

# ***Charleston Consortium Clinical Psychology Internship Program***

**Medical University of South Carolina**



**Department of Veterans Affairs  
Medical Center**



## **ORIENTATION MANUAL 2009–2010**

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Director, Psychology Internship Program  
Medical University of South Carolina  
Department of Psychiatry & Behavioral Sciences  
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(843) 792–3388 (fax)

[http://colleges.musc.edu/psychology\\_internship](http://colleges.musc.edu/psychology_internship)

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# 2009–2010 Charleston Consortium Psychology Internship Orientation



**Department of Psychiatry and Behavioral Sciences  
67 President St., 4th Fl. Weight Management Center  
Institute of Psychiatry South Bldg.**

**Thursday, July 30, 2009**

<b>8:00 am</b>	Introduction and Welcome Breakfast: Dean G. Kilpatrick, Ph.D., Distinguished University Professor Director, Psychology Internship Program
<b>9:00 am</b>	Welcome by Dr. Thomas W. Uhde Chairman, Department of Psychiatry & Behavioral Sciences
<b>9:30 am</b>	Review of Clinical Training Dan Smith, Ph.D., Associate Director of Psychology Internship Program & Director of Clinical Training
<b>9:45 am</b>	Review of Research Training Peter Tuerk, Ph.D., Director of Research Training
<b>10:00 am</b>	Review of Seminar Series Alyssa Rheingold, Ph.D. Co-Coordinator, Didactic Seminar Series
<b>10:15 am</b>	Break
<b>10:30 am</b>	Connie Best, Ph.D. Director, Office of Gender Equity
<b>11:10 am</b>	Class Picture (Wickliffe House)
<b>12:00 pm</b>	Lunch Provided (bring lunch tickets) Wickliffe House, 178 Ashley Ave (try to get there as early as possible)
<b>1:30 pm</b>	Lisa Beattie (792–5922) Benefits Enrollment/New Employee Orientation <b>(bring SS card &amp; two forms of ID)</b> <b>You should receive your Emp ID and Net ID at this time</b> <b>(DOB's and SS #'s for dependents/beneficiaries)</b> 5 <sup>th</sup> Floor Chairman's Conference Room NOTE: DVA Interns do not have to stay for the entire Benefits Program
<b>3:30 pm</b>	<b>Reception in IOP Lobby — Coffee and Cookies to be served.</b>

**Friday, July 31, 2009**

<b>9:00 am</b>	Please meet at NCV C Offices 2 <sup>nd</sup> Fl. IOP S. Rm. 227 Tour of MUSC Facilities with current postdocs: Kristyn Zajac, Ph.D. & Angie Begle, Ph.D. (Please note locations of Public Safety Offices and Parking Management-tell them to list the interns as <b>Residents</b> , as they do not pay tuition- <b>take your employee id with you</b> )
<b>10:00 am</b>	Public Safety for ID Badges (100 Doughty St. across from IOP) <b>School of Medicine — Department of Psychiatry — Brown (Resident) Stripe</b> Ask for Education/Library Building and IOP Access to be programmed into card.
<b>10:30 am</b>	Parking Management (Bring car registration and ID) <b>Classified as “Residents”</b> <a href="http://www.muschealth.com/maps/67presidentstreet.htm">http://www.muschealth.com/maps/67presidentstreet.htm</a>
<b>11:00 am</b>	Dan Smith, Ph.D. NCV C 2 <sup>nd</sup> Fl. IOP S. Rm. 227 Introduction to MUSC Excellence Initiative
<b>11:30 am</b>	Lunch on your own
<b>12:30 pm</b>	Kelly Shaw – Karen Mims - Bonnie Jones Compliance Training – HIPAA Privacy – Federal Billing
<b>2:00 pm</b>	Meet with Rotation Supervisor (see schedule p. 5)
<b>3:00 pm</b>	Meet with Rotation Supervisor (see schedule p. 6)
<b>4:00 pm</b>	Meet with Preceptor (see schedule p. 7)

**DVA Interns will also attend VA New Employee Orientation on August 3, 4, & 5 at 8:00 am,  
VA Room A546**

Interns will need to pick up their pagers as soon as possible *after obtaining their ID badges*. To obtain your pagers, please see Dori Long Cu 2 NCV C 2<sup>nd</sup> Fl. IOP S. Bldg.

**Meeting Schedule  
Rotation Supervisors  
Friday July 31, 2009 — 2:00 pm**

Lynsay Ayer.....Dan Smith, Ph.D. 2 fl IOP S 792-2945

Simone Barr.....(Rochelle is out of town).....Dan Smith, Ph.D. 2<sup>nd</sup> fl IOP S. 792-2945

Andreana Benitez.....Mark Wagner, Ph.D. 2<sup>nd</sup> fl Rutledge Tower 792-3221

Scott Braithwaite.....Jeff Borckardt, Ph.D.,BA104 1<sup>st</sup> FI IOP S. 792-3295

Josh Cisler..... Dan Smith, Ph.D. 2<sup>nd</sup> fl IOP S 792-2945

Tatiana Davison.....Laura Carpenter, Ph.D. 396 Rutledge Tower 876-1516

Sarah Galloway.....Alice Libet, Ph.D. 30 Bee St. 792-4930

Rachel Goldman..... Jeff Borckardt, Ph.D., BA 104 1<sup>st</sup> FI IOP S. 792-3295

Joni Howard..... Mark Wagner, Ph.D. 2<sup>nd</sup> fl Rutledge Tower 792-3221

Michael Kofler.....Laura Carpenter, Ph.D. 396 Rutledge Tower 876-1516

Cristina Lopez.....Dan Smith, Ph.D. 2<sup>nd</sup> fl IOP S 792-2945

Alicia Meyer..... Jeff Borckardt, Ph.D., BA 104 1<sup>st</sup> FI IOP S. 792-3295

Vanessa Milsom..... Alice Libet, Ph.D. 30 Bee St. 792-4930

Lisa Paul.....Dan Smith, Ph.D. 2<sup>nd</sup> fl IOP S 792-2945

Aaron Rakow..... Jeff Borckardt, Ph.D., BA104 1<sup>st</sup> FI IOP S. 792-3295

Katherine Ryan.....Steve LaRowe, Ph.D. CC126 DVA 109 Bee St. 789-6316

Joseph Schacht..... Steve LaRowe, Ph.D. CC126 DVA 109 Bee St. 789-6316

Julie M.S. Seel.....Josh Smith, Ph.D. 437 IOP N 792-5759

Maria Steenkamp..... Peter Tuerk, Ph.D. DVA 109 Bee St. Rm.B530a 789-6188

\* *If your rotation supervisor is unavailable during the scheduled time, please contact them to schedule a mutually convenient time to meet.*

**Meeting Schedule  
Rotation Supervisors\***  
Friday, July 31, 2009 — 3:00 pm

Lynsay Ayer.....Michael de Arellano, Ph.D. 2<sup>nd</sup> fl IOP S. 792-2945  
 Simone Barr..... Michael de Arellano, Ph.D. 2<sup>nd</sup> fl IOP S. 792-2945  
 Andreana Benitez.....  
 Scott Braithwaite..... Julian Libet, Ph.D. B531 DVA 109 Bee St. 789-7133  
 Josh Cisler.....Peter Tuerk, Ph.D. DVA 109 Bee St. Rm.B530a 789-6188  
 Tatiana Davidson.....  
 Sarah Galloway.....Julian Libet, Ph.D. B531 DVA 109 Bee St. 789-7133  
 Rachel Goldman.....Pat O’Neil, Ph.D. 4<sup>th</sup> FI IOP S 792-2273  
 Joni Howard.....Kate Kniele, Ph.D. 109 Bee St., Rm. 525B 789-6743  
 Michael Kofler.....  
 Cristina Lopez.....Michael de Arellano, Ph.D. 2<sup>nd</sup> fl IOP S 792-2945  
 Alicia Meyer.....John Freedy, MD, Ph.D. 2<sup>nd</sup> FI. IOP S. 792-2945  
 Vanessa Milsom..... Pat O’Neil, Ph.D. 4<sup>th</sup> FI IOP S 792-2273  
 Lisa Paul..... Peter Tuerk, Ph.D. DVA 109 Bee St. Rm.B530a 789-6188  
 Aaron Rakow...(stan out of town meet 8.5.09 8:30 am )...Stan Shoemaker, Ph.D. 3870 Leeds Ave. N. Chas. 29405.740-6130  
 Katherine Ryan.....Julian Libet, Ph.D. B531 DVA 109 Bee St. 789-7133  
 Joseph Schacht.....John Roitzsch, Ph.D. 2<sup>nd</sup> FI. IOP S. 792-2945  
 Julie M.S. Seel..... John Roitzsch, Ph.D. 2<sup>nd</sup> FI. IOP S. 792-2945  
 Maria Steenkamp.....John Freedy, MD. Ph.D. 2<sup>nd</sup> FI IOP S. 792-2945

\* *If your rotation supervisor is unavailable during the scheduled time, please contact them to schedule a mutually convenient time to meet.*

