

The Charleston Consortium Internship Program

Information about Applying for Internship

Academic Year 2018 – 2019

**Medical University of South Carolina
Department of Psychiatry and Behavioral Sciences
and the
Department of Veterans Affairs Medical Center
Mental Health Service**

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The Charleston Consortium Internship Program is a joint endeavor of the Medical University of South Carolina and the Ralph H Johnson Veterans Affairs Medical Center. We are a member of the Academy of Psychological Clinical Sciences, which is a coalition of training programs that share a common goal of producing and applying scientific knowledge to the assessment, understanding, and amelioration of human problems. Membership in the Academy is granted only after a thorough peer review process. Our membership in the Academy indicates that the Charleston Consortium is committed to excellence in scientific training, and to using clinical science as the foundation for designing, implementing, and evaluating assessment and intervention procedures. We particularly welcome applications from students in other Academy programs. We are also committed to providing training to interns who reflect diversity with respect to race, ethnicity, gender, age, disability status, gender identity, sexual orientation, and religious belief.

Our program is fully accredited by the American Psychological Association. Our most recent site visit occurred in 2016. Contact information for the APA Office on Program Evaluation and Accreditation appears on page 54 of this brochure.

Table of Contents

1.	Program Description and Overview.....	p. 3
2.	Program Mission, Goals, and Objectives.....	p. 4
3.	Components and Structure of Program.....	p. 5
4.	Selection of Candidates.....	p. 5
5.	Clinical Training and Emphasis Areas.....	p. 6
6.	Clinical Rotations Descriptions.....	p. 9
7.	Sample Rotation Schedule.....	p. 45
7.	Research Training.....	p. 46
8.	Mentor/Research Preceptor.....	p. 47
9.	Psychology Training Faculty.....	p. 48
10.	Seminars.....	p. 49
11.	Supervision and Professional Role Models.....	p. 50
12.	Culture, Individual Differences, and Diversity.....	p. 50
13.	Stipend and Other Benefits.....	p. 51
14.	About the City of Charleston.....	p. 52
15.	Completing the APPIC Application Form for Psychology Internship (AAPI)	p. 53
16.	APPIC Match Policy.....	p. 54
17.	Accreditation.....	p. 57
18.	Most Recent Intern Class	p. 58

Program Description and Overview

The Charleston Consortium Psychology Internship Training Program (Charleston Consortium) is a collaborative effort of the Medical University of South Carolina and the Psychology Service of the Ralph H. Johnson Veterans Affairs Medical Center (VAMC). Internship training began at the Medical University in 1968 and at the VAMC in 1969. In 1972, the two training programs combined to form the Charleston Consortium. The program provides a year-long, full-time, American Psychological Association-accredited internship training experience for Ph.D. students in APA accredited clinical, counseling, or school psychology programs (or programs applying for such accreditation). It has trained over 600 psychology interns, many of whom are now pursuing careers in universities, medical schools, VAMCs, teaching hospitals, and other settings. Many of our graduates have also become distinguished scientists with substantial externally funded research programs. The foundation of the program is grounded in five important philosophical principles.

First, because our program is based on the scientist-practitioner/clinical scientist model, it is guided by the principle that psychology interns should receive training that integrates research and clinical practice. Our objective is to produce interns who approach clinical work with an investigatory, inquisitive attitude and who are competent to conduct clinical investigation. We encourage interns to examine the efficacy of their work with their clients and to review the research literature for guidance about which treatment strategies are best suited to particular patients and problems. Integrating the scientist and practitioner roles is difficult; however, the exposure interns receive in our program to role models who are actively involved in both research and clinical practice enhance learning opportunities to balance these two professional roles.

Second, we believe it is important to balance broad-based, "generalist" training with in-depth training for interns who wish to specialize. Super-specialization at the internship level can be as professionally limiting, as is training that is so broad that interns lack an in-depth understanding about any specific topic. Therefore, we designed our program so that interns wishing to specialize can do so, but while also participating in more general training experiences.

A third philosophical belief providing a foundation for the program is the value of working with a variety of client populations, including those frequently underserved by mental health professionals. We believe that interns must receive training experiences that prepare them for working with culturally and ethnically diverse populations; thus, clinical experiences with underserved patients and exposure to role models working with underserved populations are vitally important. Interns in the program work with faculty in providing services to a variety of typically underserved populations, including (but not limited to) crime victims, veterans, children, racial/ethnic minorities, substance abusers, the poor, individuals from rural areas, and those with combined physical and mental health problems.

Fourth, interns will be provided with training experiences that expose them to "cutting edge" aspects of scientist-practitioner/clinical scientist work. How to survive and even prosper within the context of health care reform is also a challenge for the future. It is our goal to provide interns with as much training as possible in these issues to better prepare them to succeed in the changing career world of psychology. Finally, we believe that the best learning environment is one in which a student learns by doing while also having fun, and that good training is best accomplished in an atmosphere of mutual respect between faculty and interns. We attempt to create such a learning environment by treating interns as junior colleagues.

Program Mission, Goals, and Objectives

Mission

The Charleston Consortium's mission is to provide interns with training that will enhance their expertise in research, clinical assessment and treatment, integration of science and practice, and understanding cultural and individual differences in our increasingly diverse society. To accomplish this mission, the program has developed the following goals and objectives.

Program Goals and Competencies

Goal 1: To increase interns' expertise and experience in clinical assessment, diagnosis, and treatment. Specifically, by the conclusion of internship, interns will demonstrate the ability to:

Competency 1a: effectively utilize assessment procedures, including interview and other standardized assessment procedures appropriate to their clinical rotations.

Competency 1b: monitor treatment efficacy using evidence-based methods.

Competency 1c: forge therapeutic relationships and deliver evidence-based treatments with fidelity.

Competency 1d: perform general clinical skills (e.g., dependability, time management, professionalism).

Goal 2: To increase the interns' proficiency in conducting clinically relevant research. Specifically, by the conclusion of internship, interns will demonstrate the ability to:

Competency 2a: in collaboration with a faculty mentor, formulate research questions, conduct critical reviews of the scientific and/or clinical literature, select and apply appropriate research methods and statistical analyses, critically interpret findings, integrate findings with relevant literature, and adhere to APA ethical standards in the conduct of research.

Competency 2b: perform research activities with dependability, efficiency, and professionalism.

Competency 2c: analyze relevant data and produce an original research paper (involving either secondary analysis of existing data or original data collection) in a format and style suitable for submission to an appropriate professional journal.

Competency 2d: make an effective oral research presentation (of either the research conducted during internship or a practice "job talk") during the internship's Research Seminar.

Goal 3: To increase interns' clinical communication and documentation skills to facilitate multi-disciplinary relationships with other health professionals. Specifically, by the end of internship interns will demonstrate:

Competency 3a: the ability to make an effective and informative scholarly presentation of a clinical case (including a summary of relevant literature and assessment and intervention utilization) within the internship's clinical case conference.

Competency 3b: effective communication and collaboration skills with psychologists and other health professionals within their training sites.

Competency 3c: timely and accurate documentation of clinical service delivery within appropriate medical records (including electronic health records).

Goal 4: To increase interns' understanding of the ways in which cultural and individual differences relate to clinical practice. Specifically, by the end of internship, interns will:

Competency 4a: demonstrate clinical competence (e.g., establish rapport, maintain therapeutic relationships, and effectively deliver services) with typically underserved groups (which may include economically disadvantaged, racial/ethnic minority, older adult, veteran, and trauma exposed patients).

Components and Structure of Program

To accomplish its mission, goals, and objectives, the program has four major components, each of which is described below in this brochure:

1. Clinical Training
2. Research Training
3. Mentors/Research Preceptors
4. Seminars

The internship year is divided into two, 6-month rotations. Interns complete two half-time rotations during each 6-month period. Research training occurs continuously throughout the entire year. Each intern is assigned a Mentor/Research Preceptor who works with the intern for the entire year, and seminars occur throughout the year.

Selection of Candidates

To be eligible for the program, the applicant should be in good standing enrolled in an APA-accredited Ph.D. program in clinical, counseling, or school psychology. The Charleston Consortium prefers applicants from APA-accredited programs, but we understand that training programs cannot attain accreditation without placing their graduates in APA-approved internships. Therefore, we do accept and give full consideration to applications from students enrolled in Ph.D. training programs that are currently applying for accreditation. The internship currently accepts a variable number of interns each year, depending on budgetary factors. Over the past 7 years, that average number of interns has been ~19/year, with a low of 16 and a high of 24. Applicants should note that the internship is an intensive experience guided by the scientist-practitioner/clinical science model. Accordingly, interns selected for this program should have considerable supervised clinical practicum experience (a minimum of 1500 hours is recommended) and demonstrate considerable interest and ability in conducting research beyond that required by the Master's Thesis and Doctoral Dissertation. Additionally, although our program's faculty have many theoretical orientations, the large majority are behavioral or cognitive-behavioral. Thus, we seek interns who have a background in behavioral or cognitive-behavioral theory and at least basic experience in implementing these intervention strategies with clinical populations.

Both MUSC and the Ralph H. Johnson VAMC are Equal Opportunity Employers, and we actively seek diverse candidates for internship. We encourage applications from research-oriented potential interns across the spectrum of diversity.

As part of the application process, each candidate must be interviewed by the faculty of the program. Interviewees who visit campus also meet with one or more current interns. We have found that this important step in the selection process allows the applicant to be maximally informed about the internship and helps the selection committee choose interns who match well with the program.

The internship selects a relatively large number of applicants for interviews. Applicants selected for an interview will be contacted by e-mail to arrange a suitable time for an on-campus interview. Our program interviews applicants in December and January. Applicants for whom an interview trip would be a hardship may request a telephone or teleconference interview. Completed application materials must be received November 1, 2017. **Although you may apply under as many of our training tracks as you**

desire, you need only submit ONE application via the AAPI Online portal. Specify in the cover letter the tracks for which you would like to be considered. The cover letter should also include information about your perceptions of your match with the program (i.e., where you see yourself fitting in). Successful applicants do not need to have prior experience with the problems or patient populations served by a particular rotation or track in order to express interest in it. Nor do they have to have research experience that perfectly corresponds with any individual faculty member's ongoing research. However, we find it very useful in evaluating applicants to know how they see themselves fitting in with the diverse clinical and research training opportunities the Consortium is able to provide.

Many international students assume that because our Consortium includes the Department of Veterans Affairs Medical Center, they are not eligible to apply for this internship program, or to complete rotations at the VA Medical Center. This is not correct. As noted above, intern stipends are paid from a variety of sources. Although international students cannot be paid via some funding sources (e.g., VA stipends, National Institute of Health training grants), they are eligible to be paid by others. Furthermore, we impose no restrictions regarding the completion of individual rotations at VA training sites (i.e., international students may complete rotations at VA sites).

Clinical Training and Emphasis Areas

Clinical training is conducted according to a "generalist" model that balances intern desire for specialty training with the educational need to develop and polish a strong base of clinical knowledge and skills during the internship year. Consistent with the generalist model of training, a broad range of clinical training experiences is available. Through various rotation sites, interns have the opportunity to assess and/or treat children, families, or adults presenting with a variety of mental and physical health problems. In addition, the clients served by the various rotation sites come from diverse social, cultural, and economic backgrounds.

The internship year is divided into two, 6-month rotations. During each rotation, interns complete two, half-time rotations in different clinical settings. Clinical rotation offerings are modified as needed to enhance training opportunities. In the section describing each track below, the names of rotations that fall into that track are listed. Some rotations are listed in multiple tracks due to the kind of clinical activities included in, and populations served by, those rotations. Descriptions of currently available (2017-2018) clinical rotation experiences appear below the track descriptions, in alphabetical order. The Charleston Consortium places a high value on providing outstanding clinical training. The rotation descriptions offer a sense of the rich training opportunities available here. The faculty recognize the crucial importance of having your internship year match your clinical training needs. Every effort is made to see that each intern completes a set of clinical rotations that balances specialized interests with exposure to a broad range of clinical practice. Interns are guaranteed their first rotation choice at the time of admission (match). They are also guaranteed 6 months of training within the track in which they match. Beyond that, every effort is made to honor intern interests and preferences regarding other rotations. The program has been very successful in matching the clinical interests of interns with available clinical rotations. Thus, interns interested in particular areas of clinical practice (e.g., children and families, neuropsychology, behavioral medicine, substance abuse, anxiety disorders, etc.) can receive substantial amounts of clinical experience in their chosen area(s) of clinical interest.

The APPIC internship computer match led us to formalize the specialty emphasis areas of internship training we provide. Specifically, we identified seven emphasis areas or tracks (General, Adult Psychopathology, Behavioral Medicine, Child/Pediatric, Neuropsychology, Substance Abuse, and

Traumatic Stress), each of which has a unique identification number for the purpose of the match. Special tracks are not intended to limit the variety of rotations that interns can complete. Rather, they guarantee the equivalent of 6-months of clinical experience within that track.

Intern applicants identify the emphasis areas they wish to be considered for and can select as many as they wish. Interns selected within a track will get at least half of their clinical rotations within the special emphasis area. However, it is important to note that interns typically complete at least one rotation outside of their special emphasis area. This maintains the generalist nature of the program because it ensures that all interns receive some clinical training outside of a specialty area, and lets interns gain experiences in tracks outside their own in which they may have interest. All applicants are asked to provide information on their rotation preferences after their interviews and prior to submission of the match list.

Tracks

General Internship

The General track is designed for the generalist intern who is interested in completing a broad variety of training experiences during internship. Applicants who are interested in developing broad-based psychotherapy and/or assessment skills typically apply to the General Track, although this track is not limited to people with those interests. All rotations within the internship are considered “General Track” rotations.

Adult Psychopathology Track

This track offers an array of clinical and research opportunities for trainees who are interested in the evidence-based assessments and treatments for adults with depressive/anxiety disorders and/or couples and families with relationship dysfunction. Settings include outpatient mental health for civilians (SATRP), outpatient mental health for Veterans (CBT Clinic and Couples & Family Clinic), primary care for Veterans (PCMHI), and medical inpatient for civilians (CIPS). Each setting/rotation is supervised by faculty member(s) guided by the scientist practitioner model and well versed in a wide range of evidence-based approaches.

Applicants interested in the Adult Psychopathology track typically fall into one or both categories: 1) those interested in evidence-based psychotherapy for adult disorders (depression, anxiety, sleep), and/or 2) those interested in evidence-based psychotherapy for couples and families with/without related psychopathology.

- CBT Clinic for Emotional Disorders
- Couples Clinic
- Primary Care Mental Health Integration
- Sleep and Anxiety Treatment and Research Program
- CBT-Counseling & Psychology Services

Behavioral Medicine Track

The Behavioral Medicine track offers a variety of training experiences that address the relationship between psychological functioning and physical health. These rotations involve multi-disciplinary training in a variety of in- and outpatient settings.

- Behavior Medicine Clinic – IOP
- Behavioral Health Consultation Clinic
- Weight Management Clinic
- Behavior Medicine Clinic – DVA
- Hollings Cancer Center
- Telehealth Resilience and Recovery Program
- Tobacco Treatment Program
- Women’s Reproductive Behavioral Health Clinic

Child Psychology Track

This track offers an array of research, clinical, and didactic opportunities for trainees who are interested in the assessment and treatment of children and adolescents in a variety of settings. Settings include medical inpatient settings, psychiatric outpatient settings, a therapeutic preschool program for children who are at significant risk for pediatric problems and their families, and the National Crime Victims Research and Treatment Center, which serves children and adolescents and their families who have been victims of sexual abuse and other violent crimes. Applicants with interest in childhood traumatic stress may want to also consider applying to the Trauma Stress track.

- Community Outreach Program – Esperanza (COPE)
- Developmental and Behavioral Pediatrics
- Pediatric Primary Care
- Head Start Mental Health Consultation & Treatment Program
- Dee Norton Child Advocacy Center
- Outpatient Youth & Adolescent Psychiatry Clinic
- Pediatric Health Psychology
- Stall High School Mental Health
- COPE Telehealth Outreach Program

Substance Abuse Track

The Substance Abuse track offers opportunities for working with adult and adolescent patients in both civilian and veteran outpatient settings using a variety of evidence-based treatment modalities and models. The multi-disciplinary focus provides excellent opportunities for consultation with, and learning from, other professions focused on the management of addictions.

