

*The Charleston Consortium Psychology Internship Program*

## **Information about Applying for Internship**

**Academic Year 2010 – 2011**

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

**Dean G. Kilpatrick, Ph.D., Director  
Daniel W. Smith, Ph.D., Associate Director**

“The Medical University of South Carolina/Department of Veterans Affairs Psychology Internship Consortium is a member of the Academy of Psychological Clinical Sciences, which is a coalition of doctoral 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. Its membership in the Academy indicates that the MUSC/DVA Psychology Internship 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.

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## Program Description and Overview

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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 Department of Veterans Affairs Medical Center. Internship training began at the Medical University in 1968, and at the VA Medical Center in 1969. In 1972, the two internship 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 and counseling psychology programs. It has trained over 450 psychology interns, many of whom are now pursuing careers in universities, medical schools, Veterans Administration Medical Centers, 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 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 their 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 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 their opportunities for learning 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 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 only 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 the increasingly culturally and ethnically diverse U.S. population; thus, being exposed to role models working with underserved populations is 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, minorities, substance abusers, the poor, individuals from rural areas, and those with combined physical and mental health disorders.

Fourth, interns will be provided with training experiences that expose them to "cutting edge" aspects of the scientist-practitioner work in the 21st century. Several areas offer bright prospects for psychologists of the future, including behavioral and health psychology, neuropsychology, health services research, and development and evaluation of empirically-validated brief treatment procedures. How to survive and even prevail in a managed care environment 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

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

## Program Goals and Objectives

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*Goal One:* To increase intern' expertise and experience in clinical assessment, diagnosis, and treatment.

- Objective 1(a): The intern will meet standards of competence in assessment procedures, including interview and other standardized assessment procedures.
- Objective 1(b): The intern will meet standards of competence in differential diagnosis, case formulation, and development of treatment plans based on case formulation.
- Objective 1(c): The intern will meet standards of competence intervention in the following areas: selecting treatments based on the empirical literature, use of pre-post assessment to evaluate treatment intervention efficacy, extent and appropriateness of therapist-patient relationship, and therapeutic effectiveness (e.g. implementation, monitoring, and follow-up).
- Objective 1(d): The interns will meet standards of competence in communication skills including ability to communicate clinical findings orally and in written form, and having good relations with other disciplines. This will include presentation at a clinical case conference.
- Objective 1(e): The intern will meet standards for appropriate work ethic in clinical work (e.g. dependability, enthusiasm, and time management skills) and appropriate ability to participate in supervision (e.g. acceptance of alternative viewpoints, receptivity to task-related feedback, and receptivity to interpersonal/process feedback).
- Objective 1(f): The intern will receive a minimum of four hours supervision a week.

*Goal Two:* To increase the interns' proficiency in understanding of, and ability to produce, clinically relevant research.

- Objective 2(a): The intern will complete a research paper in a format suitable for submission to an appropriate professional journal.
- Objective 2(b): The intern will attend, and be encouraged to present a paper to, at least one relevant scientific or professional meeting.
- Objective 2(c): The intern will attend and present a paper at the internship-sponsored research seminar.
- Objective 2(d): The intern will meet the standards for research skills in the following areas: ability to formulate research questions, conduct critical review of the literature, develop research designs for major projects, select appropriate research methods and statistical analyses, oral presentation of research material, written presentation of research material, critical interpretation of findings and integration with relevant literature, and adherence to APA ethical standards on conducting research.
- Objective 2(e): The intern will meet standards for an appropriate work ethic in research (e.g. dependability, enthusiasm, and time management skills) and appropriate ability to participate in supervision (e.g. acceptance of alternative viewpoints and receptivity to task-related feedback).

*Goal Three:* To enhance interns' understanding of, and experience working with, traditionally underserved groups.

- Objective 3(a): The intern will have a clinical caseload that includes typically underserved groups, including economically disadvantaged and racial/ethnic minorities.
  - Note: The Charleston area has a substantial African American population and a growing population of Hispanics, but a relatively low percentage of other racial/ethnic groups (approximately 1% each for Native American and Asian American). However, the percentage of the Charleston area population living in poverty, as defined by the Census Bureau, is approximately 19%. Thus, interns have considerable

opportunity to work with the economically disadvantaged African American and Hispanic clients, but limited access to other racial/ethnic groups.

- Objective 3(b): Some interns will have a clinical caseload that includes other underserved groups such as substance abusers, crime victims, and delinquents.

*Goal Four*: To increase interns' understanding of cultural and individual differences as they relate to science and clinical practice in a diverse society.

- Objective 4(a): Clinical supervision will address cultural and individual difference issues as appropriate with the interns they supervise.
- Objective 4(b): Mentor/research preceptors will address cultural and individual difference issues in their supervision of interns' research.
- Objective 4(c): The intern will participate in seminars that address relevant cultural and individual difference issues as they relate to research and clinical practice.
- Objective 4(d): The intern will meet standards of competence regarding cultural and individual difference issues.
- Objective 4(e): The intern will understand the role of individual difference variables as moderators of assessment validity and treatment efficacy.
- Objective 4(f): Because interns learn through exposure to psychologists and other interns of different cultural backgrounds, continued attempts will be made to recruit well-qualified interns and faculty from different cultural and ethnic backgrounds.

*Goal Five*: To expose interns to "cutting edge" aspects of scientist-practitioner work that will likely form the basis for successful psychology practice in the future.

- Objective 5(a): On an elective basis, some interns will complete clinical rotations that provide training in newly-emerging and/or rapidly changing issues and practice areas such as neuropsychology, behavioral medicine, clinically effective and empirically-validated treatment procedures for problem adolescents, crime victims' treatment, and substance abuse treatment.
- Objective 5(b): Interns will describe themselves as being satisfied with their treatment by faculty at the conclusion of the internship.

## Components and Structure of Program

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To accomplish its mission, goals, and objectives, the program has four major components:

1. Clinical Training (p. 8)
2. Research Training (p. 22)
3. Mentors/Research Preceptors (p. 23)
4. Seminars (p. 24)

The internship year is divided into quarters for the purposes of clinical rotation assignments. Some clinical rotations are full-time experiences lasting for three months, but other rotations are structured such that interns complete two half-time rotations over a six-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

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To be eligible for the program, the applicant should be in good standing enrolled in an APA-accredited Ph.D. program in clinical or counseling 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 13 - 17 interns each year, depending on budgetary factors. Applicants should note that the internship is an intensive experience guided by the scientist/practitioner model. Accordingly, interns selected for this program should have considerable supervised clinical practicum experience (a minimum of 1500 hours is required) and demonstrate considerable interest and ability in conducting research beyond that required by the Masters Thesis and Doctoral Dissertation. Additionally, faculty have many theoretical orientations, but the large majority are behavioral or cognitive-behavioral. Thus, it would be helpful for interns to have a background in behavioral or cognitive-behavioral theory, and experience in implementing these intervention strategies with clinical populations.

As part of the application process, each candidate must be interviewed by the faculty of the program. Interviewees 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. Those applicants selected for an interview will be contacted to arrange a suitable time for the visit, which normally occurs in December and January. If you have not received a call inviting you to interview, you may e-mail (preferred) or call the internship offices to find out the status of the interview selection process. For those applicants who can demonstrate that a personal interview trip would be a hardship, a telephone interview can be requested if the Director of Clinical Training sends a letter to the Internship Director describing the hardship. Completed application materials must be received November 1, 2009. **Although you may apply under as many of our training tracks as they 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.**

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 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.

## Clinical Training and Emphasis Areas

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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 experiences is available for training. 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.