**Meeting Schedule**  
**Research Preceptors**  
**Friday, July 31, 2009 — 4:00 pm**

Lynsay Ayer.....Carla Danielson, Ph.D. 201 IOP S. (792-3599)

Simone Barr.....( cannot meet at this time).....Rochelle Hanson, Ph.D. 224 IOP S. (792-8988)

Anya Benitez.....(cannot meet at this time)..... Michael Horner, Ph.D., DVA Rm. A359 (789-7131)

Scott Braithwaite..... Julian Libet, Ph.D., DVA Rm.B531 (789-7133)

Josh Cisler.....Ananda Amstadter, Ph.D. 202 IOP S. (792-8361)

Tatiana Davidson..... Alyssa Rheingold, Ph.D. 220 IOP S. (792-4497)

Sarah Galloway.....Dean Kilpatrick, Ph.D. 208 IOP S. (792-2945)

Rachel Goldman..... Jeff Borckardt, Ph.D., BA104 1<sup>st</sup> FI IOP S. (792-3295)

Joni Howard.....Mark Wagner, Ph.D., 2<sup>nd</sup> FI. Rutledge Tower (792-3221)

Michael Kofler.....(cannot meet at this time).....Michael McCart, Ph.D., 4<sup>th</sup> FI. McClennan Banks Rm. 445 (792-4415)

Cristina Lopez..... Michael de Arellano, Ph.D., 223 IOP S. 792-3332)

Alicia Meyer.....Marti Strachan, Ph.D. 3<sup>rd</sup> FI Bank Bldg. (843-870-7037)

Vanessa Milsom..... Pat O'Neil, Ph.D., IOP S. Rm. 410 (792-2273)

Lisa Paul.....Anouk Grubaugh, Ph.D., IOP S. 405D (792-2522)

Aaron Rakow.....Dan Smith, Ph.D.,205 IOP S (792-0532)

Katherine Ryan.....(cannot meet at this time).....Matt Carpenter, Ph.D. HO 122 F Hollings Cancer Center (792.3974)

Joseph Schacht.....Ray Anton, M.D. 457 IOP N. (792-1226)

Julie M.S. Seel.....John Roitzsch, Ph.D. 212 IOP S. (792-9046)

Maria Steenkamp..... Peter Tuerk, Ph.D. DVA 109 Bee St. Rm.B530a (789-6188)

## Overview of Internship Organization and Governance

This internship is a consortium of the Department of Psychiatry and Behavioral Sciences at the Medical University of South Carolina and the Psychology Service of the Department of Veterans Affairs Medical Center. Dean G. Kilpatrick, Ph.D., is the Director of the program. He is the Chair of the Psychology Education Committee (PEC), which is responsible for all major training activities of the program. Dan Smith, Ph.D., is Associate Director of the program. Members of the Psychology Education Committee are:

Dean G. Kilpatrick, Ph.D. (Director)  
Daniel W. Smith, Ph.D. (Associate Director)  
Jeff Borckardt, Ph.D.  
Michael de Arellano, Ph.D.  
Michael Horner, Ph.D.  
Julian Libet, Ph.D.  
Patrick M. O'Neil, Ph.D.  
John Roitzsch, Ph.D.  
Darlene Shaw, Ph.D.  
Peter Tuerk, Ph.D.

**Your intern class will be asked to elect an intern representative to the Psychology Education Committee, preferably by the end of August.**

Each intern is assigned a mentor/research preceptor who is responsible for supervising your research activities. The preceptor has another important role as well. We view them as "benevolent major professors" who also serve as mentors and advocates. We encourage you to consult with your preceptor over any problems or difficulties you might have. They can help you "problem solve" and will be your advocate in dealing with clinical supervisors or other parts of the program.

The program has two other individuals who have important administrative roles: Dr. Peter Tuerk, Director of Research Training, and Dr. Dan Smith, Director of Clinical Training. Dr. Tuerk is responsible for coordinating all research activities in the program. He supervises the preceptors, oversees the research paper competition, and organizes the research seminar. If you have any questions or problems about research issues, talk with Dr. Tuerk. Dr. Smith is responsible for coordinating clinical training activities in the internship. This includes oversight of clinical rotations and organization of the psychology clinical case conference. If you have any problems or questions concerning clinical rotations, talk with Dr. Smith.

As Director of the Internship Program and Chair of the Psychology Education Committee (PEC), the committee that governs the internship program, Dr. Kilpatrick has ultimate administrative responsibility for the entire program. Dr. Kilpatrick and Dr. Smith will have a formal meeting with all interns each month, but you are encouraged to contact either of them at any time about any issues you would like to discuss. Likewise, please feel free to discuss any internship issues with any member of the PEC.

## **Clinical Rotations**

### **Center for Drug and Alcohol Program**

John Roitzsch, Ph.D.  
Phone: 792-5228  
Fax: 792-5582

### **Centralized Inpatient Programming Service**

Josh Smith, Ph.D.  
Phone: 792-5759  
Fax: 792-5582

### **DVA-PCT (PTSD Clinical Team)**

Ron Acierno, Ph.D.  
Peter Tuerk, Ph.D.  
Ph: 789-7246  
Fax: 805-5782

### **DVA-Couples Clinic & DVA-Adult CBT Outpatient Clinic**

Julian Libet, Ph.D.  
Dan Gros, Ph.D.  
Ph: 789-7316  
Fax: 805-5782

### **Counseling & Psychological Services**

Alice Libet, Ph.D.  
Ph: 792-4930  
Fax: 792-2535

### **Weight Management Center**

Patrick M. O'Neil, Ph.D.  
Josh Brown, Ph.D.  
Ph: 792-2273  
Fax: 792-5432

### **IMPACT Program**

Stan Shoemaker, Ph.D.  
Ph: 740-6130  
Fax: 852-4181

### **Lowcountry Children's Center**

Rochelle Hanson, Ph.D.  
Ph: 792-2945  
Fax: 792-3388

### **Family Medicine Trident**

John Freedy, MD, Ph.D.  
Ph: 876-7047  
Fax: 876-7111

### **DVA – Substance Abuse Treatment Clinic**

Steven LaRowe, Ph.D.  
Ph: 789-6316  
Fax: 805-5782

## **National Crime Victims Research and Treatment Center**

Dean G. Kilpatrick, Ph.D.  
Ron Acierno, Ph.D.  
Ananda Amstadter, Ph.D.  
Connie L. Best, Ph.D.  
Carla K. Danielson, Ph.D.  
Michael de Arellano, Ph.D.  
Connie Guille, M.D.  
Rochelle F. Hanson, Ph.D.  
Heidi S. Resnick, Ph.D.  
Alyssa Rheingold, Ph.D.  
John C. Roitzsch, Ph.D.  
Ken Ruggiero, Ph.D.  
Ben Saunders, Ph.D.  
Dan Smith, Ph.D.  
Ph: 792-2945  
Fax: 792-3388

### **MUSC Dept of Neurology Neuropsychology Clinic**

Mark T. Wagner, Ph.D.  
Kate Van Kirk, Ph.D.  
Ph: 792-3221  
Fax: 792-3220

### **DVA-Neuropsychology Clinic**

Michael D. Horner, Ph.D.  
Ph: 789-7131  
Fax: 805-5782

### **Pediatric Psychology**

Laura Carpenter, Ph.D.  
Ph: 792-7469  
Kasey Hamlin-Smith, Ph.D.  
Ph: 876-0504

Fax for all: 876-1518

### **Behavioral Medicine I, II, III, & IV**

Jeff Borckardt, Ph.D.  
Alok Madan, M.P.H., Ph.D.  
Ph: 792-3295  
Fax: 792-5432

### **Community Outreach Program-Esperanza**

Michael de Arellano, Ph.D.  
Ph: 792-2945  
Fax: 792-3388

## Clinical Research Training

Research training is an important aspect of this internship, so you receive at least 8 hours of scheduled research time each week. A schedule for your research time should be set up at the beginning of each rotation; the schedule should be acceptable to you, to your preceptor, and to the clinical rotation. Normally, it is more feasible to schedule research time in two one-half day blocks rather than one full day block. You are accountable for using your research time wisely. Research time is to be spent on campus unless there is specific permission by the preceptor to work at home. Working at home on the research day is not the norm. Interns are required to also notify rotation supervisors and the Internship Coordinator, Dori Long (792-4237), if they have obtained permission to work at home. Although research time is protected, should a clinical emergency arise, an intern may have to interrupt research activities temporarily to respond. Therefore, interns must be accessible by phone and be within local distance of the campus.

Research time is intended to be spent on research conducted at MUSC. Whether some research time may be spent on other research, such as your dissertation, needs to be discussed with your preceptor. Preceptors may vary in terms of whether time is allotted for dissertation and other research.