- Center for Drug and Alcohol Programs
- Substance Treatment and Recovery Program

Neuropsychology Track

The Clinical Neuropsychology Track offers broad-based training in Clinical Psychology for interns with specific prior graduate training in neuropsychology. Interns entered into the Neuropsychology subspecialty will meet the didactic and experimental training requirements recommended by APA Division 40, including six months of specific neuropsychology experiences with multiple associated seminars and rounds. Additionally, as a part of the overall Internship Program research requirement, interns in the Neuropsychology subspecialty will devote the entire year to brain/behavior research under the mentorship of a faculty member who specializes in Clinical Neuropsychology.

Neuropsychology Clinic - VA Medical Center

Neuropsychology Assessment Clinic

Traumatic Brain Injury Services - VA Medical Center

Traumatic Stress Track

The Traumatic Stress track offers unique opportunities to work with traumatized populations in a variety of settings, including a Veterans Administration Medical Center, a hospital-based outpatient clinic, a community child-advocacy center, and variety of community-based outreach settings. Applicants with interests in either adult or child traumatic stress are welcome.

- Community Outreach Program—Esperanza (COPE)
- Pediatric Primary Care
- Dee Norton Child Advocacy Center
- National Crime Victims Research and Treatment Center
- PTSD Clinical Team Service
- Stall High School Mental Health
- Telehealth Resilience and Recovery Program
- COPE Telehealth Outreach Program

Clinical Rotations

Behavior Medicine Clinic-IOP

Interns receive a wide array of clinical experiences geared toward the delivery of multi-disciplinary services to patients with a variety of general medical issues and chronic illnesses. Interns work in a number of different clinics and facilities at MUSC providing one-on-one and group-level patient care, as well as consultation services to a wide variety of medical specialties. Interns will gain fluency in a range of psychological/behavioral medicine services including but not limited to interviewing, assessment, psychological testing, individual psychotherapy, consultation, applied physiology, treatment planning, and oral and written communication with a variety of medical specialties. The three major service settings for this rotation are described below.

IOP - Behavioral Medicine Clinic: Interns see patients for individual psychotherapy geared toward helping them manage chronic medical conditions and associated psycho-social complications. The Clinic has relationships with a number of medical specialties and departments at MUSC, and we provide comprehensive psycho-social services for patients with problems such as: chronic pain, irritable bowel syndrome, pancreatitis, headache, sleep problems, hypertension, Crohn's disease, fibromyalgia, non-epileptic event disorder, conversion disorder, diabetes, and others. Additionally, interns provide services for improving health behaviors, including weight management related to bariatric surgery and smoking

cessation. Interns will get hands-on experience in multidisciplinary treatment, providing cognitive psychotherapy, biofeedback, behavioral therapy, hypnosis, and integrative psychotherapeutic approaches.

Organ Transplant Pre-surgical Evaluation and Treatment: Interns conduct comprehensive evaluations and offer outpatient psychotherapy services for patients that are being considered for heart, liver, kidney, lung, and auto-islet cell transplantation. Interns will administer neuropsychological, cognitive, and personality screening, make referrals for further comprehensive psychological testing if indicated, make recommendations about the appropriateness of patients for the transplant surgery, and assess their abilities to process and manage post-operative medical recommendations.

Bariatric Pre-surgical Evaluation and Treatment: Interns conduct comprehensive evaluations and offer outpatient psychotherapy services for patients that are bariatric surgery (gastric bypass, sleeve gastrectomy, laparoscopic adjustable gastric band) candidates. Interns will administer neuropsychological, cognitive, and personality screening, make referrals for further comprehensive psychological testing if indicated, make recommendations about the appropriateness of patients for the bariatric surgery, and assess their abilities to process and manage post-operative medical and dietary recommendations.

By the end of the rotation, the intern will be able to:

- Evaluate patients that are being considered for bariatric, transplant, or other surgery; identify psychosocial risk and reliance factors; and formulate pre- and/or post-surgical recommendations
- Prepare and apply empirically supported psychotherapeutic interventions, including surgical preparedness, to patients with comorbid medical conditions (e.g., obesity, end stage organ disease, chronic pain, epilepsy) and their families engaged in medical care
- Identify and respond to the unique psychosocial challenges associated with diverse patients that are engaged in psychiatric and medical care. Diversity includes but is not limited to age, SES, medical diagnosis, mental health diagnosis, race, cultural background, religiosity, sexual orientation, and educational status.
- Integrate psychological treatment and recommendations through verbal and written interactions with the medical teams and as an effective provider in multidisciplinary teams

Bio-Behavioral Medicine Seminar

Interns and Psychiatry Residents on the Consult-Liaison service meet with faculty weekly to discuss issues relevant to clinical service provision for patients with chronic illnesses. Clinicians from a variety of disciplines present lectures on diverse topics relevant to behavioral medicine.

Location of rotation: MUSC, Institute of Psychiatry, Division of Bio-Behavioral Medicine

Faculty:
Wendy Balliet, PhD, Assistant Professor
Kelly Barth, DO, Assistant Professor
Jeff Borckardt, PhD, Associate Professor
Lillian Christon, Ph. D., Assistant Professor
Lauren Holland, Ph.D., Instructor
Rebecca Kilpatrick, Ph.D., Instructor
Bob Malcolm, MD, Professor
Eva Serber, PhD, Associate Professor
Sharlene Wedin, Psy.D. ABPP, Assistant Professor

Behavior Medicine Clinic – VAMC

This rotation provides training experiences in three specialty clinics within the VAMC Behavioral Medicine Service. These clinics are briefly described below.

Interdisciplinary Pain Program: Interns work closely with an interdisciplinary team (e.g., Anesthesiology, Psychology, Nursing, Pharmacy, and Psychiatry) in the assessment and treatment of veterans referred with a variety of chronic pain complaints.

Weight Management Program (MOVE!): Interns provide services within the VA's weight management program. They will work with a multidisciplinary team to engage patients in motivational enhancement strategies to address health behavior change and weight loss strategies.

Behavioral Medicine Clinic: Interns provide individual therapy to veterans with chronic medical conditions that might include: chronic pain, diabetes, sleep disorders, and pulmonary disease. Referrals to this clinic are made from clinics throughout the VA, and interns gain experience in working with healthcare providers from a variety of disciplines and specialties.

After completing the VA Behavioral Medicine Rotation, intern will be able to:

- Accurately assess psychosocial factors and co-morbid mental health diagnoses related to the relevant patient populations experience among individuals seeking care through the health care teams served by this rotation (Interdisciplinary Pain Clinic, MOVE Weight Management Program, Behavioral Medicine Clinic)
- Develop evidence-based treatment plans for chronic pain based on the psychosocial assessments.
- Effectively use techniques of motivational interviewing and other motivational enhancement strategies to address health behavior change
- Work effectively with in consultation with professionals within an interdisciplinary team setting (i.e., physicians, nurses, dieticians, and pharmacists).
- Deliver evidence-based treatments for relevant patient populations in both individual and group settings.

Location of Rotation: Department of Veterans Affairs Medical Center
Faculty: Layne Goble, Ph.D., Assistant Professor

Behavioral Health Consultation Clinic (BHCC)

Family Medicine is unique among medical specialties in that it integrates care for people of all ages, genders, and states of health. Family Medicine encompasses prevention activities as well as the treatment of a broad range of acute and chronic illnesses. Family doctors are specifically trained with regard to interdisciplinary practice and place a high degree of value on the contributions of psychologists towards their patients' overall health. The BHCC provides participating interns with opportunities to work primarily within two outpatient Family Medicine clinics. Patients are referred by their treating physician for assistance with diagnostic assessment and/or time-limited, evidence-based psychological interventions (generally 6 sessions or less). Typical presenting problems include ADHD, depressive disorders, anxiety disorders, insomnia, pain management, tobacco or alcohol use problems, and adjustment issues. Psychology interns will have ample opportunity to collaborate with referring physicians (both faculty and resident physicians) with regard to patient care. Interns will learn to utilize both clinical interviews and brief self-report measures to assess the mental health/behavioral needs of their patients succinctly and accurately (at baseline and across time). Interns will also learn effective and succinct methods for communicating their clinical findings and treatment plans to patients and referring physicians (both verbally and in writing). Interns will become familiar with a variety of evidence-based psychological treatments (generally behavioral and cognitive behavioral) for the effective management of specific presenting conditions. Of note, many patients referred to the BHCC will be taking psychotropic medication. Some patients may have medication changes occur while participating in BHCC services. Others will prefer to address their concerns without psychotropic medication. So, in addition to developing knowledge and skill regarding assessment and treatment approaches, interns will also become familiar with evidence-based biological approaches for addressing patient complaints. In all cases, consideration of patient preferences, evidence-based practice, and collaboration amongst treatment professionals will be combined to determine the optimal clinical approach for each patient.

After completing the BHCC rotation, interns will be able to:

- Accurately diagnose and assess mental health/behavioral symptoms within a civilian Family Medicine (primary care) setting.
- Effectively communicate clinical findings both verbally and in writing to the referring physician, other professionals, as well as to the patient.
- Develop evidence-based treatment plans.
- Deliver brief versions of evidence-based psychotherapy and other behavioral interventions appropriate to specific presenting problems.
- Assess treatment progress via evidence-based assessment practices.
- Effectively manage the doctor-patient relationship to promote the health and well-being of patients.
- Understand the evidence-base for both biological and psychosocial approaches to mental health/behavioral health issues as presented within the unique context of a civilian Family Medicine (primary care) setting.
- Document their findings appropriately within the Electronic Health Record.

Location of Rotation

Department of Family Medicine Ellis Oaks Clinic (James Island)

Department of Family Medicine East Cooper Clinic (Mount Pleasant)

Faculty

John R. Freedy, MD, PhD

Professor of Family Medicine/Licensed Clinical Psychologist

Center for Drug and Alcohol Programs (CDAP)

The Center for Drug and Alcohol Programs (CDAP) outpatient clinic specializes in the treatment of alcohol and drug addiction. Our multidisciplinary staff is enriched by the collective influence of psychiatry, clinical psychology, social work, and the counseling arts. Representatives from each discipline work together to provide treatment for a diverse array of patients who have a spectrum of substance-related and co-occurring disorders, in addition to associated interpersonal difficulties.

During the CDAP rotation, psychology interns gain experience in diagnostic interviewing and assessment, as well as the real-world application of treatments based on empirically-supported paradigms. Active intern participation is expected in our clinical treatment program, which includes both individual and group-based approaches. Specific opportunities include short- and long-term individual therapy, motivational interviewing groups, a 4-week intensive outpatient program, relapse prevention groups, and opiate addiction groups. Interns on the CDAP rotation also frequently work with couples and families as part of our well-rounded treatment approach.

During the CDAP rotation, interns gain experience applying empirically-supported treatments in a real-world outpatient substance abuse clinic:

- Motivational Interviewing
- Cognitive Behavioral Therapy
- 12-Step Facilitation

Interns will also provide behavioral treatment to patients who, through collaborative work with psychiatrists and psychiatry residents, are being treated with adjunctive FDA-approved pharmacotherapies to treat addiction in outpatient settings:

- Naltrexone (ReVia), Acamprosate (Campral) and Disulfiram (Antabuse) for alcohol addiction
- Buprenorphine for opiate addiction

CDAP's clinical program benefits greatly from the division's active \$6M extramurally funded research program, NIAAA and NIDA-funded postdoctoral training programs, and its nationally-recognized research faculty. CDAP is strongly committed to research and was a site for two multi-site clinical trials funded by NIAAA: Project MATCH and the COMBINE study. The faculty encourages and facilitates intern participation in all aspects of ongoing research protocols. Based on fit with the psychology intern's research interests, opportunities to participate in clinical research projects may be available.

Examples of past research projects include:

- behavioral health projects related to improving alcohol screening in primary care and specialty medical settings
- use of alcohol biomarker laboratory tests with surgical patients
- clinical trials for alcohol and cocaine treatment
- clinical trials for treatment of comorbid anxiety/alcohol disorders
- prevalence of psychiatric comorbidity in clinical settings
- human laboratory, imaging, and psychophysiological studies related to alcohol, stress, and to cocaine

After completing the CDAP rotation, interns will be able to:

- Accurately identify substance use symptoms and diagnose substance use-related disorders in adults and adolescents.
- Make accurate treatment recommendations across multiple levels of care upon completing an assessment.
- Deliver, with fidelity, evidence-based treatments for substance use disorders, such as Motivational Enhancement Therapy, Cognitive Behavioral Therapy, 12-Step Facilitation in individual, family, and group formats to adults and adolescents.
- Monitor patients' progress over the course of treatment, utilizing a variety of data (e.g., self-report, urine drug screens, blood tests, collateral report), and modify treatment plan accordingly.
- Document the delivery of services and patient responses to services appropriately and in a timely manner in each patient's electronic medical record.
- Accurately monitor, demonstrate sensitivity, and apply knowledge of others as diverse individuals and cultural beings in assessment, treatment, and consultation.

Location of rotation: Medical University of South Carolina, CDAP outpatient clinic
Faculty: Joshua Smith, Ph.D. Associate Professor
Viktoriya Magid, Ph.D., Associate Professor

Cognitive Behavioral Therapy Clinic for Emotional Disorders –VAMC (CBT-VA)

The CBT Clinic for Emotional Disorders is a specialized psychotherapy clinic within the Ralph H. Johnson VAMC, involving an integrated staff of psychologists and social workers. The clinic serves veterans with principal diagnoses of emotional disorders (major depressive disorder, dysthymia, panic disorder, social phobia, PTSD, OCD, specific phobia, and GAD) and related conditions from referring providers throughout the mental health services within the VAMC. The CBT Clinic focuses on the most recent developments in evidence-based psychotherapies, involving various versions of behavioral and cognitive therapies (e.g., PCT, PE, CPT, ERP) and other adaptations (e.g., DBT, mindfulness, ACT). In addition, as comorbidity is more of a rule than an exception in this population, newer transdiagnostic approaches to psychotherapy are emphasized. Telehealth-based treatments also are used within the CBT Clinic to provide evidence-based psychotherapy to veterans in underserved areas and/or with other obstacles to in-person treatments (e.g., transportation, severe avoidance).

The scientist-practitioner/clinical scientist model is highly valued by the staff within the CBT Clinic and it plays an important role in clinical practices, supervision, and related research projects. Although the CBT Clinic primarily serves as a treatment service within VAMC, there are several recent and ongoing research projects within the clinic. To date, these projects have focused primarily on better understanding prevalence, severity, and diagnostic comorbidity of the emotional disorders and adapting evidence-based psychotherapies to real-life clinical practices (e.g., effectiveness, dissemination, and implementation research). Past interns also have been successful in publishing case studies resulting from the complex cases treated during the clinic.

Interns rotating within the CBT Clinic will receive both individual and group psychotherapy experiences in addition to supervision and trainings in evidence-based psychotherapies. Given the large number of referrals and opportunities, the CBT Clinic supervisors attempt to match/address an intern's individual training needs whether by specific patient characteristics, diagnoses, and/or treatment practices or modalities. Interns also are invited to be involved in the ongoing research within the clinic.

After completing the CBT Clinic rotation, interns will be able to:

- Accurately diagnose and assess Veterans with emotional disorders and related comorbidities.
- Develop evidence-based treatment plans for addressing disorder-specific and transdiagnostic symptoms related to the emotional disorders.
- Deliver evidence-based psychotherapy for the emotional disorders, including several different disorder-specific and transdiagnostic CBT protocols.
- Assess treatment progress via evidence-based assessment practices.
- Communicate and coordinate assessment/treatment findings through direct interactions with providers and via documentation in patient medical records within the VA Mental Health Service and CBT Clinic for Emotional Disorders.