Currently, the internship year is divided into quarters for purposes of clinical rotation assignments. Some rotation assignments are full-time at one setting for one quarter and others are half-time at two settings for one or two quarters. Clinical rotation offerings are modified as needed to enhance training opportunities. Links to detailed descriptions of currently available (2009-2010) clinical rotation experiences appear below.

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. New interns are guaranteed their first rotation choice at the time of admission. Beyond the first rotation choice, every effort is made to honor intern interests. In the past, the faculty have 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 matching program has led us to formalize the specialty emphasis areas of internship training we provide. Specifically, we identified five emphasis areas or tracks (General, 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 as candidates for and can select as many as they wish. The special emphasis areas provide at least one of a subset of specified rotations as well as arranging for the intern's research experience to be with a research preceptor in that area. Often, 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 is important for two reasons. First, it maintains the generalist nature of the program because it ensures that all interns receive some clinical training outside of a specialty area. Second, it makes it possible for interns who are not in a given special emphasis area to obtain clinical training on a rotation within special emphasis areas. Each intern applicant is asked to provide information on their preferences for rotation prior to submission of the match list.

## Emphasis Areas

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1. **General Internship** (*Program code number 155211*): In addition to all the rotations listed in the specialty areas below, this option includes the following rotations that are not in any other track:
  - a. Center for Drug and Alcohol Programs (CDAP)-MUSC
  - b. Counseling and Psychological Services (CAPS) – MUSC
  - c. Couples Clinic - VA Medical Center
  - d. Cognitive-Behavior Therapy Clinic at VA Medical Center
  - e. Centralized Inpatient Programming Service (CIPS) MUSC
2. **Traumatic Stress Emphasis** (*Program code number 155212*): Includes at least two quarter-equivalent rotations from the following:
  - a. Community Outreach Program - Esperanza (COPE) - @ the NCVC
  - b. Lowcountry Children's Center (LCC)
  - c. National Crime Victims Research and Treatment Center (NCVC) – MUSC
  - d. PTSD and Anxiety Disorders - VA Medical Center
3. **Neuropsychology Emphasis** (*Program code number 155213*): Includes both of the following:
  - a. Neuropsychology Assessment Clinic – MUSC Department of Neurology
  - b. Neuropsychology Clinic - VA Medical Center
4. **Behavioral Medicine Emphasis** (*Program code number 155214*): Includes at least two quarter-equivalent rotations from the following:
  - a. Behavioral Medicine I, II, III, IV – MUSC
  - b. University Family Medicine Clinic - MUSC
  - c. Weight Management Center – MUSC
5. **Child Psychology Emphasis** (*Program code number 155215*): Includes the following rotations:
  - a. Community Outreach Program - Esperanza (COPE) – NCVC
  - b. IMPACT: Day Treatment Program for Conduct Disordered Preschool Children
  - c. Lowcountry Children's Center (LCC)
  - d. National Crime Victims Center (NCVC) – MUSC (half of NCVC rotation is Family/Child focused)
  - e. Pediatric Psychology/Consult Liaison at MUSC Department of Pediatrics (Developmental Pediatrics)
6. **Substance Abuse Emphasis** (*Program code number 155216*): Includes the following rotations:
  - a. Center for Drug and Alcohol Program (CDAP) MUSC
  - b. Substance Abuse Treatment Center (SATC) VA Medical Center

# Clinical Rotations

- **Rotation Descriptions in Alphabetical Order (p. 9)**
- **General Internship Track (p. 19)**
- **Traumatic Stress Track (p. 19)**
- **Neuropsychology Track (p. 19)**
- **Behavioral Medicine Track (p. 19)**
- **Child Psychology Track (p. 19)**
- **Substance Abuse Track (p.19)**

## Behavioral Medicine – I-IV

### **Division of Bio-Behavioral Medicine - Department of Psychiatry and Behavioral Sciences**

There are four, six-month, half-time Behavioral Medicine Rotation slots offered each semester. On these rotations, 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. Some of the clinical activities available are listed below.

#### OBJECTIVE:

*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 & written communication with a variety of medical specialties*

#### CLINICAL ACTIVITIES

##### HCC- Behavioral Medicine (Hollings Cancer Center)

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 psycho-social issues and co-morbid psychiatric disorders.

#### OBJECTIVES:

- *Gain hands-on experience providing psychotherapeutic interventions to patients with cancer and their families.*
- *Understand the unique psychosocial challenges associated with cancer diagnosis, treatment and recovery*

##### IOP - Behavioral Medicine Clinic

Interns see patients in the Behavioral Medicine Clinic for individual psychotherapy geared toward helping them manage chronic medical conditions and associated psycho-social complications. The Behavioral Medicine 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 many, many others.

Interns will get hands-on experience providing cognitive psychotherapy, biofeedback, behavioral therapy, hypnosis, integrative psychotherapeutic approaches, and are expected to communicate relevant treatment-planning information to a variety of medical disciplines including physicians, physician-assistants, nurses and nurse-practitioners.

#### OBJECTIVES:

- *Gain hands-on experience providing psychotherapeutic interventions to patients with chronic pain and other chronic medical illnesses*

- *Understand the unique psychosocial challenges associated with a variety of chronic illnesses including chronic pain*

### **Organ Transplant Pre-surgical Evaluation and Treatment**

Interns will conduct comprehensive evaluations and offer outpatient psychotherapy services for patients that are being considered for heart, liver or kidney transplantation. Interns will administer neuropsychological, cognitive, and personality screening measures, make referrals for further comprehensive psychological testing if indicated, make recommendations about the appropriateness of patients for the transplant surgery, as well as assess their abilities to process and manage post-operative medical recommendations. Additionally, the intern will follow several patients for regular psychotherapy pre and post transplantation.

#### **OBJECTIVES:**

- *Learn about the psychosocial predictors of successful organ transplantation in chronically ill patients*
- *Gain hands-on experience evaluating patients that are being considered for organ transplantation*
- *Understand the unique psychosocial challenges associated with patients that are being considered for organ transplantation*
- *Gain experience making recommendations about the appropriateness of patients for transplant surgery*

### **Smoking Cessation Program**

Interns run a 4-week smoking cessation class offered through the Institute of Psychiatry designed to help people in the Charleston community as well as employees of MUSC quit smoking.

#### **OBJECTIVES:**

- *Gain hands-on experience providing education and interventions in a group format to patients who wish to quit smoking.*
- *Understand current, empirically-supported strategies (behavioral and pharmacological) to optimize the probability of smoking cessation.*
- *Handle the logistic elements associated with the group*

### **Inpatient Behavioral Medicine Consultation**

Interns provide inpatient hospital consultation services to medical and psychiatric treatment teams that need help with patient-management, medication adherence issues, non-pharmacological pain management, or psychological assessment. Additionally, the intern works closely with the Psychiatry Consult-Liaison team at MUSC to provide comprehensive behavioral healthcare services to medical inpatients. Additionally, interns provide psychological testing and assessment services to psychiatric inpatients at the Institute of Psychiatry.

#### **OBJECTIVES:**

- *Gain hands-on experience providing brief psychotherapeutic and behavioral interventions to medical and psychiatric inpatients with chronic medical illnesses*
- *Provide psychological assessment services to primary treatment teams in both medical and psychiatric inpatient settings*
- *Gain experience communicating with and making recommendations to primary medical and psychiatric treatment teams*

### **Family Medicine Clinic\***

Interns spend ~2 days each week at a satellite Family Medicine Clinic providing psychological services (including individual psychotherapy) to patients in a primary care setting. The intern will have a caseload of patients referred by the Primary Care Physicians and will see the patients onsite in the Family Medicine Clinic.

