noting that all individuals have the right to make their own decisions, including decisions about the types of services and supports they receive.
   N. Facilitates the development of personal support networks by utilizing natural supports within communities, peer support initiatives, and self- and mutual-help groups.

Outcome:
   A. Interns will demonstrate competence in recovery oriented processes as indicated by their supervisors’ ratings and their seminar instructors’ ratings, by the end of the training year the intern must be rated as having demonstrated the majority of milestones targeted for the completion of internship – Level 3 or higher, which generally represents that the Intern is “competently using recovery oriented processes independently with supervision/review”.

TEST PROFICENCIES REQUIRED

To fulfill the minimum assessment requirement Interns must demonstrate proficiency in at least a
neurocognitive screening instrument, one broadband psychological test, and symptom specific instruments that can be used for screening and/or treatment progress monitoring.

**Neuro-Cognitive Assessment Options**

All Interns are required to receive neuro-cognitive assessment training. The Intern depending upon site (ECRH, MCG, CNVAMC) will have exposure to and minimally become proficient in the use of one of the following instruments:

- RBANS
- MOCA
- MMSE
- TOMM
- SIMS
- Trail Making test
- WAIS-IV
- WASI-2

**Broadband Personality Assessment Instruments**

All Interns must become minimally proficient in one of the following broadband personality assessment instruments:

- Personality Assessment Inventory (PAI)
- MMPI-2 and/or MMPI RF
- Millon Clinical Multiaxial Inventory III

**Screening/Treatment Progress Monitoring Instruments**

Specific instrument proficiencies will be determined by the specific site of training within the internship.

**Child/Family Evaluation**

For Interns obtaining emphasis training in child/family psychology, proficiency in the following assessment instruments must be demonstrated:

**One of the following Intellectual Assessment Instruments:**

- WISC-V or WPPSI-III or DAS-II, WASI-2

**One of the following Academic Achievement Instruments:**

- WIAT-III or WRAT-4

**One of the following Broadband Symptom/Personality Assessment Instruments:**
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BASC-3
MMPI-A or PAI-A

**Screening/Treatment Progress Monitoring Instruments**
Specific instrument proficiencies will be determine by the specific site of training within the Child and Family Track.

**Forensic Evaluation**
For Interns obtaining emphasis training in forensic psychology, will receive training and be asked to administer/score measures in the following categories. The administration of these instruments will be determined on a case by case basis:

**Measure of Response Style:**

  - TOMM
  - VIP
  - MFAST
  - SIRS-2
  - ILK

**Competency to Stand Trial Instruments:**

  - CAST-MR
  - ECST-R
  - MacCAT-CA

**Mental Status/Intellectual Functioning:**

  - MoCA
  - MMSE
  - WAIS-IV
  - WASI-II

**Personality Assessment:**

  - PAI
  - MMPI-2
  - MMPI-RF

**Risk Assessment:**
Educational Implementation Plan

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

1. **Overall Supervisor** - Due to the complexity of internship training and the diverse interests and educational needs of interns entering internship training, the 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 yearlong 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. 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. In particular, the OS is to facilitate efforts to provide each intern access to at least one patient 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. Rotational/track supervisors are to insure that 2 hours each day will be provided for documentation of clinical encounters and/or additional training and administrative/institutional responsibilities. To insure that the Intern is provided sufficient time for documentation/administrative/ institutional responsibilities, the rotation/track supervisors and the Intern collaboratively are to create a weekly schedule at the start of each rotation to be submitted to the respective Overall Supervisor for review. The OS is responsible for providing the following assessments of the Intern during the training year:
   - The OS is responsible for completing the Intern Performance Milestones Tracking form at the midyear and end of year evaluations – providing a cumulative record of the completion of requirements and obtainment of required competencies.
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.

Interns are required to complete one research-scholarly project in which there is a written product authored or co-authored by the interns. The Overall Supervisor is responsible for helping the intern develop with his/her research mentor a research-scholarly project and review the project plan and timetable. Progress and successful completion of the research-scholarly product will be judged by the responsible project supervisor, the Overall Supervisor, and the Internship Training Director.

When training issues/deficiencies are identified, the Internship Director of Internship Training will address these with the OS and the Core Committee so that effective educational interventions can be planned. In this regard, the Internship policies under the heading of “Due Process: The identification and management of Intern problems/impairment” stipulate that 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 midyear and end of year evaluations of all of the interns. Finally, the OS insures that guidance is being provided in regard to career planning including strategies for identifying and applying for postdoctoral fellowships or professional positions in a timely fashion.

2. **Director of Internship Training and Core Committee.** To insure that interns are progressing in areas of program competencies and individualized educational interests/needs, the Director of Internship Training reviews 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 Director of Internship Training will address these with the OS and the Core Committee so that effective educational interventions can be planned. At midyear, each intern’s progress is reviewed with the Director 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 with the Director of Internship Training and the Core Committee to insure that all required training experiences have been completed and all required competencies have been obtained. The Director of Internship Training provides a summary letter of the intern’s progress to the respective Graduate School Training Director at the midyear and end of year evaluations.

3. **Practicum Experiences and Supervision.**

   - Rotational/Track Supervisors
The Rotational/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, as a component of the rotational/track training interns must receive 4 hours of supervision per week with a minimum of 2 hours of individual supervision (one-on-one) per week and 1.5 hours of group supervision per week (supervision with multiple interns and a supervisor). It should be noted that additional group supervision is provided in the Psychotherapy Process Seminar.

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

(A) Initial assessment of the Intern’s skills/competencies and training needs is essential and the data obtained should guide the supervisor in regard to the training experiences assigned.

(B) For new areas of skill development, didactic instruction and reading materials need to be provided prior to patient-care training activities. There should be provision of a bibliography with continually updated research-oriented articles and articles specific to the cultural issues relevant for the clinical populations served. Instruction should include not only the teaching of specific techniques but also the general principles that underlie them.

(C) In early stages of skill development, conjoint clinical/professional activities in which the Intern can observe the Supervisor in action should be emphasized. This observational experience can then be followed by the Supervisor observing live or via video recording the Intern engaging in the targeted skill/competence. Effective skill/competence development in professional psychology is dependent upon practice in patient care activities.

(D) A feedback model of supervision should be provided as the Intern progresses in the early phases of skill/competence development. This model emphasizes: 1. A clear understanding of what constitutes a “correct” and “incorrect” conceptualization or treatment intervention. 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 should also progress in regard to the
level of supervisor-intern collaboration pertaining to what was observed and the relevant evaluations associated with the observed behaviors.

(E) As much as possible, assignment of patient care experiences should begin with the less complex and less high acuity cases and move according to demonstrated competencies toward the more complex and higher acuity cases. Some services, however, may not have the patient care complexity/acuity range to enable such a progression. Therefore, in such circumstances a weaning process is encouraged in which the Supervisor initially is highly visible and engaged in the clinical care and then gradually allows the Intern to take more significant roles in the patient care activity.

(F) To enhance transfer and maintenance of skills/competencies, the Supervisor should increase the variability or range of training experiences to which the Intern responds.

(G) A reflection-driven model of supervision should increasingly be 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 or her experience, critically analyzes feelings and observations, and engages in more of a self-evaluative process. The Supervisor actively teaches the Intern how to learning from his or her own experience. 2. Supervisory input and teaching is guided more and more by the Intern’s own inquiry and conceptualization of case material. Supervisory discussions should increasingly become more about collaborative reflections on skills and strategies, personhood issues, and conceptualizations.

