

West Virginia University School of Medicine, Charleston
Department of Behavioral Medicine and Psychiatry
Clinical Psychology Internship Handbook

Orientation

Because ours is a large Academic Health Center complex with a variety of training rotations, it is important that the new intern have time to acclimate to the setting. Psychology interns are oriented to the medical center along with all new residents and medical students during a three day orientation at the WVU Medical Education Building on the Memorial Campus, which features presentations on a variety of topics, including mutual expectations of the trainees and the training programs. They have pictures taken for ID badges, sign up for payroll and benefits, have lunch with the medical center leadership, and generally begin to settle in. This also gives interns time to meet and socialize not only with fellow interns, but also a number of other students and the faculty with whom they will interact during the year. During the next two weeks time is then set aside for the interns to tour each of the training settings, to become better acquainted with the faculty and support staff, and become familiar with the experiences offered at each rotation site. We also have lunches and picnics where staff and students can spend more time in a social setting.

It is important that interns have the opportunity to bond with their fellow trainees in what we hope will be the beginning of mutually rewarding long-term professional and personal relationships. Not only will orientation occur at the beginning of the training year, but also when the intern begins a new required or optional training rotation. Certainly as the year progresses interns will be more familiar and comfortable with the medical center and the city, and will need less specific guidance. The training director and internship faculty have an open door policy, and interns are encouraged from the first day to feel free to ask whatever questions necessary as they fit into Charleston, from how to complete paperwork for conferences, to recommendations for dry cleaners or veterinarians. It is our stance that people learn best when their anxiety is low, and we strive to maintain a training environment that is challenging and invigorating, but warm and supportive.

Overview of Due Process for Interns With Regard to Performance on Internship

Statement of Training Program's Guiding Philosophy

Internship is one of the most stressful periods of a psychologist's career. Graduate school friends and support systems are left behind, temporary housing is tolerated, a new environment must be mastered, new and sometimes threatening demands are placed upon interns, and dissertations and employment searches are sometimes juggled throughout the year.

It is the policy of the internship training program that psychology interns will be treated with dignity and always in a fashion consistent with the guidelines of the APA *Ethical Principles of Psychologists and Code of Conduct*. We do not anticipate that interns will have serious problems, and most issues can be addressed in an informal fashion in this environment of mutual respect and open communication.

But it is critical that interns understand if they feel they are being abused or treated unfairly [sexual harassment, exploitative dual relationships, expectations of them which clearly exceed their experience or training, etc.], they must contact the training director immediately with their concerns. If the problem involves the training director, then the intern must contact the associate director or other internship faculty member, and follow his or her concerns through to a satisfactory conclusion.

Overview of Expectations

Predoctoral psychology interns and the internship faculty have expectations of one another that vary in their degree of clarity.

A. Interns reasonably expect to receive high quality training in the practice of professional psychology. This training is further expected to take place in an environment of professional and personal safety and support. While all interns can anticipate receiving the same basic training, each rightfully expects to be valued for her or his uniqueness, and further assumes differences in training background, ethnic and racial heritage, gender, and lifestyle, will be respected.

Interns expect their performance to be evaluated, and to receive direct feedback regarding same in a timely fashion, so that deficiencies may be addressed and corrected. They also expect to have the opportunity to evaluate their training and provide feedback to the program, and to assume their perspective will be valued and given serious consideration.

B. The faculty expect interns to perform competently in three areas:

1. Interns are expected to acquire and effectively incorporate professional standards in their work. Examples include adherence to the APA *Ethical Principles and Code of Conduct*, relevant state laws regulating practice, and guidelines of the training institution.

2. Interns are expected to develop professional skills, such as general assessment and intervention with patients/clients, skills specific to certain training rotations, and the use of relevant clinical research findings.

3. Interns are expected to monitor their personal functioning. They should be sensitive to personal issues as they relate to practice, and also to their interactions with colleagues and staff across professional discipline and administrative level, and request assistance for personal distress by seeking supervision and support. The following policy, developed by the Student Competence Task Force of the Council of Chairs of Training Councils, is operative:

Students and trainees in professional psychology programs (at the doctoral, internship, or postdoctoral level) should know-prior to program entry, and at the outset of training-that faculty, training staff, supervisors, and administrators have a professional, ethical, and potentially legal obligation to: (a) establish criteria and methods through which aspects of competence other than, and in addition to, a student-trainees knowledge or skills may be assessed (including, but not limited to, emotional stability and well being, interpersonal skills, professional development, and personal fitness for practice); and, (b) ensure-insofar as possible-that the student-trainees who complete their programs are competent to manage future relationships (e.g., client, collegial, professional, public, scholarly, supervisory, teaching) in an effective and appropriate manner. Because of this commitment, and within the parameters of their administrative authority,

professional psychology education and training programs, faculty, training staff, supervisors, and administrators strive not to advance, recommend, or graduate students or trainees with demonstrable problems (e.g. cognitive, emotional, psychological, interpersonal, technical, and ethical) that may interfere with professional competence to other programs, the profession, employers, or the public at large.

As such, within a developmental framework, and with due regard for the inherent power difference between students and faculty, students and trainees should know that their faculty, training staff, and supervisors will evaluate their competence in areas other than, and in addition to, coursework, seminars, scholarship, comprehensive examinations, or related program requirements. These evaluative areas include, but are not limited to, demonstration of sufficient: (a) interpersonal and professional competence (e.g. the ways in which student-trainees relate to clients, peers, faculty, allied professionals, the public and individuals from diverse backgrounds or histories); (b) self-awareness, self reflection, and self-evaluation (e.g. knowledge of the content and potential impact of one's own beliefs and values on clients, peers, faculty, allied professionals, the public and individuals from diverse backgrounds or histories); (c) openness to processes of supervision (e.g., the ability and willingness to explore issues that either interfere with the appropriate provision of care or impede professional development or functioning); and (d) resolution of issues or problems that interfere with professional development or functioning in a satisfactory manner (e.g. by responding constructively to feedback from supervisors or program faculty; by the successful completion of remediation plans; by participating in personal therapy to resolve issues or problems).