#### **OBJECTIVES:**

- *Gain hands-on experience providing psychotherapeutic interventions to patients in a primary care setting*
- *Understand the unique psychosocial challenges associated with a variety of chronic illnesses*

\*Considered a separate 6-month rotation; Supervisor: John Freedy, MD, PhD

### **BIO-BEHAVIORAL MEDICINE SEMINAR**

Interns along with 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 a variety of topics relevant to behavioral medicine.

**Location of Rotation:** Medical University of South Carolina  
**Faculty:** Jeff Borckardt, PhD  
Alok Madan, PhD, MPH  
Laura Campbell, Ph.D.  
Kelly Barth, DO  
Steve Chin, M.D.  
Christine Pelic, M.D.  
Bob Malcolm, M.D.

### **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 in our clinic to provide treatment for a diverse array of patients who have a spectrum of substance-related and co-occurring disorders, in addition to complementary interpersonal difficulties.

During the CDAP rotation, psychology interns will receive 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 in the CDAP rotation also frequently have opportunities to work with couples and families as part of our well-rounded treatment approach.

During the CDAP rotation, interns will gain experience applying empirically-supported **behavioral therapies** in a real-world outpatient substance abuse clinic

- Motivational Interviewing (MI)
- Cognitive Behavioral Therapy (CBT)
- 12-Step Facilitation (TSF)

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
- translation of evidence-based practice to real-world treatment settings
- 
- are stages of change all that they are "measured" up to be

**Location of Rotation:** Medical University of South Carolina, CDAP outpatient clinic  
**Faculty:** Carrie Randall, Ph.D., Distinguished University Professor

Peter M. Miller, Ph.D., Professor  
John C. Roitzsch, Ph.D., Associate Professor (Emeritus)  
Suzanne E. Thomas, Ph.D., Associate Professor  
Josh Smith, Ph.D. Assistant Professor  
Viktoriya Magid, Ph.D., Assistant Professor

### **Centralized Inpatient Programming Service**

The Centralized Inpatient Programming Service (CIPS) is the center of multidisciplinary therapy programming for Medical University of South Carolina's inpatient psychiatric hospital. The CIPS team includes clinical psychologists, recreation therapists, and occupational therapists, who are joined by social workers, dietitians, pharmacists, and nursing staff to provide therapy and/or educational services to hospitalized clients. The two primary goals of the rotation are to familiarize the intern with the multiple roles of a psychologist in an inpatient psychiatric facility, and to provide the intern with exposure to a diverse patient population while performing in these roles. In addition to observation and learning from the multidisciplinary team, the CIPS rotation offers the clinical psychology intern the opportunity to participate in several distinctive ways across the Institute of Psychiatry's inpatient facility. The specific opportunities within the CIPS rotation include:

1. Leading group therapy sessions with a diverse array of clients, including substance-abusing and dependent adults, adults with acute needs for mood, anxiety, or other psychiatric conditions, lower-functioning adults, geriatric adults, and children/adolescents
2. Training in assessment and brief, feedback-based motivational interviewing interventions
3. Training in development of group therapy and psychoeducation modules (one or two session group units) through completion of "projects" (wherein each intern will develop and present two empirically-based group therapy modules to staff, and will develop psychoeducation materials which can be used by therapeutic assistants on the inpatient units)
4. Participation in an interdisciplinary treatment team (psychiatrist, psychologist, social workers, nursing)
5. Providing educational presentations for inpatient staff
6. Providing consultation with inpatient staff as necessary
7. Participation in ongoing clinical research

### **Rotation Philosophy**

The clinical training opportunities within the CIPS rotation are firmly rooted in the belief that empiricism is essential to the professional psychologist's decision-making and treatment provision. Based on this value, the rotation is designed to expose interns to empirically-based techniques. These include training and supervision in cognitive-behavioral therapy (CBT) and motivational interviewing (MI), in addition to complementary treatments based on published literature. The collective treatment skills and techniques associated with these treatment modalities are interwoven into the overall clinical services to which interns are exposed and expected to practice. In conjunction with an emphasis on empiricism, another focal belief is that professional psychologists are enriched from exposure to, and practice alongside, professionals from other mental health-focused disciplines. In line with this value, CIPS interns are encouraged to read literature discussing the philosophy and techniques from these other disciplines, to observe group therapy sessions conducted by professionals from other disciplines, and to participate in interdisciplinary treatment teams. Finally, the CIPS rotation emphasizes the development of practical decision-making skills in a real-world, fast-paced inpatient acute-care environment. Overall, the development of skills emphasized in the CIPS rotation is designed to foster professional self-efficacy and prepare interns for the next step in their career path.

**Location of Rotation:** Medical University of South Carolina,  
Institute of Psychiatry, Inpatient Hospital  
**Faculty:** Joshua P. Smith, Ph.D., Assistant Professor  
Viktoriya Magid, Ph.D., Assistant Professor  
John C. Roitzsch, Ph.D., Associate Professor (Emeritus)

### **Cognitive-Behavior Therapy Clinic-VAMC**

The Cognitive-Behavior Therapy Clinic is staffed and coordinated by the Psychology Intern and constitutes the only specialized referral avenue both for the VA Mental Health Service and for the Medical Center at large for patients in need of individual- and/or group-based CBT across a broad range of psychopathology. Referrals either originate from the Outpatient Mental Health Intake process or from an assigned Mental Health Primary Care Provider (Case Manager). The CBT focus

includes: (a) use of efficient, standardized screening/intake work-ups, (b) use of formal targeted goal setting using a templated comprehensive treatment planning protocol, and (c) selection of outcome measures administered at base line and repeatedly throughout treatment to assess clinical outcome and effectiveness.

In addition, this rotation offers the following optional types of experiences:

- Co-therapy both in goal-focused/targeted psychotherapy groups and in psycho-educational groups
- Exposure to emergency room mental health triaging and crisis work-ups
- Exposure to the Mental Health continuity of care system by coordinating care with the Case Manager, Acute Intensive Inpatient Unit, the Day Program, and /or the Intensive Assertive Community Outreach Program
- Contributing to the development and direct implementation of reliable and valid measures of primary mental health care indices for:
  - effectiveness of care (measures of contact consistency, accessibility, reliable symptom reduction, clinically significant symptom reduction, recidivism, patient satisfaction, patient compliance, treatment goal attainment, quality of life, etc.)
  - efficiency of care (measure of sub-process cycle times, key aspects of different models for medication management)
  - measure of satisfaction on the part of the mental health care deliveries themselves
  - measures of cost (cost per unit of service per team per provider) and market penetration

**Location of rotation:** Department of Veterans Affairs Medical Center  
**Faculty:** Julian Libet, Ph.D., Associate Professor  
Daniel Gros, Ph.D., Assistant 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, church) and at the NCVC. The COPE Clinic attempts to reach victim populations that have traditionally been underserved by office-based mental health care programs (i.e., rural or 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, the COPE Clinic offers consultation and in-service training to local and state service agencies (e.g., Department of Social Services, Lowcountry Children's Center, 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 the COPE clinic. 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.

**Location of rotation:** National Crime Victims Research and Treatment Center at the  
Medical University of South Carolina  
**Faculty:** Michael de Arellano, Ph.D., Associate Professor  
Carla Danielson, Ph.D., Assistant Professor

### **Counseling and Psychological Services (CAPS) Center**

CAPS provides psychological assessments and individual and couples therapy to MUSC students whose problems are representative of the wide spectrum of psychiatric disorders.