(H) 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 the Rotational supervisor(s) 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 evaluation of 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 faculty person, a Case Supervisor can be added at any time. This includes supervision of a research project. The Case/Research Supervisor, though not responsible for most of the Rotational or Track experiences, would be responsible for the appropriate supervision of the case or research project and must provide feedback in verbal and written form to the Intern and to the Training Director and Core Committee each 4-month block.
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**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 a friend, informal counselor, ombudsman, role model, and case supervisor. Mentors can be changed.

There are two 4-month rotations required of all Interns: (1) The General Practice Rotation – located at Uptown VA, MCG/AU, or East Central Georgia Regional Hospital sites, and (2) the Integrated Health Psychology Rotation – located at the Uptown VA, Downtown VA and MCG/AU sites. The third rotation -Emphasis Track Rotations - is selected prior to entry into the internship program and represents one of the bases upon which Intern are selected in the APPIC match (i.e., Intern 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.

**ROTATIONS**

**A. THE GENERAL PSYCHOLOGY ROTATION**

By providing a blend of inpatient and outpatient services at the Uptown VA Medical Center and/or MCG/AU, and/or East Central Georgia Regional Hospital (ECRH), 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 in individuals with acute psychiatric conditions, co-leadership of time-limited evidence-based psychotherapy groups and, individual, and possibly couple, and family psychotherapy. Interns have opportunity to gain experience in assessing and treating various mood, psychotic, and dementing conditions, as well as Posttraumatic Stress Disorder, adjustment to serious injury, and substance abuse problems. The Interns will also take an active role in treatment planning as part of an interdisciplinary team.

At the CNVAMC, psychological assessment and treatment are provided in the context of interdisciplinary teams. Within Mental Health there are five Behavioral Health Interdisciplinary Program (BHIP) team, a suicide prevention team and disruptive Behavior Committee, and two specialty teams – Trauma Recovery Clinic (PTSD) and Substance Use Recovery Clinic – that, together, offer the bulk of Internship training in the VA General Practice site. Additional behavioral medicine and trauma training opportunities are offered through the Medical
Rehabilitation units, and the OEF/OIF/OND Primary Care. The Intern will spend two to three days per week at the VAMC.

**BHIP Teams**

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.

**Trauma Recovery Clinic Team (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, 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.

**During the General practice rotation interns become proficient in:**
A neurocognitive screening instrument, one broadband psychological test, and symptom specific instruments that can be used for screening and/or treatment progress monitoring.

**Neuro-Cognitive Assessment Options**

All Interns are required to receive neuro-cognitive assessment training. The Intern depending upon site (ECRH, MCG/AU, CNVAMC) will have exposure to and minimally become proficient in the use of one of the following instruments:

RBANS
MOCA
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MMSE
TOMM
SIMS
Trail Making test
WAIS- IV
WASI-2

Broadband Personality Assessment Instruments
All Interns must become minimally proficient in one of the following broadband personality assessment instruments:

Personality Assessment Inventory (PAI)
MMPI-2 and/or MMPI RF
Millon Clinical Multiaxial Inventory III

Screening/Treatment Progress Monitoring Instruments
Specific instrument proficiencies will be determine by the specific site of training within the internship.

Child/Family Evaluation
For Interns obtaining emphasis training in child/family psychology, proficiency in the following assessment instruments must be demonstrated:

One of the following Intellectual Assessment Instruments:
WISC-V or WPPSI-III or DAS-II

One of the following Academic Achievement Instruments:
WIAT-III or WRAT-4

One of the following Broadband Symptom/Personality Assessment Instruments:
BASC-3
MMPI-A or PAI-A

Screening/Treatment Progress Monitoring Instruments
Specific instrument proficiencies will be determine by the specific site of training within the Child and Family Track.

Forensic Evaluation
For Interns obtaining emphasis training in forensic psychology, will receive training and be asked to administer/score measures in the following categories. The administration of these instruments will be determined on a case by case basis:
Measure of Response Style:

TOMM
VIP
MFAST
SIRS-2
ILK

Competency to Stand Trial Instruments:

CAST-MR
ECST-R
MacCAT-CA

Mental Status/Intellectual Functioning:

MoCA
MMSE
WAIS-IV
WASI-II

Personality Assessment:

PAI
MMPI-2
MMPI-RF

Risk Assessment:

HCR-20 V3
PCL-R
SORAG
VRAG
COVR

At the MCG/AU Psychiatric Outpatient Clinic, psychological assessment and treatment are provided in the interdisciplinary contexts of the Child, Adolescent, and Family Psychiatry Division and/or the Behavioral Health Team. Practicum experiences include diagnostic interviewing, psychological assessment, and individual/group psychotherapy.
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Child, Adolescent, and Family Child Psychiatry

This program entails services for children and their families with a broad array of problems/disorders and focusing on a biopsychosocial approach to treatment that often includes the integrated services of child psychiatry faculty and trainees along with psychology faculty and trainees. In assessment work, the Interns become proficient in the use of WISC-5, WRAT-3 or WIAT-III, the PAI-A, and the BASC-3 instruments. Treatment focuses on cognitive behavioral/ACT approaches of care as well as to a variety of psychoeducational approaches to treatment that include DBT Skills groups, Peer Friendship Skills Training, and Parent Training.

Behavioral Health Team

This program provides psychological assessment and treatment in the context of interdisciplinary teams. The adults served have a broad array of problems/disorders including mood disorders, trauma-related disorders, and eating disorders. Treatments include individual and group therapies using CBT/ACT/DBT models.

At the ECRH, assessment and treatment are also provided in the context of interdisciplinary teams within the General Mental Health Unit - a unit dedicated to the rapid assessment and de-escalation/stabilization care for individuals with serious mental illness and the Forensic Unit – this unit serves patients who are determined to be Incompetent to Stand Trial (IST) or Not Guilty by Reason of Insanity (NGRI). The clinical training experience in these units focus on a cross training curriculum (with psychiatry interns, medical students, nurses, and social workers) that address the following skills/competencies:

a. Skills pertaining to rapid assessment, de-escalation/stabilization, and triaging in dealing with individuals with acute psychiatric conditions.

b. Crisis intervention skills related to suicide prevention and reduction of dangerousness to self and/or others.

c. Treatment engagement skills – able to effectively use motivational interviewing and shared decision-making.

d. Application of the recovery principles of empowerment, holistic care, support, and hope in addressing the stresses of serious/chronic illness.

The Competencies addressed in the General Practice rotation are:

1. 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.

2. Ability to write a comprehensive, integrated psychological assessment and to provide feedback to the requesting team as well as the patient.

3. Ability to rapidly assessment and provide stabilization of patients in crisis.

4. Deliver evidence based psychotherapy interventions in group and individual formats.
5. Develop identity as a team psychologist with a defined role and collaborating with other disciplines in the delivery of professional patient care.
6. Apply recovery skills in all interactions with patients regardless of setting.

B. THE 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 spread across all VA and MCG/AU hospitals and clinics and the MCG/AU 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.
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- 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 will develop these skills through placements in different clinics or hospital settings in both the VA hospital and the Medical College of Georgia/Augusta University. Each intern typically works in 5-6 different settings during the rotation. Selected experiences include multiple integrated health care settings including such choices as: (1) MCG/AU services - Adult Infectious Disease Clinic (HIV/AIDS), Adult Psychiatric Consultation-Liaison Service, Bariatric Clinic, Cancer Center, feeding disorders program, Pediatric Endocrinology - diabetes, Pediatric GI Clinic; (2) VA Services - Blind Rehabilitation Inpatient Unit, Chronic Pain 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.