C. In addition to meeting intern expectations stated in A, the program is also responsible for assisting the intern to meet the three required performance objectives in B. The program should provide relevant information regarding professional standards, offer sufficient diversity of clinical experiences to demonstrate acceptable professional skills, and monitor intern behavior to provide feedback and recommendations for improvement as needed. Interns are expected to perform in such a fashion as to receive acceptable ratings on intern evaluations on each rotation. Should they fall short of acceptable ratings, the faculty member(s) involved, in collaboration with the training director, will develop a plan of corrective action.

Relationship with Graduate Program

Some contact will have taken place between the internship program and the home graduate department in the form of letters of recommendation and perhaps phone calls. Areas of intern strength and those in need of improvement will have been identified. Evaluations will be sent to the intern's graduate department at mid-year and at the end of the internship, unless the department requires more frequent evaluations, which will of course be provided.

If inadequate performance or impairment is demonstrated by the intern, more frequent contact will be maintained, so the internship program can consult with the training director of the graduate institution. Any official action taken by the training program faculty that has an impact on an intern's progress will be reported to the graduate program in writing.

Procedure for Program Response to Inadequate Intern Performance

The entire psychology faculty comprises the Internship Training Committee. If an intern receives an inadequate rating in one of the three major evaluation categories, this Committee will meet to discuss appropriate actions. The intern will be informed that a review of his or her

performance is in process, and will be given the opportunity to respond to the evaluation. The Committee may: 1. Decide no further action is advised, or 2. make note of the problem and ask for more regular monitoring by supervisors.

Should the problem continue, the Committee might institute the following: 3. a specified period of probation, with clearly defined expectations for performance improvement, or 4. suspension of the intern from certain activities, or 5. recommendation to the training director that the intern not complete the internship if the behavior does not change, or 6. recommendation to the training director that the intern be terminated from the program.

Intern Appeal Procedures

If one of the above noted actions numbered 3 through 6 occurs, the intern will be informed in writing, and will be asked to indicate whether the action is accepted or rejected. If accepted, implementation occurs, and the home department will be notified in writing.

If the intern chooses to challenge the action, a Training Committee Review Panel will conduct a hearing with the intern, and submit recommendations to the training director. The training director is responsible for the ultimate decision, and it will be communicated to the intern and the home department. These procedures no way compromise the interns' use of the CAMC Health Education and Research grievance policy, nor their fundamental right to seek redress through legal counsel.

Implementation of Decisions

The training director will meet with the intern to review decisions, and specify remedial procedures. Every effort will be made to give clear, specific feedback about expectations for improvement. The training director will approach this in a supportive and collegial manner, and encourage openness and sharing of perspectives. Reviews of performance will occur in a reasonable and timely fashion, so interns have adequate milestones against which to measure their progress.

Required and Optional Rotations: Overview

ADULT PSYCHIATRY INPATIENT ROTATION

What do interns do? The internship experience on the inpatient psychiatry service is designed to provide active and broad participation in the multidisciplinary treatment of adult psychiatry inpatients, with the goals of understanding the inpatient psychiatry process at a clinical and a systems level, and improving diagnostic, treatment, and consultation skills. Our psychology interns are involved as full members of the interdisciplinary treatment team, participating in all professional activities on the unit and being involved, at some level, with all of the patients and the dynamics among them.

The Behavioral Health inpatient unit is located on 6 East at the General Hospital, and is a modern, self-contained, secure psychiatry unit with one side providing additional security features for patients needing extra safety measures. Common pathologies include the full range of psychiatric illnesses, with medical, Axis II, and substance abuse co-morbidities. We have a fair number of geriatric patients, which provides experience with both psychological and medical issues related to aging.

WVU Behavioral Medicine faculty psychiatrists are the admitting physicians for most patients, and supervise the treatment teams for their patients. The psychology interns work closely with the team and are involved on a daily basis in diagnosis, treatment planning, daily rounds, and discharge planning, and provide direct services to selected patients in the form of psychological assessment and psychotherapy. Supervision is provided by both the psychology and psychiatry faculty, depending upon the activities involved. Ultimate responsibility for the interns' training remains with the psychology faculty.

They may begin their involvement as a first-line on-call contact in the Emergency Department, responding to the ED consultation request, and performing the initial interview and evaluation of acute patients, with an eye to the particular diagnostic and triage needs of that setting. Training in emergency psychiatry is provided in ER Check-In Rounds on Monday and Tuesday mornings and by case review with the advanced psychiatry residents and attending faculty psychiatrists. In addition, the interns will follow up on the patients who are admitted to the psychiatry unit, which provides an additional level of continuity, and learn short-term crisis techniques, community resources, and alternative referral strategies for those who will not be admitted.

For patients who are directly admitted to the floor, our interns are involved from the beginning via participation in the admission activities of the attending psychiatrist. They may perform the initial patient interviews and will present these to the team. In the daily life of the psychiatry service, multidisciplinary team rounds take place after ER check-in, to discuss patient behavior and treatment issues. After this, and until about noon, interns are involved in daily patient rounds and discussions with the team of attending psychiatrist, psychiatry residents, and medical students. Interns participate as full team members in discussions of pathology, diagnosis, treatment, behavior issues, social factors, discharge planning, and team dynamics.

Interns provide psychological testing and individual psychotherapy to selected patients, under the supervision of psychology faculty, and may continue treatment on an outpatient basis after discharge. They participate as leaders of the 1:00 group therapy session, under supervision of psychology faculty.

Additional experiences during the remainder of the day include participation in family therapy sessions, consultations and informal conversations with the nursing staff, assistance with behavioral issues, and participation in the insurance authorization process with the social service team.

Overall, there is no aspect of the daily professional operation of the psychiatry service that the interns are not involved in, and participation is encouraged by all the professions involved. Our goal is to help our interns develop an innate "feel" for the patients, their illnesses, and their interactions with the staff and other patients.