More specifically, the clinical experiences available on this joint rotation include:

- Assessment: comprehensive behavioral and intake assessments; assessments of body image issues; assessment for learning disabilities and Attention-Deficit Disorder, Adult Residual; construction of behavioral prescriptions for identified problems
- Outpatient Individual and Couples Therapy: psychotherapy ranging in duration and scope from brief cognitive behavioral work to long-term, insight-oriented therapy
- Outpatient Group Therapy: In addition to the clinical experience provided at CAPS, interns may elect to conduct research with the clinical population at CAPS.

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

### **Couples Clinic**

In this rotation, empirically derived and validated assessment and treatment modalities are systematically explored through assigned readings and video & audio state-of-the-art materials. Interns will attain proficiency in thoroughly working up a couples/marital relationship through the multi-systemic assessment of behaviors, attitudes, and feelings via semi-structured interviews, behavioral sampling (videotape), and self-report measures.

The intern is given the opportunity to serve as a co-therapist, primarily with the rotation supervisor, but also occasionally with other interested and proficient intern colleagues. Co-led sessions not directly involving the rotation supervisor are normally videotaped and submitted to thoughtful and enriching examination by the team. Skills in both "classical" cognitive-behavioral marital therapy (i.e., communication skills, problem solving skills, & increasing positive event density) and new techniques associated with Jacobson's Integrated Marital Behavior Therapy and Baucom's Cognitive Marital Therapy are utilized as part of the planned interventions.

Consistent with the fast-growing foci of primary care as well as managed care, brevity of intervention (typically an 8 - 10 session span) is stressed and all new couples are 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 Clinic.

**Location of rotation:** Department of Veterans Affairs Medical Center  
**Faculty:** Julian Libet, Ph.D., Associate Professor

### **IMPACT: Day Treatment Program for Conduct Disordered Preschool Children and Their Families**

The goal of the IMPACT Program is to provide intensive, outpatient treatment to the families of young children who are already exhibiting severe behavior problems at home, in daycare/preschool settings, and in the community. A multidisciplinary team develops comprehensive treatment plans that not only target the behaviors that have been empirically shown to place young children at high risk for serious problems in the future, but that also address the needs of the often multi-problem families. Consultation to other community agencies involved with the families is an integral part of the treatment plan. The training program fully incorporates the intern into the multi-disciplinary team. The intern coordinates all aspects of treatment for several of the children in the program. Treatment modalities include individualized behavioral planning, parent training (individual and group), dyadic work with the child and caregiver, social skills groups, consultation with the milieu staff and community agencies, and in-home interventions. Training in developmental assessment is also provided. Opportunities for the intern to develop research projects are also available.

**Location of rotation:** Medical University of South Carolina Institute of Psychiatry  
**Faculty:** Stan Shoemaker, Ph.D., Assistant Professor

### **Lowcountry Children's Center (LCC)**

The Dee Norton Lowcountry Children's Center (LCC) is the primary Child Advocacy Center in the Charleston area. It is located in downtown Charleston, approximately one mile from the MUSC campus. LCC provides a variety of mental health, forensic, medical, and advocacy services to children and families in crisis. The primary services provided at LCC include

forensic interviews of children suspected to be the victims of child sexual or physical abuse, forensic medical examinations, advocacy and care coordination for its clients, community staffings, and family and child mental health interventions.

Interns rotating at LCC will provide empirically based cognitive-behavioral treatment for children and families presenting for forensic and mental health services. Regular clinical supervision is provided by National Crime Victims Research and Treatment Center child faculty, though many qualified clinicians are available to provide emergency supervision on site. Interns are not required to learn forensic interviewing skills; however, observation and didactic information about such interview skills is strongly encouraged. Interns also attend community staffings and peer supervision groups at LCC in order to learn more about the role of mental health services in the larger child protection system. This is typically a six-month, half-time rotation that is split with another Child or Trauma track clinical rotation.

**Location of rotation:** Dee Norton Lowcountry Children's Center  
**Faculty:** Rochelle F. Hanson, Ph.D., Professor

### **National Crime Victims Research and Treatment Center (NCVC)**

The National Crime Victims Research and Treatment Center (NCVC) offers a variety of research, clinical, and teaching opportunities for the intern interested in assessment and treatment of victims of violent crime and other traumatic life events. Interns completing a rotation 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. In 1990, the program was expanded to include seriously injured crime victims who are admitted to MUSC Surgery and Trauma Units. This hospital-based project is the only treatment intervention program of its kind in the nation. Interns develop expertise in the assessment of a range of traumatic events in the client's history and the assessment of 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 cognitive-behavioral, family systems, and other therapeutic techniques. Individual and family therapies are offered.

In addition to these therapeutic activities, interns conduct case management, which involves coordination between professionals and agencies (particularly criminal justice and social service agencies) that serve victims and their families. Because of the NCVC's expertise in assessing victims of violence, it often receives requests from attorneys for expert witness evaluation and testimony in civil, family, and criminal judicial cases. Involvement in such cases by interns is encouraged.

Interns also have the opportunity to become involved with one or more of the numerous federally-funded research projects the NCVC has at various stages of completion. Topics include, but are not limited to, victimization among the elderly, prevention of post-rape psychopathology, the impact of various types of victimization on adolescent adjustment, family violence in rural and minority communities, and assessing child anxiety at the time of a non-acute sexual assault medical examination.

**Location of rotation:** Medical University of South Carolina  
**Faculty:** Dean G. Kilpatrick, Ph.D., Distinguished University Professor and Director  
Connie L. Best, Ph.D., Professor  
Benjamin E. Saunders, Ph.D., Professor  
Heidi S. Resnick, Ph.D., Professor  
Rochelle F. Hanson, Ph.D., Professor  
Daniel W. Smith, Ph.D., Professor  
Ron Acierno, Ph.D., Professor  
John Roitzsch, Ph.D., Associate Professor (Emeritus)  
Michael de Arellano, Ph.D., Associate Professor  
Alyssa Rheingold, Ph.D., Associate Professor  
Kenneth J. Ruggiero, Ph.D., Associate Professor  
Carla Danielson, Ph.D., Assistant Professor  
Ananda Amstadter, Ph.D., Assistant Professor

### **Neuropsychology Assessment Clinic (MUSC)**

The major goal of the Neuropsychology Assessment Clinic rotation at the Department of Neurology is to help the intern develop basic clinical neuropsychological and psychopathology assessment skills useful in the practice of clinical psychology

in the medical center. This rotation provides interns with adult and pediatric experiences in medical neuropsychology, including experience with:

- the use of a wide array of psychological, neurocognitive, and clinical interview techniques
- the clinical assessment of primarily in neurological-related diagnoses with specific diagnostic formulation and differential considerations
- the assessment of neurologic and neurosurgical patients
- other in-house and outpatient clinics

Interns will receive training in report writing and consulting with interdisciplinary patient care teams. On the adult service, the clinics 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.). Pediatric experiences are mostly in the areas of epilepsy and neuro-oncology.

The primary training sites for this rotation include out outpatient clinic, the University's outpatient hospital on the neurology service with some inpatient experience on the 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 neuroradiology 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.

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

### **Neuropsychology Clinic (VA Medical Center)**

The Neuropsychology Clinic provides neuropsychological evaluation services throughout the Department of Veterans Affairs Medical Center. Referrals are received from a variety of inpatient and outpatient services, including Mental Health, Neurology, Medical Primary Care, Physical Medicine and Rehabilitation, Geriatric Medicine, and Vocational Rehabilitation. Neuropsychological assessments are conducted on adults with a broad range of diagnoses, including traumatic brain injury, neurodegenerative and other neurological diseases, cerebro-vascular illness, seizure disorders, psychiatric illness, chronic substance abuse, learning disabilities, and attention-deficit/hyperactivity disorder. There is also a weekly, interdisciplinary Memory Disorders Clinic providing assessments of dementia in older patients.