Location of rotation:

Ralph H. Johnson Veterans Affairs Medical Center

Faculty:

Daniel F. Gros, Ph.D., Associate Professor

Justin Quattlebaum, Ph.D., Assistant Professor

Rachel LeVine, Ph.D., Assistant Professor

Derek Szafranski, Ph.D., Staff Psychologist, Clinical Assistant Professor

Nina Wong Sarver, Ph.D., Assistant Professor

Cognitive Behavioral Therapy-Counseling and Psychological Services Center (CBT-CAPS)

CBT-CAPS provides psychological assessments and individual and couples therapy to MUSC students, whose problems are representative of the wide spectrum of adjustment and mental health disorders. More specifically, the clinical experiences available on this half-time rotation include:

Assessment: Comprehensive behavioral and intake assessments; assessments of mood and anxiety disorders; and assessments of issues affecting learning and academic performance.

Outpatient Individual Therapy: Psychotherapy ranging in duration and scope from brief cognitive behavioral work to longer-term therapy; Couples Therapy training may also be available, depending on demand.

Psychoeducational Groups: Groups are developed when appropriate patient populations are identified and may include social skills, conflict resolution, stress management, or relationship enhancement groups, for example.

In addition to the clinical experience provided at CBT-CAPS, interns may elect to conduct research with the clinical population at CBT-CAPS. There is an extensive database available for use by the interns.

After completing the CAPS-CBT rotation, interns will be able to:

- Conduct focused intake assessment using a semi-structured interview and objective measures
- Formulate treatment plans based on relevant empirical and theoretical literature for students seeking (or referred for) psychological treatment for a variety of problems, including depression, anxiety, substance abuse, relational problems, academic problems (including ADHD), problems with professional conduct, etc.
- Demonstrate competencies in drug/alcohol abuse assessment and treatment in the student population at MUSC. Such competencies would include evaluation, understanding of MUSC drug and alcohol policies, referral for laboratory drug and alcohol testing, administration of alcohol breathalyzer, use of motivational interviewing techniques, and knowledge of related community resources.
- Provide evidence-based treatment to address presenting problems and monitor symptoms and to evaluate effectiveness of the intervention(s).
- Effectively participate in an interdisciplinary team, evidenced by consultation with psychiatrists and other physicians regarding medications, making appropriate referrals for evaluation for psychotropic medications, and addressing other medical issues that may impact symptoms or treatment.
- Provide effective and sensitive mental health consultation and psychoeducational presentations to the university community, parents and outside agencies, when requested.
- Demonstrate proficiency in the use of templates for documentation in the electronic medical record (Point and Click).

Location of rotation: Medical University of South Carolina
Faculty: Alice Q. Libet, Ph.D., Clinical Associate Professor

Community Outreach Program –Esperanza (COPE)

The National Crime Victims Research and Treatment Center (NCVC) Community Outreach Program - Esperanza (COPE) provides community-based assessment, referral, and treatment services to children who have been victimized by crime (e.g., sexual and physical abuse, domestic violence) or have experienced other traumatic events (such as a natural disaster or a serious accident). Services are provided in the child's community (e.g., home, school) and/or at the NCVC Clinic. COPE attempts to reach victim populations that have traditionally been underserved by office-based mental health care programs, especially rural populations and racial/ethnic minorities.

Although open to children from all racial/ethnic minority groups, a significant proportion of referrals involve children of Hispanic descent. In addition to direct services, COPE offers consultation and in-service training to local and state service agencies (e.g., Department of Social Services, public health centers, schools) in order to increase community awareness of the special needs children who have been victimized. Interns have the opportunity to be involved in all aspects of COPE services. Clinically, interns are trained in behavioral and cognitive behavioral treatment interventions, with a particular focus on adapting evidence-based interventions for use in community settings. Interns develop expertise in the assessment and treatment of posttraumatic stress disorder, other anxiety disorders, depression, and disruptive behavior disorders. In addition, interns may also participate in providing consultation and training with other community agencies. Finally, interns are encouraged to become involved in ongoing research and/or to participate in related research endeavors.

After completing the Community Outreach Program - Esperanza rotation, interns will be able to:

- Accurately identify trauma-related symptoms and diagnose trauma-related disorders among child victims of civilian trauma in community-based settings
- Develop evidence-based treatment plans for addressing trauma-related problems among adult and child victims of civilian trauma within community-based settings
- Deliver, with fidelity, evidence-based treatments for PTSD and other trauma-related problems (specifically, TF-CBT, Prolonged Exposure, and Cognitive Processing Therapy) within community-based settings
- Document the delivery of services and patient response to services appropriately in each patient's electronic medical record
- Identify relevant social service systems that serve civilian trauma victims and advise patients effectively about those services.

Location of rotation: National Crime Victims Research & Treatment Center, MUSC
Faculty: Michael de Arellano, Ph.D., Professor
Carla Kmett Danielson, Ph.D., Professor
Rosaura Orengo-Aguayo, Ph.D., Assistant Professor

COPE Tele-Health Outreach Program (TOP)

The Tele-Health Outreach Program (TOP) provides assessment, referral, and treatment services for children and adolescents who have experienced traumatic events (e.g. sexual abuse, physical abuse, witnessing domestic violence, natural disaster, etc.). Services are provided via HIPPA compliant videoconferencing software in the child's community, including home, school, and primary care locations. The intern providing telehealth services will be located at the Institute of Psychiatry on the MUSC campus and the child will be located in his/her community location. TOP provides evidence-based trauma-focused therapy for children and adolescents across South Carolina. TOP focuses on reaching populations that have traditionally been underserved by office-based mental health care programs, especially rural populations and racial/ethnic minorities. Although open to children of all races/ethnicities, the majority of referrals involve Hispanic and African American youth. In addition to direct services, TOP offers consultation and in-service training via tele-health for local and state service agencies (e.g. schools, public health centers, Department of Social Services) in order to increase community awareness of the special needs of children who have experienced trauma. Interns have the opportunity to be involved with all aspects of TOP services. Clinically, interns are trained in behavioral and cognitive behavioral treatment interventions, with a particular focus on adapting evidence-based interventions for use in a telehealth delivery format. Interns develop expertise in the assessment and treatment of posttraumatic stress disorder, other anxiety disorders, depression, and disruptive behavior disorders. In addition, interns may also participate in providing consultation and training with other community agencies. Finally, interns are encouraged to become involved in ongoing research and/or to participate in related research endeavors.

After completing the Telehealth Outreach Program rotation, interns will be able to:

- Accurately identify trauma-related symptoms and diagnose trauma-related disorders among child victims of civilian trauma in via telehealth.
- Develop evidence-based treatment plans for addressing trauma-related problems among child victims of trauma via telehealth.
- Deliver, with fidelity, evidence-based treatments for PTSD and other trauma-related problems (specifically, TF-CBT) via telehealth.
- Document the delivery of services and patient response to services appropriately in each patient's electronic medical record.
- Identify relevant social service systems that serve child trauma victims and advise families effectively about those services.

Location of rotation: MUSC National Crime Victims Research and Treatment Center
Faculty: Regan W. Stewart, Ph.D.
Michael de Arellano, Ph.D.

Couples and Family Clinic – VAMC

On this rotation, interns attain proficiency in thoroughly working up couple and family relationships through the multi-systemic assessment of behaviors, attitudes, and feelings via semi-structured interviews, self-report measures, and observational assessments.

Interns are given the opportunity to serve as co-therapists, primarily with the rotation supervisors, but also occasionally with other interested and proficient intern or post-doctoral fellow colleagues. The primary intervention focus in the Couples Clinic is dyadic therapy via Jacobson's and Christensen's Integrated Behavior Couples Therapy (IBCT) which is a sophisticated unification of "classical" Behavioral Marital Therapy (i.e., communication skills, problem solving skills, & increasing positive event density) and Emotion Focused Therapy, leading to additional key intervention techniques around emotion ("Empathic Joining") and cognition ("Unified Detachment"). Additional couples interventions include Behavioral Couples Therapy for SUD and Cognitive Behavioral Conjoint Therapy for PTSD.

Consistent with national trends in primary care and managed care, brevity of intervention (typically an 8-10 session span) is stressed. Couples are also typically invited to participate in a VA multi-center clinical research outcome study. Additionally, interns with research interests in prevention and/or in relationship strategic planning, life balance development, and/or in empirically examining interaction data will find ample opportunity to participate in clinical research in the Couples and Family Clinic.

After completing the Couples Clinic rotation, interns will be able to:

- Administer, score, and interpret comprehensive interview, assessment, and observational data.
- Conduct functional behavioral assessments of couple dysfunction and use this information to tailor treatment plan.
- Functionally analyze, verbally and in writing, the etiology and maintenance of maladaptive inter-spouse behavior/cognitive chains.
- Communicate intake findings, conclusions, recommendations to couples and develop treatment plans to address these.
- Demonstrate appropriate and effective use of specific couples therapy techniques, including nurturing support, challenging, confronting, coaching, demonstrating, and modeling.
- Demonstrate modeling and effective teaching of behavioral intervention skills, including specific praise, effective commands, limit setting, time-out, planned ignoring, and cost-response systems.
- Demonstrate effective use of emotion-regulating tools.

Location of rotation: Department of Veterans Affairs Medical Center
Faculty: Julian Libet, Ph.D., Associate Professor
Jenna Baddeley, Ph.D., Staff Psychologist
Karen Petty, Ph.D., Staff Psychologist

Dee Norton Child Advocacy Center (DNCAC)

DNCAC is a freestanding Children's Advocacy Center, which is a national multidisciplinary model for responding when there is a concern for child abuse or neglect. DNCAC has a multidisciplinary staff, including representatives from psychology, social work, case management, and forensic interviewing. We also have co-located physicians, nurses and fellows from the MUSC Division of Child Abuse Pediatrics. Each year, the DNCAC provides direct services to over 1,500 child maltreatment victims, including both forensic and clinical (i.e., assessment and/or treatment) services. Children served at our program are racially and economically quite diverse, over half have experienced child maltreatment, including physical abuse (31%), exposure to domestic violence (20%), and sexual abuse (16%).

Psychology interns receive didactic and experiential training in evidence-based assessments and treatments for children who have experienced child abuse or trauma. The treatments provided at DNLCC include Alternatives for Families: A Cognitive Behavioral Therapy (AF-CBT), Parent-Child Interaction Therapy (PCIT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), and Sexual Behavior Problem–Cognitive Behavioral Therapy (SBP-CBT). Psychology interns predominantly conduct mental health assessments and provide AF-CBT and PCIT. Interns have the opportunity to observe forensic interviews. Psychology interns on this rotation collaborate with many multidisciplinary partners, including pediatricians, social workers, child protective services, law enforcement, and prosecutors. There are also shared training activities with interns from social work and clinical counseling programs.

By the end of the rotation, interns will be able to:

- Accurately distinguish among forensic and clinical assessments of children.
- Accurately assess clinical symptoms commonly associated with trauma exposure in children and adolescents.
- Develop evidence-based treatment plans for addressing trauma-related problems among adult and child victims of abuse and trauma.
- Deliver, with fidelity, evidence-based treatments for PTSD and other trauma-related problems [specifically, Alternatives for Families: A Cognitive Behavioral Therapy (AF-CBT), Parent-Child Interaction Therapy (PCIT), and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)].
- Document the delivery of services and patient response to services appropriately in each patient's electronic medical record.
- Effectively provide evidence-based treatments to underserved populations, including racial/ethnic minorities and those families at economic disadvantage, and overcome barriers to the implementation of evidence-based treatments in community settings.

Location of rotation:

Dee Norton Lowcountry Children's Center

Faculty:

Carole Swiecicki, Ph.D., Clinical Assistant Professor

Kathy Reid Quinones, Ph.D., Director of Grants and Program Evaluation

Developmental and Behavioral Pediatrics – MUSC (Peds)

This is a six-month, half-time rotation in the Division of Developmental and Behavioral Pediatrics at MUSC, a multidisciplinary service with representative faculty from several related disciplines, including school psychology, clinical psychology, developmental pediatrics, genetics, and pediatric psychiatry. Interns also frequently have the opportunity to consult with faculty from other disciplines on specific cases. Interns on this rotation participate in each of two specialty clinics: the Autism Spectrum Disorder Clinic, and the Infant and Toddlers Assessment Clinic. The first two weeks of the rotation include intensive training in interview and specialized assessment techniques.

Autism Spectrum Disorder Clinic: This clinic provides diagnostic evaluations for children suspected of having an autism spectrum disorder. Referred children may range in age from 15 months to 18 years, and may have a wide range of presenting concerns. Interns assigned to this clinic will receive training in the use of state-of-the-art assessment instruments for these disorders, including the ADOS-2.

Infant and Toddlers Assessment Clinic: This clinic provides developmental evaluations for children from birth to age 4 suspected of having developmental delays. This clinic is a multidisciplinary service that is staffed by clinical psychologists and developmental pediatricians. Interns assigned to this clinic will receive training in early child development and in the use of age appropriate assessments tools including the Mullen Scales of Early Learning.

Objectives:

- Reliably use evidence - based assessment methods for the diagnosis of autism spectrum disorders, including the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2).
- Provide accurate differential diagnoses for children referred for concerns for Autism Spectrum Disorder.
- Provide evidence-based individualized treatment recommendations for children with neurodevelopmental disabilities
- Reliably use the Mullen and other instruments to provide a thorough, accurate developmental assessment for children ages 0-4 years
- Work effectively as part of a multidisciplinary team to conduct developmental assessment and develop needs based treatment plan
- Provide sensitive, evidence-based feedback to families regarding their children’s development and proposed treatment plan

Location of rotation:

Medical University of South Carolina

Faculty:

Laura Carpenter, Ph.D., Professor

Kasey Hamlin-Smith, Ph.D., Assistant Professor

Catherine Cheely Bradley, Ph.D. Assistant Professor

Head Start Mental Health Consultation & Treatment Program (Head Start)

This rotation provides a multidisciplinary experience working with teachers, young children, and parents involved in the Early Head Start (EHS) and Head Start (HS) programs across the Charleston County area. Charleston EHS/HS serves children through 15 classroom-based centers and an EHS home visiting program. The Charleston EHS/HS programs target high-risk, low socioeconomic status children/families, often characterized by developmental, social emotional, and/or behavioral difficulties. The EHS/HS Consult program provides a step-wise level of care – all children and classrooms are initially assessed, and then proceed through the following steps as needed:

- Teacher partnership and classroom-wide intervention
- Child-specific classroom intervention
- Parent consultation
- Provision of, or referral to, child and family therapy

Interns work directly with teachers, children, and parents, as well as other providers (e.g., school counselors, school nurse, administrators). The intern functions as an integral part of the treatment team and is involved in every aspect of the program. Interns will participate in structured classroom observations and evaluations using a multi-dimensional assessment approach; work with classroom teachers to develop and implement classroom-wide interventions; provide parent consultation; determine appropriateness of additional child and family therapy (e.g., parent training, child maltreatment prevention), and provide such services as appropriate. In addition to direct clinical services, interns will gain an understanding of systemic issues within Head Start and the public school mental health system, collaborate with Head Start staff regarding program development, develop expertise in interdisciplinary management of high-risk children and families, learn about child maltreatment prevention, and develop and collaborate in related clinical research.

At the end of the rotation, interns will be able to:

- Effectively complete structured classroom evaluations using a multi-dimensional approach.
- Complete official classroom evaluation reports for each classroom.
- Accurately identify developmental, social, and behavioral concerns among children ages 1 through 6.
- Collaborate with education professional in consultation, referral, and provision of services.
- Deliver child-specific classroom interventions, parent consultation, and child and family therapy (e.g., parent training, child maltreatment prevention).
- Accurately track child progress through the step-wise care system.
- Document the delivery of assessment, consultation, and intervention services and child, family, and teacher responses to services appropriately.