C. EMPHASIS TRAINING TRACKS ROTATIONS

Emphasis Training Track Rotations and the weekly track day (Wednesdays) 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 graduation. Interns select one emphasis training track in which the training will occur during a 4-month rotation and each Wednesday of the week (for the entire year). 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 and Family Track
2) Forensic Track
3) HIV & LGBTQ Health Disparities Track
4) Clinical Health Psychology Track
5) Psychology of Women Track
6) Trauma Psychology Track

Interns may apply for any or all of the tracks on their APPIC match forms.

1. **Child and Family Track.** This track provides emphasis training in preparing professional psychologists to provide services for children and their families who represent diverse populations in regard to socioeconomic, cultural, racial and ethnic characteristics. This
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track makes use of the following educational components: (A) Providing assessment and treatment services in the MCG/AU Outpatient Psychiatry Clinic and the Children’s Hospital of Georgia; (B) Participation in weekly Child, Adolescent, and Family Psychiatry interdisciplinary intakes and follow-up clinics; (C) The family therapy seminar involving didactics, live supervision, and the use of an interdisciplinary reflecting team; (D) The Child Psychiatry Consultation-Liaison Service that entails consultative services for the MCG/AU’s Children’s Hospital of Georgia and pediatric liaison services for pediatric specialty clinics.

2. **Clinical Health Psychology Track.** This track is an expansion of the training available through the required Integrated Health Psychology rotation. All interns will train in 4 months of health psychology, but interns electing this track will train for a total of 8 months in medical psychology settings. This allows a broader exposure to the many aspects within the domain of medical psychology and also allows time to develop expertise in one or two sub-areas of medical psychology. Experiences are available in outpatient settings and specialty clinics, inpatient rehabilitation units, and primary care. Some major areas of training include Multiple Sclerosis, spinal cord injuries, general trauma surgery rehab, TBI assessment and treatment, amputee rehab, stroke rehab, HIV/AIDS, blind and low vision rehab, primary care clinics, eating disorders, geriatrics, child GI and diabetes clinics, transplant evaluations, neuropsychology, and combat injury rehab. Interns will regularly work with multidisciplinary teams.

3. **Forensic Track.** The Forensic Track provides emphasis training in preparing 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 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 pretrial evaluations of competency to stand trial and criminal responsibility to inpatients at ECRH and outpatients found at various detention centers throughout our 33 county catchment area; (D) opportunities to observe and participate in civil commitment testimony; (E) participate in specialized weekly forensic seminars including Mental Health Law and Landmark Cases 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 and with Judge Advocate General Attorneys from Fort Gordon, in Grovetown, GA.

4. **HIV & LGBTQ Health Disparities Track.** 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. This track makes use of the following educational components: (A) The MCG/AU Adult and Pediatric Infectious Disease Clinics treats close to over 1400 HIV+ 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) MCG/AU 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 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. (D) MCG/AU Reproductive Endocrinology (Transgender Care) Clinic provides specialty care in hormone therapy and related healthcare services to transgender individuals with eligible insurance. The intern functions as part of a multidisciplinary care team, training and practicing alongside physicians, nurses, and fellows. In this setting the intern will gain skills in consultation to physicians and patients, rapid assessment, crisis intervention, motivational interviewing and behavioral interventions. (E) Interns choose from other MCG/AU and VA clinic options to augment their track experience including substance abuse, trauma, psychology of women, palliative care, and other chronic illness populations. (F) 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.

5. **Psychology of Women Track.** 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 in women’s health psychology in multidisciplinary settings, and to experiences with women who typically have limited access to mental health and medical services. Interns work at the MCG/AU Outpatient Clinic and the VA Medical Center conducting intake evaluations, psychological assessment, psychological consultations and psychotherapy (individual and group) with women presenting with a broad range of problems including depression, anxiety, eating disorders, PTSD/sexual trauma, chronic illness/pain, reproductive issues/infertility and borderline personality disorder. Group psychotherapy opportunities include DBT Skills Training Group, Cognitive Processing Therapy, Trauma Recovery Skills, Seeking Safety and Mindfulness. Training and supervision are provided in evidence-based treatments for PTSD, DBT and ACT. Interns are provided training experience in consultation/liaison services in the VA’s Women’s Primary Care Clinic. Interns will participate in outreach education for other disciplines and/or
community about women’s issues. There are three internship positions for psychology of women track.

6. **Trauma Psychology Track.** This track provides emphasis training in the assessment and treatment of patients with post-trauma symptoms. The Intern will gain experience with adults with childhood trauma, chronic trauma, male and female military sexual trauma, and combat trauma spanning a range from Vietnam veterans to Iraq and Afghanistan combat operations. Some of these patients will have complex, co-occurring psychopathology. Some will also have medical problems associated with their trauma symptoms such as substance abuse, HIV/AIDS, traumatic brain injuries, hypertension, diabetes, hepatitis or dementias, etc. In the context of an interdisciplinary health care team, interns will do crisis stabilization, diagnostic assessments, psycho-educational groups, and evidence based trauma psychotherapy (CPT and PE), group therapy (CPT, Seeking safety, and DBT) and individual therapy using EBPs.

**Child and Family Track**

**Purpose:** The core purpose of the MCG-Charlie Norwood VAMC Internship is to produce professional and racially/ethnically 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 and their families who represent diverse populations in regard to socioeconomic, cultural, racial and ethnic characteristics.

**Settings:**
- Medical College of Georgia/Augusta University Hospital and Clinics
- Children’s Hospital of Georgia
- Healthy Grandparents Project of Augusta

**Emphasis Track Faculty:**
- Alex Mabe, Ph.D., Director
- Bernard Davidson, Ph.D.
- Catherine Davis, Ph.D.
- Chris Drescher, Ph.D.
- Richard Camino, M.D.
- Sandra Sexson, M.D.
Emphasis Goals/Objectives of the Child/Family Track:

1. To train Interns to function effectively in Child Psychiatry and Pediatric interdisciplinary settings.
2. 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 following assessment instruments must be demonstrated:

One of the following Intellectual Assessment Instruments:
WISC-V or WPPSI-III or DAS-II

One of the following Academic Achievement Instruments:
WIAT-III or WRAT-4

One of the following Broadband Symptom/Personality Assessment Instruments:
BASC-3
MMPI-A or PAI-A

Screening/Treatment Progress Monitoring Instruments
Specific instrument proficiencies will be determine by the specific site of training within the Child and Family Track.

3. To develop a working knowledge of common child psychiatric and pediatric illnesses and their associated psychosocial issues.
4. To train Interns to become proficient in the assessment of a broad range of patient populations in child psychiatry and pediatric settings.
5. 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 family therapy, parenting training, and psychoeducational treatment approaches to child and adolescent problems.
6. 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:
1. Interns will work comfortably and professionally as a member of a child psychiatry service program. This will be determined by ratings of the rotational supervisors.
2. Interns will work comfortably and professionally as a consultant to an interdisciplinary pediatric service. This liaison project must result in a written product that will increase the opportunities for a sustained benefit from the liaison activity. The quality of the liaison performance will be determined by ratings of the rotational supervisors.
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3. Interns will demonstrate proficiency in consultation strategies by completing a minimum of ten consultations in pediatric settings. The quality of the consultations will be judged by the responsible clinical supervisor on the basis of the accuracy of the consultation and the effectiveness of communication with the consultee.