You should meet with your mentor/research preceptor as soon as possible and work out the details of your research time schedule and develop a plan for your research. **By September 19, 2009 you need to submit a one page "Statement of Research Goals" to Peter Tuerk, Ph.D., Director of Research Training.** This statement must be signed by you *and* your mentor/research preceptor. Throughout the year, a monthly research seminar is held at which a research presentation and discussion will be conducted. Dr. Tuerk will coordinate and schedule this meeting. **Let your preceptor know as soon as you have a presentation date scheduled and also remind your preceptor ahead of time about your presentation.** We strongly encourage preceptors to attend research presentations. You undoubtedly will be involved in a variety of research endeavors over the coming year. You will be asked to submit one of your papers for the Psychology Internship Research Paper Competition by **8:00 am on Monday, May 10, 2010.** This paper should be approximately 6000 words including references, tables and text, and you should be the primary author. You and your preceptor should establish a progress schedule for the year that ensures that the paper will be completed with sufficient time for preceptor review and feedback prior to submission of the final paper. Unless you get specific approval from Dr. Tuerk, ***this paper must be based on research conducted during your internship.*** Dissertation or masters thesis spin offs are not appropriate projects for the internship paper. The project is designed for you to gain experience coming into a multidisciplinary professional environment and producing a research product through a productive and professional collaboration with your preceptor and other individuals here at the MUSC/VA consortium. Papers will be reviewed by three reviewers outside of MUSC. The highest rated paper will receive a \$300 cash prize. The first and second runners up will also be recognized with certificates of commendation. These awards are presented at the Departmental Graduation Ceremony scheduled sometime in June.

Below are links to important information from the Office of Research Integrity, Institutional Review Board for Human Research.

Table of Contents <http://research.musc.edu/ori/irb/home/htm>

IRB Forms <http://research.musc.edu/ori/irb/forms.htm>

### Research Training Requirement

**The Collaborative IRB Training Initiative (CITI) University of Miami course must be completed by psychology interns prior to their involvement with any Human Subjects data.** This course can be accessed on-line at <http://www.miami.edu/citireg/>. If you have already completed the course please provide Dori Long a copy of the training certificate or number.

## Seminar Schedules

Psychology interns participate in several seminars throughout the training year. There also will be a monthly meeting with the Training Directors. **Attendance at the seminars and meetings is mandatory.** Your clinical duties have been arranged with these obligations in mind, and there should be no standing conflict with attendance on any rotation. Any difficulties or time conflicts should be discussed with Dr. Smith. Seminars and meetings start promptly at the indicated time.

- A. **Didactic Seminars** — In addition to any didactic experiences required by individual rotations, interns are required to attend a series of Psychology-sponsored formal seminars conducted by Psychology and Psychiatry Faculty, as well as some Guest Lecturers. The Seminar Series will cover the broad areas of (1) Ethics and Professional Behavior, (2) Core Approaches to Assessment, (3) Psychopathology and Treatment Interventions for Adults and Youth, (4) Cultural & Individual Differences, (5) Extramural Research Support, (6) Psychopharmacology, (7) Professional Development, and (8) Public Health and Clinical Psychology. Didactic Seminars will be held on **Thursday mornings, 8:00-9:15**, in the NCVC Conference Room 227 IOP South. Interns may also elect to attend various meetings, workshops and conferences at the Medical University or DVA Medical Center during the year. Drs. John Roitzsch and Alyssa Rheingold schedule and coordinate Didactic Seminars. If you are unable to attend, please notify the Internship office (792-4237).
- B. **Directors' Meeting** — This meeting provides an opportunity for interns to discuss programmatic issues, problems, or general concerns about the internship experience, and for the Directors to share important developments that might affect interns' experiences. This meeting takes place on the **first Friday of each month at 8:00 – 9:15 am in the NCVC Conference Room 227 IOP S.** If you are unable to attend, please notify the Internship office (792-4237).
- C. **Research Seminar** — This is an opportunity for interns and research mentors to meet and discuss ongoing research projects. These presentations may be used to discuss formulation of new research proposals or presentation of recent results from an ongoing investigation. This should help trainees gain additional perspectives as a result of feedback from their peers and faculty. Interns may also use this seminar to practice dissertation defenses, conference presentations or job talks. Interns are expected to notify their Research Preceptors regarding the date of their research presentations. **The research seminar will be held on the third and fifth Friday of each month from 8:00 – 9:15 am in the NCVC, Conference Room, 227 IOP S.** Peter Tuerk, Ph.D., Director of Research Training is in charge of these seminars. If you are unable to attend, please notify Dr. Tuerk (tuerk@musc.edu).
- D. **Case Conference** — This is a forum for interns to present a clinical case, including a cogent, concise review of the empirical literature, assessment findings, case formulation, and intervention protocol/results. Dr. Best will act as a discussant/moderator during the presentation, which should run approximately 30-45 minutes in length. **The Case Conferences will be held the fourth Friday of each month in the NCVC Conference Room, 227 IOP South from 8:00 – 9:15 am.** Interns are expected to a) discuss the Clinical Case presentation with the rotation supervisor who supervised their work, and b) notify the supervisor of the date of the Clinical Case Conference when the case will be presented. Each intern will be assigned to one of the time slots indicated on the accompanying schedule. Connie Best, Ph.D., is the Coordinator of Clinical Training and therefore responsible for the organization of the Case Conference series. If you are unable to attend, please notify Dr. Best (792-2945, bestcl@musc.edu).
- E. **Grand Rounds Series** — Grand Rounds is an opportunity for faculty and interns to participate in lectures from specialists in Psychology, Psychiatry, and related disciplines. Many Grand Rounds speakers are world-renowned within their field. All Grand Rounds lectures are held in the Psychiatry Auditorium, 1<sup>st</sup> Floor, Institute of Psychiatry. **We expect interns to attend at least 75% of Grand Rounds. You will be asked to sign an attendance sheet. Grand Rounds is held on Fridays from 12:00-1:00.** The Grand Rounds schedule begins in August and typically concludes in May; plan accordingly in order to meet your 75% attendance goal. (Any interns rotating on the University Family Medicine rotation who are required to be in North Charleston on Fridays for the entire day following the 8 am meetings are exempted from Grand Rounds attendance for that rotation.) Even though all topics are not directly relevant to Clinical Psychology, we view Grand Rounds as an opportunity for exposure to a wider array of research ideas and clinical experiences from other disciplines.

**Psychology Didactic Seminar Series Schedule**  
**Alyssa Rheingold, Ph.D., & John C. Roitzsch, Ph.D.**  
**NCVC Conference Rm. 227**

**Thursdays- 8:00 -- 9:15 am**

August 6, 2009	February 4, 2010
August 13, 2009	February 11, 2010
August 20, 2009	February 18, 2010
August 27, 2009	February 25, 2010
September 3, 2009	March 4, 2010
September 10, 2009	March 11, 2010
September 17, 2009	March 18, 2010
September 24, 2009	March 25, 2010
October 1, 2009	April 1, 2010
October 8, 2009	April 8, 2010
October 15, 2009	April 15, 2010
October 22, 2009	April 22, 2010
October 29, 2009	April 29, 2010
November 5, 2009	May 6, 2010
November 12, 2009	May 13, 2010
November 19, 2009	May 20, 2010
November 26, 2009 <b>No Seminar Holiday</b>	May 27, 2010
December 3, 2009	June 3, 2010
December 10, 2009	June 10, 2010
December 17, 2009	June 17, 2010
December 24, 2009 <b>No Seminar Holiday</b>	June 24, 2010
December 31, 2009 <b>No Seminar Holiday</b>	July 1, 2010
January 7, 2010	July 8, 2010
January 14, 2010	July 15, 2010
January 21, 2010	July 22, 2010
January 28, 2010	

**Director's Meeting Schedule**  
**Dean G. Kilpatrick, Ph.D., & Daniel W. Smith, Ph.D.**  
**First Friday of Each Month, 8:00 – 9:15 AM**  
**NVCV Conference Room 227**

**September 4, 2009 Jeopardy Game - Orientation Manual**

October 2, 2009

November 6, 2009

December 4, 2009

January 1, 2010 (no meeting holiday)

February 5, 2010

March 5, 2010

April 2, 2010

May 7, 2010

June 4, 2010

July 2, 2010

**Research Seminar Schedule**  
**Peter Tuerk, Ph.D.**  
**Third & Fifth Fridays of Every Month, 8:00 – 9:15 AM**  
**NCVC Conference Room 227**

**Presentations by Interns:**

**August 21, 2009** Intro to Research Presentations

**September 18, 2009 - Statement of Research Goals due to Dr. Tuerk**

October 16, 2009

October 30, 2009

November 20, 2009

December 18, 2009

January 15, 2010

January 29, 2010

February 19, 2010

March 19, 2010

April 16, 2010

April 30, 2010

**May 10, 2010 Intern paper due date Monday @ 8:00 am**

May 21, 2010

June 18, 2010

July 16, 2010

**Psychology Clinical Case Conference**  
**Connie Best, Ph.D.**  
**NVC Conference Room 227**  
**Fourth Friday of Every Month 8:00 – 9:15 AM**

August 28, 2009

September 25, 2009

October 23, 2009

**November 27, 2009 Holiday No Meeting**

**December 25, 2009 Holiday No Meeting**

January 22, 2010

February 26, 2010

March 26, 2010

April 23, 2010

May 28, 2010

June 25, 2010

July 23, 2010

## Supervisors and Mentors Clinical Supervision

When you begin each rotation, you and your supervisor will set up a supervision schedule. Any difficulties that you experience with a particular rotation should first be discussed with your supervisor. If the matter cannot be resolved satisfactorily at this level, it should be discussed with your preceptor and/or Dr. Smith, Coordinator of Clinical Training.