How is intern progress measured? Interns normally begin their six-week rotation by observing the activities of the unit and the treating professionals in order to gain a sense of the activities and flow. Supervision is naturally more intense, as we gain a sense of each intern's skills, training needs, and confidence level. They generally move fairly quickly into a greater activity level and a higher level of independent activity with less intense supervision, based on their previous experience and skills. This may include being the primary interviewer of new patients, seeing patients as the primary provider, and taking on more decisional responsibilities. This is the expected pattern, and at the end of the rotation interns should be ready to perform these roles in other professional settings and to work readily with multidisciplinary teams.

Our interns are often sought out by the team for their diagnostic and testing skills and for their skill in offering the broad view of the patients and their world that comes from the psychologist's perspective and their prior training experiences. Feedback from the psychiatry faculty indicates that the psychology interns provide valuable perspective to the inpatient setting via their breadth of training and willingness to suggest alternative ways of looking at issues affecting patient care.

Why is this valuable to the intern's career? Experience with inpatient psychiatry is a vital tool in the psychologist's training, regardless of the setting in which she or he will ultimately practice. It provides a valuable personal experience with acute psychopathology and its early treatment, which allow interns to develop a sense of how these serious conditions "feel", behave, and interact with other aspects of the patients' lives. The experience with dual diagnoses issues enhances the interns' ability to recognize and deal with these in this and other settings. The constant and close interface with both psychiatry and nursing brings a rich experience with medical issues related to treatment and an appreciation for the daily interactions and challenges of multidisciplinary treatment. Ultimately, interns further develop their ability to take in a broad range of information, process it in the context of the patients' overall situation, and perform or recommend appropriate treatments, in a multidisciplinary context and a broad social milieu.

Suggestions from Previous Interns:

- Get a key to the unit/elevator from Dr. Linton at the beginning of the rotation
- Monday and Tuesday mornings you attend ER check-in rounds at 8am
- After ER check-in, go to inpatient for team meetings and rounds
- At 1pm each day is doctor's group, which you run with residents and a psychology attending
- Afternoons can be used for one-on-one time with patients, testing and other assessments, or clinic patients
- You are required to take call with this rotation, but you are always with an MD resident. You take call from 8am to 8am. You are required to wear street clothes during the day, but beginning in the evening you can wear scrubs. You can either stay in the call room or go home if you live close enough, and return if you are paged.
- Be sure to contact both the daytime [6am to 6pm] resident and the night float resident, to let them know you are on call with them, and what your pager number is. Also inform the unit clerk on the inpatient unit that you are on call. Don't wear neckties, long hair or dangling earrings on call in the emergency department, since upset, head injured or intoxicated patients might grab on to something you would rather they didn't.

Supervisor is Dr. Wilhelm, consultant is Dr. Kerr, other faculty as assigned.

ADULT PSYCHIATRY OUTPATIENT ROTATION

What Do Interns Do? This is a service designed to hone basic skills in assessing new psychiatric patients, and either referring or providing treatment to them. The scheduling secretary first processes all of the cases, and you can either get them from her, or get them from the psychotherapy screening clinic, which meets at 8am on Monday. The patients comprise both men and women, across a wide spectrum of age and presenting problems. Referrals to the outpatient clinic come from physicians in the medical center or the community, from attorneys, from counselors, on follow up from the psychiatry inpatient program, through self-referral, and a variety of other venues. For the first intake, medical coverage is required unless you are following someone recently discharged from psychiatric inpatient. You are required to have a

psychology faculty member assigned to each of your outpatient cases. In some cases a psychology faculty member is assigned, but primary specialized supervision is provided by a physician or social worker, if that supervisor has special knowledge that could assist the patient, for example those recovering from childhood sexual abuse. Groups are also available, and are often offered in the early evening. You will be required to read on the group specialty, be tutored by the group leader, and assume a co-leader role, which includes administrative, therapeutic and charting responsibilities. In addition to the weekly Intern Seminar, while you are on outpatient, on Thursday mornings you are expected to attend Grand Rounds at 9am, scientific journal club at 10am, and the outpatient case conference at 11am. Some patients are seen only for several sessions of brief therapy, while others may be kept throughout the year.

How is intern progress measured? At first supervision is intense, since the supervisor and the intern don't know one another well. Cases are not screened for complexity in an official way, but if the situation seems dicey, threatening, there is involvement of law enforcement or attorneys, etc., then new interns will not likely be assigned these cases. At first the supervisor will want to join you with the patient, to assess the situation personally in addition to hearing your case presentation, and he or she may continue to meet with you and the patient to check in for some of the session. In supervision some might ask for audiotapes or even videotapes. That varies from supervisor to supervisor. It is critical that you learn to do a comprehensive initial evaluation, since your case formulation is only as good as the initial information you gather, and if you are off the mark at the outset, you will just perpetuate the mistake over time. Take your time and be comprehensive at first. Follow an outline provided with your material, or provided by the supervisor. Experiment with different outlines to find one that allows you to collect the relevant data.

Over time the supervision will become more collegial, as you get more comfortable with your knowledge and skill, and the supervisor has more trust in both. You will get more difficult cases, and while the supervisor retains ethical and legal responsibility for the case, the monitoring will be more egalitarian, with the supervisor counting on the intern to connect for feedback and consultation, rather than being a more passive recipient of the supervision.

Don't expect patients to correct you or keep you on track. They frequently don't have a clue what is supposed to happen in the office. You should ask for assistance quickly if a problem is emergent. All faculty carry pagers and cell phones, their numbers will all be made available to you, and all faculty members are available after hours or at home. Be sure patients know how to reach us, and get your patients covered if you are planning to be out of town. Make sure to check for dangerousness to self or others, and assess as best you can for any medical problems that might contribute to or mimic psychological difficulties. If your patient is experiencing chest pain or severe headaches, dizziness, numbness, etc., seek a faculty physician immediately.