Interns on this rotation gain experience in all aspects of neuropsychological evaluation. Emphasis is placed on the interpretation and integration of historical, observational, and qualitative information, as well as formal test data. Training objectives are tailored to the needs of each individual intern, and generally include gaining supervised experience in the following areas:

- conducting interviews to aid in the differential diagnosis of neuropsychological syndromes
- administering and scoring a variety of neuropsychological tests
- using a hypothesis-testing approach to select the specific neuropsychological tests most appropriate to answering particular referral questions
- writing interpretive neuropsychological reports that integrate neuropsychological, neurological and behavioral data
- devising specific recommendations for treatment or intervention on the basis of neuropsychological findings
- discussing evaluation results with patients, family members, referral sources, and multidisciplinary treatment teams
- working in a consultative capacity with various referral sources from throughout the Medical Center

Interns also attend the Neuropsychology Seminar Series, which provides a forum for clinical case conferences, research presentations, and other topics of interest. These seminars are open to all interested trainees and staff. Various other training experiences are also available within the Neuropsychology Clinic. For interns interested in neuropsychological interventions, there are limited opportunities for providing psychotherapy or individualized cognitive rehabilitation to neurologically impaired patients. Interns are also encouraged to participate in various, ongoing research studies.

**Location of internship:** Department of Veterans Affairs Medical Center  
**Faculty:** Michael D. Horner, Ph.D., Associate Professor  
Kathryn Van Kirk, Ph.D., Assistant Professor

### **Pediatric Psychology**

This is a six-month rotation in the Division of Genetics and Child Development 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 assigned to this rotation must be involved in two or more of the specialty clinics listed below.** The first two weeks of the rotation include intensive training in interview and specialized assessment techniques for children that are specific to the clinics in which the intern will participate, and there are weekly multi-disciplinary didactic series related to topics in developmental pediatrics throughout the course of the rotation. In addition to the primary assessment clinics described below, interns may also elect to lead a treatment group, such as parent training or social skills groups.

#### ***Autism Spectrum Disorder Clinic***

This clinic provides diagnostic evaluations for children suspected of having an autism spectrum disorder, including Autism, Aspergers Disorder, or Pervasive Development Disorder - Not Otherwise Specified (PDD-NOS). This clinic is a multidisciplinary service that is staffed by clinical psychologists and developmental pediatricians. Interns assigned to this clinic will receive training in the use of state-of-the-art assessment instruments for these disorders, including the ADOS and the ADI-R.

#### ***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.

#### ***Psychoeducational Evaluation Clinic***

Psychoeducational evaluations are conducted with school-aged children and focus on providing diagnoses and educational recommendations for children experiencing difficulty with learning and/or behavior at school. Interns receive training in interview and assessment techniques and in providing recommendations that are practical for implementation in a school setting.

#### ***Preschool Evaluation Clinic***

Preschool evaluations are conducted with children between the ages of 4 and 6 who have suspected developmental, learning, or behavioral difficulties. Interns participating in this clinic receive specialized training in training in interview and preschool evaluation techniques and in providing recommendations that are practical for implementation in a home and/or school setting.

**Location of rotation:** Medical University of South Carolina  
**Faculty:** Laura Carpenter, Ph.D., Assistant Professor  
Kasey Hamlin-Smith, Ph.D., Assistant Professor

### **PTSD Clinical Team Clinic - 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 evaluation, innovative group treatment modalities, and individual therapy utilizing exposure and other cognitive-behavioral treatment protocols.

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 and group cognitive-behavioral treatment approaches, including exposure therapy, social skills training, and stress management techniques
- 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 literature
- is involved in on-going clinical research projects

Opportunities for engagement in productive clinical research are present through on-going studies or the development of new projects.

**Location of rotation:** Department of Veterans Affairs Medical Center  
**Faculty:** Ronald Acierno, Ph.D., Professor  
 Peter Tuerk, Ph.D., Assistant Professor  
 Matthew Yoder, Ph.D., Assistant Professor  
 Carol Denier, Ph.D., Instructor

### **Substance Abuse Treatment Clinic**

On the SATC rotation, psychology interns will work with substance abusing patients at early and later stages of treatment, including intensive outpatient treatment, and outpatient after-care. Interns will follow the same patients through all stages of their treatment over the course of the rotation. Clinical services include diagnostic assessment, group treatment (using 12-Step, motivational interviewing, process, cognitive-behavioral, and relapse prevention modalities), and individual therapy focused on relapse prevention, skill development, and management of co-morbid conditions that affect substance use. Interns begin by observing group treatment, progress to co-leading treatment groups, and by the end of the 6-month rotation take responsibility for leading treatment group activities. Depending on intern interests, opportunities exist for developing new treatment groups with specific foci (e.g., DBT, Smoking Cessation). Interns are also expected to see individual patients to provide empirically-based manualized treatment for relapse prevention. Opportunities are available to experience working with patients with dual-diagnoses (i.e. substance abuse plus PTSD, Depression, Bipolar disorder, etc.) Clinical supervision is individual, but the intern will participate in multi-disciplinary treatment team planning including psychiatrists, psychiatric nurses, and social workers.

**Location of rotation:** Department of Veterans Affairs Medical Center  
**Faculty:** Steven LaRowe, Ph.D., Assistant Professor;  
 James Harbin, Ph.D., Staff Psychologist

### **University Family Medicine Behavioral Clinic**

This is a half-time, six month rotation that occurs at University Family Medicine (UFM) on the campus of Trident Regional Medical Center in North Charleston. UFM is the primary outpatient training clinic for the Trident/MUSC Family Medicine Residency. UFM provides services to a large number of medically underserved patients. Patients of all ages present to UFM with a full range of medical and behavioral health problems, including overweight, smoking cessation, hypertension, and diabetes management. Psychology interns will have the opportunity to provide both individual and group-based interventions with appropriate UFM patients. Emphasis is placed on providing behavioral health services, both assessment and intervention, from an evidence-based perspective. In addition to providing clinical services, psychology interns are expected to attend didactic lectures that are available when in-house. Psychology interns will also be expected to develop and present a 45 minute noon conference quarterly. Research opportunities may be developed based upon interests. Both formal and informal interactions with residency faculty and other professionals in training are encouraged.

**Location of Rotation:** University Family Medicine Clinic (MUSC), Trident Regional Medical Center  
**Faculty:** John R. Freedy, M.D., Ph.D., Licensed Clinical Psychologist, Assistant Professor of Family Medicine

## **Weight Management Clinic**

Weight Management Clinic activities include:

- psychological assessment of candidates for weight-loss treatment
- co-leadership of weight management groups
- individual therapy for psychological and psychiatric problems (including obesity-related eating disorders) of obese clients
- individual weight management treatment
- participation in obesity-related research

Additional clinical activities include assessments of weight management and body image issues, co-leading structured group treatments for weight management (progressing to leading groups individually), including very-low-calorie diet and balanced deficit diet programs, and occasional group interventions for body image problems.

**Location of rotation:** Medical University of South Carolina  
**Faculty:** Patrick M. O'Neil, Ph.D., Professor  
Joshua Brown, Ph.D., Assistant Professor

## **General Internship**

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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 substance abuse training and working with couples typically apply in the General track, although this track is not limited to people with those interests. Interns in the General track program may choose any of the rotations described above.