As an intern, you will be assuming primary responsibility for patient care. Part of this responsibility is to be available in case of emergencies. However, you are not expected to be on call 24 hours/day. Each of your patients should be instructed that the Institute of Psychiatry (IOP) and the DVA Medical Center are staffed by clinicians 24 hours a day, 365 days per year. Your patients should be told that in cases of a clinical emergency occurring outside of normal working hours, they should telephone the Psychiatry Resident on call at 792-2123 or the DVA at 577-5011. Specific rotations may have alternative emergency procedures. It is your responsibility to learn the procedure at each of your clinical rotations. ***Do not give your home or mobile phone number to any patient unless specifically authorized to do so by your supervisor.***

When you are on leave, you must arrange for someone to cover for you in case of a clinical emergency. This may be your clinical supervisor, a clinic staff member, an attending faculty on the same rotation, another intern, or a post-doctoral fellow. **It is your responsibility to arrange coverage.** If you are having difficulty doing so, please discuss the matter with your supervisor. Similarly, if you have "standing" appointments, it is your responsibility to notify in advance those staff responsible for scheduling that you will be unavailable for a particular time period. If it is impossible for the appointment to be canceled, please arrange for someone to cover for you.

One of the first things you should learn when starting a rotation is how to advise patients of: a) your status as a psychology intern and; b) the role and identity of the supervisor on their case. Identifying yourself as "Doctor" is inappropriate and misleading until you have your doctoral degree. Consult your supervisor for information on how to introduce yourself to patients. This may vary slightly across clinical settings.

All interns will receive pagers. Please familiarize yourself with the operating instructions and features of your pager. Some of you may never have used a pager before; there are certain expectations that go along with having a pager, and it is important that you familiarize yourself with them to avoid communication problems. Here are some tips on using your pager:

<http://simonweb.musc.edu/>

- 1) If you get an "official" page (i.e., from a work number), return it as soon as possible. Under normal circumstances, you need not interrupt a session with a patient, clinical supervision, or a seminar, but you should return the call immediately afterward;
- 2) if you have requested that someone page you, call them back immediately (or as soon as a patient session ends);
- 3) when you are off-duty, dial or call (792- 2123) in the necessary status change; if you don't, people will assume you available but simply not returning the page, which can be very frustrating;
- 4) relatedly, if you forget your pager somewhere, call the university operator and change your status; generally speaking, if your pager says you are on page, you should be;
- 5) pages from your supervisor should be returned immediately unless you are in a session with a patient or another supervisor; and
- 6) you can send text pages from MUSC network computers; these should only be used for official business.

**Should you lose your pager you will be charged the \$50 replacement fee.**

## Evaluation

Feedback regarding your performance during the clinical rotation or research experience should be an ongoing part of the supervisory process. However, there are more formal evaluation mechanisms as well. Evaluations of rotations and clinical supervisors are completed **quarterly** for all rotations,. You can find the **Psychology Internship Evaluation Forms** at the following address:

<http://outcomes.iop.musc.edu/>

The password for all evaluations is: **internship**. There is currently no password for the rotation satisfaction survey.

Evaluations comment on clinical skills, research ability, professional behavior and personal attributes. **All interns will be observed conducting clinical work, either via video, recorded audio, live observation, or co-therapy, at least twice on each rotation.** On some rotations, observation and co-therapy are conducted much more frequently. Supervisors will provide feedback about your performance and incorporate it into your quarterly reviews.

**Preceptor/research evaluations** are conducted **twice**: mid-year and at the conclusion of internship. You complete similar evaluations of your supervisors and preceptor, as well as each clinical rotation. Supervisors and preceptors are to discuss these evaluations with you.

Interns often have concerns about providing candid feedback about a rotation or supervisor that is not anonymous (note that evaluation forms are intended to be shared and discussed with supervisors). This is understandable. We value all evaluation information and feedback and view it as an important part of improving and refining our internship training program. If you feel that you cannot provide feedback, for whatever reason, without anonymity, you have several options. First, you may want to discuss the situation with your preceptor and seek his or her guidance about sharing your feedback. Second, you may contact Dr. Smith directly to share your concerns with him. Third, you may contact Dr. Kilpatrick directly. Finally, approximately six months after the conclusion of the internship year, we will solicit anonymous evaluation information from you (via a web-based survey). This latter evaluation will provide the greatest level of anonymity; however, if you are experiencing a problem that requires attention, this method of providing feedback will not help you get your concerns addressed in a timely fashion.

**Medical University of South Carolina  
Office of Gender Equity**

**Sexual Harassment Policy for Students, Residents, and Trainees**

[\(a PDF Version is available here\)](#)

**I. Policy**

- A. It is the policy of the Medical University of South Carolina to prohibit any form of sexual harassment. The offender shall be subject to disciplinary action, up to and including dismissal. This policy is in keeping with federal and state guidelines.
- B. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct, or written, pictorial, or electronic material of a sexual nature constitute sexual harassment when:
  - 1) Submission to such conduct is made explicitly or implicitly a term or condition of progress; or a condition of instruction; or participation in any other University activity (quid pro quo); or
  - 2) Submission to or rejection of such conduct by an individual is used as the basis for progress decisions affecting such individuals; or used as a basis for evaluation in making academic decisions; or
  - 3) Such conduct has the purpose or effect of unreasonably interfering with an individual's performance or creating an intimidating, hostile or offensive learning or working environment.
- C. In determining whether the alleged conduct constitutes sexual harassment, consideration shall be given to facts and circumstances, including the context in which the alleged incidents occurred.

**II. Preliminary Evaluation**

- A. The complainant should attempt to resolve the issue by asking the accused harasser to discontinue the offending behavior. If unable to obtain satisfactory relief, or if uncomfortable discussing the matter with the accused harasser, the complainant is to contact either the designated official in the Dean's office or the Office of Gender Equity.
- B. The complainant should meet with the designated official in the Dean's office or the Office of Gender Equity to discuss the nature and circumstances of the offending conduct. For complaints received by the designated official in the Dean's office, the designated official in the Dean's office will notify the Office of Gender Equity. The Office of Gender Equity will obtain the relevant facts and assume responsibility for the conduct of the investigation. The Office of Gender Equity will keep the Dean's office informed of the progress of the complaint.
  - 1) The complainant may decide that he/she does not choose to file a formal complaint. In that event, no further action would be required of the student. However, in some cases where there are sufficient grounds to presume that sexual harassment has occurred, the Office of Gender Equity may be required to continue with the evaluation process.
  - 2) Upon hearing the facts as presented, the Office of Gender Equity may determine that the facts do not support a complaint of sexual harassment and no further inquiry is in order. In the event, within ten working days, the Office of Gender Equity will explain in writing to the complainant the bases for the decision and apprise the complainant of the appeals process (to the Gender Equity Advisory Committee, then to the Vice President for Academic Affairs and Provost). The complainant will be given all pertinent information relative to review processes outside of the University.

- 3) Upon hearing the facts as presented, and the complainant having signed a written statement and having been instructed not to discuss the complaint with others, the Office of Gender Equity may determine that further investigation is in order. In that event, within two working days, the alleged harasser will be notified in writing by the Office of Gender Equity that a complaint has been made against him/her by the complainant. The alleged harasser will also be instructed not to discuss the complaint with others.

A ten working day period will begin in which the Office of Gender Equity will further investigate the complaint and determine if a mutually agreed upon settlement can be reached. Any negotiated settlement requires the concurrence of the Office of Gender Equity that the terms are fair, and are reviewed in light of any previous complaints of sexual harassment against the alleged harasser.

If the complaint cannot be resolved to the satisfaction of both parties during the above-mentioned ten working day period, within three working days the Office of Gender Equity will appoint an Investigative Committee and will notify the Dean(s) of the complainant's and/or the alleged harasser's colleges.

### **III. Investigative Committee Hearing Procedure**

- A. The Investigative Committee will include at least three faculty members of the Medical University representing at least two colleges, but excluding any faculty members from the Department of the alleged harasser or the complainant and it will have gender diversity. The faculty committee members will be selected from a pool of faculty who has participated in sexual harassment training prior to participating on the Committee. The accused harasser may request the inclusion of a student representative on the investigating committee. The Office of Gender Equity will select the student member from a college different from the alleged harasser and the complainant. The Office of Gender Equity may use recommendations of the faculty committee members in selecting the student representative.

The Office of Gender Equity will serve as an ex-officio non-voting member of the Investigative Committee and will provide the members with a review of the pertinent university policies and procedures. The University General Counsel also will serve as legal counsel to the Investigative Committee and will be permitted to question all witnesses but shall not have a vote.