Over time you will become more comfortable and experienced, and develop what is called "pattern recognition." That is, you will begin to recognize clinical presentations more rapidly and more clearly with experience. Your case presentations will be more succinct and accurate. You will be able to diagnose more smoothly using the DSM. If you don't have a lot of outpatient experience, you will be learning some more advanced clinical skills. If you do have a good deal of experience, you need to take cases that are unfamiliar to you, e.g. if you have seen a lot of younger women, you may want to concentrate on older women and men. If you have anxiety disorder experience, you may want to concentrate on mood disorders or medical patients adjusting to their physical situations.

Supervisors will look at your empathy and rapport building, your cultural sensitivity, your understanding of the ethical implications of a case, your awareness of how your personal style and background might shape your case formulation, your knowledge of psychopathology and willingness to do single case research and clinical literature checks to expand that knowledge, and your ability to communicate to the patient, the referral source and the supervisor through oral and written means. If you have poor handwriting, please dictate or type your intakes and word process your treatment notes. Keep an open mind and be receptive to feedback. And remember you will be evaluating the supervisor as well.

Why is this valuable to the intern's career? The interview remains the bedrock of the clinical interaction, regardless of whether the student is planning a career with psychiatric or medical patients, in industry, forensics or psychological assessment. It is vital that you develop a style that allows the gathering of accurate information as efficiently as possible, process it quickly, be aware of danger signs, plan an intervention, and proceed with an eye to ethical or diversity issues that might shape the plan or its implementation. The better your ability to take a novel patient and learn about her or him, make a plan, and check the plan over time, the better you will be as a clinician. This is a foundation skill upon which the other more specialized duties are built.

Suggestions from Previous Interns:

- This is a service that runs much like a group private practice, so you need to be resourceful and tenacious in getting good cases and seeking appropriate supervision. This is different than training clinics you may be used to, since you will have supervision but some autonomy as well. You must have a psychology faculty supervisor on each case, and you can choose different ones for different cases. You can also have another, non-psychologist as a primary supervisor for some cases, e.g. Dr. Kommor for borderline patients, Rachel Dash for those who have been sexually abused or for family therapy, but you still need a psychologist assigned to each case as secondary. Most of your supervision will come from psychology faculty. Dr. Linton will discuss your training needs and perceived gaps, and you can go from there with your choices. Other therapists will also refer to you depending on what your experience and expertise is.
- You may want to begin your outpatient experience early by picking up a couple of patients, and following them throughout the year. You will have a half-day for OP clinic even when you are on the C/L or inpatient rotation, since you may pick up interesting and motivated patients from each of those rotations as well as others. Setting aside a specified time early for clinic time will ensure you will have a place for longer-term treatment.
- The outpatient coordinator keeps the list of referrals that you can peruse for interesting cases
- Psychotherapy screening clinic is at 8am on Monday in Dr. Bhanot's office, and you should go to discuss new cases of interest to you
- On Thursday morning, go to the clinical case conference from 10-11, and then the outpatient case conference from 11-12.
- The room schedule is on the wall outside Dr. Bhanot's office. You will be assigned a room for a half-day at a time for your clinic.

Supervisors are Drs. Linton and Wilhelm.

COGNITIVE BEHAVIORAL THERAPY TRAINING

What do interns do? When interns participate in the CBT training program, they learn the cognitive model, the importance of case conceptualization, specific cognitive and behavioral techniques, and empirically supported interventions for several psychological disorders. In the didactic seminar, interns engage in textbook and videotape discussions, technique demonstrations, and role-plays to develop and practice their CBT skills. More in-depth study and implementation of cognitive-behavior therapy is available through participation in the CBT supervision group, in which members each have a case they follow. During inpatient group therapy sessions, interns develop basic group therapy skills as well as experience using structured CBT activities to optimize group learning.

How is intern progress measured? Success is measured on the basis of interns' self-report of their progress, their level of involvement in supervision sessions, quality of audiotaped sessions over time, and ratings on the Cognitive Therapy Scale. Upon completing the CBT training program, interns should be able to assist patients in 1) understanding the distinction between events and interpretations of events, 2) becoming aware of and articulating how events are processed, 3) determining whether these interpretations are accurate and/or adaptive, 4) developing more accurate and adaptive beliefs and interpretations of events, and 5) engaging in more adaptive behaviors.

Why is this valuable for the intern's career? Empirical studies have shown CBT to be beneficial in treating depression, generalized anxiety disorder, panic disorder, social phobia, anger problems, chronic pain, and marital distress. In a time when insurance companies demand fewer sessions and clearer demonstrations of patient progress, it is essential for interns to develop competency in a therapy with scientifically proven results.

Supervisor is Dr. Wilhelm

CONSULTATION LIAISON [C/L] SERVICE

What do interns do? CAMC is comprised of three hospitals totally nearly 1000 inpatient beds. Less than 25 of these beds are designated for psychiatric patients at this time. However, many of the medical patients in the hospital have significant psychological problems that either contribute to their medical status or result from it. Problems include mood and anxiety disorders, grief, loss and adjustment to illness and trauma, family problems, drug and alcohol abuse and dependence, and special behavioral problems such as inability to be weaned from a respirator. The approximately 800 physicians who practice here often need consultation on their patients from mental health professionals. While there are a handful of private psychiatrists or psychologists who are consulted to see inpatients here, the overwhelming majority of patients are referred to the WVU Behavioral Medicine C/L Service for assessment, evaluation and recommendations. The team is comprised of a full-time psychiatrist attending who coordinates the program. Several other faculty attending psychiatrists also make rounds with the team each week or during the weekends.

The team is comprised of several residents, either in psychiatry, medicine or family practice, one or two third year medical students, and a psychology intern. The team usually has about six members at any given time. Medical students rotate for two weeks, residents rotate for a month at a time, and the psychology intern stays on the service for three months straight. A rather extensive verbal orientation is given by the attending, and supporting outlines and written material is also presented for interns to read. Consults are given to each member of the team democratically. The consult is called in to a central number, and the staff page the next person on

call to take the assignment. Sometimes a case requires emergency medical intervention or medication management, and if that is known in advance, a physician will take it out of order. But most of the time the clinician up next, including the intern, takes the next patient in line.