## **Substance Abuse Track**

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- Center for Drug and Alcohol Programs (CDAP) (p.11)
- Substance Abuse Treatment Center (SATC) (p.18)

## **Traumatic Stress Track**

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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) (p. 10)
- Lowcountry Children's Center (p. 13)
- National Crime Victims Research and Treatment Center (p. 14)
- PTSD Clinical Team Service (p. 17)

## **Neuropsychology Track**

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The Clinical Neuropsychology Track is 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. The Program also offers postdoctoral training in Neuropsychology for those who wish to further specialize.

- Neuropsychology Assessment Clinic (MUSC Department of Neurology) (p. 15)
- Neuropsychology Clinic (VA Medical Center) (p. 15)

## **Behavioral Medicine Track**

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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.

- Behavioral Medicine I, II, III, IV (p. 9 )
- University Family Medicine Behavioral Clinic (p. 17)
- Weight Management Clinic (p. 11)

## **Child Psychology Track**

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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, pediatric neuropsychology clinic, 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 interested in the child track typically fall into 2 categories: 1) those interested in pediatric psychology, and 2) those interested in childhood traumatic stress. However, training outside these two areas is also available. Applicants with interest in childhood traumatic stress may want to also consider applying to the Trauma Stress track.

- Community Outreach Program – Esperanza (COPE) (p. 10)
- IMPACT: Day Treatment Program for Conduct Disordered Preschool Children and Their Families (p. 13)
- Lowcountry Children’s Center (LCC) (p. 13)
- National Crime Victims Research and Treatment Center (NCVC) (p. 14)
- Pediatric Psychology (p. 16)

## Sample Rotation Schedule

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Intern	Preceptor	Track	8/09-1/10	2/10-7/10
LA	Danielson	T	NCVC-COPE	PCT/SATC
SB	Hanson	G	COPE-LCC	NCVC/CBT-VA
AB	Horner	NP	NP-VA/NP-MUH	BM II/UFM
SB	J Libet	G	COUPLES/BM-IV	NP-VA/NP-MUH
JC	Amstadter	T	NCVC-PCT	CAPS/WMC
TD	Rheingold	G	PEDS	COPE/LCC
SG	Kilpatrick	G	CAPS/CBT-VA	COUPLES/BM-IV
RG	Borckardt	BM	WMC/BM I	CAPS/CDAP
JH	Wagner	NP	NP-VA/NP-MUH	WMC/BM I
MK	McCart	G	PEDS	PCT/IMPACT
CL	de Arellano	CH	NCVC/COPE	PEDS
AM	Acierno	G	BM II/UFM	NCVC/COPE
VM	O'Neil	BM	WMC/CAPS	BM III/SATC
LP	Grubaugh	T	NCVC-PCT	COPE/NP-VA
AR	D Smith	CH	BM III/IMPACT	PEDS
KR	M Carpenter	G	SATC/CBT-VA	NCVC/UFM
JS	Anton	SA	CDAP/SATC	CIPS/NP-MUH
JS	Roitzsch	SA	CDAP/CIPS	PCT/CBT-VA
MS	P Tuerk	T	PCT/UFM	NCVC/CDAP

### Rotations:

BM I/II/III/IV – Behavioral Medicine (Borckardt)  
 CAPS – Counseling & Psychological Services (A Libet)  
 CBT-VA – VAMC Cognitive Behavior Therapy Clinic (J Libet)  
 CDAP – Center for Drugs & Alcohol Programs Outpatient (Roitzsch)  
 CIPS – Centralized Inpatient Programming Service (J Smith)  
 COPE – Community Outreach Program Esperanza (de Arellano)  
 COUPLES – VAMC Couples Clinic (J Libet)  
 IMPACT – Therapeutic Pre-school Clinic (S. Shoemaker)  
 LCC – Low-country Children's Center (Hanson)  
 NCVC – National Crime Victims Research & Treatment Center (D. Smith)  
 NP-VA – VAMC Neuropsychology Clinic (Horner)  
 NP-MUH – Department of Neurology Neuropsychology Assessment Clinic (Wagner)  
 PCT – VAMC PTSD Clinical Team (Acierno)  
 PEDS – Development Pediatrics Psychology Clinics (L Carpenter)  
 SATC – VAMC Substance Abuse Treatment Clinic (LaRowe)  
 UFM – Family Medicine Clinic Trident (Freedy)  
 WMC – Weight Management Clinic (O'Neil)

## Research Training

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All interns are required to be involved in research activity throughout the year. One day (or two half-days) per week are reserved for research activities. These activities occur under the supervision and guidance of the intern's mentor/research preceptor. All interns must become involved in an ongoing research project and/or design an independent research project in conjunction with their mentor/research preceptor. To encourage interns to attend and/or present research at professional meetings, each intern is provided with a \$500 professional development fund to support attendance. Interns are also required to submit a research paper (20 pages, APA format) which is submitted for blind review by three distinguished external scientist-practitioners. Recognition is given to the top three papers and the best paper is awarded \$300. Interns are encouraged to submit these papers for presentation and/or publication. A list of titles for papers submitted by the 2008 -2009 class is provided below:

Emotional State Changes and Their Awareness During the Pre-Surgical Wada Intracarotid Sodium Amobarbital Procedure	Ana Soper
Development of the Personality Style Questionnaire (PSQ): Assessing Personality in Behavioral Medicine Interventions	Nicole Perez
Assessing rigor in HIV Intervention Effectiveness	Stephanie Sweatt
Treating Post-Traumatic Stress Disorder (PTSD) in an OIF Veteran: A Holistic Approach	Samantha Rodman
Multicultural Examination of Endorsement of Child Sexual Abuse Myths	Susan Borja
Working Too Hard, or Not Enough? fMRI Reveals Altered Neural Circuitry of Attention in Social Phobia	Tony Richey*
Embedded Indices of Effort in the Repeatable Battery for the Assessment of Neuropsychological Status (RBANS) in a Geriatric Sample	Marie Barker
Mental health patient satisfaction among Veterans in VA Medical Centers and Community Based Outpatient Clinics (CBOC)	Bill Breen
Relation between Hedonic Hunger and Binge Eating in Overweight and Obese Treatment-Seeking Individuals	Abbe Boeka
Maternal Support after Childhood Sexual Abuse: Associations with Children's Adjustment Following Abuse Disclosure and at 9-month Follow-up	Kristyn Zajac
Ethnic differences on intrafamilial and extrafamilial trauma experience and sequelae	Sopagna Eap
Partner and Self Attributions Among Veteran Couples Seeking Treatment: Predicting Relationship Feelings, Thoughts, and Behaviors	Jessie Dreifuss
Treatment of Comorbid Bipolar and Substance Use Disorders: A Review	Jim Prisciandaro
Psychosocial and pre-surgical risk factors of chronic pain patients seeking spinal cord stimulator implantation	Alexa Connell
The Effect of a Combined Evidence-Based Outpatient Substance Abuse Treatment Program on Client Self-Efficacy: A Pilot Study	Viktoriya Magid
Longitudinal pathways of victimization and high risk behavior: Findings from the National Survey of Adolescents	Angela Begle
Effects of Brief Motivational Feedback on Substance Abuse Treatment Entry and Retention in Veterans with SUDs	Brian Lozano
Is reporting of rape on the rise? A comparison of women with reported vs. unreported rape experiences in the National Women's Study-Replication	Kate Taylor

\* Winner of paper competition

## Mentor/Research Preceptor

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Research preceptors are assigned by the Director of Research Training in consultation with the Psychology Education Committee. 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 chosen faculty member has two functions; first, to supervise the student's internship research activities, and second, to serve as the intern's mentor and advocate throughout the year. We view mentor/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 are monitored through regular weekly meetings between the research preceptor and the intern. To facilitate research productivity, all interns are allowed 8 hours for research activities each week (typically two four-hour blocks). In addition, the research performance of interns and the quality of research training are rated, discussed, and co-signed by preceptors and interns on a quarterly 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 quarterly basis.