- B. Within five working days the Office of Gender Equity will convene the Investigative Committee. The Investigative Committee will conduct its own formal inquiry, calling witnesses, and gathering appropriate information as may be necessary to reach a determination on the merits of the allegations in an expeditious manner. Both the alleged harasser and the complainant may submit in writing a list of individuals who they believe may offer relevant information. However, the Investigative Committee will determine which witnesses will be called for the formal hearing procedure and will ask the witnesses to appear. If a witness is unable to appear, the Committee may decide to allow the witness to testify via telephone. Testimony given by witnesses will be audio taped to assure accurate reporting. Both the complainant and the alleged harasser may be accompanied for their testimony by personal legal counsel. Neither the complainant nor alleged harasser, nor their respective legal counsels, may be present during the testimony of other witnesses. Written summaries will be prepared by the Investigative Committee. Each witness will have the opportunity to review a copy of his/her summary and make a written response to the summary. Copies of the summaries (and any attached written statements) will be provided to the alleged harasser in order to allow the opportunity for providing an oral or written rebuttal, including additional information that the alleged harasser feels should be corrected. Support staff to the Investigative Committee will be provided by the Office of Gender Equity.

Decisions by the Investigative Committee shall be rendered within ten working days of the initiation of its investigation unless there are justifiable delays. Copies of the Investigative Committee's written report will be provided concurrently to the appropriate Dean(s) and the Office of Gender Equity. The report will be based on the preponderance of evidence and will advise the Dean(s) on any recommended action to be taken. Within five working days, the Dean(s) will make a final decision and inform the Office of Gender Equity. The Office of Gender Equity will, in turn, within two working days, inform the parties of the Investigative Committee's decision, the actions to be taken, and the appeals process (to the Vice President for Academic Affairs and Provost). The Dean(s) will be responsible for implementing any actions. If an appeal is to be submitted by either party, it must be received in its final and complete form in writing by the Office of the Provost within ten working days. The Provost will render a decision on the appeal within ten working days. In all cases, copies of the Investigative report will be given to the complainant, the alleged harasser, and the Office of Gender Equity.

- C. If either party appeals and is affirmed, the Office of Gender Equity will inform the parties of their rights to appeal to the appropriate external agencies.
- D. All records and documents will be preserved by the Office of Gender Equity for a period of twelve months or until the conclusion of all appeals. Additional records will be maintained by the Office of Gender Equity for legal purposes.

#### **IV. Retaliation**

Retaliation against a complainant or witnesses for exercising their rights under this policy and complaint resolution process is strictly prohibited. Retaliation is grounds for disciplinary action, up to and including dismissal.

#### **V. Abuse of this Policy**

Given the personal nature of sexual harassment, some complaints of sexual harassment cannot be substantiated. The possibility of the lack of corroborating evidence should not discourage complainant from seeking relief under this policy outlined above. Making false accusations may subject the complainant to disciplinary actions.

## **PREVENTING SEXUAL HARASSMENT**

I. **PURPOSE.** To state the policies and procedures concerning the prevention of sexual harassment in the work force at this Medical Center. This Policy Memorandum is to be posted on official bulletin boards throughout the Medical Center.

II. **POLICY.**

A. It is the policy of this Medical Center to maintain a work environment free from sexual harassment and intimidation. Sexual harassment is unacceptable conduct in the workplace and will not be tolerated. This policy applies to all employees and covers employees outside of the workplace while conducting government business, and non-employees while conducting business in the VA workplace. Federal employees have a grave responsibility under the Federal Code of Conduct and Ethics for maintaining high standards of honesty, integrity, impartiality and conduct to assure proper performance of the Government's business and the maintenance of confidence of the American people. Any employee conduct that violates this code cannot be condoned.

B. Sexual harassment is a form of employee misconduct, which undermines the integrity of the employment relationship. All employees must be allowed to work in an environment free from unsolicited and unwelcome sexual overtures. Sexual harassment debilitates morale and interferes in the work productivity of its victims and co-workers.

C. Sexual harassment is unacceptable conduct in the workplace and will not be condoned. Personnel Management within this Medical Center shall be implemented free from prohibited personnel practices of the Civil Service Reform Act of 1978. Sexual harassment is a form of discrimination that violates Title VII of the Civil Rights Act of 1964. The responsibility for ending sexual harassment rests with all employees and Service Line Managers/Service Chiefs. All Federal employees should avoid conduct, which undermines basic merit principles. At the same time, it is not the intent to regulate the social interaction or relationships freely entered into by Federal employees.

D. Sexual harassment is a prohibited personnel practice when it results in discrimination for or against an employee on the basis of conduct not related to performance, such as the taking or refusal to take a personnel action, including promotions of employees who submit to sexual advances or refusal to promote employees who resist or protest sexual overtures.

E. The Equal Employment Opportunity Commission (EEOC) defines sexual harassment as: unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment.

F. Jokes, remarks, teasing, or questions that contain sexual overtures can also be a form of sexual harassment and are not acceptable in a professional work environment and will not be condoned.

G. There are two types of sexual harassment:

1. **QUID PRO QUO**. This is a Latin term meaning something for something. Where employment decisions or expectations (e.g., hiring decisions, promotions, salary increases, shift or work assignment, performance expectations) are based on an employee's willingness to grant or deny sexual favors. Examples of quid pro quo harassment include:

- Demanding sexual favors in exchange for a promotion or a raise.
- Disciplining or firing a subordinate who ends a romantic relationship.
- Changing performance expectations after a subordinate refuses repeated requests for dates.

2. **HOSTILE ENVIRONMENT**. Where verbal or non-verbal behavior or physical acts in the workplace: (1) focuses on the sexuality of another person or occurs because of the person's gender, (2) is unwanted or unwelcome and (3) is severe or pervasive enough to affect the person's work environment. The following are examples of behaviors that can create a hostile environment if they are unwanted and uninvited:

- Off-color jokes or teasing.
- Comments about body parts or sex life.
- Suggestive pictures, posters, calendars or cartoons.
- Leering, stares or gestures.
- Repeated requests for dates.
- Excessive attentions in the form of love letters, telephone calls or gifts.
- Touching - brushes, pats, hugs, shoulder rubs or pinches.
- Assault/rape.
- Sexist remarks about a person's clothing, body or sexual activities.
- Leering, ogling or staring at a person's body.
- Sexually oriented jokes, stories or remarks.
- Descriptions of sex act, boasting about sexual prowess, posting of suggestive pictures, drawings, poems, limericks, calendars.
- Unnecessary touching, brushing against another person's body, patting, pinching.
- Verbal harassment or abuse referring to a person's gender, sexual preference or sexual activities.
- Pressure for dates or sexual activity.
- Unwelcome telephone calls, letters or home visits with sexual overtones.
- Demands for sexual favors with implied threats related to job benefits or opportunities.

### III. DELEGATION OF AUTHORITY AND RESPONSIBILITIES.

A. Each employee and Service Line Manager/Service Chief within this Medical Center has the responsibility to actively prevent sexual harassment by making sexual harassment unacceptable conduct. Service Line Managers/Service Chiefs are responsible for their supervisors and employees behavior. Managers and supervisors must take immediate and corrective action even if a complaint is not filed. Managers and supervisors must be extra careful about their own behavior, since they set the example for other employees. While there is no list of rules for office behavior, it is best to err on the side of caution, to be more careful about others' feelings rather than less. Complaints of harassment will be examined impartially and resolved promptly. An employee who feels that he/she has been sexually harassed by his/her supervisor may report this to the next level supervisor or to any other higher-level management official.

B. With respect to conduct between fellow employees, a supervisor is responsible for taking immediate action when acts of sexual harassment in the workplace become known, if within his/her authority. If not, the supervisor is responsible for reporting such conduct to a higher authority. In instances where warranted, appropriate disciplinary action will be taken. Supervisors are responsible for investigating both formal and casual complaints of behavior that could be potentially perceived as sexual harassment, and if such behavior exists, to report and take actions to prevent further such behavior from continuing. Employees who experience or observe behaviors they consider to be sexual harassment have a responsibility to report this to their supervisor.

### IV. ACTION.

A. All employees are expected to refrain from all forms of sexual harassment. All employees engaging in sexually harassing activities may be subject to disciplinary action. Service Line Managers/Service Chiefs and supervisors who tolerate such behavior by failing to take appropriate action, or who retaliate against employees who report incidents or file formal complaints of sexual harassment may also be subject to disciplinary action. Persons who believe they are victims of sexual harassment should address the incident through the Equal Employment Opportunity (EEO) Discrimination Complaints process outlined in the Equal Employment Opportunity Center Policy Memorandum or the Union's negotiated grievance procedure. Allegations of such conduct will be responded to immediately, appropriately, and with the seriousness they deserve.

B. A supervisor who uses implicit or explicit coercive sexual behavior to control, influence, or affect the career, salary, or job of an employee is engaging in sexual harassment. Similarly, an employee who behaves in this manner in the process of conducting agency business is engaging in sexual harassment.

C. Any employee who participates in deliberate or repeated unsolicited verbal comments, gestures, or physical contact of a sexual nature which is unwelcome and interferes with work productivity is also engaging in sexual harassment.