4. Interns will demonstrate proficiency in psychological assessments by demonstrating the following:

   Cognitive and Personality Assessment: Proficiency will be demonstrated by the completion of a minimum of 4 cognitive and/or personality 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.

5. 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.

6. Interns must be rated as “competent to implement interventions independently with supervision/review” in at least four child psychiatric/pediatric disease-related categories by the completion of the internship.

7. Interns will successfully participate in the Healthy Grandparents Project of Augusta which is a program supported by the Georgia Department of Human Resources Safe and Stable Families Program and the AU School of Nursing.

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:

1. For Child/Family Track Interns, the preponderance of the clinical education experience throughout the year will be completed in the MCG/AU Outpatient Psychiatry Clinic and the Children’s Hospital of Georgia providing assessment and treatment services through the Child, Adolescent, and Family Psychiatry Program. Activities in this program will include traditional outpatient intakes, assessments, and interventions. Interns will participate once each month in the Child Psychiatry Interdisciplinary Case Consultation meeting. This consultation meeting provides an opportunity for psychology and psychiatry trainees to present assessment/treatment cases from a biopsychosocial perspective and obtain supervision from an interdisciplinary team consisting of health care professionals representing education, nursing, psychiatry, psychology, and social work. The Wednesday Track day provides a continuity of training experiences in child and family throughout the year that includes consultation services to the Children’s Hospital of Georgia, and outpatient
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care 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.

2. The Intern will participate in the Attention Deficit Hyperactivity Disorder (ADHD) Program for one 8-session cycle providing and supervising peer friendship skills training for children ages 7-13 with ADHD. The Intern may also elect to observe and participate in one cycle of the parent training portion of this program.

3. The Intern will participate and co-lead the DBT Skills training for adolescents and their parents throughout the training year. This program is based on the Dialectical Behavior Therapy model and includes the following skills: a. Mindfulness – living in the present & improving attention; b. Distress tolerance – tolerating difficult situations & emotions; c. Parent-adolescent interaction – balancing discipline & flexibility; d. Emotion regulation – reducing emotional vulnerability & reactivity; e. Interpersonal effectiveness - building & maintaining positive relationships.

4. Child/Family Track Interns will participate in the Healthy Grandparents Project of Augusta which is a program supported by the Georgia Department of Human Resources Safe and Stable Families Program and the AU School of Nursing. This program promotes health and wellness in grandparent-headed families, assists families to access available resources, and facilitates maintaining the children in a stable home. The Intern will provide consultation for the project staff and psychoeducational interventions for grandparents in this program based on their identified needs.

5. Child/Family Track Interns will be assigned to various Child Psychiatry Consultation-Liaison Services throughout the year. Specifically, the Intern will be on-call for consultation to the pediatric inpatient services at the Children’s Hospital of Georgia throughout the year and the Intern will participate in a liaison activity with one of the pediatric specialty outpatient clinics for a minimum of 4 months.

6. 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.

Clinical Health Psychology 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 every Wednesday 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 med psych. Also, interns can 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, feeding and eating 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:
At the Uptown VA Hospital:
- 10 bed inpatient surgical and stroke rehabilitation unit
- 15 bed inpatient program for intensive training of the vision impaired or blind
- Outpatient TBI/Polytrauma assessment team
- 6 Primary care medical teams with embedded psychology and psychiatry
- Geriatric care including nursing home, hospice and home health care
- Hospital-wide preventive medicine program
- Substance abuse training for medical settings

At the Downtown VA hospital:
- Large regional spinal cord treatment center

At AU Health:
- Infectious Disease Clinic for HIV/AIDS
- Augusta Multiple Sclerosis (MS) Center
- Outpatient, Consultation/Liaison and Inpatient Eating Disorders Program
- Child & Adolescent Consultation/Liaison service
- Adult Psychiatry (supervised by Vanessa Spearman, M.D.) Inpatient Consultation/Liaison service
- Center for Obesity & Metabolism
- Juvenile Diabetes Clinic
- MCG/AU Cancer Center

Faculty:
- Mary Brouillard, Ph.D.
- Angela Corriano, Ph.D.
- Christopher Drescher, 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. Below 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
   a. What are the specific tasks or objectives required - which do you define – which are defined based on the needs of others?
   b. What are the medical personnel asking you to accomplish?
   c. What is the patient asking for, if anything?
   d. What are the limits of confidentiality (i.e., do you report findings to the whole team)?
   e. 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
   a. Have criteria for deciding what aspects to address, which to skip and which to explore in depth or just to a specific criterion level
   b. Know how to write a clear and concise evaluation report with realistic pragmatic recommendations
   c. Know who needs to get what kind of feedback
3. Know how to modify your type of intervention/treatment as needed
   a. Adopt a problem- and solution-focused treatment approach as needed
   b. Properly orient the patient to the task and to his/her role in his/her treatment
   c. Be aware of when to shift style (e.g., educate, collaborate, assess, motivate,
therapy)

d. Create safe space and encourage the patient to actively collaborate and engage in therapeutic process
e. Target interventions and decide what issues to ignore

4. Develop strategies for promoting health behaviors
   a. Educate
   b. Motivate (e.g., motivational interviewing or other strategy)
   c. 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.
   a. how mental status affects the disease process
   b. how mental status influences treatment success and health-related behavior
   c. understand transient acute effects of medications on mental status

8. Understand general professional issues in medical settings
   a. Understand the workings of a medical center, medical administration and interdisciplinary medical teams
   b. 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.)
   c. Know how to communicate your findings and opinions to non-mental health providers through oral and written reports
   d. 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).

Clinical Health Psychology Track Training Sites:
VA 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.

VA 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.

VA 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 psychiatrist, 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.

VA 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.

**VA Geriatric Services**
The VA has a full-time geropsychologist covering the community Living center, palliative care and home-based programs. Interns interested in this area can arrange for training and supervision in selected areas of geriatric psychological care.

**VA Health Promotion and Disease Prevention Program**
The Health Promotion and Disease Prevention (HPDP) initiative is designed to integrate behavioral health principles into the continuum of health care at the VHA. The initial initiatives are paired with the refocusing of the primary care clinics to provide comprehensive patient centered health care thorough Patient Aligned Care Teams (PACT) and Community Based Outpatient Centers (CBOC). The philosophy is for each veteran to become actively involved in their health care. Initial prevention and health promotion targets are for each veteran to be tobacco free, physically active, choose good nutrition, strive for a healthy weight, manage stress, limit alcohol, receive recommended screenings and immunizations and be aware of safety issues. Bariatric surgery evaluations are also part of the routine clinical duties.

**VA 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.

MCG/AU Health Infectious Diseases – HIV/AIDS clinics
The AU Health Infectious Diseases Clinic treats close to over 1200 HIV-positive individuals and is the recipient of Ryan White Title B and C funding that provides primary and ancillary medical services to indigent HIV-positive patients. The intern functions as part of a large interdisciplinary primary care team, training and practicing alongside physicians, physician assistants, nurses, case workers, treatment navigators, peer specialists, 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. The Pediatric Infectious Disease Clinic provides similar services to the adult clinic, but on a smaller scale due to the small caseload in this clinic. The intern will also spend more time in consultation with parents and families of HIV-positive children and may also participate in the clinic support groups.

MCG/AU Health Behavior Outpatient Clinic
Interns will have an opportunity to work within the department Health Behavior outpatient clinic as a part of an interdisciplinary team consisting of clinical psychologists, psychiatrists, psychiatry residents, and social work. Primary responsibilities will include intake evaluations for clients interested in pursuing psychotherapy and maintaining a case load of weekly psychotherapy clients. Interns will meet weekly with the interdisciplinary HB team to present cases, discuss medication and psychotherapy recommendations, and milieu treatment options.