The following section contains a list of potential mentors/research preceptors for the 2009 – 2010 (more detailed information regarding faculty members' interests and curriculum vitae are available on the website). Most potential mentor/research preceptors are psychologists, and priority is given to psychologists in the selection process. However, 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

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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 of Student Life, Director and Assistant Director of MUSC's Office of Gender Equity, President of South Carolina Academy of Professional Psychologists, and President of South Carolina Psychological Association.

- Acierno, Ronald, Ph.D.
- Amstadter, Ananda, Ph.D.
- Back, Sudie, Ph.D.
- Best, Connie L., Ph.D.
- Borckardt, Jeffrey, Ph.D.
- Brown, Joshua, Ph.D.
- Campbell, Laura, Ph.D.
- Carpenter Laura Arnstein, Ph.D.
- Carpenter, Matthew, Ph.D.
- Danielson, Carla, Ph.D.
- Darrow, Rachel, Ph.D.
- de Arellano, Michael, Ph.D.
- Denier, Carol, Ph.D.
- Freedy, John, Ph.D.
- Grubaugh, Anouk, Ph.D.
- Hamlin-Smith, Kasey, Ph.D.
- Hanson, Rochelle, Ph.D.
- Horner, Michael, Ph.D.
- Kilpatrick, Dean G., Ph.D.
- LaRowe, Steven, Ph.D.
- Libet, Alice Q., Ph.D.
- Libet, Julian M., Ph.D.
- McCart, Michael, Ph.D.
- Madan, Alok, Ph.D.
- Magid, Viktoriya, Ph.D.
- Miller, Peter, Ph.D.
- O'Neil, Patrick M., Ph.D.
- Randall, Carrie, Ph.D.
- Resnick, Heidi S., Ph.D.
- Rheingold, Alyssa A., Ph.D.
- Roitzsch, John C., Ph.D.
- Ruggiero, Kenneth J., Ph.D.
- Saladin, Michael, Ph.D.
- Saunders, Benjamin E., Ph.D.
- Shaw, Darlene, Ph.D.
- Shoemaker, Owen S., Ph.D.
- Smith, Daniel W., Ph.D.
- Smith, Josh, Ph.D.
- Thomas, Suzanne, Ph.D.
- Tuerk, Peter, Ph.D.
- Van Kirk, Kathryn, Ph.D.
- Wagner, Mark T., Ph.D.
- Yoder, Matthew, Ph.D.

# Seminars

## Didactic Seminars

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Interns attend a series of psychology-sponsored formal seminars conducted by Department of Psychiatry faculty as well as guest presenters. The Seminar Series covers the broad areas of:

1. Ethics and professional behavior
2. Approaches to assessment
3. Psychopathology and treatment interventions for adults and youth
4. Cultural and individual differences
5. Extramural research support
6. Psychopharmacology
7. Professional development

An effort is made to schedule related topics in clusters; however, the availability of faculty often makes this impractical.

## Grand Rounds

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The MUSC Department of Psychiatry and Behavioral Sciences sponsors grand rounds on a weekly 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.

## Research Seminars

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These monthly 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. In the past, one way this seminar has been used is for interns to practice symposium or colloquium presentations.

## Psychology Clinical Case Conference

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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).

**Each intern presents** at one Research Seminar and one Psychology Clinical Case Conference each year. Faculty members with relevant interests serve as discussants for the Research Seminar and Clinical Case Conferences.

## **Supervision and Professional Role Models**

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Each intern receives at least four hours supervision per week from their clinical supervisors and their mentor/research preceptor. At least two of these hours of supervision are individual. Each intern will be observed a minimum of 2 sessions 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 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 and teaching. 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**

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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 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 is a rapidly increasing number of Hispanic individuals in the Charleston area. About 10% of patients are over age 65.

An exciting component of our program is the 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. Services are provided within the community and specifically seek to serve rural children on the sea islands surrounding the Charleston area. Most of the eligible children are Hispanic. 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**

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The current stipend for psychology interns (class of 2009 - 2010) is at least \$20,000. Because interns are paid from several different sources, some stipends are slightly larger than the minimum. It is difficult to forecast precise stipend levels for the upcoming year because budgetary conditions change on a yearly basis. In addition to the stipend, the internship provides \$500 in professional development funding that can be used to support travel to professional meetings. Professional development money is dependent upon the current fiscal status of the Department of Psychiatry, as well as other pertinent factors. 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 membership to the state-of-the-art MUSC Wellness Center at the rate of \$41 per month. Information about housing may be obtained at MUSC's Off-Campus Housing Office.

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 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.

## Accreditation

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Our program is fully accredited by the American Psychological Association. Our most recent site visit occurred in 2008.

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](mailto:apaaccred@apa.org)

## About the City of Charleston\*

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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 recently recovered hand-cranked submarine that sunk into the Charleston bay after firing on the U.S. Navy vessel *Housatonic* in 1864 during the Civil War. The local symphony and several 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 [Family Circle Tennis Cup](#) 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 at the substantially reduced fee of \$25 per month. Additionally, the coastal location of the city is ideal for anyone who enjoys fishing and other water activities, such as surfing, sailing, and 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 Parks Service's National Register of Historic Places, Charleston, SC](#)
- [Charleston Metro Chamber of Commerce](#)
- [Charleston Convention and Visitors Bureau](#)
- [North Charleston Coliseum and Performing Arts Center](#)
- [The South Carolina Aquarium](#)
- [Spoleto Festival](#)
- [Southeastern Wildlife Expo](#)
- [Fort Sumter National Monument](#)
- [Charleston Black Heritage Guide](#)
- [Charleston Battery Soccer](#)
- [Charleston Riverdogs Baseball](#)
- [South Carolina Stingrays Hockey](#)
- [Charleston County Parks and Recreation Commission](#)
- [James Island County Park](#)
- [Beach parks](#)
- [The Charleston City Paper](#) (a free local publication)
- [Community Resources section of the local newspaper's \(\*\*the Post and Courier\*\*\)](#)

Information about housing may be obtained at MUSC's [Off-Campus Housing Office](#).

*\*Links to underlined and bulleted topics are available on the Web-based version of this brochure*

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

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**APPIC Application for Psychology Internship (AAPI)  
in conjunction with the  
Charleston Consortium Psychology Internship Program  
Class of 2010- 2011  
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 or Counseling Psychology.**

Due date for receipt of application:  
-- November 1, 2009 --

**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 \(www.appic.org\)](http://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
- the AAPI application
- a current curriculum vitae
- graduate transcripts from you current institution only
- a minimum of 3 letters of recommendation, at least one of which should comment on your research achievements and potential.