D. An employee who believes that he/she has been a victim of sexual harassment may contact one or more of the following individuals to obtain information and to seek assistance in halting the harassment:

1. Immediate or higher-level supervisor.

2. EEO Counselor at 1-888-737-3361 or TDD 1-888-626-9008.
3. Federal Women's Program Manager.
4. EEO/AEP Manager
5. Union Representative
6. EEO/Sexual Harassment Hotline 1-800-767-0184

E. The confidentiality of the reporting party, as well as those affected by the harassment, will be observed to the extent that it is possible, with only those who have a need to know being informed and provided it does not interfere with the ability to investigate the allegation or take corrective actions.

F. Reprisal for filing a sexual harassment complaint will not be tolerated. Where it has been found to occur, employees who engage in it will be disciplined.

V. REFERENCES. VA Manual, MP-7, Part I, Chapter 2, Section F; Center Policy Memorandum No. 00-98-03, Equal Employment Opportunity; Management Directive, MD 704; Section 703 of Title VII of the Civil Rights Act of 1964.

VI. RESCISSION. Center Policy Memorandum No. 00-06-06 dated January 5, 2006.

JOHN E. BARILICH, MSW, MBA  
Director

## Administrative Issues

**Local Addresses and Telephone Numbers:** The Internship Office should have your current address and phone number in your internship file at all times so that you may be contacted in case of an emergency. In addition, please provide the name, address and phone number of your next of kin. If you should change either of these during the training year, please inform the Internship Coordinator Dori Long @ 792-4237, [longdori@musc.edu](mailto:longdori@musc.edu) or fax to: 792-3388.

**Rotation Schedules:** At the beginning of each new rotation, submit a schedule of planned weekly activities to Dori Long, Internship Coordinator. This should include clinic telephone numbers where you can be reached.

**Mail Boxes:** Your campus mail will be delivered to the Internship Office on the second floor of the Institute of Psychiatry South Building. The formal mailing address is MUSC, Psychology Internship Program, 67 President St., MSC 861, Charleston, SC 29425 (for express mail use 29403). Each intern has a mail box at the Internship Office. Please check your mail boxes regularly.

**E-mail:** During orientation you will sign up for an MUSC Network Account (NetID). Once you get your account, please be sure that the Internship Coordinator knows your e-mail address. Also, e-mail is a very important communication system within MUSC. You should be sure to check your e-mail several times per day, if possible, to keep abreast of any important information. Pagers are also used to transmit critical information. It is possible to check your e-mail from an off-campus computer by going to <http://www.musc.edu/it.shtml> and logging in using your NetID (provided you have signed up for the Outlook Exchange e-mail system).

**Identification Badges:** You will receive a MUSC identification badge and, if funded by the DVA, a DVA Medical Center identification badge when you begin your internship. This identification badge **must** be turned in at the end of the internship year. Different rotation sites have different policies regarding when and if the ID badge must be worn. In general, whenever you are on the grounds of the IOP, the MUSC Hospital, or the DVA Medical Center, it is imperative that the ID badge be displayed. You should ask Public Safety to program your badge for access to the IOP and to the Colbert Library Building.

**Parking:** Interns whose stipends are supported by the DVA will receive a DVA Parking Card to allow access to the VA lot for the entire year. A \$10.00 deposit is required. Interns who are assigned a rotation at the VA, but not funded by a VA stipend, are not eligible for DVA parking.

Interns supported by MUSC (including those funded by training grants) should consult the Parking Management office (792-3665) about on campus parking. Parking Management is located in the parking garage at the corner of Bee Street and President Street; they are open Monday – Friday, 8:00 am – 5:00 pm. Generally, non-DVA interns have three options, and none of them is especially attractive or inexpensive. Consult the Parking Management website (<http://www.musc.edu/businessservices/Parking/>) to learn which lots are open for new parkers when you apply. Sometimes, the available lots are not especially convenient, and you may not find it worth the \$55/month fee. Second, interns may park free of charge (\$5 registration fee required) in the Johnson-Hagood lot, located off campus (behind Harborview Office Towers, near the Riverdogs baseball stadium – this is not particularly convenient to campus). A shuttle bus runs on the half hour, from 5:00 a.m. until midnight. Shuttle stops are predetermined; more information may be obtained from University Transportation (577-0473). **Interns must bring a copy of their state vehicle registration certificate when they sign up for either reserved or free parking.** Third, you may attempt to find off-street parking, where available (because of its scarcity, this can be difficult to find on a regular basis). Cars parked without permits in MUSC Parking areas are subject to ticketing.

**Student Wellness Center:** The Student Wellness Center provides a variety of health services to promote fitness among future clinical professionals. Located in the Student Life Center, the Wellness Center includes strength training; cardiovascular exercise equipment; a gymnasium; racquetball,

tennis, and squash courts; multiple aerobics programs; indoor and outdoor jogging tracks; sauna and steam rooms; a juice bar; a cafeteria; student lounge; and the Courtenay Street Art Gallery. The membership rate of \$41.67 per month. Call the membership desk at 792-6611 for complete information on joining, or go to the web site at: <http://www.musc.edu/hsc/> .

**Health Insurance:** If you select to receive health insurance, you are required to purchase insurance through the institution that pays the highest percentage of your stipends. MUSC-supported interns purchase state-sponsored insurance policies through the Human Resources Benefits Office at the employee rate. DVA-supported interns purchase federally subsidized health insurance through the DVA Benefits Office at their employee rate. Various levels of coverage are available for both VA and MUSC employees. You will enroll for this coverage during your orientation period. (Please bring your social security card.)

## Support Services

**Library:** The MUSC Library offers a full line of services from literature searches to computer workstations, in addition to journals and books. You are entitled to use all of the library services for little or no charge. Please check the library for hours of service, and be aware that hours may vary during University holidays. The DVA Library, while not a good resource for books or journals off the shelf, does provide the capacity for literature searches and Interlibrary Loans.

**Computers:** Every clinical site has computing resources sufficient for you to accomplish your work in a timely fashion. If you are experiencing problems with access to computers at rotation sites, please consult your rotation supervisors, your preceptor, and/or Dr. Smith. There are many PCs located throughout MUSC. The MUSC Library also has a computing lab on the 4<sup>th</sup> floor that you are entitled to use. Nights and weekends are the most available times. We encourage interns to use their preceptors' computer facilities when possible. There are also both PC's and Macintoshes available to psychology interns at the DVA.

**Professional Development Account:** As an intern, you have a professional development account totaling \$500.00. You may use this money to attend professional meetings such as the ABCT convention. Please advise the Internship Coordinator (Dori Long) **in advance** when requesting these funds. All requests *must* be made in advance of the travel date and coordinated through the Director's Office. All **your professional development money must be spent by May 31, 2010.**

**No professional development money can be used for dissertation work or dissertation-related travel.**

## Stipends

Our internship relies on several, sources of revenue to pay stipends. It is not always possible for everyone to be paid in a like manner, with like benefits and stipend amounts, and like pay schedules.

**DVA Supported Interns:** Pay schedule for DVA supported interns is bi-weekly. Human Resources at the DVA will explain what your options are for receiving your paycheck. Health insurance and parking privileges will be provided through the DVA.

**State Supported Interns:** Pay schedules for State supported interns is the last working day of each month (N.B.: this may change over the course of your training year; MUSC is currently exploring the feasibility of having all employees receive bi-weekly paychecks) and will be direct deposited into a local bank account. An electronic pay stub will become available online three days prior to the pay date. You can access this information using your MNA login at:

<http://www.musc.edu/hrm/myrecords/htm> from an MUSC network computer (or your home computer if you have installed the Virtual Private Network software). All health benefits and parking privileges will be provided through MUSC. You will be responsible for a portion of the cost of your health benefits and all of your parking costs.

**Federal Training Grant Supported Interns:** Pay schedules for interns supported from a federal training grant receive their stipend payment through accounts payable on approximately the last day of each month (accounts payable schedules are somewhat less predictable than payroll). All health benefits and parking privileges will be provided through MUSC as per the state supported interns. Training grant stipends do NOT have payroll tax deductions. Dr. Smith will discuss these issues with you early on in the training year.

## Vacation and Leave Guidelines

### Internship Training Year

The internship training year starts July 30, 2009, and ends July 31, 2010. Potential employers for next year should be informed of this commitment ahead of time so that they understand your availability. As described below, **interns are permitted to use up to one week of annual leave time the last week of the last rotation if they have unused annual leave time available.** Taking more than one week of leave at the end of the year presents critical issues in patient care continuity and therefore cannot be permitted.

You are expected to be at your assigned rotation site at MUSC Monday through Friday, 8:30 a.m. to 5:00 p.m., unless your clinic schedule is otherwise noted. The *minimum* expected work schedule for the DVA Medical Center Rotations is 8:00 A.M.–4:30 P.M. Although official office hours for both MUSC and DVA Medical Center are forty hours per week, please note that interns should anticipate an average work week to fall between **50-60 hours**. As a professional, you should always dress in a professional manner within the scope of clinical activities that you will be providing. Ask your supervisor about the expectations at that rotation for appropriate dress.