Location of Rotation Faculty

Community-based Head Start Centers & MUSC
Angela Moreland-Johnson, Ph.D., Assistant Professor
Grace Hubel, Ph.D., Assistant Professor (College of Charleston)

Hollings Cancer Center (HCC)

Interns provide psychological services including evaluation and treatment for patients (and families of patients) who are being treated through Hollings Cancer Center at MUSC. The intern provides consultation services for the treatment teams and sees individual patients for psychotherapeutic management of cancer-related psychosocial issues, including disease management, pain management, and end-of-life issues, and co-morbid psychiatric disorders. Interns also provide psychological assessment services to assist in the multi-disciplinary determination of eligibility for bone marrow or stem cell transplantation.

By the end of the rotation, the intern will be able to:

- Effectively evaluate patients that are being considered for bone marrow or stem cell transplantation, identify resilience and risk factors related to surgical intervention, and formulate pre- and/or post-transplant recommendations.
- Prepare, competently apply, and effectively monitor empirically supported psychotherapeutic interventions to patients with cancer and their families.
- Integrate psychological treatment and recommendations through verbal and written consultations with medical teams and as an effective provider in multidisciplinary teams.
- Identify and respond to the unique psychosocial challenges associated with diverse patients during cancer diagnosis, treatment, and recovery.

Location of rotation; Hollings Cancer Center, MUSC
Faculty: Stacy Maurer, Ph.D., Assistant Professor
Wendy Balliet, Ph.D., Associate Professor

National Crime Victims Research and Treatment Center (NCVC)

The National Crime Victims Research and Treatment Center (NCVC) offers a variety of research and clinical opportunities for the intern interested in assessment and treatment of victims of violent crime and other traumatic life events. Interns rotating at the NCVC gain extensive clinical experience with victims of crime and their families. The clinical population served by the NCVC includes adult victims of a variety of crimes and traumatic events (sexual/physical assault, robbery, burglary), child victims of sexual and physical assault, adult survivors of sexual abuse, battered spouses, witnesses to violence (both adult and child), and adult and child family members of homicide victims. Interns develop expertise in the assessment of traumatic events in the client's history and post-trauma adaptation, including post-traumatic stress disorder, other anxiety disorders, and affective disorders. As a therapist, the intern works with victims and their families utilizing a variety of evidence-based therapeutic techniques.

Interns also have the opportunity to become involved with one or more of the numerous research projects the NCVC has at various stages of completion. Topics include, but are not limited to, prevention of post-rape psychopathology, the impact of various types of victimization on adolescent and adult adjustment, use of technology to assist in training mental health professionals who serve trauma victims, clinical trials, and effective methods for dissemination of evidence-based treatments to community-based practitioners.

After completing the NCVC rotation, interns will be able to:

- Accurately identify trauma-related symptoms and diagnose trauma-related disorders among adult and child victims of civilian trauma.
- Develop evidence-based treatment plans for addressing trauma-related problems among adult and child victims of civilian trauma.
- Deliver, with fidelity, evidence-based treatments for PTSD and other trauma-related problems (specifically, TF-CBT, Prolonged Exposure, and Cognitive Processing Therapy).
- Document the delivery of services and patient response to services appropriately in each patient's electronic medical record.
- Identify relevant social service systems that serve civilian trauma victims and advise patients effectively about those services.

Location of rotation:

Institute of Psychiatry - Medical University of South Carolina

Faculty:

Dean G. Kilpatrick, Ph.D., Distinguished University Professor and Director

Benjamin E. Saunders, Ph.D., Professor and Associate Director

Connie L. Best, Ph.D., Professor

Casey Calhoun, Ph.D., Research Assistant Professor

Carla Kmett Danielson, Ph.D., Professor

Michael de Arellano, Ph.D., Professor

Amanda Gilmore, Ph.D., Assistant Professor

Rochelle F. Hanson, Ph.D., Professor

Angela Moreland-Johnson, Ph.D., Assistant Professor

Rosaura Orengo-Aguayo, Ph.D., Assistant Professor

Alyssa Rheingold, Ph.D., Professor & Director of Clinical Operations

Daniel W. Smith, Ph.D., Professor

Neuropsychology Assessment Clinic –MUSC

The major goal of the Neuropsychology Assessment Clinic rotation at the Department of Neurology & Neurosurgery is to help the intern develop basic clinical neuropsychological and psychopathology assessment skills useful in the practice of clinical neuropsychology in the medical center. This rotation provides interns with adult and pediatric experiences in medical neuropsychology, including experience with:

- a wide array of psychological, neurocognitive, and clinical interview techniques;
- clinical assessment of primarily in neurological-related diagnoses with specific diagnostic formulation and differential considerations; and
- assessment/consultation of neurologic and neurosurgical patients.

Interns receive training in report writing and consulting with interdisciplinary patient care teams. Clinics served include a Memory Disorder Clinic (Alzheimer and related dementia), Movement Disorder Clinic (focusing on pre-post neurosurgical implantation of STM DBS), Epilepsy Movement Disorder Clinic (focusing on NES and pre-post neurosurgical treatment of seizures), and general neurological clinics (forensic, head injury, organ transplantation, multiple sclerosis, CNS tumors, etc.). Some pediatric experiences may be available in the areas of epilepsy and neuro-oncology.

The primary training sites for this rotation include our outpatient clinic, the Neurology Service of MUSC's outpatient hospital, and to a lesser extent, the inpatient Neurology Service. The training focus is medical psychology and often includes the multidisciplinary model of patient care. Educational opportunities include abundant patient contact with extensive daily individual case supervision using the medical model case teaching approach, weekly neurophysiology and neuron-radiology conferences, and monthly neuropsychology seminars. Opportunities exist to watch neurological exams, Wada studies, and/or neurosurgical procedure(s) on patients being followed by this service to gain a multidisciplinary perspective. Numerous research opportunities are available and active participation by interns is strongly encouraged.

After completing rotation, psychology interns will be able to:

- Accurately administer, score, and interpret a broad array of neuropsychological tests.
- Accurately identify syndrome signs and symptoms, and integrate complementary data (such as CT/MRI/PET/EEG), to formulate a list of differential diagnoses for common neuropsychological disorders with patients presenting to an outpatient neurological clinical setting.
- Use neuropsychological tests to effectively hone the diagnostic differential to the most parsimonious diagnosis that can be confirmed or refuted with time and/or complementary studies.
- Communicate patient findings concisely and effectively in verbal and written format.
- Effectively provide neuropsychological services to underserved populations, including racial/ethnic/aged minorities and/or economic disadvantaged.

Location of rotation: Medical University of South Carolina
Faculty: Mark T. Wagner, Ph.D., Professor

Neuropsychology Clinic -VAMC

The Neuropsychology Clinic provides neuropsychological evaluation services throughout the Department of Veterans Affairs Medical Center. Referrals come from a variety of inpatient and outpatient services, including Mental Health, Neurology, Primary Care, Physical Medicine and Rehabilitation, Geriatric Medicine, Infectious Diseases Clinic, and others. Adults with a broad range of diagnoses are seen for neuropsychological assessment, including traumatic brain injury, cerebrovascular illness, seizure disorders, dementias, other neurodegenerative and neurological diseases, chronic substance abuse, other psychiatric illness, learning disorders, and attention-deficit/hyperactivity disorder.

All interns in the Neuropsychology Clinic conduct outpatient neuropsychological evaluations. Interns function as “junior colleagues” who have primary responsibility for all aspects of the evaluation, including medical record review, clinical interview, formal testing, report writing, and provision of feedback to patients, families, and referral sources. A hypothesis-testing approach is utilized, in which each evaluation is tailored to the specific needs of the patient and referral source. Emphasis is placed on (1) interpretation and integration of historical, observational, and qualitative information, as well as quantitative test data; and (2) development of specific, concrete treatment recommendations to maximize the direct benefit to each patient. Training is adapted to the needs of individual interns, so that the rotation can provide valuable learning experiences for those planning a career in neuropsychology, as well as those with little or no prior experience in the field. In addition to outpatient evaluations, a variety of other experiences are available on this rotation:

Memory Disorders Clinic: The Memory Disorders Clinic is a weekly, interdisciplinary clinic for evaluation of older adults. The evaluation team is composed of staff and trainees from Neurology, Psychiatry, and Neuropsychology. Patients seen in this clinic include those with Alzheimer’s disease, vascular dementia, frontotemporal dementia, mild cognitive impairment, late-life depression, and other conditions. In addition to performing brief evaluations, interns in this clinic attend monthly, interdisciplinary team meetings in which the neurological, neuropsychological, and neuroimaging data are reviewed, consensus diagnoses are assigned, and recommendations are formulated. Interns also gain experience in providing feedback of examination results to patients and their families in an interdisciplinary setting.

Inpatient Neuropsychology Service: Neuropsychological consult services are provided to inpatients on the Psychiatry, Neurology, and General Medicine wards. Evaluations are frequently sought by inpatient treatment teams to provide differential diagnosis of psychiatric and cognitive disorders, to assist in determination of capacity and disposition planning, and to provide treatment recommendations to maximize post-discharge outcomes. Interns gain experience conducting brief clinical interviews with these patients, designing and administering brief test batteries targeting specific referral questions, providing results and recommendations to inpatient treatment teams in a consultative capacity, and writing concise, integrative reports.

Tele-Neuropsychology: To our knowledge, the Ralph H. Johnson VAMC is the first major medical center in the United States to conduct comprehensive clinical neuropsychological evaluations and feedback sessions via telemedicine. Through this program, veterans followed in outpatient clinics about 100 miles away from Charleston are able to avoid costs and safety concerns associated with travel. Pencil-and-paper materials are provided on-site by staff, and visual images for testing are presented digitally. To date, numerous evaluations of dementia, stroke, TBI, ADHD, MS, and Parkinson’s disease, among other conditions, have been successfully performed. Veterans report great satisfaction with evaluations provided by telemedicine; rates of adequate effort, psychometric test properties, and cognitive

diagnoses are equivalent to those of the in-person hospital clinic. Interns are offered the opportunity to observe and/or conduct evaluations in this clinic.

Neuropsychology Seminar Series: Interns on the VAMC Neuropsychology Clinic rotation attend the monthly Neuropsychology Seminar Series. This series provides a forum for clinical case conferences, research presentations, and other topics of interest in an informal, collegial setting. These seminars are open to all interested trainees and staff.

Numerous research opportunities are available in the Neuropsychology Clinic and the associated clinical settings listed above. The Charleston Consortium is a member of the Association for Internship Training in Clinical Neuropsychology (<http://www.uthsc.edu/AITCN/>).

After completing the VAMC Neuropsychology Clinic rotation, interns will be able to:

- Conduct an efficient clinical interview to aid in the differential diagnosis of neuropsychological syndromes.
- Correctly administer and score a wide variety of neuropsychological tests.
- Use a hypothesis-testing approach to select the specific neuropsychological tests most appropriate to answering particular referral questions.
- Write clear, concise, interpretive neuropsychological reports that integrate neuropsychological, neurological and behavioral data, and that include specific recommendations for treatment or intervention.
- Orally present evaluation findings in a clear, effective manner to patients and their families, and consult effectively with referral sources and interdisciplinary treatment teams.

Location of rotation:
Faculty:

Department of Veterans Affairs Medical Center
Michael David Horner, Ph.D., Professor
Kathryn K. Van Kirk, Ph.D., Assistant Professor
John Denning, Ph.D., Assistant Professor

Pediatric Health Psychology (Peds Health)

This rotation pairs an Eating Disorders partial hospitalization program (one day/week) with a pediatric specialty clinical (one day/week) geared toward providing evidence-based behavioral interventions within a multi-disciplinary team serving children with medical problems (including sickle cell disease, cystic fibrosis, abdominal pain, etc.)

The MUSC Friedman Center for Eating Disorders will be providing a partial hospitalization program (PHP), intensive outpatient (IOP) services, and outpatient therapy for patients 8-24 years of age with anorexia nervosa, bulimia nervosa, and other forms of disordered eating. The program curriculum is based primarily on family based treatment, and as such provides a first of its kind for services in South Carolina for the treatment of eating disorders. Family based treatment (FBT), also known as the Maudsley Approach, is the most empirically supported treatment for adolescents with anorexia nervosa. Other evidence-based treatment modalities are employed in group formats and a highly skilled multidisciplinary team helps support and monitor patients in their recovery.

Treatment at the PHP level will consist of six hours of treatment per day, Monday through Friday. A typical day includes two therapeutic meals (breakfast and lunch), and a snack. At least one meal is with a family member (usually a parent). Patients are programmed in group therapy, psychoeducation, nutrition counseling, and time for family and individual counseling. A physician faculty member from the department of pediatrics also assesses each patient several times per week. Based on preliminary data, the average length of stay has been five weeks at this level of care.

Ongoing assessments and team discussions help determine when PHP patients are ready for “step-down” to IOP, based on clinical judgment and objective criteria. This includes evidence of an increased and sustainable weight trajectory, lack of psychiatric or medical complications requiring frequent monitoring, patient compliance in the refeeding process, and family mastery of FBT techniques. Components of the IOP are similar to those of PHP, but delivered at three half days per week. In addition, families and patients provide their own food and demonstrate to staff that they are able to independently manage the eating disorder. Eligible patients may continue in the program with weekly outpatient therapy.

Patients may also begin care at the outpatient level. Outpatient therapy may consist of weekly FBT or individual cognitive-behavioral therapy, depending on the age and diagnosis of the patient.

At the end of the rotation, interns will be able to:

- Describe the principles of family-based treatment and other forms of empirically-supported treatments for adolescents and young adults with eating disorders.
- Conduct assessments involving the administration of semi-structured diagnostic interviews such as the MINI/Kid.
- Lead evidence-based groups for adolescents and young adults including cognitive-behavioral therapy, dialectical behavior therapy, and cognitive remediation therapy.
- Accurately document the delivery of clinical interventions.

Opportunities/Expectations: Clinical expectations include intake evaluations, leading groups (e.g., CBT, DBT, body image, cognitive remediation therapy), and meal support. Opportunities are also available to conduct FBT on an outpatient basis, or to co-facilitate FBT with the clinical supervisor. In addition, participation in weekly didactics is expected. Topics include FBT, empirically-supported treatments for eating disorders, clinical presentation of anorexia, bulimia, and other specified feeding and eating disorders, assessment of eating disorders, medical management and safety, and psychopharmacology.

Scholarly articles may also be reviewed in a journal club format. Research activities are available. Participation in biweekly group supervision, weekly individual supervision, team meetings, and training orientation is expected.

Location of rotation: Cannon Park Place, Ste. 220 MUSC
Faculty: Renee Rienecke, Ph.D., Assistant Professor

Psychosocial Consultation Clinic Description, interns will be paired with a childhood specialty clinic and will provide evidence-based behavioral health interventions and consultation to children and families in the context of an interdisciplinary medical team. Common presenting concerns include developmental issues, school concerns, pain management, medication adherence, sleep problems, and behavioral difficulties. The focus of the 2017-2018 rotation will be pediatric hematology/oncology.

At the end of the rotation, interns will be able to:

- Conduct comprehensive psychosocial evaluations of children with complex medical conditions in the context of a specialty care clinic
- Provide evidence-based, brief cognitive-behavioral interventions and consultation for common concerns in children with complex medical conditions
- Work effectively with the child and family to provide family-centered care
- Work effectively as a member of an interdisciplinary team to coordinate care
- Document the delivery of services and patient response to services appropriately in each patient's electronic medical record

Location: Department of Pediatrics - MUSC
Faculty: Alyssa Schlenz, Ph.D., Assistant Professor

Pediatric Primary Care (PPC)

The PPC rotation is part of an ongoing partnership between the Departments of Pediatrics and Psychiatry called the Pediatric Collaborative Care program. Interns on this rotation will be actively involved in the mental/behavioral health screening aspects of patient evaluations, reducing the time burden of the medical providers. Interns will conduct brief, semi-structured interviews with youth, caregivers (foster parents/house parents), and/or caseworkers, and collect objective data using clinically indicated assessment measures. Interns will then staff cases with the PPC team, which includes the attending pediatrician, nurse-practitioner, and supervising psychologist. The staffing conference will jointly determine the service plan for each child. The service plan may include a variety of physical and behavioral health components, including psychological treatment for the child and family, which interns will help provide. Interns on this service will learn a range of evidence-supported/best practice behavioral health interventions including short-term crisis stabilization counseling (Child-Family Traumatic Stress Intervention), parent management training (e.g., Defiant Children), consultation with school personnel, and Trauma-Focused Cognitive Behavior Therapy, in addition to evidence based assessment and screening methods. These behavioral health services will be provided in PPC clinical space in the Department of Pediatrics, which will facilitate scheduling of medical and behavioral health appointments.