The intern then goes to see the patient. Most of the consults are either in the General Hospital or Memorial Hospital, although some are at Women's and Children's, so you may have to drive. The intern goes to the patient's floor, locates and reads the chart, and then meets with the patient. Finding space for a confidential interview is a special challenge in this setting, since often patients share a room. If possible, ask the staff to get the patient up, if that is possible, and take him or her to another room, for example a nurse's conference room or lounge if available. If not, you will have to improvise. Pull the curtain, speak in a low voice, and be aware of sensitive matters that might be overheard. You have to get the job done, and at times it may be necessary to ask visitors to leave, which is often unpopular. Be careful about announcing that you are from psychiatry, since some patients don't wish to have that known to others. The outline for the consultation is clear and the attending will expect you to follow it. When you have gathered the requisite information, a consult must be written in a timely fashion, following the outline presented. Later in that day, usually about 1pm, the team reconvenes, and team members present their case to the attending in a group setting. Each case is discussed in some detail, and then the attending and the team begin walking rounds to see each patient, where the person is re-evaluated by the attending, and the team may discuss the case again. The case is then followed with varying degrees of intensity until the patient is discharged. Sometimes interns develop such a good rapport with patients that they follow them in the outpatient clinic after discharge.

During the C/L rotation, much of the supervision is from medical staff. The intern will also meet for weekly supervision with a psychology faculty member to discuss his or her cases, and the supervisor will read your consults. Interns also take evening call while on this service. This call can be quite busy, and requests for time off, especially on weekends and around holidays, should be made to the chief resident who makes up the call schedule at the beginning of each month. There is usually a competition for the prime times off, and interns need to be assertive in making sure the call schedule is equitable. This is usually not a significant problem, but if difficulties arise, contact the C/L attending or the internship training director for resolution. But this is a busy service, and interns should not try to schedule anything else during this time. You will have a half-day a week for outpatient clinic, to follow your other patients. Other than that, you will be extremely active all day in this service.

How is intern progress measured? For the first week or so the intern "shadows" a resident, to learn how to find a particular room, to read and comprehend the chart in its most elementary form, and to conduct an interview and write a consult. At that stage the intern is observing and takes little responsibility for the process. Over time, interns will take their own cases, and while initially the attendings will not expect the intern to be particularly accurate or efficient, with time these expectations will rise. Keep in mind that we assume you know nothing about this, that you are a blank slate. Some interns have a great deal of C/L experience before they come to internship, and in fact some come from backgrounds such as nursing. These students are familiar and comfortable with the hospital environment. Others have no background, and that is fine. We take interns where they are, and progress is measured against their own baseline.

Over time the intern will do a more detailed evaluation, will develop more confidence in suggesting a treatment plan, and will present with greater comfort to peers and the attending. He or she will consult with nursing and other allied health staff with more facility, and communicate more directly with referring physicians. The intern will become more familiar with medicines, medical procedures, and the hospital environment, including the unique norms and rules therein.

Unique ethical presentations regarding confidentiality in verbal and written interactions outside of the protected “mental health environment” will be understood more clearly and addressed with greater comfort. The ability to work as a team member will be assessed constantly. Most of the tasks involve rapid assessment, short-term intervention, and consultation.

The liaison part of this rotation involves consulting with staff, particularly nursing staff and support therapists, about their programmatic needs, or in some cases the special problems caused by a particular difficult patient, and how this affects their unit functioning. The psychologist supervisor should clear such requests for consultation, and a plan of intervention discussed before attempting a liaison contact.

This is a fairly long and intense rotation, with a very steep learning curve, but the ability to master so much new knowledge and practice so many new techniques is a unique feature of the program. Wear comfortable shoes and pace yourself. Don't plan to do much else while you are on this rotation. One half OP clinic day will about do it.

Why is this valuable for the intern's career? Health psychology and behavioral medicine are booming areas of growth for professional psychology. It is our belief that psychology is a health, and not just a mental health, profession. Understanding the wide variety of illnesses and trauma attendant to such a large hospital, and the unique contributions made by each of the other specialists to the patient's care allows for a much better understanding of all your patients. Cancer patients with depression and depressed patients with cancer are the same patients, differing only in the primary diagnosis of interest to the specialist evaluating them. This is valuable training in developing clinical psychological skills, but also increasing your understanding of the medical world and major players in it. This information and these skills will make you a more experienced professional who is marketable in a variety of positions.

Suggestions from Previous Interns:

- On weekdays you are typically paged around 9am and assigned a consult. You are responsible for seeing your consult (s) prior to rounds and following up on previous consults, as needed. Please see the C/L Handbook for more details. On Thursdays you attend Grand Rounds at 9am unless you have a STAT consult.
- It's a good thing to fix yourself a notebook with the following things available:
 1. A list of telephone numbers for various floors/departments
 2. Pager numbers of residents and attendings
 3. The call schedule
 4. Consult guidelines
 5. Blank consultation forms
 6. MMSE forms
 7. Interview guidelines
- You will be expected to take call while on the C/L rotation. However, an MD resident backs you up at all times. For the most part, you will be able to manage without calling the MD except in circumstances where medication or other orders are required. You usually won't have much activity on weekdays call except for an occasional STAT. You are to see all of the consults during the a.m. and page the on-call MD attending to see when he/she would like to round. They usually want to round by mid-morning because they are also doing ECT and covering the inpatient unit. All consults received by about 4pm should be seen that day. Those received after 4pm that are not STAT can be seen first thing the next morning.

- **If you want specific days off, make sure to tell the chief resident who is making up the schedule as soon as possible! Requested days off are first come, first served. Once you know which months you are doing consult, determine if you need to have certain days off, for example to attend scheduled weddings, graduations, vacations, etc. If you do not ask, you may not be able to get that time off if others want it as well. It is never too soon to ask, even months in advance.**
- When paging another resident or attending, be sure to provide your call back number, and also key in your pager ID number. Sometimes people delay calling back if you do not identify yourself, because they think you are a routine call from the floor. To do this, call the paging number, 388-8250, provide the pager number of the person you are paging, and then when you key in your phone number, follow this up with an asterisk (*) and then your four digit pager number, which will leave a space between your call back number and the ID number on the display of the person you are paging. That way the attending knows it is you calling.