### Approval of Leave

**All requests for annual, professional/educational, and sick leave must be coordinated through the Internship Office.** To request either annual or professional leave, all interns (regardless of clinical rotation site or funding source) must contact Dori Long at the Internship Office. She will a) verify that you have sufficient leave available for your request, b) inform your rotation supervisors that you have leave available, and c) assist you in completing an MUSC Leave/Travel request and making all necessary travel arrangements (for professional leave only).

You must then take a leave slip and obtain the signatures of your rotation supervisors indicating that they have given permission for the leave. **You must obtain permission from your clinical supervisors prior to taking any annual or professional leave.** There are no exceptions to this requirement. The Internship Coordinator will verify only that you have leave available; this is not equivalent to giving you permission for the leave. It is not appropriate to simply tell your supervisor that you need certain days off; all requests must be approved. The majority of the time, this does not represent a problem, and leave requests are promptly granted. We ask that you give **at least two weeks** notice before planning professional leave, and one week notice if requesting annual leave. In some instances (e.g., family emergencies, job interviews) this amount of lead time is not possible; however, in such cases, please be sure to provide rotations with as much advance notice as possible. Even leave requests for job interviews must be approved before you agree to them. Sick Leave procedures are described below.

If the requested leave period is to occur during a DVA rotation, **additional** paperwork must be completed (regardless of the intern's funding source). A DVA Leave form must be filled out, initialed by the Clinical Rotation Supervisor and turned in to Dr. Julian Libet. A copy of the MUSC Leave/travel form must accompany the DVA request form. Linda Hood or Erica Smith in Dr. Libet's office can assist you (789-7965). DVA funded interns must always complete the DVA leave paperwork in

addition to the MUSC paperwork, **even when the leave time requested is during a non-DVA rotation.**

## Holidays

Each year, South Carolina designates a list of official holidays for state employees. **Interns assigned to MUSC rotation sites on those designated holidays are excused from their duties on the rotations.** If the intern chooses to work on a designated holiday, they will be given comp time **that must be used prior to the completion of that rotation.** In other words, you cannot use comp time gained on Rotation A to have time off on Rotation B. This is often an issue, for example, with Martin Luther King Day, which occurs near the end of the winter quarter. Interns assigned to a DVA rotation when a designated Federal holiday occurs will be excused from their duties on that day. Interns who elect to work on V.A. holidays will be given comp time that must be taken prior to the completion of the DVA rotation. **The state and federal holidays are not identical.** VA rotations follow the federal schedule; MUSC follows the state schedule.

Interns with split MUSC-DVA rotations will be excused only from the duties on the part of the rotation that observes the official holiday. If an intern with a split rotation only has a holiday for one part of the split, then she or he must obtain permission from the supervisor on the non-holiday rotation if the intern wishes to take the entire day of the holiday off. Without such permission, the intern will be expected either to work or take leave.

Supervisors are aware that observing official holidays by not working is a legitimate activity on the part of interns. So is taking vacation time. Therefore, it is **inappropriate** for supervisors to assign work that would have occurred during holidays or leave time to interns when they return (i.e., making up work that would have been done during leave). Supervised clinical work is a key part of internship training, but your primary role is to be educated — not to perform the clinical work that must be done on the rotation. If your supervisor has temporarily forgotten about this policy, please do not hesitate to contact Dr. Smith or your preceptor.

## Vacation

You are entitled to 10 working days of annual leave time during the training year. These can be taken at your discretion (with the approval of your rotation supervisors), with one exception: in order to avoid overlong gaps in patient care, **you may not take any more than 5 days of annual leave at the end of the training year.**

Leave taken to attend your graduation ceremonies will be considered as annual leave (however, leave taken to defend your dissertation is considered professional leave). We strongly discourage interns from scheduling leave time during the first week of a new rotation (although sometimes we realize it cannot be helped). You must request vacation time at least one week prior to your departure. Advanced notice of leave is particularly important on some rotations (those that schedule patient contacts far in advance); if you know in advance that you will be gone for part of an upcoming rotation, you will need to obtain the signature(s) of the clinical supervisor of the rotation where your leave will occur, and your mentor/research preceptor.

## Professional/Educational Leave

With permission, you may take up to 10 days during the internship for professional conferences, job interviews, dissertation committee meetings, or dissertation defenses. Requests must be coordinated through the Internship Office. You may find yourself in the position of speaking on the phone with someone who wants to invite you for a job interview on a specific date. Prior to making a firm commitment for a particular date, it is important to obtain permission from your rotation supervisor(s). Usually, a comment like, "That date sounds great, and I'll confirm it with you as soon as I verify my leave with my supervisor," will be satisfactory. Sometimes, interns who receive several job interviews may need to exceed the 10 day limit. In such circumstances, please notify Dr. Smith. We are not interested in limiting our interns' ability to compete on the job market. However, in the

interests of fairness, a very large volume of professional leave requests may need to be offset by deductions from leave in other categories (e.g., annual leave).

### **Sick Leave**

You are entitled to 10 sick days per year. As a professional, you are expected to use these days only when you are ill or receiving medical attention. Likewise, you should take sick days and not come to work if you are ill. Be sure that your supervisor is informed of patient responsibilities that will need to be covered during your illness. As with vacation and professional leave, sick days also require submission of a leave slip. You are required to notify the Internship Office if you are taking sick leave (792-4237). A leave slip will be placed in your mail box, and when you return to work you must obtain the signatures of your rotation supervisor and your preceptor and return the leave slip to the Internship Office. MUSC policy requires that you provide a doctor's clearance to resume your duties before returning to work if you have missed six or more consecutive days of work on sick leave.

## **Grievance Procedure**

Differences of opinion are respected, and frank discussions of differing opinions are part of the learning process. However, differences of opinion can often escalate into disputes or misunderstandings. When disputes or misunderstandings occur, attempts should be made to settle them directly with the individual supervisor (either the clinical supervisor or the mentor/research preceptor). If the misunderstanding cannot be settled directly, the appropriate Coordinators for Clinical or Research Training should be consulted (i.e., Drs. Smith or Tuerk). Most problems will be settled at this level. However, if the result is not satisfactory, the issue should be brought to the attention of the Director, Dr. Kilpatrick. In cases where the grievance involves the Director, the matter should be brought to the attention of Dr. Thomas W. Uhde, MD, Chairman of the Department of Psychiatry and Behavioral Sciences. The decision of the Director will be considered binding. However, the intern may seek redress by appealing to the Psychology Education Committee. The Committee will hear the intern's complaint and review whatever documentation and testimony the intern wishes to present in support of the grievance. The decision of the Committee is final. If the complaint involves any member of the Psychology Education Committee, that person will recuse themselves from any deliberations about the matter. Any concerns or grievances can also be reported to the APA Commission on Accreditation (750 First Street, NE, Washington, DC 20002-4242; Phone: 202-336-5979).

## **Policy on Impaired Interns**

Intern impairment consists of one of two types: inability to function due to deficient training and inability to function due to personal characteristics or problems. Procedures to remedy each of these will be discussed below.

### **Impairment Due to Deficient Training**

Written feedback regarding performance is provided to the intern formally at three month intervals. However, feedback should be part of the weekly supervision sessions as well. At the start of the rotation, it is expected that interns might not know all that is necessary to perform flawlessly on the rotation. Thus, readings and instructions are routinely given to interns in order to enhance their proficiency. In cases where more severe deficits are identified, the supervisor will inform the intern and Dr. Smith, the Coordinator of Clinical Training, verbally and in writing, of (a) the nature of the deficiency, (b) the plan of remediation, (c) how long it is expected that the remediative process will last and (d) how the intern will demonstrate the remediation of the deficiency. All proposed training plans must be approved by the Coordinator of Clinical Training, who will inform the Director. The original plan will be given to the intern, a copy of this letter will be placed in the intern's file and a copy

will be forwarded to the intern's graduate program. Once the deficiency has been corrected, the letter will be removed from the intern's file and the intern's graduate program will be notified. In cases where the intern does not agree with the remediation plan, the intern has the right to use the grievance procedure.

If the deficiency involves an ethical violation, a warning will be issued and the intern educated about appropriate ethical conduct. A continuation of that behavior or a second willful ethical violation will result in the intern's dismissal from the program.

### **Impairment due to Personal Characteristics or Behavior**

If interns are impaired due to psychological distress or substance abuse, the clinical supervisor will discuss the situation with the intern and Dr. Smith, the Coordinator of Clinical Training, who will notify the Director. A plan will be drawn up, specifying the rehabilitation plan and the intern's functioning during the time that the plan is in effect. For example, an intern may be required to use sick days or professional days to attend to the difficulties. Although it may be recommended that the intern seek therapy, the training program will not seek direct access to the specifics of the therapy but may require confirmation that the intern has followed through on the training program's recommendation. In addition, the therapist may be requested to certify that the intern is ready to return to the internship training program. The original letter detailing the impairment and course of action will be given to the intern, a copy of the plan will be placed in the intern's file and a copy will be forwarded to the intern's graduate program. If the difficulty is remediated, the plan will be removed and the graduate program so notified. If the impairment is considered to affect the intern's ability to care for patients and cannot be remediated such that the intern can successfully complete the program, the intern will be asked to voluntarily withdraw from the program. If the intern agrees to withdraw, the intern may reapply at a later date with the understanding that the internship may request documentation that the former difficulties have been rectified. If the intern refuses to withdraw voluntarily, the Director may dismiss the intern from the program. In either case, the graduate program will be notified of the actions of the internship program.