At the end of the rotation, interns will be able to:

- Effectively screen for disruptive behavior problems, parenting concerns, and trauma-related symptoms in underserved, trauma-exposed youth living in out-of-home care;
- Deliver, with fidelity, evidence-based and best practice interventions to facilitate improvements in behavioral adjustment, depression, and PTSD symptoms;
- Interact and consult effectively with a multi-disciplinary (pediatrician, nurse practitioner, social worker) treatment team within a primary care setting;
- Educate multi-disciplinary health care providers about behavioral health factors that affect health care delivery; and
- Document the delivery of services and patient response to services appropriately in each patient's MUSC electronic medical record.

Location of Rotation

Department of Pediatrics, MUSC

Faculty:

Rochelle Hanson, Ph.D., Professor of Psychiatry

Elizabeth Wallis, M.D., Assistant Professor of Pediatrics

Tracy Halasz, CPNP

Post-Traumatic Stress Disorder Clinical Team (PCT) - VAMC

This rotation provides an opportunity to work with veterans who were exposed to combat and other military trauma. The setting is the Posttraumatic Stress Disorder Clinical Team (PCT), which is part of the Veterans Affairs Medical Center Mental Health Service. The PCT is an outpatient multi-disciplinary team consisting of psychologists, social workers, psychiatrists, psychiatric nurses, and trainees. The emphases are on evidence-based evaluation, innovative treatment modalities, and individual evidence-based therapy utilizing exposure and other cognitive-behavioral treatment protocols. Interns may also have the opportunity to provide treatment to veterans via telehealth and/or lead groups focused on psychoeducation about common reactions to trauma in an inpatient setting.

The intern functions as an integral part of the treatment team and is involved in every aspect of patient care. Specifically, the intern:

- participates in the evaluation and diagnosis of PTSD and other psychological conditions using a multi-dimensional assessment approach;
- implements individual cognitive-behavioral treatment approaches, including exposure therapy, cognitive processing therapy, and other evidence-based interventions;
- gains an understanding of systemic issues related to PTSD in the VA Medical Center setting, such as iatrogenic effects, secondary gain or malingering, management with limited resources, and networking with other VA clinics and disciplines;
- acquires familiarity with the PTSD psychopathology and treatment literature; and
- participates in ongoing clinic program evaluation efforts, primarily through collecting and entering data on PCT treatment initiation and primary and secondary outcome measures. Such participation provides experience with the practical operations involved in providing and evaluating evidence-based care. Interns are encouraged to collaborate with PCT clinic faculty on presenting and publishing program evaluation data, if interested.

At the end of the rotation, trainees will be able to:

- Accurately identify trauma-related symptoms and diagnose trauma-related disorders among adult Veterans.
- Develop evidence-based treatment plans for addressing trauma-related problems among adult Veterans.
- Deliver, with fidelity, evidence-based treatments for PTSD and other trauma-related problems (specifically, Prolonged Exposure or Cognitive Processing Therapy for PTSD, supplemented with behavioral activation/grief processing/or other anxiety disorder treatments as needed).
- Document the delivery of services and patient response to services appropriately in each patient's electronic medical record.
- Accurately track and interpret ongoing progress in treatment over the course of therapy with weekly self-report measures combined with a synthesis of all other clinically relevant information (e.g. participation in assigned work at home, affect during exposures, etc).
- Participate regularly and deliver clinical feedback effectively during video-based group clinical supervision of Prolonged Exposure Therapy

Location of rotation: Department of Veterans Affairs Medical Center
Faculty: Stephanie Keller, Ph.D., Staff Psychologist, Clinical Assistant Professor
Brian Lozano, Ph.D., Staff Psychologist, Assistant Professor
Peter Tuerk, Ph.D., PCT Clinic Director, Associate Professor
Bethany Wangelin, Ph.D., Staff Psychologist, Clinical Assistant Professor

Primary Care – Mental Health Integration Program (PCMHI) - VAMC

The PCMHI rotation at the VAMC is a primary care-based rotation that offers a wide range of presenting complaints within the scope of depressive, anxiety, adjustment, and mild substance use disorders. PCMHI patient referrals are based upon patient request, primary care provider recommendation, and/or cutoff scores on the VA primary care measures of depression and PTSD. Upon initial referral, patients met with a co-located mental health provider and complete a brief clinical interview, self-report measures, and a semi-structured clinical interview. Based on their level of impairment and interests in treatment, patients are offered a medication consultation with a PCMHI psychiatrist and brief evidence-based psychotherapy with a PCMHI psychologist, intern, or social worker. Patients with more severe psychopathology and/or impairment are referred directly to more intensive interventions in the mental health clinic based on a case-by-case clinical judgment (e.g., bipolar disorder, personality disorders, and psychotic symptoms). All patients incorporated within the PCMHI program also are followed by a social worker serving as a care manager (e.g., periodic check-ins and symptom assessments via telephone contact). In addition, PCMHI staff (psychiatrist, psychologists, social workers, and nurse practitioner) work closely with their patients primary care providers (physicians and nurses) in order to coordinate PCMHI patient's physical and mental health needs.

Within this program, interns will be trained in a wide range of clinical activities, including brief evidence-based psychotherapy, integration of behavioral health practices into psychotherapy, and coordination of treatment within a multidisciplinary team of primary care and mental health providers. Regarding psychotherapy training, interns will be trained in a wide range of evidence-based practices (e.g., Behavioral Activation Treatment for depression, Prolonged Exposure for PTSD, Panic Control Treatment for panic disorder, Cognitive Behavioral Therapy for GAD). Additional training will be provided on treatment protocols specifically designed for the PCMHI setting with high risk and underserved veteran populations (brief behavioral therapy for depression and anxiety). Given the primary care setting, behavioral health practices (e.g., smoking cessation, weight management, reduction of alcohol consumption) also will be included in the training and treatment practices of interns. And finally, interns will be trained how to successfully function within a multidisciplinary team.

After completing the PCMHI rotation, interns will be able to:

- Accurately diagnose and assess psychiatric symptomatology in Veterans within primary care and PCMHI programs.
- Develop evidence-based treatment plans.
- Deliver brief versions of evidence-based psychotherapy for the depressive and anxiety disorders.
- Provide brief interventions for related disorders and conditions (stress management, anger management, sleep disturbance, mild substance abuse).
- Assess treatment progress via evidence-based assessment practices.
- Communicate and coordinate assessment/treatment findings through direct interactions with providers and via documentation in patient medical records within the VA Primary Care and PCMHI programs.

Location of rotation: Ralph H. Johnson Veterans Affairs Medical Center
Faculty: Daniel F. Gros, Ph.D., Associate Professor
Rachel LeVine, Ph.D., Assistant Professor
Sandra Coulon, Ph.D., Staff Psychologist
Jennifer Wray, Ph.D., Staff Psychologist

Sleep and Anxiety Treatment and Research Program (SATRP)

The SATRP is an adult outpatient clinic within the MUSC Department of Psychiatry and Behavioral Sciences providing state of the art evidence based treatments for adults suffering from various sleep and anxiety disorders. The clinic serves patients with primary diagnoses of social anxiety, obsessive-compulsive disorder, panic disorder, specific phobias, and generalized anxiety disorder. In addition, the clinic provides states of the art sleep studies, behavioral and psychopharmacological interventions for sleep disorders including insomnia, narcolepsy, and restless leg syndrome. Interns rotating at SATRP develop expertise in providing cognitive behavioral approaches to the treatment of anxiety and sleep within a multidisciplinary environment alongside clinicians, psychiatrists, and psychiatry residents. Interns will use semi-structured assessment batteries to assist with diagnoses. Treatment approaches typically include exposure based behavioral, cognitive-behavioral, and acceptance and mindful based interventions. Individual and group therapy opportunities are available. Interns participate in weekly individual and group supervision with psychiatry residents and the supervising psychologist.

Further, interns are invited to engage in ongoing collaborative anxiety research projects with Psychiatry and Psychology faculty. Current projects include the relationship between sleep disorders and anxiety and optimizing existing anxiety interventions.

After completion of the SATRP rotation, interns will be able to:

- Accurately assess and diagnose anxiety disorders using semi-structured assessment batteries.
- Accurately assess and diagnose sleep related problems using semi-structured assessment batteries.
- Effectively deliver evidence-based cognitive behavioral protocols for anxiety disorders (including but not limited to exposure treatments (EX), exposure and response prevention (EX/RP), and acceptance and mindfulness ACT)
- Effectively deliver evidence-based cognitive behavioral protocols for sleep problems such as insomnia, parasomnia, narcolepsy, and hypersomnia.
- Document the delivery of services and patient response to services appropriately in each patient's electronic medical record.
- Integrate appropriate modifications to assessment and intervention of sleep and anxiety difficulties based upon unique needs of patients with culturally diverse backgrounds (e.g., race/ethnicity, gender, SES, sexual orientation, etc.).
- Collaborative effectively with a multidisciplinary team of clinicians, psychologist, and psychiatrists.

Location of rotation: Department of Psychiatry and Behavioral Sciences
Faculty: Alyssa Rheingold, Ph.D., Professor
Melissa Milanak, Ph.D., Assistant Professor
Allison Wilkerson, Ph.D., Assistant Professor
Thomas Uhde, M.D., Professor and Chair

Stall High School Mental Health

The Stall High School rotation is a school-based rotation that offers broad clinical opportunities in internalizing and externalizing problems, trauma, and emotional regulation. Services are provided during school hours; however interns are encouraged to meet with students' parents as necessary before or after school. Interns on this rotation will have the opportunity to work with traditionally underserved populations, as Stall High School serves largely African American and Hispanic communities. Clinically, interns are trained in behavioral and cognitive behavioral treatment interventions, with a particular focus on adapting evidence-based interventions for use in school settings. Opportunities for group therapy are available and highly encouraged. Interns are encouraged to work directly with teachers and other school officials to develop treatment plans that can be applicable to the classroom setting and that will address school behavior. In addition, interns are encouraged to become involved in ongoing research and/or to participate in related research endeavors.

After completing the Stall High School rotation, interns will be able to:

- Assess internalizing, externalizing, and trauma symptoms utilizing evidence-based, standardized assessment measures, in a culturally competent manner.
- Develop evidence-based treatment plans utilizing assessment results.
- Deliver, with fidelity, and monitor the effectiveness of evidence-based treatments for PTSD, anxiety, depression, and/or disruptive behavior.
- Document the delivery of services and patient response to services appropriately in each patient's electronic medical record.
- Function effectively in the school setting by providing consultation and in-service training/psychoeducation to teachers and school personnel as necessary.
- Tailor evidence-based treatment interventions to meet the needs of each student utilizing a culturally-competent and linguistically-appropriate approach.

Location of Rotation: Stall High School, North Charleston, SC
Faculty: Cristina Lopez, Ph.D., Assistant Professor
Regan Stewart, Ph.D., Assistant Professor
Michael de Arellano, Ph.D., Professor

Substance Treatment and Recovery Program (STAR) - VAMC

Training philosophy: The purpose of this rotation is to provide extensive of clinical experience in substance abuse during the VA rotation. The training experience is based on a "scaffolding approach" in which interns start out observing, then co-leading, then running groups. Interns usually come into a rotation with their own set of skills and experiences, and it is a goal of this rotation to provide an opportunity in which interns can apply and incorporate those skills into the rotation experience whenever possible.

Primary goals of this rotation:

Interns observe groups that use a variety of evidence-based approaches and techniques, including motivational enhancement, cognitive-behavioral, psychoeducational, and process-oriented.

Interns will be able to independently conduct groups for patients with chronic substance dependence and addiction, using any combination of the techniques described above. Demonstrating the ability to run groups from all four orientations listed above is necessary to merit an "advanced" competency rating. Interns will have a working knowledge of the content and philosophy of the 12-step approach to recovery.

Secondary goals of this rotation will vary depending on the educational needs and preferences of the individual interns. These goals may include the following:

- Interns may follow individual patient progress from initial assessment/evaluation, detoxification/inpatient stay, through intensive outpatient treatment, all the way through aftercare
- Interns may see patients for individual treatment of substance abuse.
- Intern can observe treatment of addiction from the medical model by attending rounds and team meetings on the inpatient unit
- Interns may assist the psychologist in program development and/or implement new groups and interventions.
- Interns may assist the faculty in outcome monitoring.

What is expected from the intern:

- Desire to provide the best care possible for our vets
- Desire to assist in developing the rotation to provide the optimal training experience for future interns
- Enthusiasm for group treatment
- Eventually, the ability to lead groups
- Desire to be an integral member of the treatment team (attend at least 1 STAR team meeting per week)
- Desire to share knowledge and skills with other member of the team, if applicable.

Objectives: At the end of the rotation, interns will be able to:

- Accurately diagnose substance use-related disorders among adult veterans
- Develop evidence-based treatment plans addressing comorbidity between substance use disorders and mood/anxiety disorders (particularly SUD/PTSD) among adult veterans
- Deliver and monitor individual psychological treatments targeting comorbidity between substance use disorders and mood/anxiety disorders utilizing motivational enhancement, CBT, and exposure therapies
- Deliver group-based psychological treatments for alcohol and illicit drug use disorders focused on motivational enhancement, addiction therapy, and relapse prevention
- Deliver group-based psychological treatments for smoking cessation and/or pain management (depends on rotation availability)

- Effectively communicate with interdisciplinary treatment team, supervisors, and other hospital-wide providers via completion of CPRS notes and relevant non-chart communication including encrypted emails, and consultation via phone call and responding to pages.
- Effectively provide evidence-based treatments to underserved populations, including veterans who are sexual/racial/ethnic minorities, homeless, unemployed/ at economic disadvantage, and low literacy to overcome barriers to the implementation of evidence-based treatments

Location of rotation:

Department of Veterans Affairs Medical Center

Faculty:

Kathryn Bottonari, Ph.D., Clinical Assistant Professor

James Harbin, Ph.D., Clinical Assistant Professor

Regan Settles, Ph.D., Staff Psychologist

Telehealth Resilience and Recovery Program

The Telehealth Resilience and Recovery Program (TRRP) is a multi-disciplinary experience that provides an opportunity to work with children and adults who experienced traumatic injury. Once enrolled in our service via our level-1 trauma center, these patients are monitored for emotional recovery and offered mental health assessment and treatment as needed. Posttraumatic stress disorder and depression are prevalent in this population. Interns provide psychoeducation in our acute care setting, assist patients in remote monitoring of emotional recovery, and conduct telehealth-based assessment and treatment for patients who develop PTSD or depression. Exposure-based treatments, behavioral activation, and other best practice interventions are used most often. TRRP was launched in September 2015. In our first year of service, we are on pace to approach and educate approximately 500 patients in hospital, complete 30-day telephone screens with 300 patients, offer mental health treatment to 85 patients (70 of whom prefer telehealth based services), and complete over 200 mental health treatment sessions (roughly 80% via telehealth). Patients have been highly engaged in all levels of the service.

The intern functions as an integral part of the treatment team and is involved in every aspect of patient care. Specifically, the intern:

- participates in assessment and diagnosis of PTSD, depression, and other psychological conditions using a multi-dimensional assessment approach
- implements individual and family behavioral treatment approaches, such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Prolonged Exposure (PE), and stress management techniques
- gains an understanding of systemic issues related to continuity of care and interdisciplinary management of clinical cases
- acquires familiarity with the traumatic stress and treatment literature;
- is involved in pilot studies and clinical trials research
- is involved in evaluation of the service as well as potential expansion of the service throughout South Carolina

Objectives: At the end of the rotation, interns will be able to:

- accurately identify trauma-related symptoms and diagnose trauma-related disorders among child and adults survivors of serious traumatic injury using psychometrically valid interview-oriented measures
- accurately track and interpret patient mental health recovery following their discharge using psychometrically validated approaches to determine need for services and progress in telehealth treatment
- deliver with fidelity best-practice treatments for PTSD and depression, such as Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Prolonged Exposure (PE), and Behavioral Activation (BA).
- document the delivery of assessment and telehealth treatment services and patient responses to services appropriately in each patient's electronic medical record.