Supervisors are Drs. Wright and Linton

PSYCHOLOGICAL ASSESSMENT

What do interns do? Interns complete psychological assessments over the course of the rotation. This includes researching issues that are relevant to the referral, and obtaining supervised experience in interviewing, test selection, administration, and interpretation, report writing, and providing feedback to referral sources and patients. The involvement and progress of the intern is dependent on the level of experience each intern brings to the rotation, so that an individual with little testing experience may begin at a basic level and progress relatively slowly through the rotation while an intern with more assessment experience may be expected to more quickly take on responsibility and/or deal with more complex cases.

Referral questions and types of patients seen are, as much as possible, based on the area of interest of the particular intern. Full battery assessments are often of a neuropsychological nature, but interns have completed learning disability evaluations, personality assessments, and evaluation in specialized clinics, such as pain management. In addition to responsibility for completion of full battery assessments, interns are exposed to screening for neuropsychological impairment through the Geriatric Clinic, an inter-disciplinary clinic in which a psychologist, pharmacist, nurse practitioner, and a physician, along with trainees from each discipline perform a comprehensive initial intake. In this clinic, interns administer a brief screening evaluation, score and interpret the results and report to other team members. They also take part in the intake procedures performed by other professionals on the team in order to gain experience with the specific contributions of each discipline.

Interns gain basic experience and skills in all areas of the assessment procedure, including clarifying referral questions, appropriate interviewing techniques for the assessment process, test selection, administration, and scoring, test interpretation, and communication of results to referral sources and patients. As part of the process, interns gain a greater understanding of the nature of the psychological assessment procedure. In addition to gaining basic clinical information concerning issues such as what constitutes an appropriate referral question, how to make sense of test results and how to communicate those results to others, interns will also be expected to gain an understanding of how issues such as test reliability and validity, generalizability of test results, and social and cultural factors impact the testing process. Whether or not the intern plans on providing testing services in the future, the rotation should result in a professional who knows what psychological assessment has to offer, who knows when a referral may be appropriate and

necessary, and who is competent in evaluating and incorporating the results of psychological evaluations into their own case formulations as well as being able to assist individuals from related disciplines to be competent consumers of assessment services.

How is intern progress measured? Progress is measured in a graduated fashion. Initial assessment of interns is based on the skill level possessed when they begin the rotation and progress is based on that initial benchmark. Areas evaluated include all those expected to be mastered by the intern and include: Ability to interact with referral sources to clarify questions to be answered, ease of conducting the interview and comprehensiveness in obtaining necessary information from patients and other sources, accuracy and appropriateness of test selection to answer the referral question, when applicable, appropriate test administration and scoring, ability to integrate research findings, background information, interview information, and test results into an appropriate case formulation, and finally, accuracy in conveying those results to referral sources and patients. Although the intern may initially need a high level of supervision while performing the various duties included in the assessment process, less supervision should be required at each stage of the process as they gain greater competence. In addition, greater accuracy in test interpretation, and case formulations should be observed both in terms of increasing sophistication in discussing cases and in well written test reports.

Why is this valuable for the intern's career? The value to the intern's career includes competence in an area that is one of the primary domains of the Clinical Psychologist. Having knowledge of psychological assessment techniques allows the individual to use validated, scientific approaches to obtain information about patients that may not be as easily obtained through other methods, such as interviewing techniques. It can provide insights into the functioning of a patient that can be essential to working with patients and their families. Even if the intern does not actually perform psychological assessments in their career, the knowledge of what can be provided from an evaluation, knowing what information they want to obtain, how to get that information, and being able to evaluate and interpret results on their own, provides a valuable tool that many other mental health disciplines lack.

Supervisor is Dr. DiPino

CHILD AND ADOLESCENT PSYCHIATRY

What do interns do? Psychology interns learn about diagnosis of emotional/behavioral disorders in children and adolescents and interventions/therapeutic approaches to treatment. This is achieved through having the intern first observe the faculty member, then later having the faculty member observe the intern and do co-therapy. The intern is supervised on a weekly basis on child cases. Written intakes and progress notes are reviewed and discussed. The intern receives instruction in record keeping, and appropriate protocols for interacting with referring physicians and school personnel. Relevant ethical considerations are discussed. The intern has opportunities to attend Behavioral Pediatrics Clinic, Sexual Abuse Clinic, and perform school observations.

The intern receives experience with patients from a wide age range (2-17 years) and with a range of problems including anxiety, mood disorders, loss issues, and behavioral disorders. Also, children suffering from psychological problems associated with medical conditions are seen. They may learn parent-child interaction therapy, family therapy, and cognitive/behavioral interventions. They collaborate with medical professionals in provision of care.

How is intern progress measured? The intern is responsive to less discussion of details of each child case over time, bringing specific requests for guidance in one or two areas to the supervisor.

This extends to the amount of input needed in written intakes and progress notes. The intern will also take the lead in supervision versus the supervisor actively directing the interaction. The intern will put forth case conceptualizations, including differential diagnoses instead of receiving instructions as in earlier supervisory sessions. The intern reports increasing confidence and often shows greater interest in working with patients with more complex problems from families with a greater number of issues. The intern shows increased facility in using parent child interaction therapy, for example, and is able to demonstrate independent coaching skills without the supervisor instructing and observing.

Why is this valuable for the intern's career? The intern receives excellent preparation to function in a number of settings, including an outpatient mental health program. The intern is prepared to work collaboratively with medical and allied health colleagues in a university affiliated medical center or primary care setting with pediatricians, nursing personnel, and/or family practitioners.

Suggestions from previous interns:

- A telephone screening form is used prior to the intake being scheduled
- Get a copy of the sample guidelines
- Dr. Cloonan has a collection of toys available for use

Supervisors are Drs. Cloonan and Tiano.