## **Miscellaneous**

### **Policy on Moonlighting**

The purpose of the internship is to provide scientist/practitioner training in the field of Psychology. We view this internship as requiring a weekly 50-60 hour commitment from interns enrolled in it. Moonlighting is not encouraged, and in fact, it is discouraged. If an individual feels that he/she can make a case for their particular opportunity by justifying it as a supplement to the training they are already receiving, they may do so formally, in writing to the Director, Dr. Dean Kilpatrick. Any such letter must include facts about when they would be working and an estimate of how much time they would be required to devote to this activity. Only if a compelling case can be made for the educational value of a proposed moonlighting activity will it be approved.

**State Holiday Schedule**  
**Medical University of South Carolina**  
**2009–2010**

Monday, September 7, 2009 — Labor Day  
Wednesday, November 11, 2009 — Veterans' Day \*  
Thursday, November 26, 2009 — Thanksgiving Day  
**Friday, November 27, 2009 — Day after Thanksgiving**  
**Thursday, December 24, 2009 – Christmas Eve**  
Friday, December 25, 2009 — Christmas Day  
**Monday, December 28, 2009 — Day after Christmas**  
Friday, January 1, 2010 — New Year's Day  
Monday, January 18, 2010 — Martin Luther King Day\*  
Monday, February 15, 2010 — President's Day \*  
**Monday, May 10, 2010 — Confederate Memorial Day \***  
Monday, May 31, 2010 — Memorial Day  
Monday, July 5, 2010 — Independence Day (observed)

\*Although these are official state holidays, you will receive compensation time if your clinical rotation site is open on that particular day. The holidays in bold are **state holidays** only; interns working at the DVA are expected to work or to take leave for these days.

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<p><b>Simone Barr, M.A. (Hanson-General Track)</b> Univ. of IL @ Urbana-Champaign 2225 Ashley River Rd., #368 Charleston, SC 29414 <a href="mailto:barrsc@musc.edu">barrsc@musc.edu</a> Ph.217 390-9942</p>	<p><b>Alicia Meyer, M.A. (Acierno-General Track)</b> Catholic University 7950 Crossroads Dr., Apt. 905 N.Chas., SC 29406 <a href="mailto:meyal@musc.edu">meyal@musc.edu</a> Ph. 301 351-7257</p>
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**2009–2010 Psychology Intern Rotations and Rotation Supervisors**  
**Fall/Winter Quarter: August 3, 2009 – January 10, 2010**

<b>Intern &amp; Preceptor</b>	<b>Rotation</b>	<b>Rotation Supervisor</b>	<b>Phone Number</b>
Lynsay Ayer Preceptor: Danielson	National Crime Victims Research and Treatment Center Community Outreach Program Esperanza	Dan Smith, Ph.D. Michael de Arellano, Ph.D.	792-2945 792-2945
Simone Barr Preceptor: Hanson	Community Outreach Program Esperanza Low-country Children's Center	Michael de Arellano, Ph.D. Rochelle Hanson, Ph.D.	792-2945 792-2945
Andreana Benitez Preceptor: Horner	Neuropsychology Department of Veterans Affairs Neuropsychology Medical University Hospital	Michael Horner, Ph.D. Mark Wagner, Ph.D.	789-7131 792-9142
Scott Braithwaite Preceptor: J. Libet	Couples Clinic Department of Veterans Affairs Behavioral Medicine IV	Julian Libet, Ph.D. Jeff Borckardt, Ph.D.	789-7133 792-3295
Josh Cisler Preceptor: Amstadter	National Crime Victims Research and Treatment Center PTSD Clinical Team Department of Veterans Affairs	Dan Smith, Ph.D. Ron Acierno, Ph.D.	792-2945 789-7246
Tatiana Davidson Preceptor: Rheingold	Developmental Pediatrics	Laura Carpenter, Ph.D.	792-7469
Sarah Galloway Preceptor: Kilpatrick	Counseling and Psychological Services Cognitive Behavioral Therapy Clinic Dept of Veterans Affairs	Alice Libet, Ph.D. Julian Libet, Ph.D.	792-4930 789-7133
Rachel Goldman Preceptor: Borckardt	Weight Management Center Behavioral Medicine I	Pat O'Neil, Ph.D. Jeff Borckardt, Ph.D.	792-2273 792-3295
Joni Howard Preceptor: M. Wagner	Neuropsychology Department of Veterans Affairs Neuropsychology Medical University Hospital	Michael Horner, Ph.D. Mark Wagner, Ph.D.	789-7131 792-9142
Michael Kofler Preceptor: McCart	Developmental Pediatrics	Laura Carpenter, Ph.D.	792-7469
Cristina Lopez Preceptor: de Arellano	National Crime Victims Research and Treatment Center Community Outreach Programs Esperanza	Dan Smith, Ph.D. Michael de Arellano, Ph.D.	792-2945 792-2945
Alicia Meyer Preceptor: Acierno	Behavioral Medicine II Family Medicine Clinic Trident	Jeff Borckardt, Ph.D. John Freedy, M.D., Ph.D.	792-3295 876-7047
Vanessa Milsom Preceptor: O'Neil	Weight Management Center Counseling and Psychological Services	Pat O'Neil, Ph.D. Alice Libet, Ph.D.	792-2273 792-4930
Lisa Paul Preceptor: Grubaugh	National Crime Victims Research and Treatment Center PTSD Clinical Team Department of Veterans Affairs	Dan Smith, Ph.D. Ron Acierno, Ph.D.	792-2945 789-7246
Aaron Rakow Preceptor: Smith	Behavioral Medicine III IMPACT Therapeutic Pre-school Clinic	Jeff Borckardt, Ph.D. Stan Shoemaker, Ph.D.	792-3295 740-6130
Katherine Ryan Preceptor: M. Carpenter	Substance Abuse Treatment Clinic Dept of Veterans Affairs Cognitive Behavioral Therapy Clinic Dept of Veterans Affairs	Steve LaRowe, Ph.D. Julian Libet, Ph.D.	789-6316 789-7133
Joe Schacht Preceptor: Anton	Center for Drug and Alcohol Programs Substance Abuse Treatment Clinic Dept of Veterans Affairs	John Roitzsch, Ph.D. Steve LaRowe, Ph.D.	792-2945 789-6316
Julie M.S. Seel Preceptor: Roitzsch	Center for Drug and Alcohol Program Centralized Inpatient Programming Service	John Roitzsch, Ph.D. Josh Smith, Ph.D.	792-2945 792-5759
Maria Steenkamp Preceptor: Tuerk	PTSD Clinical Team Department of Veterans Affairs Family Medicine Clinic Trident	Ron Acierno, Ph.D. John Freedy, Ph.D.	789-7246 876-7047

## 2009–2010 Psychology Intern Rotation Schedule

Intern	Preceptor	Track	8/09-1/10	2/10-7/10
Lynsay Ayer	Danielson	T	NCVC-COPE	PCT/SATC
Simone Barr	Hanson	G	COPE-LCC	NCVC/CBT-VA
Anya Benitez	Horner	NP	NP-VA/NP-MUH	BM II/UFM
Scott Braithwaite	J Libet	G	COUPLES/BM-IV	NP-VA/NP-MUH
Josh Cisler	Amstadter	T	NCVC-PCT	CAPS/WMC
Tatiana Davidson	Rheingold	G	PEDS	COPE/LCC
Sarah Galloway	Kilpatrick	G	CAPS/CBT-VA	COUPLES/BM-IV
Rachel Goldman	Borckardt	BM	WMC/BM I	CAPS/CDAP
Joni Howard	Wagner	NP	NP-VA/NP-MUH	WMC/BM I
Michael Kofler	McCart	G	PEDS	PCT/IMPACT
Christina Lopez	de Arellano	CH	NCVC/COPE	PEDS
Alicia Meyer	Acierno	G	BM II/UFM	NCVC/COPE
Vanessa Milsom	O'Neil	BM	WMC/CAPS	BM III/SATC
Lisa Paul	Grubaugh	T	NCVC-PCT	COPE/NP-VA
Aaron Rakow	D Smith	CH	BM III/IMPACT	PEDS
Katherine Ryan	M Carpenter	G	SATC/CBT-VA	NCVC/UFM
Joe Schacht	Anton	SA	CDAP/SATC	CIPS/NP-MUH
Julie Steele-Seel	Roitzsch	SA	CDAP/CIPS	PCT/CBT-VA
Maria Steenkamp	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)

### 2009-2010 Faculty List

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