Location of rotation: MUSC Emergency Department and Department of Psychiatry
Faculty: Kenneth J. Ruggiero, PhD, Professor
Tatiana Davidson, PhD, Assistant Professor

Tobacco Treatment Program

Interns receive a wide array of clinical experiences geared toward the delivery of psychological services to patients who smoke and have a variety of general medical issues and chronic illnesses. Interns work in an outpatient clinic at Hollings Cancer Center and in all of our inpatient hospitals (Main Hospital, Ashley River Tower Hospital, Institute of Psychiatry, and Children's Hospital) at MUSC providing one-on-one patient care. Interns will gain fluency in a range of psychological/behavioral medicine services including but not limited to interviewing, assessment, individual psychotherapy, consultation, treatment planning, and oral and written communication with a variety of medical specialties.

Hollings Cancer Center Tobacco Treatment Program Outpatient Clinic:

Interns see patients for individual psychotherapy geared toward helping them change their tobacco use and manage chronic medical and psychiatric problems and associated psycho-social complications. Although our primary charge is for cancer patients treated at Hollings, patients from a variety of other clinics are seen (e.g., cardiology, pulmonology, etc.). Patients are seen in our dedicated clinic space and they are also seen on the medical floors and in infusion settings. These patients have rich histories often including trauma and substance abuse. In addition to tobacco treatment, interns provide services for improving other psychological issues (e.g., depression). Interns will get hands-on experience in multidisciplinary treatment, providing motivational interviewing and cognitive behavioral psychotherapy. Interns are expected to communicate relevant treatment-planning information to a variety of medical disciplines including physicians, physician-assistants, nurses and nurse-practitioners.

MUSC Health Tobacco Treatment Program Inpatient Care:

Interns conduct brief evaluations and psychotherapeutic interventions for admitted inpatients for all patients in our hospitals. Interns will administer interventions to both patients and their family members, including the parents of children admitted to our Children's Hospital. All patients are entered into an Interactive Voice Response tracking and intervention system for our patients. The intern will provide group assessment and treatment for patients admitted to the Institute of Psychiatry (IOP) who smoke cigarettes.

By the end of the rotation, the intern will be able to:

- Accurately assess nicotine dependence and strength of nicotine dependence, as well as psychosocial factors and co-morbid mental health diagnoses in the MUSC patient population served by the Tobacco Treatment Program.
- Develop evidence-based treatment plans for treating a patient's nicotine dependence and other psychiatric diagnoses based upon the assessments. Identify and respond to the unique psychosocial challenges associated with diverse patients that are engaged in psychiatric and medical care.
- Effectively use techniques of motivational interviewing and other motivational enhancement strategies to address health behavior change.
- Deliver Cognitive Behavioral Therapy to patients in the Tobacco Treatment Program.
- Work effectively in consultation with professionals within an interdisciplinary team setting (i.e., physicians, nurses, and pharmacists).
- Identify and respond to the unique psychosocial challenges associated with diverse patients that are engaged in psychiatric and medical care. Diversity includes but is not limited to age, SES, medical diagnosis, mental health diagnosis, race, cultural background, religiosity, sexual orientation, and educational status.

Location of rotation:

Hollings Cancer Center MUSC

Faculty:

Benjamin Toll, Ph.D., Professor

Matt Carpenter, Ph.D., Professor

Graham Warren, M.D., Ph.D., Associate Professor

K. Michael Cummings, Ph.D., Professor

Bryan Heckman, Ph.D., Assistant Professor

Traumatic Brain Injury Service – VAMC

In recent years, the demand for TBI-related clinical services at the Ralph H. Johnson VAMC has significantly increased. The VA TBI rotation provides opportunities to provide state-of-the-art assessment and evidence-based interventions to Veterans with histories of TBI. The rotation is open to all interns, whether or not they intend to specialize in neuropsychology or have previous experience in this field. Interns on this rotation will participate in three primary clinical experiences:

TBI Clinic: All Veterans of Operation Iraqi Freedom, Operation Enduring Freedom, and Operation New Dawn are screened for a variety of common behavioral health problems on their initial visit to the RHJ VAMC. Those who screen positive for possible TBI are referred for “second level” evaluation in the TBI Clinic, which is housed in the Physical Medicine and Rehabilitation Service. Patients there are examined by one of two staff psychiatrists, who consult Neuropsychology whenever further evaluation is needed (e.g., cognitive complaints, possible evidence of cognitive impairment, psychiatric symptoms, differential diagnosis of multiple symptoms), or whenever patients request it (e.g., for additional opinions about their condition). After consulting briefly with the psychiatrist, the neuropsychologist/intern frequently conducts a diagnostic interview to help delineate TBI severity and possible sequelae, and to differentiate the effects of possible TBI from those of other conditions (e.g., mood or anxiety problems, substance use, chronic pain, ADHD). Immediate feedback and psychoeducation are an integral component of these interviews, and referrals for needed services are provided, including to Neurology, Mental Health, or more formal neuropsychological evaluation.

Neuropsychological Interventions Services: Interns on the TBI rotation provide cognitive rehabilitation and intervention services in the Neuropsychology Clinic. Skills-based cognitive remediation groups, based on the evidence-supported CogSMART model (Twalmley et al., 2014) are provided to groups of Veterans with memory difficulties and other cognitive complaints arising from TBI, severe mental illness, and other conditions. Interns will begin by co-leading rehabilitation intervention groups, and will progress until they are leading groups relatively independently. Opportunities are also available for interested interns to provide highly individualized cognitive rehabilitation and/or psychotherapy to neurologically impaired patients.

Neuropsychological assessment of patients with TBI: Interns on this rotation conduct neuropsychological evaluations of outpatients with histories of TBI, and with other neurological and psychiatric conditions that can affect cognition. Interns participate in all aspects of the evaluation including medical record review, clinical interview, formal testing, report writing, and provision of feedback. A hypothesis-testing approach is utilized, in which each evaluation is tailored to the specific needs of the patient and referral source. Emphasis is placed on the efficient collection, analysis, and synthesis of clinical data to generate conclusions and recommendations of maximal benefit to the patient and treatment team.

After completing this rotation, interns will be able to:

- conduct efficient diagnostic interviews of patients presenting with concerns related to TBI
- collaborate and consult effectively with Psychiatry, Social Work, and other disciplines, sharing assessment and treatment planning for patients with a history of TBI
- effectively provide empirically-supported interventions, in group and/or individual settings, to address cognitive and other comorbid difficulties
- conduct hypothesis-driven neuropsychological evaluations of patients with TBI
- recognize and sensitively address cultural, racial/ethnic, educational, and other factors in the provision of assessment and intervention services

- write clear, concise, interpretive neuropsychological reports that integrate neuropsychological, neurological and behavioral data, and that include specific recommendations for treatment or intervention.
- orally present evaluation findings in a clear, effective manner to patients and their families, and consult effectively with referral sources and interdisciplinary treatment teams.

Location of rotation:

Ralph H. Johnson VAMC

Faculty:

Michael David Horner, Ph.D., Professor

Kathryn VanKirk, Ph.D., Assistant Professor

John H. Denning, Ph.D., Clinical Assistant Professor

Weight Management Center - IOP

The MUSC Weight Management Center is a multidisciplinary center that offers a full range of evidence-based weight management programs to the Greater Charleston community. We are staffed with psychologists, registered dietitians, exercise physiologists, physicians, and a registered nurse. Interns interested in the assessment and treatment of overweight and obese patients will have a variety of clinical, research, and teaching opportunities while on our clinical rotation. Specifically, our interns conduct in-person psychological screenings of new/potential patients, deliver evidence-based treatment protocols to patients in our various programs (both individual and group formats), regularly discuss patients with the multidisciplinary staff, and oversee/manage an individual caseload of patients.

Interns actively participate in 1.5-2.5 hours of supervision each week with the two psychologists on faculty. Interns are invited to seek any additional supervision as needed, which can be done by way of email, telephone, or impromptu in-person supervision.

After completing the Weight Management Center rotation, interns will be able to:

- Effectively deliver evidence-based treatment plans for addressing overweight and obesity, and track patient progress. Related, intern will be able to recognize and help patients identify solutions to common cognitive and behavioral obstacles to successful long-term weight management
- Appropriately document in each patient's medical record the delivery of services and patient response to services
- Efficiently and comprehensively manage patient cases within a multidisciplinary medical setting

Location of rotation: Weight Management Center, MUSC

Faculty: Pat O'Neil, Ph.D., Professor

Women's Reproductive Behavioral Health Clinic (WRBHC)

Patients present with very high levels of trauma exposure, co-morbid psychiatric disorders, and either documented histories of substance abuse or high risk for substance use problems. The patient population is racially and ethnically diverse, with high levels of socioeconomic disadvantage (as reflected by self-reported income level). There is a high need for integrated medical and behavioral health care, but at present, the only services available are brief, supportive counseling and medication management provided by a consulting psychiatrist. Social workers and/or OB/GYN physicians screen patients during intake visits and check-up appointments, and those showing signs or reporting symptoms of ongoing psychiatric disturbance are referred to Dr. Guille for further evaluation.

Interns will screen patients for the presence of psychiatric (depression, anxiety, bipolar disorder, PTSD) symptoms and substance abuse risk behaviors, and report findings back to a multi-disciplinary staffing conference that includes both OB/GYN, psychiatry, and clinical psychology professionals. The team will make a determination about the type of services recommended for the patient. These may include counseling around adherence for general health, prenatal dietary and lifestyle management, brief interventions to decrease alcohol and illicit substance consumption, and stress management, as well as more involved and longer-term psychotherapeutic interventions to reduce symptoms of depression, anxiety, PTSD, and chronic substance misuse.

At the end of the rotation, interns will be able to:

- Effectively screen for substance, mood, anxiety, and trauma-related problems among underserved, risk women.
- Deliver, with fidelity, evidence-based and best practice interventions to reduce mood, anxiety, PTSD, and substance use problems, as well as short-term health-related counseling (e.g., prenatal care, health maintenance).
- Interact and consult effectively with a multi-disciplinary (OB/GYN, psychiatrist, nurse, social worker) treatment team within a primary care setting.
- Educate multi-disciplinary health care providers about behavioral health factors that affect health care delivery.
- Document the delivery of services and patient response to services appropriately in each patient's MUSC electronic medical record.

Location of rotation: MUSC Dept of Obstetrics & Gynecology
Faculty: Amanda Gilmore, Ph.D., Assistant Professor
Constance Guille, M.D., Associate Professor

Youth & Adolescent Psychiatry Clinic (YOP)

On this rotation, interns provide outpatient, evidence-based mental health services to children, adolescents, and families with a wide range of presenting problems, including depression, disruptive behavior disorders (including ADHD), anxiety and adjustment problems, parent training, and school refusal. The clinic is very busy, and we have some flexibility to match the type of cases assigned to the training needs and interests of the interns, who work alongside social workers, licensed professional counselors, and psychiatrists in providing multi-disciplinary case management for their cases. Interns will be trained in Parent-Child Interaction Therapy and other evidence-based interventions for youth and their families.

Population: Children and adolescent (ages 4-17 years) and their families struggling with a wide variety of mental and behavioral health problems

At the conclusion of the rotation, interns will be able to:

- Assess and accurately identify behavioral and mental health problems in youth (ages 4-17) and their families
- Accurately assess treatment progress and symptom reduction using multiple methods (i.e., self-report, parent report, collateral reports).
- Deliver family-based behavioral and cognitive-behavioral evidence-based treatments (e.g., Parent-Child Interaction Therapy, among others) for youth aged 4-17 years, with fidelity.
- Document the delivery of services and patient response to services appropriately in each patient's electronic medical record.
- Effectively provide evidence-based treatments to underserved populations, including racial/ethnic minorities and those families at economic disadvantage.

Location of rotation: Institute of Psychiatry - MUSC

Faculty: Kerrie Murphy, Ph.D., Clinical Assistant Professor

2016–2017 Psychology Intern Rotation Schedule

Intern	Track	8/16-1/17	2/17-7/17
1	TS	TRRP/Head Start	COPE/PPC
2	BM	WMC/BM-IOP	HCC/BM-VA
3	Gen	COPE-Tele/Stall	CDAP/BM-IOP
4	TS	PCT/SATRP	TRRP/CBT-VA
5	BM	BM-IOP/HCC	TTP/WRBHC
6	TS	NCVC/SATRP	PCT/BM-IOP
7	Child	Stall/COPE	PPC/Head Start
8	SA	CDAP/SATC	NCVC/WMC
9	TS	NCVC/BHCC	Couples/COPE-Tele
10	Gen	CDAP/PCT	SATC/WRBHC
11	Gen	DNCAC/Peds	YOP/Peds Health
12	Child	COPE/PPC	COPE-Tele/Peds
13	NP	NP-MUH/BM-IOP	TBI/NP-VA
14	Gen	YOP/WMC	CBT-VA/SATRP
15	TS	NCVC/WRBHC	PCT/STALL
16	Gen	TTP/BHCC	WMC/SATC
17	AP	Couples/CBT-VA	BHCC/NCVC
18	AP	CBT-VA/CAPS	SATRP/BM-IOP
19	Child	Peds/Peds Health	Head Start/NCVC
20	NP	NP-VA/TBI	Peds/NP-MUH
21	Child	PPC/BM-VA	COPE/BHCC
22	Child	COPE-Tele/Head Start	Couples/DNCAC
23	SA	SATC/PC-VA	CDAP/Stall
24	AP	Couples/WRBHC	CAPS/PC-VA

BM-IOP	Behavioral Medicine – IOP
BM-VA	Behavioral Medicine – VAMC
BHCC	Behavioral Health Consultation Clinic
CAPS	Counseling & Psychological Services
CDAP	Center for Drug/Alcohol Programs
CIPS	Centralized Inpatient Programming Services
COPE	Community Outreach Program-Esperanza
Couples	VA Couples/Family Clinic
CBT-VA	CBT Clinic for Emotional Disorders
Head Start	Head Start Mental Health Consultation & Tx Prg
HCC	Hollings Cancer Center
NCVC	National Crime Victims Center
LCC	Dee Norton Lowcountry Children’s Center
NP-VA	Neuropsychology Clinic - VA
NPTBI-VA	Neuropsychology TBI Clinic
NP-MUH	Neuropsychology – MUH
YOP	Outpatient Youth & Adolescent Psychiatry Clinic
PCT	PTSD Clinical Team – VA
PC-VA	Primary Care – VA
PEDS	Developmental Pediatrics
Peds Health	Pediatric Health Psychology
PPC	Pediatric Primary Care
STAR	Substance Treatment and Recovery Program
SATRP	Sleep/Anxiety Treatment & Research Program
Stall	Stall High School Mental Health Clinic
TRRP	Telehealth Resilience & Recovery Program
TTP	Tobacco Treatment Program
WMC	Weight Management Center
WRBHC	Women’s Reproductive Behavioral Health Clinic

Research Training

Interns are involved in research activity throughout the year. One day (or two half-days) totaling 8 hours per week are reserved for research activities in collaboration with the intern's research preceptor. All interns must become involved in an ongoing research project and/or design an independent research project in conjunction with their preceptor. To encourage professional development, each intern receives \$500 to facilitate conference attendance. Interns are required to complete a research paper (6000 words, APA format), which is submitted for blind review to three external scientist-practitioners. Recognition is given to the top three papers, and the best paper is awarded a cash prize (~ \$300). Interns are encouraged to submit these papers for presentation and/or publication. A list of titles for papers submitted by the 2015 -2016 class is provided below. Names of preceptors are included.