CARDIAC REHABILITATION

What do interns do? Each intern will have the opportunity to initially observe psychological evaluations for cardiac rehabilitation participants, psychological consultations for cardiac inpatients, and group psycho-educational opportunities for rehabilitation participants and families. Interns will then transition to responsibility for these activities via direct observation/supervision and finally independent functioning with supervisory follow-up. Some interns may engage in research activities, as well, via study design and/or data collection focused on cardiac rehab psychological outcomes.

How will intern progress be measured? Successful completion of the rotation is determined based on the intern's progress through the experiences/involvement described above. Dependent upon prior experience, some interns may or may not reach the independent functioning level and still be considered successful. Each intern is expected to be able to discuss the psychological challenges associated with cardiovascular disease from both a patient and family perspective. They also should be aware of the typical multidisciplinary assistance provided to participants in an outpatient cardiac rehabilitation program.

Why is this valuable for the intern's career? This rotation is especially valuable to any psychologist planning on a career in the health psychology arena. Cardiovascular disease continues to be the number one cause of death and disability in the U.S. for men and women. Interns will benefit by learning directly about mind-body relationship issues and become more adept at working with individuals in this population particularly challenged by depression, anxiety, anger, and stress.

Supervisor is Dr. Chelf Sirbu.

MEDICAL REHABILITATION

What do interns do? On this rotation interns evaluate and treat patients who are admitted to the CAMC Medical Rehabilitation Center, located on 2-South at General Hospital. Patients on medical rehabilitation are typically spinal cord injured or impaired, amputees, post stroke, head injured or otherwise medically compromised. Interns gain experience in initial interviewing with a diverse and challenging population, some of whom may have problems with information processing, communication and memory. Interns will write consultations on the patient's chart, and progress notes thereafter. They attend various therapies such as physical, occupational, speech and recreation therapy. They are assigned a day to each of these to shadow the therapist and learn what that person does with patients, functioning in an assistive role to the therapist. Interns attend family conferences with other professionals, offering input to the group meeting relative to psychological issues in the case being staffed at that time.

How is intern progress measured? Interns will gain increasing familiarity with the medical conditions and physical challenges facing their patients, and gain knowledge about the goals and direction of each of the other therapies, and how they interact on the rehabilitation team. They will become more sensitive to the presenting signs and symptoms of emotional distress in disabled patients, including fears of disfigurement, dysfunction and abandonment, as well as how particular medical conditions shape psychological adjustment. They will begin to recognize increasingly familiar patterns more quickly and with improved accuracy. Working with professionals from nursing, physiatry, and the therapies noted above, the intern will find his or her place on the team and be increasingly comfortable in that role. Supervision will be less necessary over time, from doing the consult with the supervisor, to doing the consult and immediately presenting to the supervisor, to having the supervisor read the written report after the fact. Greater independence, more direct contact with the referral staff, and more independent involvement in family/staff conferences are all markers of progress.

Why is this valuable for the intern's career? Medical rehabilitation is a rapidly emerging growth area for professional psychology, with many new positions opening annually. Many of your patients seen in other venues will have physical problems like those to which you will be exposed on the medical rehabilitation rotation, increasing your sophistication with these important issues.

Supervisor is Dr. Linton.

FAMILY RESOURCE CENTER

Pediatrics

What do interns do? Interns who work in this can custom-fit their experience to meet their needs and interests with a focus on pediatric psychology. Interns can work with children or adolescents and their families on an outpatient basis for a variety of concerns including: coping with chronic illness/treatment, adherence to a medical regimen, and feeding problems. Minimal assessment experiences include evaluations of children post chemotherapy and radiation and pre-morbid assessment of children with encephalitis via parent interview. Interns will also have the opportunity to work in the hospital or pediatric office setting. This includes outpatient rounds with the pediatric oncology team, and participating in the multi-disciplinary feeding and swallowing clinic. Much of the work involves doing inpatient pediatric consults. Specific settings include consultations on the Pediatric ICU and the Pediatric Inpatient Service, addressing suicide attempts, conversion disorders, anxiety, depression, pain, occasional factitious disorder by proxy, and evaluation of post partum depression as a risk to infants.

How is intern progress measured? Successful completion of these rotation opportunities is measured in several ways. Most interns have had little or no experience in these areas, and through reading assignments and didactic meetings will be able to discuss current research and empirically supported treatment strategies. They will demonstrate competence in the hospital by moving from shadowing for consults and clinics to completing the work and staffing it with the attending who will validate and co-sign. Interns typically begin presenting cases with greater confidence and less confusion about diagnosis and treatment. Their needs usually shift from which approach to take to how best to adapt a treatment individually. Interns should also be able to conduct themselves professionally on the unit with other hospital staff and will be able to competently introduce themselves and the reason for the consultation to children and families. Finally, they will be able to complete inpatient and outpatient paperwork competently and ethically with an understanding of the limits of confidentiality in an inpatient chart.

Why is this important to the intern's career? This rotation is a valuable addition to the training of interns who have diverse vocational goals. An improved understanding of how illness, pain, and treatments can impact their patients as well as an understanding of the experiences of patients undergoing life-threatening, lengthy treatment can inform the work of psychologists who are not working in a behavioral medicine field.

Supervisor is Dr. Walker-Matthews

Training in Eating Disorders

What do interns do? Interns who work with eating disorders will learn the following components necessary in providing comprehensive outpatient treatment for Anorexia Nervosa and Bulimia Nervosa:

- Caloric/nutritional requirements for maintaining healthy body weight
- Physiological and psychological sequelae of malnutrition
- Assessment of eating disorder symptomatology and progression of the disorder(s)
- Cognitive-behavioral protocol for treatment of bulimia
- Application of dynamic, developmental, and family therapy concepts to the treatment of anorexia
- Heightened awareness of size prejudice in society and self and myth vs. reality concerning correlations between weight and health problems

How will intern progress be measured? Intern progress will be evaluated as follows: Interns will be expected to demonstrate an increasing familiarity with treatment components, and will be expected to demonstrate increasing ability to independently conceptualize cases and present detailed treatment planning.