MCG/AU Health Eating Disorders Program
The AU Health Eating Disorders Program primarily offers comprehensive outpatient assessment and treatment services to patients struggling with eating disorders and other forms of feeding disturbances. Inpatient treatment is also available, especially to children and adolescents, but the emphasis is on the delivery of outpatient services and consultation/liaison services for patients hospitalized at AU Health and the Children’s Hospital of Georgia. Interns will be expected to work with a team of health professionals, including physicians from various specialties, psychiatrists, dietitians, social work, and a variety of other health care professionals on campus and within the Augusta community and surrounding areas. Specific treatment modalities may include individual, group and family therapies with an emphasis on empirically-validated forms of treatment.

MCG/AU Health Child & Adolescent Consultation/Liaison Service
The Division of Child, Adolescent, and Family Psychiatry provides consultation and liaison
services to the Children’s Hospital of Georgia and the MCG/AU Pediatric Outpatient clinics. In this service, Interns have opportunities to provide consultations for inpatients and outpatients that include triage assessment for children/adolescents who have engaged in self-harm, differential diagnostic evaluation of children presenting with possible Somatic Symptom and related disorders, management of chronic illness and its associated challenges, and facilitative care in which support is provided for children and their families enduring medical trauma or diseases with poor prognoses.

**Adult Psychiatry (supervised by Vanessa Spearman, M.D.) Inpatient Consultation/Liaison service**

Interns will have an opportunity to work within the Adult Psychiatry’s Consultation/Liaison service under the supervision of a double board certified physician (Psychiatry & Internal Medicine). The interdisciplinary CL team includes Dr. Spearman, psychiatry residents and nurses, and potentially other trainees, including medical students and nurse practitioners. Interns will participate in rounds on the medicine floors and assess and treat patients with a wide variety of medical problems and psychiatric comorbidities. Interns will have a unique opportunity to share their behavioral medicine and cognitive behavioral skills with the rest of the team who have not necessarily had such training and experiences.

**MCG/AU Health Center for Obesity & Metabolism**

Interns will have an opportunity to work within the AU Health Center for Obesity & Metabolism as part of an interdisciplinary team consisting of surgeons, a nurse coordinator, dietitian and physician’s assistant. Primary responsibilities will include conducting a thorough evaluation to determine patient readiness for bariatric surgery and the likelihood of a positive outcome to the surgery. Assessment consists of a clinical interview and psychological testing. Interns will meet with members of the team to discuss the recommendations. Interns may also see the patients as a precursor to their surgeries if such is warranted and may also work with patient’s post-surgery to enhance treatment adherence and promote healthy coping with significant changes.

**AU 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.

**Forensic Track**

**Forensic track.** This track provides specialized training in preparing interns to provide services where psychology and the law intersect. The intern will have the unique opportunity to conduct clinical assessments and treatments with a diverse population of clients with severe 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 pretrial evaluations of competency to stand trial and criminal responsibility to inpatients at ECRH and outpatients found at various detention centers throughout our 33 county catchment area; (D) opportunities to observe and participate in civil commitment testimony; (E) participate in specialized weekly forensic seminars including Mental Health Law and Landmark Cases 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 trainees and faculty from the Medical University of South Carolina.

**Forensic Track Specifics.**

**Purpose:** The core purpose of the forensic track, which is part of the MCG-Charlie Norwood VAMC Internship 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 psycholegal referrals arise. Finally, the Forensic Track strives to train future psychologists who are culturally aware
and aspire to cultural competence when providing psychological services. 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 and Jails through Outpatient Services at ECRH
- Georgia Regents University Hospital and Clinics

**Forensic Track Faculty:**
- **Holly Tabernik, Ph.D.**, Licensed Psychologist, ECRH; Assistant Professor
  - Director of Internship Forensic Psychology Training
- Jessica Britt, Ph.D. [jessica.britt@dbhdd.ga.gov](mailto:jessica.britt@dbhdd.ga.gov) - Assistant Professor Forensic – ECRH
- Cassandra Groth, Ph.D. [cassandra.groth@dbhdd.ga.gov](mailto:cassandra.groth@dbhdd.ga.gov) - Assistant Professor Forensic – ECRH
- Jason Henle, Psy.D., Forensic Director, ECRH; Assistant Professor
- Michael J. Vitacco, Ph.D., ABPP; ECRH; Associate Professor

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

1. To provide Interns with experience working on multidisciplinary 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 and Dialectical Behavior Therapy for patients who have difficulty with emotion regulation.
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 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.
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7. To train Interns to conduct comprehensive forensic pretrial 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 a high level of 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-20
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
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 placed 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, or individual therapy to reinforce skills learned in DBT.
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.

4. Interns will demonstrate proficiency in treatment strategies related to patients with forensic issues. Treatments will include co-facilitating competency restoration and dialectical behavior therapy groups.

5. A key component of forensic emphasis training is the completion of pretrial forensic evaluations.

A. Forensic Assessment:

- Proficiency will be demonstrated by the completion of a minimum of 8 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 criminal responsibility.

- 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 psycholegal 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 psycholegal 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.

B. 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-20) 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 2 violence risk assessments.

6. Interns will demonstrate knowledge of common mental health diagnoses found with inpatient and outpatient forensic patients. 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.

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 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 Mental Health 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 forensic conference that is held each year in the Atlanta area. These seminars will be attended in conjunction with the other seminars part of this APA approved psychology internship.

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.

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 and Reproductive Endocrinology (Transgender Care) Clinics, Children’s Hospital of Georgia Pediatric Infectious Disease Clinic, AU Health Services-Equality Clinic of Augusta, Augusta.

Faculty: Lara Stepleman, PhD, Track Director
Christopher Drescher, PhD
Amy House, PhD
J. Graham Theisen, MD
David Haburchack, 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
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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.


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 45 brief consultations across Infectious Disease HIV Clinics, Equality Clinic, and Reproductive Endocrinology (Transgender Care) 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 MCG/AU Adult and Pediatric Infectious Disease Clinics treats close to over 1400 HIV+ 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. MCG/AU 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. MCG/AU Reproductive Endocrinology (Transgender Care) Clinic provides specialty care in hormone therapy and related healthcare services to transgender individuals with eligible
insurance. The intern functions as part of a multidisciplinary care team, training and practicing alongside physicians, nurses, and fellows. In this setting, the intern will gain skills in consultation to physicians and patients, rapid assessment, crisis intervention, motivational interviewing and behavioral interventions.

5. Interns will choose from other MCG/AU and VA clinic options to augment their track experience including substance abuse, trauma, psychology of women, palliative care, and other chronic illness populations.

6. 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.

7. 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.

Psychology of Women Track

Purpose:
The psychology internship year is often a time when psychology trainees seek to consolidate their clinical skills and pursue specialization in an area consistent with their career goals. The purpose of the Psychology of Women Track 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 in women’s health psychology in multidisciplinary settings, and to experiences with women who typically have limited access to mental health and medical services. There are three internship positions. All three positions involve a mix of experiences at both the VAMC and MCG/AU.

Settings: Augusta University Medical Center and the Veterans Affairs Medical Center.

Psychology of Women
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) To train Interns to function effectively in interdisciplinary healthcare settings.

4) To train Interns in consultation assessment strategies in medical contexts to include developing understandings of the key patient, family, social/cultural, and system issues.

5) To help Interns develop a working knowledge of common medical complaints and conditions among women and their associated psychosocial issues.