Title	Preceptor
The Role of Anxiety Sensitivity in Psychological and Health-Related Outcomes among Individuals Seeking Treatment in Cardiopulmonary Rehabilitation: Study Rationale and Design	Serber
Sleep Moderates the Relationship between Stress and Craving in Individuals with Prescription Opioid Use Disorder	Back
Suicidal ideation among adolescent victims of the Spring 2011 tornadoes: The role of disaster exposure, mental health symptoms, and prior traumatic events	Kilpatrick
Characteristics of Weight Loss Trajectories in a Comprehensive Lifestyle Intervention	O'Neil
What does the path to couples therapy look like? A descriptive analysis on a Veteran sample	J Libet
Depression and Intention to Seek Treatment Among Black and White Suicidal Military Members Who Are Not Engaged in Mental Health Care	Santa Ana/Stecker
Web-Based CBT for the Prevention of Anxiety Symptoms among Medical and Health Science Graduate Students: A Randomized Clinical Trial	Rheingold/Uhde
Sustainability of Trauma-Focused and Evidence-Based Practices Following Learning Collaborative Implementation	Hanson
Does imaginal exposure exacerbate symptoms among patients with comorbid PTSD and Substance Use Disorders?	Gros
Symptom self-report in posttraumatic stress disorder: Disorder specific or disorder general?	Wangelin/McTeague
Sex/Gender Differences in Screening for Autism Spectrum Disorder: Implications for Evidence-Based Assessment*	L Carpenter
Gait Assessment under Cognitively Challenging Dual-Task Conditions: Implications for Improved Detection of Pre-Clinical Dementia	Wagner
What's the Harm? Substance Use and Perceived Risks of Unprotected Sex among Adolescents and Young Adults	Gilmore/Davidson
Levels of Engagement in a Parenting Program: How Parenting Stress Impacts Intent to Enroll, Enrollment, Attendance, and Quality of Participation	Moreland
Parental Posttraumatic Stress, Depression, and Parenting Behaviors and Maltreated Children's Psychological and Behavioral Functioning	Danielson
Effects of Oxytocin on Emotional and Physiological Responses to a Conflict Resolution Task in Couples with Substance Misuse	Flanagan/Smith
Treatment Engagement Following Referral to a PTSD Clinic in the VA Medical Center: The Influence of Referral Source and Patient Characteristics	Tuerk
Sensitivity to Reward and Punishment, Alcohol Craving, and Alcohol Dependence Severity in Co-Occurring Alcohol Dependence and Bipolar Disorder	Prisciandaro
Using path analyses to understand the impact of alexithymia on transplant candidates' quality of life and the role of depression.	Balliet

* Winner of paper competition

Mentor/Research Preceptor

Research preceptors are assigned by the Director of Research Training in consultation with the Psychology Education Committee after the APPIC match results are received. Interns' preferences are taken into consideration in making these assignments. In addition, the wishes of potential preceptors are considered (e.g. time available, interest in a particular intern, a project for an intern to work on).

The faculty preceptor has two functions; to supervise the intern's research activities during internship, and to serve as the intern's mentor and advocate throughout the year. We view research preceptors as benevolent major professors who assist interns in their professional and personal development as scientist-practitioner psychologists-in-training. Progress on research plans is monitored through regular (usually weekly) meetings between the research preceptor and the intern. All interns are allowed 8 hours for research activities each week (either 8 hours on one day or two 4-hour blocks). In addition, the research performance of interns and the quality of research training are evaluated by preceptors and interns on a semi-annual basis. As part of program planning, it is required that each intern develop a research plan in consultation with the preceptor at the beginning of the year. Progress towards these research goals are evaluated informally throughout the year and formally on a semi-annual basis.

The following section contains a list of potential mentors/research preceptors (more detailed information regarding faculty members' interests and curriculum vitae are available on the website). Most potential mentor/research preceptors are psychologists, but several scholars from other disciplines are available. Determination of preceptors each year is based on having active, ongoing research programs, time availability, desire to serve as a mentor, etc.

Psychology Training Faculty

Faculty are involved in many areas on the local, state, and national level that are not an official part of the internship per se, but that provide interns with an opportunity to be involved in cutting-edge professional issues. For example, faculty members have served on the state licensing board, on the board of the state Crime Victims Network, MUSC's Faculty Senate, Board member of the International Society for Traumatic Stress Studies (ISTSS), Associate Dean for Faculty Affairs and Faculty Development, Director and Assistant Director of MUSC's Office of Gender Equity, Vice-Chair for Research and Research Administration, President of South Carolina Academy of Professional Psychologists, and President of South Carolina Psychological Association.

Back, Sudie, Ph.D.	Hanlon, Colleen, Ph.D.	Rheingold, Alyssa A., Ph.D.
Baddeley, Jenna, Ph.D.	Hanson, Rochelle F., Ph.D.	Rienecke, Renee, Ph.D.
Balliet, Wendy, Ph.D.	Harbin, James, Ph.D.	Ruggiero, Ken, Ph.D.
Best, Connie L., Ph.D.	Heckman, Bryan, Ph.D.	Saladin, Michael, Ph.D.
Birks, Anna, Psy.D.	Horner, Michael D., Ph.D.	Sarver, Nina, Ph.D.
Borckardt, Jeffrey, Ph.D.	Keller, Stephanie, Ph.D.	Santa Ana, Elizabeth, Ph.D.
Bottonari, Kathryn, Ph.D.	Kilpatrick, Dean G., Ph.D.	Saunders, Benjamin E., Ph.D.
Bradley, Catherine, Ph.D.	Kilpatrick, Rebecca, Ph.D.	Schacht, Joseph, Ph.D.
Calhoun, Casey, Ph.D.	LeVine, Rachel, Ph.D.	Schlenz, Alyssa, Ph.D.
Carpenter, Laura Arnstein, Ph.D.	Libet, Alice Q., Ph.D.	Serber, Eva, Ph.D.
Carpenter, Matthew, Ph.D.	Libet, Julian, Ph.D.	Settles, Regan, Ph.D.
Carter, Lauren, Ph.D.	Lopez, Cristina, Ph.D.	Smith, Daniel W., Ph.D.
Christon, Lillian, Ph.D.	Lozano, Brian, Ph.D.	Smith, Joshua, Ph.D.
Danielson, Carla Kmett, Ph.D.	Maurer, Stacey, Ph.D.	Squeglia, Lindsay, Ph.D.
Davidson, Tatiana, Ph.D.	McCauley, Jenna, Ph.D.	Stecker, Tracy, Ph.D.
de Arellano, Michael A., Ph.D.	McTeague, Lisa, Ph.D.	Stewart, Regan, Ph.D.
Denning, John, Ph.D.	Milanak, Melissa, Ph.D.	Szafranski, Derek, Ph.D.
Flanagan, Julianne, Ph.D.	Moreland, Angela, Ph.D.	Toll, Ben, Ph.D.
Gilmore, Amanda, Ph.D.	Murphy, Kerrie, Ph.D.	Tuerk, Peter, Ph.D.
Goble, Layne, Ph.D.	O'Neil, Patrick M., Ph.D.	Turner, Travis, Ph.D.
Gottfried, Emily, Ph.D.	Orengo-Aguayo, Rosaura, Ph.D.	Van Kirk, Kathryn, Ph.D.
Gros, Dan, Ph.D.	Petty, Karen, Ph.D.	Wagner, Mark T., Ph.D.
Grubaugh, Anouk, Ph.D.	Prisciandaro, Jim, Ph.D.	Wangelin, Bethany, Ph.D.
Hamlin-Smith, Kasey, Ph.D.	Quattlebaum, Justin, Ph.D.	Wedin, Sharlene, Psy.D.
		Wray, Jennifer, Ph.D.

Seminars

Didactic Seminars

Interns attend a series of psychology-sponsored formal seminars conducted by Department of Psychiatry faculty as well as guest presenters. The Seminar Series is organized into discrete “mini-courses” overseen by faculty course coordinators who are responsible for organizing, scheduling, and approving content for the seminars, with the approval of the Psychology Education Committee. The didactic blocks include:

1. Professional Development/Ethics I (Summer)
2. Assessment & Diagnosis (Summer/Fall)
3. Grantsmanship/Grant Writing (Fall/Winter)
4. Intervention/Psychopharmacology (Winter/Spring)
5. Diversity in Psychological Practice (Spring)
6. Public Health and Clinical Psychology (Spring)
7. Professional Development/Ethics II (Spring/Summer)

Grand Rounds

The MUSC Department of Psychiatry and Behavioral Sciences sponsors grand rounds on a bi-monthly basis (early fall through early summer). Guest speakers include both psychologists and psychiatrists with national reputations for their area of expertise. Thus, attending grand rounds exposes interns to a broad base of knowledge and skills. Interns are required to attend 50% of Grand Rounds presentations.

Research Seminars

These seminars are an opportunity for interns and research mentors to meet and discuss ongoing research projects. They are used to present results from recent or ongoing investigations, helping trainees gain additional perspectives as a result of feedback from their peers and faculty. One way this seminar has been used is for interns to practice symposium, colloquium, or job talk presentations. Presentation of a Research Seminar is required and helps demonstrate research-related competence necessary to complete internship. Research seminars are held on the 3rd (and, when the calendar permits, 5th) Friday of each month.

Psychology Clinical Case Conference

This monthly conference provides a forum for psychology faculty and interns to examine, formulate, and discuss treatment options for a clinical case within the parameters of the scientist/practitioner model. It allows interns to demonstrate their abilities among a group of peers and faculty who understand and exemplify the scientist/practitioner model (i.e., the interpretation of clinical material within the context of research-based literature). Presentation of a Clinical Case Conference is required and helps demonstrate communication-related clinical competence necessary to complete internship. Case conferences are held on the 4th (and occasional 2nd) Fridays of each month.

Supervision and Professional Role Models

Each intern receives at least four hours overall of supervision per week from their clinical supervisors and their research preceptor. At least two of these hours of supervision are individual, clinical supervision. Every intern will be observed by each of their clinical supervisors on a minimum of 2 occasions during each rotation. Observation may occur in the form of co-therapy, live observation via one-way mirror, and/or video or audiotaped observation. Some rotations provide considerably more observational supervision than this, but 2 sessions per supervisor, per rotation is the program's minimum requirement.

The responsibility of a mental health provider for delivering effective services in a professional, ethical manner is stressed throughout the year via supervisor and mentor modeling and supervision of the intern's work. Sessions in the Didactic Seminar Series are devoted to professional ethics, APA ethical standards for general clinical practice, and APA ethical standards for research. Research training includes treatment of human subjects' protection issues.

The program is fortunate to have many faculty members who are involved in leadership positions in a host of university, local, state, and national organizations and activities. Thus our faculty models involvement in meaningful activities affecting ethical professional behavior. Every effort is made to inform interns about pertinent professional developments and to encourage them to get involved. We view interns as junior colleagues and believe that it is our responsibility to help them transit from the student role into the role of an autonomous professional.

Culture, Individual Differences, and Diversity

The Medical University of South Carolina and the Charleston Department of Veterans Affairs Medical Center are equal opportunity employers. The major institutions that form the Charleston Consortium Internship Program have a historical commitment to equal opportunity, regardless of gender, ethnicity, religion, physical handicap, or sexual identity or orientation. The internship leaders and faculty strongly support the value of creating and maintaining an environment that is inclusive, respectful of, and sensitive to a full range of individual and cultural differences.

Recruitment and retention of interns and staff from diverse individual backgrounds begins by endorsing the value of such diversity. Beyond the possession of the requisite professional training and skills, both institutional and internship leaders remain highly sensitive to the issue of recruiting interns, faculty, and staff from diverse backgrounds. Background characteristics are never used as exclusionary criteria during the recruitment process; all qualified candidates are given due consideration for their respective positions.

A supportive and encouraging learning environment requires several ingredients. First, this internship program and its host institutions maintain a strong philosophical commitment to sensitivity and fairness with regard to individual and cultural differences. Interns, faculty, and support staff adhere to this important standard. Second, to the extent possible, professionals representing diverse backgrounds are among the population of interns, faculty, and support staff. Third, the development of sensitivity and skill, and regard for individual differences, are a major part of the ongoing learning process for interns. The most prevalent modes of teaching interns about diversity issues are to explicitly address them in supervision (universal) and (somewhat less frequently) to provide relevant readings. Other educational methods are to have the intern work with multicultural staff, and to work with minority patients' families or other members of their environmental milieu. Fourth, the program promotes an atmosphere of collegiality and mutual respect among all program participants.

Clinical assignments allow interns significant exposure to individually and culturally diverse clients. This exposure, coupled with individual and group supervision and the monthly clinical case conference, allows the interns a structured forum to develop professional and personal knowledge of, and sensitivity to, individual differences related to cultural and ethnic factors. Patient populations on rotation sites range from 2% to 80% female (median 35%), with minority representation among patients ranging from 10% to 70% (median 50%). The minority populations are almost exclusively African American, although there are a rapidly increasing number of Hispanic individuals in the Charleston area. About 10% of patients are over age 65.

One example of our Consortium's commitment to diversity in training is Dr. Michael de Arellano's Community Outreach Program - Esperanza (COPE). Dr. de Arellano is a Cuban American psychologist who established the program using grant funding from the State of South Carolina Department of Public Safety. As described in the Clinical Rotations section of this brochure, the COPE program provides specialized mental health services children who have been the victims of crime, or who have experienced other traumatic events. The majority of patients seen in this clinic are medically under-served racial and ethnic minorities, and many others live in under-served rural areas outside Charleston. The COPE program has been identified as exemplary by the State of South Carolina and by the US Office for Victims of Crime. We are delighted to have this program as a part of our internship; it is an excellent model for how to provide culturally competent services to an extremely underserved population.

By the end of their internship experience, interns are expected to have knowledge of cultural/ethnic issues that relate to development and presentation of disorders that affect the validity of assessment methods and the efficacy of treatment methods.

Stipend and Other Benefits

The current stipend for psychology interns (class of 2017 - 2018) is at least \$23,470. Because interns are paid from several different sources, some stipends are slightly larger than the minimum. The current stipend provided by the VAMC for Charleston, SC, is \$23,974. In addition to the stipend, the internship provides \$500 in professional development funding that can be used to support travel to professional meetings. A number of other fringe benefits are available to interns, including basic health insurance, annual, professional, and educational leave, an excellent library system, computer services, and reduced-cost membership to the state-of-the-art MUSC Wellness Center. In addition, five interns are supported by a HRSA Graduate Psychology Education Program training grant. These interns are paid a higher stipend (\$28,352); however, due to rules associated with the grant, those interns are not eligible for employer (either MUSC or VA) health insurance. HRSA-funded interns purchase individual health insurance via the South Carolina exchange, but are eligible for all other benefits available to interns (library access, leave, computing, parking, professional development funds, etc.).

Many international students assume that because our Consortium includes the Department of Veterans Affairs Medical Center, they are not eligible to apply, or to complete rotations at the VA Medical Center. This is not correct. As noted above, intern stipends are paid from a variety of sources. Although international students cannot be paid via some funding sources (e.g., VA), they are eligible to be paid by other sources. Furthermore, we impose no restrictions regarding the completion of individual rotations at VA training sites. We welcome applications from research-oriented potential interns across the spectrum of diversity.

About the City of Charleston*

Charleston is a beautiful, historic waterfront city that provides a variety of opportunities for cultural and recreational activities. The city's historical character is reflected in the stately homes looking out of the Charleston harbor at nearby [Fort Sumter](#). Charleston is also home to [The Hunley](#), a submarine that sunk in Charleston Harbor after firing on the U.S. Housatonic during the Civil War. Many music venues and professional theater groups provide cultural entertainment throughout the year. In addition, Charleston hosts the annual [Spoleto](#) festival in May, drawing musicians, actors, and dancers from around the globe. The WTA [Volvo Car Open](#) is held annually at Charleston's Daniel Island Family Circle Tennis Center.