As per the [Director's letter](#), please e-mail [Dori Long](#), Internship Training Coordinator, if you are considering applying for this program

*\*Links to underlined and bulleted topics are available on the Web-based version of this brochure*

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

## **APPIC MATCH POLICIES: 2009-2010**

Adopted July 23, 2009

***The following policies will guide the 2010 APPIC Match and Clearinghouse. Adherence to these policies is a condition of membership in APPIC and of participation in the APPIC Match and/or Clearinghouse.***

**For 2009-2010, the Rank Order List Submission Deadline is February 3, 2010.**

**Results of the Match will be released on APPIC Match Day, February 22, 2010.**

- 1. These policies apply to all participants in the APPIC Match, including APPIC member internship programs, non-APPIC member internship programs, and student applicants.**
  - a. All participants shall abide by their agreements with APPIC for participation in the APPIC Match.
  - b. Internship training directors must ensure that all people involved in recruiting or selecting interns understand and adhere to these policies.
  - c. Directors of APPIC Subscriber programs and doctoral programs with students participating in the APPIC Match are requested to ensure that their students understand and adhere to these policies.
  - d. 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.
- 2. Internship programs must offer all of their internship positions through the APPIC Match.**
- 3. Participants in the APPIC Match, including applicants and internship programs, may not communicate, solicit, accept, or use any ranking-related information prior to the release of the Match results.**
  - a. 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."
  - b. Prior to the release of the APPIC Match results, 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 prior to the release of the APPIC Match results, 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.

- c. Internship programs and applicants may never solicit information regarding applicants' and programs' rankings, even after the release of the Match results.
- d. 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.
- e. 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.
- f. Internship programs may choose to provide applicants with information about the size of the applicant pool.
- g. 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. Such notification 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. Sites that conduct open houses to which all applicants are invited and conduct no other interviews are exempt from this requirement (this process should be clearly stated in the APPIC Directory Online and/or sites' publicity materials).

4. **Results of the APPIC Match constitute binding agreements between applicants, internship programs, and APPIC that may not be reversed without APPIC's consent.**
  - a. 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 APPIC Match.
  - b. Internship training directors are encouraged to contact matched applicants by telephone as soon as possible after 11:00 am Eastern Standard Time on APPIC Match Day.
  - c. It is not necessary for internship training directors to contact applicants with whom they have not been matched.
5. **Internship training directors must put in writing their appointment agreements with matched applicants in letters postmarked no later than 72 hours following receipt of the APPIC Match results.**
  - a. 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.
  - b. Copies of these appointment letters must be sent simultaneously to applicants' academic training directors.
6. **Internship programs that receive their APPIC Match results and have one or more positions left unfilled may then make other direct offers of admission (verbal or written) to applicants who remain unmatched or to applicants who did not participate in the Match. Applicants who receive their APPIC Match results and who remain unmatched may then receive other direct offers of admission.**
  - a. Failure to receive timely notification of the APPIC Match results, for any reason, does not constitute a release from the Match.
  - b. Internship programs may not take any actions to fill open positions prior to 11:00 am Eastern Standard Time on APPIC Match Day. Applicants who remain unmatched, along with other individuals acting on their behalf (e.g., doctoral program faculty), may not contact internship programs about unfilled positions prior to 11:00 am Eastern Standard Time on APPIC Match Day.
  - c. 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.

- d. 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.
- e. Applicants may not accept an offer if they have been matched or have already accepted an offer from another internship program.
- f. 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.
- g. The internship training director must put in writing the appointment agreement with the applicant in a letter postmarked no later than 72 hours following acceptance of the offer by the applicant, as described in paragraphs 5a and 5b above.

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

- a. 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.
- b. 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.
- c. 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).

**8. 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  
10 G Street, N.E.  
Suite 440  
Washington, DC 20002  
(202) 589-0600**

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

## Past Intern Classes

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Below you will find the names of the past intern classes, as well as some information about their activities following their internship at MUSC. Due to space constraints, only information on the past two classes appear. For complete information on intern classes from 1970 to the present, please see the "Past Intern Classes" page of the Web-based version of this brochure.

### Class of 2007-2008



**Suman Ambwani**, Assistant Professor, Dickinson College  
**Ananda Amstadter**, Postdoctoral Fellow/Instructor, MUSC-Psychiatry  
**Alyssa Averill**, Postdoctoral Fellowship, MUSC-Counseling & Psych Svcs  
**Chris Contardo**, Postdoctoral fellowship, Boston VA Med Ctr/BU Sch of Med/Harvard Med Sch.  
**Jesse Cogle**, Assistant Professor, Florida State University  
**Lisa Elwood**, Postdoctoral Fellow, Ctr for Trauma Recovery, University of MO  
**Shantel Fernandez**, Child/Pediatric Psychology Fellowship, Tripler Army Med. Ctr. Honolulu, HI  
**Daniel Grös**, Psychologist, DVAMC, Charleston, SC  
**Kirstin Grös**, Research Assistant, National Crime Victims Research & Treatment Center, Charleston, SC  
**Paul Heideman**, Postdoctoral Fellow, Minneapolis VAMC  
**Mary Long**, MIRECC-Postdoctoral Fellow, DeBakey VAMC/Baylor College of Medicine  
**Alexandra Macdonald**, Postdoctoral Fellow, MUSC-National Crime Victims Research & Treatment Ctr  
**Jamee Nicoletti**, Research Postdoctoral Fellow, MUSC-Neuroscience  
**Joshua Smith**, Assistant Professor, MUSC Department of Psychiatry & Behavioral Sciences  
**Renee Thompson**, Postdoctoral Fellow, Stanford University  
**Desi Vasquez**, Postdoctoral Fellow, University of Virginia  
**Matthew Yoder**, Psychologist, DVAMC, Charleston, SC



**Class of 2008-2009**

**Marie Barker**, Postdoctoral Fellow in Neuropsychology at the Spain Rehabilitation Center, University of Alabama @ Birmingham

**Abbe Boeka**, Postdoctoral Fellow @ the Yale University School of Medicine, New Haven, CT.

**Susan Borja**

**William Breen**, Postdoctoral Fellow @ the Anxiety & Mood Disorder Service, Department of Psychiatry, Dartmouth Medical School Dartmouth-Hitchcock Medical Center, Lebanon, NH.

**Alexa Connell**, Postdoctoral Fellow in Family Medicine @ UMass Medical Center, Boston, MA

**Jessica Dreifuss**, University of Georgia

**Sopagna Eap**, Health Policy Analyst @ the California Center for Rural Policy, Arcata, CA

**Brian Lozano**

**Viktoriya Magid**, Assistant Professor @ the Institute of Psychiatry & the Center for Drug & Alcohol Programs, MUSC. Charleston, SC

**Angela Moreland Begle**, Postdoctoral Fellowship at the National Crime Victims Research & Treatment Center @ the Medical University of South Carolina, Charleston, SC

**Stephanie Mullins Sweatt**, Assistant Professor at Oklahoma State University, Stillwater, OK

**Nicole Perez**, Behavioral Medicine Consultation position @ the University of Tennessee Medical Center, Knoxville, TN

**James Prisciandaro**, Postdoctoral Fellowship @ the Center for Drug & Alcohol Prgs. MUSC, Charleston, SC

**John Anthony Richey**, Postdoctoral Fellowship - Joint Appt @ the Duke Brain Imaging & Analysis Ctr, Durham NC & the UNC Neurodevelopmental Research Ctr, Chapel Hill, NC.

**Samantha Rodman**, Psychology Associate, Spectrum Behavioral Health, Annapolis, MD

**Ana Soper**, Postdoctoral Fellowship in Neuropsychology at the VA Northern California Health Care System, Martinez, CA

**Kate Wolitzky-Taylor**, Postdoctoral Research Fellowship at the Anxiety Disorders Research Center, University of California @ Los Angeles

**Kristyn Zajac**, Postdoctoral Fellowship at the National Crime Victims Research & Treatment Center @ the Medical University of South Carolina, Charleston, SC.