6) 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).

7) 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,
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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 demonstrate proficiency and professionalism in consultation strategies by participating as a consultant/liaison to an interdisciplinary medical clinic for women. The quality of the consultation will be judged by the responsible clinical supervisor on the basis of the accuracy of the consultation and the effectiveness of communication with the patient and the consulting team.

4) 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) Clinical Service: 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:

   a) MCG/AU Outpatient Clinic and VAMC Trauma Recovery Clinic Services

   - 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
     - Trauma Orientation Class
     - CPT-C for Military Sexual Trauma Survivors
     - Trauma Recovery Skills Group
b.) VA Primary Care Clinic for Women

The Intern will spend one full day per week for a minimum of 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 VAMC, 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.

c). VA Suicide Risk Prevention Team

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.

2) **Psychology of Women Reading Seminar**: The Intern will participate in a Psychology of Women reading/discussion seminar comprised of the track faculty, the VAMC postdoctoral fellows and the three Psychology of Women interns. This group will meet twice per month throughout the year. The group will engage in discussions relevant to the psychology of women using assigned readings, selected videos, current events/topics of interest and case presentations. There is no evaluative process for this seminar; it is designed to provide an enriching forum for exploration discussion and learning.

3) **Educational Presentations**: The intern will coordinate with one or more of the Psychology of Women 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 MCG/AU or the VAMC.

4) **Optional Experiences**:

- **Inpatient consultation/assessment/treatment**: As available, interns may participate in inpatient consultation
- **Assessment and treatment of eating disorder patients**
- **VA staff education**: The intern may participate in education for staff regarding issues related to women and behavioral interventions.
5) **Research:** 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 the psychology of women. The Intern will discuss with the Psychology of Women faculty their plans for this project and opportunities for collaboration that are available.

**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:**

Lorraine Braswell, Ph.D. - Track director  
Nancy Jane Batten, Ph.D.  
Rebecca Jump, Ph.D.  
Amanda Perkins, Ph.D.  
Sarah Rowland, Ph.D.  
Tim Perry, Ph.D.  
Jeff Dickerson, LCSW.
Goals/Objectives of the Trauma Track Specialization:

To develop competence in:

A. 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)
B. Treating patients with multiple, sometimes chronic, psychiatric disorders.
C. Selecting and using psychometrically sound assessment methods.
D. Writing clinically useful reports describing history, symptoms, and diagnosis and treatment recommendations.
E. Providing patient care in interdisciplinary teams.
F. Adjusting treatment models with sensitivity to cultural diversity
G. Choosing and administering treatment outcome measures that are cost-efficient and clinically useful.
H. Providing PTSD treatments to underserved patient populations.

Clinical Training Components:

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 MHRRT (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.

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.

2. Interns may also see patients with trauma through other MH clinics or through the MCG Outpatient Psychiatry Clinic where patients are either from the community or are
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employed by MCG/AU and seen through the Employee Faculty Assistance Program.

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.

4. SEMINARS AND DIDACTIC TRAINING

All Interns attend three year-long seminars: Process Seminar, Professional Issues Seminar, and the Diagnostic-Treatment Seminar. All interns are also required to successfully complete a Clinical Skills Verification Exam and successfully conduct a Cognitive-Behavioral Therapy (CBT) Session. Finally, attendance is also required at the MCG/AU Department of Psychiatry and Health Behavior’s Grand Rounds 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.

**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 an 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.” Modules are approximately six-hours and each teaching program 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 feedback to others regarding what can be learned from research data relevant to the case/problem. 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.

Seminar instructors guide the progress of skill development in the seminar across the course of a year using the following strategies: (1) Early in the training year this seminar provides didactics in objective personality assessment and prepares the Interns for the Clinical Skills Verification Exam to be subsequently presented. (2) Also early on the Seminar facilitates a 10-week course (one and a half hours per week) that reviews Cognitive Behavior Therapy and introduces ACT that includes joint psychology and psychiatry internship training activities. The CBT and ACT training consists of didactic materials, lectures, treatment skill exercises, and live supervision of therapy cases. As part of the Diagnostic/Treatment Seminar all interns must successfully conduct a Cognitive-Behavioral Therapy (CBT) Session judged by the seminar directors/CBT instructor as “good” on the question, “How would you rate the clinician overall in this session, as a cognitive therapist?” (Contextual CBT Therapy Rating Scale). Results of the session evaluation are immediately reviewed with the intern and the evaluation form is completed and included in the Intern’s cumulative record (One45- Intern Performance Milestones Tracking form). (3) 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. (4) 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.

**Psychotherapy Process Seminar.** The Psychotherapy Process Seminar meets for the year and provides a laboratory to develop skills of empiricism and reflection in the nonparticipant mode of peer supervision and in the participant mode of a live therapy session presentation. Each Intern takes turn presenting a psychotherapy case live. The Interns bring a brief (one-two page) summary of the patient’s history, formulation, progress to date, and issues where feedback is requested. The Intern then conducts a 50-minute therapy session breaking for feedback from the “team.” This feedback is given to the patient by a reflecting team, usually comprised of two interns, or possibly an intern and a faculty member. The first 50 minutes of the second hour are used to discuss the interpersonal and conceptual issues of the case. The Psychotherapy Process Seminar maintains an awareness of all the pertinent data in this reflection on the case; however, there is a specific emphasis on the integration of the idiographic patient and clinician data. Particular attention is devoted to the capacity to
reflect while in action. The last ten minutes of the second hour are used to comment on what took place during the supervision time. This “step back” allows participants to discuss the process of supervision as well as to voice personal reactions. The Interns are given the opportunity to observe each other and faculty conducting a therapy session, followed by peer and faculty supervision. The seminar demonstrates graduated levels of responsibility and autonomy both in provision of therapy and in supervision.

In the beginning of the training, interns observe the seminar directors (faculty) engaging in therapy and reflecting on the process which reduces performance anxiety to some extent and provides modeling of the reflective process. Then interns are assigned the duty of presenting and discussing their own cases. The yearlong 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 counter transference, and self-reflections on their areas for continued growth, and accepting constructive criticism as well as positive feedback. Didactics for the seminar focus upon: 1) Common factors in psychotherapy; 2) Supervision, and; 3) Termination. Feedback from the interns each year consistently suggests that they find this seminar to be a very valuable experience with respect to their growth as clinicians, their often newly found respect for the process of therapy and the importance of the therapeutic relationship, and their development as supervisors. We as faculty also enjoy this experience. Each year is unique in both its challenges and opportunities. We also find that interns come in with infectious enthusiasm and knowledge bases that we consistently benefit.

Didactics for the seminar focus upon:
   1. Common factors in psychotherapy
   2. Supervision
   3. Termination

**Professional Issues Seminar.** The Professional Issues Seminar is a 2-hour seminar that meets bimonthly 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 meets every other week to ensure that the following issues are adequately addressed during the year:

- A. Professional roles in medical settings including principles of consultation/liaison work, effective communication strategies, and proper documentation;
- B. The integration of legal, ethical, and organizational issues pertaining to successful clinical practice
- C. Rural/Underserved populations;
- D. Appropriate responses to acute/crisis symptoms
- E. Preparation for postdoctoral/first job search;
F. Licensure/Career planning;
G. Cultural Competence issues - race/ethnicity, sexual orientation, spiritual/religious world views;
H. Special topics pertaining to treatment of military veterans
I. Program Evaluation – theories and methods.
J. Psychopharmacology;
K. Self-care to manage the stresses inherent in clinical work over the long term
L. 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.