Several city and county parks offer numerous year-round recreational activities, including camping, canoeing/kayaking, biking, and running. Free recreational facilities are available at the nearby [College of Charleston](#) and [Citadel](#) campuses, and membership at MUSC's state-of-the-art [Wellness Center](#) is available to interns for a substantially reduced fee. Additionally, the coastal location of the city is ideal for anyone who enjoys fishing, boating, and other water activities, such as surfing, sailing, paddle boarding or ocean kayaking. The nearby barrier islands have beautiful beaches, and Charleston's mild climate makes them suitable for enjoyment virtually year-round.

Additional information about the city of Charleston and some of its attractions can be found on our website for the attractions below. These sites contain interesting and useful information about the city and surrounding communities and local events and attractions to help you become more familiar with the great things Charleston has to offer both visitors and residents.

- [Official website of the City of Charleston](#)
- [Discover Charleston](#)
- [National Register of Historic Places: Charleston, SC](#)
- [Charleston Convention and Visitors Bureau](#)
- [North Charleston Coliseum and Performing Arts Center](#)
- [The South Carolina Aquarium](#)
- [Sweetgrass Festival](#)
- [Spoleto Festival](#)
- [Charleston International Film Festival](#)
- [Southeastern Wildlife Expo](#)
- [MOJA Arts Festival](#)
- [Fort Sumter National Monument](#)
- [Charleston Black Heritage Festival](#)
- [Charleston Battery Soccer](#)
- [Charleston Riverdogs Baseball](#)
- [South Carolina Stingrays Hockey](#)
- [Charleston County Parks and Recreation Commission](#)
- [James Island County Park](#)
- [The Charleston City Paper](#)

Completing the APPIC Application Form for Psychology Internship (AAPI)*

**APPIC Application for Psychology Internship (AAPI)
in conjunction with the
Charleston Consortium Psychology Internship Program
Class of 2017- 2018
Medical University of South Carolina
Department of Veterans Affairs Medical Center**

***To be eligible for the Charleston Consortium Psychology Internship Program, applicants must be enrolled in an APA accredited Ph.D. program in Clinical, Counseling, or School Psychology. Applicants from programs that are applying for accreditation may apply.**

Due date for receipt of application:
-- November 1, 2017 --

**Charleston Consortium Psychology Internship Program
Instructions for the APPIC Application Psychology Internship (AAPI)**

In accordance with Association of Postdoctoral and Psychology Internship Center (APPIC) guidelines and procedures, the Charleston Consortium is now accepting applications via the AAPI Online system available at APPIC's website (www.appic.org). Our site requires only the following application materials:

- Cover letter identifying the basis for your interest in the Charleston Consortium, including tracks for which you would like to be considered, and your perception of areas of research overlap or match with program faculty
- the AAPI application
- a current curriculum vitae
- graduate transcripts from your current institution only
- a minimum of 3 letters of recommendation, at least one of which should comment on your research achievements and potential.

Please e-mail Crystal Sanford (psychint@musc.edu), Internship Training Coordinator, if you are considering applying for this program

The Medical University of South Carolina and the Department of Veteran's Affairs Medical Center adhere to the selection day guidelines promulgated by APPIC.

“This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.”

"Reprinted with permission"

The complete Match Policies may be found at <http://www.appic.org/Match/Match-Policies> .

APPIC Match Policies: 2016-2017
Adopted July 14, 2016

The following policies will guide the 2017 APPIC Match and Post-Match Vacancy Service. Adherence to these policies is a condition of membership in APPIC and of participation in the APPIC Match and/or Post-Match Vacancy Service.

Phase I of the Match

The Rank Order List Submission Deadline is February 1, 2017 at 11:59 p.m. Eastern Time. Results of the Match will be released on APPIC Phase I Match Day, February 17, 2017.

Phase II of the Match

The application deadline (see Policy 3b) is February 23, 2017 at 11:00 a.m. Eastern Time. The Rank Order List Submission Deadline is March 13, 2017 at 11:59 p.m. Eastern Time. Results of the Match will be released on APPIC Phase II Match Day, March 20, 2017.

These policies apply to all participants in the APPIC Match and Post-Match Vacancy Service, including APPIC member internship programs, non-APPIC member internship programs, and student applicants and their doctoral program faculty.

All participants shall abide by their agreements with APPIC for participation in the APPIC Match.

Internship training directors must ensure that all people involved in recruiting or selecting interns understand and adhere to these policies.

Directors of APPIC Doctoral Program Associates and other doctoral programs with students participating in the APPIC Match must ensure that their students understand and adhere to these policies.

Violations of APPIC Match Policies or Match Agreements by applicants or programs may result in sanctions by APPIC (e.g., being barred from future Matches) or legal action by other Match participants. In addition, violations by applicants may result in disciplinary action by the applicants' graduate and/or internship programs.

Internship programs must offer all of their internship positions in Phase I of the APPIC Match.

Positions for which funding is not assured should not be offered in the Match.

Positions that are left unfilled in Phase I of the Match must be offered in Phase II of the Match, in accordance with paragraph 8 and its subparagraphs below.

Positions that are not offered in Phase I of the Match, such as positions for which funding becomes assured after the Phase I Rank Order List deadline or newly created positions, may be offered in Phase II of the Match, in accordance with paragraph 8 and its subparagraphs below.

Positions that are not offered in Phase I or Phase II of the Match can be communicated and/or offered to applicants only after the results of Phase II of the Match are released, in accordance with paragraph 9 and its subparagraphs below.

For both Phase I and Phase II of the APPIC Match, the AAPI Online application service must be used by applicants to apply to all internship programs that are participating in the Match. For both Phases of the Match, all applications must be submitted using the AAPI Online, and no site may request a printed copy of an applicant's application materials.

Internship programs and applicants must abide by the APPIC AAPI Online Supplemental Materials policy, which states that the only supplemental materials that may be requested by internship programs or submitted by internship applicants are (a) a treatment or case summary, and (b) a psychological evaluation report.

All programs participating in Phase II of the Match must accept applications until the application deadline for Phase II established by APPIC. Programs may elect to continue accepting applications for Phase II beyond the application deadline, but are not required to do so.

For Phase I of the Match, internship programs that conduct on-site or telephone interviews must make a reasonable effort to notify every applicant who submits a complete set of application materials as to his/her interview status.

Sites that conduct open houses to which all applicants are invited and conduct no other interviews are exempt from this interview notification requirement (this process should be clearly stated in the APPIC Directory Online and/or sites' publicity materials).

Notification of interview status for Phase I of the Match must occur no later than the interview notification date that appears in the program's APPIC Directory Online listing and/or other publicity materials, and may be communicated via e-mail, telephone, regular mail (to be received no later than the interview notification date), or other means.

For Phase II of the Match, notification of interview status is not required.

Participants in the APPIC Match, including applicants and internship programs, may not communicate, solicit, accept, or use any ranking-related information pertaining to either Phase of the Match prior to the release of the results for Phase II of the Match.

Internship programs must include the following statement on their web sites and in their brochures: "This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant."

Internship programs may choose to inform applicants as to whether or not the applicants remain under consideration for admission (e.g., whether or not the applicants will be ranked) but may not communicate any other ranking information. The spirit of this item precludes any communication of rankings for either Phase of the Match prior to the release of the results for Phase II of the Match, however "veiled" or indirect such communication might be. However, sites and applicants are allowed to communicate about matters that do not involve the sharing of ranking information.

Internship programs and applicants may never solicit information regarding applicants' and programs' rankings at any time, either during the Match or after the Match results are released.

Internship sites that offer more than one program in the APPIC Match (i.e., sites with more than one program code number) are expected to ask applicants to identify the site's programs to which they are applying. In addition, these sites may, for the sole purpose of arranging interviews, ask applicants to designate their preferences regarding the programs at the site for which they wish to be interviewed. These sites may request interview preference information only when it is essential for making interview arrangements, and such information may not be used for any other purpose in the selection process. Furthermore, these sites may not solicit any information about applicants' final rankings of programs. Sites requesting interview preferences must state clearly in their written materials that these preferences will be used for arranging interviews only and for no other purpose.

Any ranking information that is communicated between applicants and internship programs, even though such communication is a violation of these policies, is non-binding and may be changed at any time prior to the Rank Order List submission deadline. The only binding rankings are the confidential Rank Order Lists that are submitted to the APPIC Match.

Internship programs may choose to provide applicants with information about the size of the applicant pool.

Results of the APPIC Match constitute binding agreements between applicants, internship programs, and APPIC that may not be reversed without APPIC's consent.

Failure to receive timely notification of the APPIC Match results, for any reason, does not constitute a release from the obligations of the APPIC Match.

Appointments of applicants to internship positions may be contingent upon the applicants satisfying certain eligibility requirements. Such eligibility requirements must be clearly specified in the internship programs' written materials and provided to applicants in advance of the deadline for submitting rankings for the APPIC Match.

Internship training directors are encouraged to contact matched applicants by telephone as soon as possible after (but not before) 11:00 a.m. Eastern Time on the APPIC Match Day for each Phase of the Match. On each APPIC Match Day, no contact between internship sites and matched applicants should occur prior to 11:00 a.m. Eastern Time.

It is not necessary for internship training directors to contact applicants with whom they have not been matched.

Internship training directors must put in writing their appointment agreements with matched applicants in letters postmarked or e-mailed no later than 7 days following receipt of the APPIC Match results for each Phase of the Match.

Letters must be addressed to the applicants and must include confirmation of conditions of the appointment, such as stipend, fringe benefits, and the dates on which the internship begins and ends.

Copies of these appointment letters must be sent simultaneously to applicants' academic training directors.

Positions that remain unfilled in Phase I of the Match must be offered in Phase II of the Match to applicants who do not obtain a position in Phase I. Positions not offered in Phase I of the Match, such as positions for which funding becomes assured after the Phase I Rank Order List deadline or newly created positions, may also be offered to eligible applicants in Phase II of the Match.

All applicants who register for Phase I of the Match and who do not obtain a position in Phase I (e.g., those who withdraw or remain unmatched) are eligible to participate in Phase II of the Match. Applicants who match to a position in Phase I are not eligible to participate in Phase II. Applicants who do not register for Phase I cannot register for or participate in Phase II.

All positions at an internship site that remain unfilled in Phase I of the Match must be offered to applicants in Phase II of the Match. A site can decide not to offer an unfilled position in Phase II only if it decides not to fill the position in the program for the coming year (e.g., anticipated loss of funding, shifting of funding to other purposes). Removing an unfilled position from Phase II of the Match for any other reason requires APPIC approval.

Internship programs with positions that are offered in Phase II of the Match may not take any actions to fill these positions prior to 11:00 a.m. Eastern Time on APPIC Phase I Match Day. Applicants who do not obtain a position in Phase I of the Match, along with other individuals acting on their behalf (e.g., doctoral program faculty), may not contact internship programs about available positions prior to 11:00 a.m. Eastern Time on APPIC Phase I Match Day. All applications to programs for Phase II of the Match must be submitted using the AAPI Online, as specified in paragraph 3 above.

Upon completion of both Phases of the APPIC Match, internship programs that have one or more open positions may then make other direct offers of admission (verbal or written) to applicants who are not already matched or to applicants who did not participate in the APPIC Match. Applicants who are not matched to a position may then receive other direct offers of admission.

Internship programs that have or anticipate having open positions after completion of Phase II of the Match may not take any actions to fill these positions prior to 11:00 a.m. Eastern Time on APPIC Phase II Match Day. Applicants who are not matched to a position after completion of both Phases of the Match, along with other individuals acting on their behalf (e.g., doctoral program faculty), may not contact internship programs about open positions prior to 11:00 a.m. Eastern Time on APPIC Phase II Match Day.

Prior to making offers to fill open positions, internship training directors must verify with applicants, to the best of their abilities, that the applicants have not previously been matched to other internship programs nor accepted other offers.

Prior to making offers to fill open positions, internship training directors must ensure that doctoral programs have verified their applicants' eligibility and readiness for internship. Such verification can occur via a review of the appropriate application materials and/or via direct communication with the doctoral programs.

Applicants may not accept an offer if they have been matched or have already accepted an offer from another internship program.

An offer (verbal or written) that has been tendered by an internship program and accepted by an applicant constitutes a binding agreement between the program, the applicant, and APPIC that may not be reversed without APPIC's consent.

The internship training director must put in writing the appointment agreement with the applicant in a letter postmarked or e-mailed no later than 7 days following acceptance of the offer by the applicant, as described in paragraphs 7a and 7b above.

Individuals who perceive violations of these policies are urged to request compliance with APPIC policies from the appropriate party (parties).

Unresolved compliance problems should be resolved informally, whenever possible, through consultation among applicants, internship training directors, academic training directors, and/or APPIC, or by other informal means. APPIC sponsors an "Informal Problem Consultation" process (described on the APPIC web site) that is recommended for use in addressing these issues.

Internship training directors who become aware of violations of these policies by other internship training directors should (a) urge the affected applicants and academic training directors to follow the informal resolution procedures described above, (b) directly contact the other internship training directors, and/or (c) use the APPIC "Informal Problem Consultation" process.

Perceived violations of APPIC Policies and/or the Match Agreement that are not resolved through the APPIC "Informal Problem Consultation" process may be reported as a formal complaint to the APPIC Standards and Review Committee (ASARC).

If a formal complaint is filed with APPIC regarding an alleged violation of these policies, the APPIC Standards and Review Committee (ASARC) will evaluate the allegations and recommend an appropriate course of action to the APPIC Board of Directors. The APPIC Board of Directors is the body that ultimately determines the course of action. ASARC policies are described on the APPIC web site. Formal complaints regarding violations of APPIC policies should be filed by submitting an ASARC Complaint Form (available from the APPIC web site) to:

Chair, APPIC Standards and Review Committee
17225 El Camino Real
Onyx One - Suite #170
Houston, TX 77058-2748
Phone: (832) 284-4080
Fax: (832) 284-4079

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NOTE: APPIC members, and non-APPIC members who participate in the APPIC Match, may reprint the APPIC Match Policies in their program materials and brochures by stating "Reprinted with permission."

Accreditation

Our program is fully accredited by the American Psychological Association. Our most recent site visit occurred in 2016.

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE
Washington, DC 20002-4242
(T) 202-336-5979 (F) 202-336-5978
<http://www.apa.org/ed/accreditation/>
Email: apaaccred@apa.org

Most Recent Intern Class

Below you will find the names of the most recent intern class, printed with permission, as well as information about their activities following their internship at MUSC. For more information on intern classes from 1970 to the present, please see the “People/Current and Former Interns” page of the program’s website.



Class of 2016-2017

Allyson Dir: Postdoctoral Fellow, Indiana University School of Medicine	Spencer Evans: Postdoctoral Fellow, Laboratory for Youth Mental Health, Harvard University
Christina Gamache Martin: Postdoctoral Fellow, University of Oregon	Jennifer Gomez: Postdoctoral Fellow, Wayne State University
Chelsey Hartley: Postdoctoral Fellow, University of Rochester Medical Center	Sarah Helseth: Postdoctoral Fellow, Brown University
Ashley Howell: Postdoctoral Fellow, National Crime Victims Research & Treatment Center, MUSC	Amber Jarnecke: Postdoctoral Fellow, Addiction Sciences, MUSC
Kristen Kraemer: Postdoctoral Fellow, Integrative Medicine, Harvard Medical School	Cynthia Lancaster: Assistant Professor, University of Nevada-Reno
Deborah Lowe: Neuropsychology Postdoctoral Fellow, University of Oklahoma Health Science Center	Ryan Marek: Assistant Professor, University of Houston-Clear Lake
Will Mellick: Postdoctoral Fellow, Addiction Sciences, MUSC	Camilla Nonterah: Assistant Professor, University of Richmond
Chris Sege: Postdoctoral Fellow, National Crime Victims Research & Treatment Center, MUSC	David Solomon: Assistant Professor, Western Carolina University
Jenni Teeters: Assistant Professor, Western Kentucky University	Matt Woodward: Visiting Assistant Professor, Western Kentucky University
	Kelly Zuromski: Postdoctoral Fellow, Harvard University