5. **Clinical Skills Verification Exam.** At the midway of the first rotation Interns are required to complete a Clinical Skills Verification Examination. Provided early in the training year, this exam provides a measuring stick for the Interns’ basic skills in performing a diagnostic interview, presenting findings in an organized and meaningful way, and exhibiting fundamental case conceptualization. More than an exam, however, this exercise is an opportunity for Interns to receive instruction and feedback regarding these fundamental skills and if notable deficiencies are observed then a remediation plan can be devised. Each intern presents a 45-50 minute video of a new patient assessment to the directors of the Diagnostic and Treatment Seminar and the Psychotherapy Process Seminar. The Overall Supervisor is invited to attend as well to assist in any planning in regard to the development of diagnostic interviewing skills. Following the viewing of the video, the Intern is expected to provide:
   a. A concise and organized summary of the key information pertinent to the case.
   b. An assessment plan that included key additional data needed to form an effective “theory of the patient” - that may involve a proposal for psychological testing that could provide valuable information in this process.
   c. A “theory of the patient” that formed both a descriptive and etiological understanding of the patient’s key problems and relevant strengths. This formulation should include relevant constructs pertaining to the social/cultural context of the key issues at hand and the biopsychosocial contributing factors.
   d. A treatment plan that addresses the key biopsychosocial contributing factors and that addresses the life goals that form the basis for an appropriate recovery/wellness plan.

The AADPRT Clinical Skills Verification Examination Form CSV.3 is used to rate the assessment performance along with the Intern Clinical Skill Verification Evaluation Supplement – evaluates in greater detail evidence of conceptualization skills.

6. **Psychiatry Grand Rounds.** Psychiatry Grand Rounds involve two 1-hour presentations per month from August through May and represent a department wide grand rounds that features
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guest speakers of prominence from the region and nation providing continuing education reviews of important clinical topics.

7. **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 cultural competence 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 self-assessment of cultural competencies is addressed by the intern’s 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. 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 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 overtly 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 with supervision and review” 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.

8. **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 Attention Deficit Hyperactivity Disorder Behavior (ADHD) Treatment Program – This program entails a combined psychoeducational approach in which parents are provided parent training in their efforts to address the special needs of children with ADHD while their children receive peer friendship skills training covering such issues as: learning how to join in and play with other children, learning how to make and keep friends, learning how to manage competition with peers, and learning how to handle teasing, picking, and bullying. The 8-session program is provided for children between 7 and 13 years of age with the diagnosis of ADHD and their parents on Mondays from 5:00 p.m. to 6:30 p.m. The intern participant typically is paired with another trainee and assigned a group of ranging in size from 5-7 children. The peer friendship training component is based on a curriculum created by Drs. Frankel and Myatt (Frankel, F. H., & Myatt, R. (2003). Children's friendship training. New York: Brunner-Routledge), and modified to meet the special needs of children with ADHD.

The Augusta University Health’s Equality Clinic of Augusta - 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. Services are provided on the 2nd and 4th Wednesday of the month from 6:00 p.m. to 9:00 p.m.

9. Psychology Workshops. Psychology Workshops represent a joint activity of the MCG-VAMC Psychology Internship and the Dwight D. Eisenhower Army Medical Center Clinical Psychology Internship Program. These workshops are of one to two days duration and are devoted to topics relevant to the professional development of psychologists, including a particular emphasis on the ongoing training in empirically supported treatments. Interns are required to attend the workshops in objective assessment techniques, empirically supported psychotherapy, cultural diversity issues in psychology, and forensic/ethical issues in psychology (if available). Optional workshops are available in hypnosis, and neuropsychology/learning disabilities, and Adult ADHD.

10. Recovery Oriented Care Experiences. In order to facilitate the development of recovery oriented principles of care, Interns are required to attend trainings in recovery principles and practices. In addition, Interns must attend at least one peer-to-peer support group session in which a Certified Peer Specialist (CPS) leads a wellness and recovery support group for consumers.

11. Intern Research. The Intern is required to devote 4 hours each week to research activities. These activities can include Dissertation Work but must also be comprised of one or more of the following categories of research endeavors:
(A) 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. Generally, it would be 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. The plan of participation in a research project must be submitted to the Training Director.

(B) 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 would be 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 must be submitted to the Training Director.

(C) 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 would be 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” must be submitted to the Training Director.

(D) 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 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 would be expected that by the end of the
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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 must be submitted to the Training Director.

For Interns using a portion of their weekly research time on Dissertation Work the following guidelines must be followed:

**Dissertation Work.** If the Intern has not completed dissertation work prior to the start of the internship, the Intern must submit to the Overall Supervisor an assessment of the work that is yet to be completed, an action plan as to how the weekly research time will be used to complete the dissertation requirements, and an anticipated timetable as to when dissertation objectives will be met. A Dissertation action plan must be submitted to the Training Director. This action plan should indicate a proposed allocation of time for Dissertation efforts along with the time allotted for the other research project selected.

The 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 every four months to the Internship Core Committee regarding progress on the research-scholarly project. The Internship Core Committee reviews each report of research-scholarly project progress. If significant problems are noted, the committee decides if corrective actions 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 incorporated into the file kept on each Intern.

**End of the Year Evaluation.** At the end of May, the intern submits the paper for the research-scholarly project for review by two internship faculty/supervisors and based on their reviews the Training Director will complete the Evaluation of the Intern Research Paper form. At the conclusion of the year, the Internship Core Committee meets with the Intern to review his/her ratings, discuss his or her performance, and make specific recommendations regarding post-internship professional development. Completion of this Intern research-scholarly project will be included in this 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 to the Training Director.
- **October End of 1st Quarter review:** The Core Committee will review the progress of the
January MidYear Evaluation: 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.

April Core Committee Meeting: The Core Committee will review the progress of the research project.

May 31st: The written product of the research project is due.

12. Consultation and Therapy Logs. In order to increase the empirical vigilance of interns in their consultation and treatment efforts, they are required to maintain consultation and therapy logs that record the overall success of their consultation and therapy endeavors in meeting identified patient goals. The cumulative results of the logs are recorded on the Midyear and End of Year Intern Performance Milestones Tracking Form.

13. Outreach Educational and Prevention Presentation. Interns are required to participate in at least one Outreach Educational and Prevention Team designed to provide mental health education for consumers and/or providers in mental health and medically underserved areas in the Region 2 of the Georgia’s DBHDD system. 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.

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

1. 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 effectively in interdisciplinary teams independently with supervision/review”. 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 dictated by the severity of deficit observed. The Training Director reviews all One45 evaluations of interns and releases those to the interns upon review. The Internship Core Committee conducts
end of rotation review 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 incorporated into 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.

2. Clinical Skills Verification Exam. At the end of the first rotation Interns are required to complete a Clinical Skills Verification Examination. Individual each Intern presents a 45-50 minute video of a new patient assessment to the directors of the Diagnostic and Treatment Seminar and the Psychotherapy Process Seminar. The Overall Supervisor would be invited to attend as well. Following the viewing of the video, the Intern is expected to provide:
   e. A concise and organized summary of the key information pertinent to the case.
   f. An assessment plan that included key additional data needed to form an effective “theory of the patient” - that may involve a proposal for psychological testing that could provide valuable information in this process.
   g. A “theory of the patient” that formed both a descriptive and etiological understanding of the patient’s key problems and relevant strengths. This formulation should include relevant constructs pertaining to the social/cultural context of the key issues at hand and the biopsychosocial contributing factors.
   h. A treatment plan that addresses the key biopsychosocial contributing factors and that addresses the life goals that form the basis for an appropriate recovery/wellness plan.

The AADPRT Clinical Skills Verification Examination Form CSV.3 is used to rate the assessment performance along with the Intern Clinical Skill Verification Evaluation Supplement – evaluates in greater detail evidence of conceptualization skills. Results are immediately discussed with the intern and findings are submitted on the One45 evaluation system. The Training Director reviews all One45 evaluations of interns and releases those to the interns upon review.

3. Contextual CBT Therapy Rating Scale. As part of the Diagnostic/Treatment Seminar all interns must successfully conduct a Cognitive-Behavioral Therapy (CBT) Session judged by the seminar directors/CBT instructors as “good” on the question, “How would you rate the clinician overall in this session, as a cognitive therapist?” as part of the Contextual CBT Therapy Rating Scale (See Appendix A). Results of the session evaluation are immediately reviewed with the intern and the evaluation form is completed by the seminar directors/CBT instructors in the One45 evaluation system, reviewed by the Training Director and then released to the interns.

4. Midyear Evaluations. At the end of six months, the Internship Core Committee meets with the Intern to review his/her ratings, discuss his or her progress, and make specific recommendations. Evaluations of the Intern’s performance are provided by the Rotational/Track Supervisors, the Overall Supervisor, and the Faculty Directors of the Diagnostic/Treatment
Seminar, the Psychotherapy Process Seminar, and the Professional Issues Seminar (SEE “Intern Performance Milestones Evaluation – Seminar Form” in Appendix A). 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 One45 evaluation 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 (SEE “Intern Performance Milestones Self-Evaluation Form” in Appendix A). Finally, at the Midyear Evaluation, the Overall Supervisor for each respective intern completes and reviews the Intern Performance Milestones Tracking Form with the intern and submits to the Internship Training Director via the One45 system. This tracking form maintains 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 Training Director reviews and releases the tracking form results to the respective intern via the One45 system as formal written feedback to the intern. The Internship Training Director summarizes the findings of this Midyear Evaluation in a letter sent to the Graduate School Training Director of the respective intern. The Intern is given the opportunity of reviewing and requesting revisions of the Midyear Evaluation letter prior to its being sent to the respective Graduate School Training Director.

5. 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 end of the 11 month of the training year. Proficiency of the research-scholarly product is judged by two faculty not directly involved in the research project and the Training Director using the Evaluation of Intern Research Paper form. The Training Director reviews and releases the Research Paper Evaluation form results to the respective intern via the One45 system as formal written feedback to the intern.

6. Outreach Educational and Prevention Presentation. Interns are required to participate in at least one Outreach Educational and Prevention Team designed to provide mental health education for consumers and/or providers in mental health and medically underserved areas in the Region 2 of the Georgia’s DBHDD system. 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.

7. End of the Year Evaluation. At the conclusion of the year, the Internship Core Committee meets with the Intern to review his/her ratings, discuss his or her 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 the Diagnostic/Treatment Seminar, the Psychotherapy Process Seminar, and the Professional Issues Seminar. Ratings for the performance in the Diagnostic-Treatment Seminar, Psychotherapy Process Seminar, and the Professional Issues Seminar, the Psychotherapy Process Seminar, and the Professional Issues Seminar, the Psychotherapy Process Seminar, and the Professional Issues Seminar.
Seminar are completed by the seminar directors and recorded in the One45 evaluation 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 career educational goals. Furthermore, the final Intern Performance Milestones Tracking Form is completed by the Overall Supervisor and submitted to the Internship Training Director via the One45 system. 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 with supervision/review”. Internship Training Director summarizes the findings of this End of the Year Evaluation in a letter sent to the Graduate School Training Director of the respective intern. The Intern is given the opportunity of reviewing and requesting revisions of the End of the Year Evaluation letter prior to its being sent to the respective Graduate School Training Director.

8. 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 Rotation/Track Evaluation Form. This formal evaluation procedure provides feedback to the rotation and track 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. At the midyear point and at the end of the training year, Interns are required to submit written and oral feedback reports concerning the quality of their training. The written and oral feedback reports are submitted in a full faculty meeting and copies of their written feedback are provided to all Faculty present and not present. The content and format of the Interns’ written and verbal feedback is at the discretion of the Intern class. At the end of each 4-month rotation, the Interns complete evaluations of their supervising faculty using the Trainee Evaluation of Core Faculty form on One45. This faculty performance information provides proximal data pertinent to faculty performance but also data relevant to the overall effectiveness of the training program. At the midyear point, the Internship Training Director and the VAMC Training Director meet with the intern class to obtain their narrative evaluations of individual faculty performance. These individual faculty narrative performance data are analyzed annually for program review as well as faculty performance feedback. 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 are also provided to the Faculty’s respective Administrative Service Chief.

The 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
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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 must be made up. The internship will be a minimum of 48 weeks. The Intern is required to complete the full one-year tour of duty 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 800 hours of direct clinical services. Direct clinical services includes all patient-specific clinical activities which encompasses individual, family, and group psychotherapy, consultations, psychological assessments (including test report writing), and therapy/ assessment documentation.

3. 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 with supervision/review”.

4. Consultation and Therapy Logs. In order to increase the empirical vigilance of interns in their consultation and treatment efforts, they are required to maintain consultation and therapy logs that record the overall success of their consultation and therapy endeavors in meeting identified patient goals.

5. Interns are required to participate in at least one Outreach Educational and Prevention Team designed to provide mental health education for consumers and providers in mental health and medically underserved areas in the East Central Georgia Region of the Georgia’s DBHDD system.

6. Competency-based evaluations demonstrating proficiency in interview assessment. At the end of the first rotation Interns must successfully complete the Clinical Skills Verification Examination. The Intern must provide a 45-50 minute video of a new patient assessment, provide a concise and organized summary of key information, and provide a case conceptualization with appropriate treatment plan. Accuracy is judged the seminar directors for the Diagnostic and Treatment Seminar and the Psychotherapy Process Seminar as well as the training directors for the internship. In addition, interns must demonstrate proficiency in interview assessments by accurately completing a minimum of four diagnostic interviews, and at least one per rotation.

7. Competency-based evaluations indicating that the Intern’s performance in the Diagnostic/Treatment, Psychotherapy Process, and Professional Issues Seminars is rated 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 with supervision/review”.

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. To fulfill the
minimum assessment requirement Interns must most also demonstrate proficiency in at least a neurocognitive screening instrument, one broadband psychological test, and symptom specific instruments that can be used for screening and/or treatment progress monitoring.

9. Successful conduct of a Cognitive-Behavioral Therapy (CBT) Session judged by the seminar directors/CBT instructor as “good” on the question, “How would you rate the clinician overall in this session, as a cognitive therapist?” (Contextual CBT Therapy Rating Scale.

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

11. Must complete at least one training experience with an underserved population that includes either the Attention Deficit Hyperactivity Disorder Behavior (ADHD) Treatment Program or the Equality Clinic of Augusta.

12. 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.

13. Must have appropriately completed all medical record documentation.

14. Must complete all One45 evaluations of training experiences, supervisors, and self-evaluations.

Successful Completion of the internship training requirements is documented in the end of the year Intern Performance Milestones Tracking form and stored in the One45 electronic documentation system. In addition, at the end of the training year the Training Director composes a letter that is sent to the intern’s respective graduate school training director verifying the successful completion of the internship.

Diplomas are awarded after all requirements are met.

Revised: August 27, 2019