Why is this important for the intern's career? We live in a weight-obsessed society. All of us are inundated on a daily basis with misinformation about weight and health. Clients presenting for a wide range of complaints will at some point during therapy express weight/health/eating concerns. Training in treatment of eating disorders prepares interns not only to treat these diagnoses, but also to assist non-eating disordered patients achieve healthy life-styles.

Supervisor is Dr. Weir

DBT Emotional Skills Training

What do interns do? Interns have the opportunity to co-lead an 8-week group module of Emotional Skills Training according to the Dialectical Behavioral Therapy (DBT) model. They will learn the basic biosocial theory of borderline personality development. In addition to Interpersonal Effectiveness, Emotion Regulation or Distress Tolerance skills, interns will be exposed to Core Mindfulness concepts and application. As they gain in confidence and understanding of this group model, they will be given increasing responsibility for managing group process.

How will intern progress be measured? Interns' performance will be directly observed, as the supervising psychologist will be present at all times. Feedback will be immediate as part of processing the weekly group meeting.

Why is this important for the intern's career? DBT is an empirically validated, highly effective treatment approach for the severe, chronic, multi-diagnostic, difficult-to-treat patient with both Axis I and Axis II disorders. Familiarity with this model is invaluable for interns as they develop broad-based therapeutic skills.

Supervisor is Dr. Weir

CAMC CANCER CENTER

What do interns do?

The psychology rotation at the CAMC Cancer Patient Support Program provides interns exposure to psycho-oncology assessment and treatment. The Intern becomes a member of a multidisciplinary treatment team, which includes medical oncologists, social workers, dieticians, nurses, chaplains, and physical therapists. Experience in this rotation includes exposure to essential knowledge in medical oncology, including diagnostic techniques, common cancer diagnoses, and treatment options. Interns are involved with inpatient psychological assessments and brief interventions, and if available, outpatient groups, individual, marital, and family therapy. Common issues addressed in this patient population are existential crises, psychosocial adaptation, anxiety, depression, survivorship, and death/dying.

How will intern progress be measured? Training is conducted in a graduated fashion. Interns initially shadow faculty, and when appropriate, the intern completes services with the direct supervision of the faculty member. After the faculty member feels the intern can adequately complete the services independently, the intern does so and receives supervision from the faculty person following the provision of the service. Interns are evaluated by direct observation, supervision and case conceptualization, and use of the internship's evaluation measure.

Why is this important for the intern's career? Benefits from this rotation include involvement in a multidisciplinary team approach in a medical environment, work with adult patients of varying age groups and at different points on the cancer trajectory, and exposure to common emotional responses of cancer patients and families. Since it is estimated that half of all US males and a third of US females will develop cancer in their lifetimes. However due to improvement in detection, diagnosis and treatment, the survival rate for many types of cancers has increased to the point that 64% of all people diagnosed with cancer will be alive five years after diagnosis (NCI, 2008). Now that cancer is considered a chronic illness, training in psycho-oncology has become increasingly important to health psychology.

Supervisor is Dr. Suppa

WVU DEPARTMENT OF FAMILY MEDICINE

What do interns do? Interns are involved in both clinical and teaching responsibilities at WVU Family Medicine. Interns see patients who are referred for behavioral health services through the department's outpatient offices. At the beginning of the rotation, they shadow the attending psychologist, and then gradually begin seeing patients under close supervision. Clinical cases are discussed and presented throughout the rotation. Interns are given the opportunity to work in two rural outpatient settings as well, where patients tend to be more plentiful and have more need for mental health resources. Interns are expected to assist in precepting during Family Medicine resident clinic hours. Precepting affords the intern a unique opportunity to collaborate in patient care and to teach medical professionals what they know about human behavior. While precepting, interns will also learn more about the referral process for patients with behavioral health problems, and will provide a valuable resource for patients at the Family Medicine Center. Finally, all interns are expected to present at least one didactic lecture for the residents or students while on this rotation. The topic can involve behavioral medicine or health psychology, and can be tailored to the intern's interests. Interns have the opportunity to attend the Family Medicine lectures every Tuesday and Thursday. They will also gain a broader understanding of various health psychology topics such as nicotine dependence, hypertension, diabetes, and obesity.

How is intern progress measured? Progress is measured by how well the intern handles the rigors of the clinical and teaching responsibilities at Family Medicine. Those who do well may see patients on their own, with supervision. Those who do not progress as well will continue to do co-therapy. Expectations for intern progress are tailored to their level of experience, and responsibilities are gradually increased throughout the rotation. A successful intern will deliver an hour-long research-based lecture to the residents on an approved topic. Also, successful interns will demonstrate the capability to adequately and competently precept during resident clinic hours.

Why is this valuable for the intern's career? The value lies in the setting. Primary care is an excellent place to deliver behavioral health services, and an expanding area of practice nationally. A psychologist in this setting is valued by medical staff, and there are abundant referrals. Interns learn the importance of having behavioral health professionals in family practice. They also learn a good deal about medical education and the role of behavioral sciences in a primary care clinician's training, which is a valuable perspective to have. In addition, training at Family Medicine affords interns an opportunity to learn how to communicate effectively across health care disciplines, a skill interns can use in a variety of settings later in their careers, since they will often be treating patients referred by their primary care clinicians.

Supervisor is Dr. Fields

HIV/AIDS CLINIC ROTATION

What do interns do? The HIV/AIDS clinic is a weekly, 4-hour comprehensive program that offers medical, psychiatric, psychological, social work, and nutritional services to individuals affected with HIV and AIDS. When interns participate in this rotation, they learn about the presentation of HIV/AIDS and the important considerations associated with initiating antiretroviral treatment. Because HIV/AIDS diagnoses are associated with a wide range of emotional/psychosocial precipitants and consequences, mental health concerns are a key issue in this clinic. Common psychiatric problems among these patients include affective, anxiety, and substance use disorders. Trainees are involved in the initial interviewing process and in

subsequent individual therapy sessions. After shadowing the supervisor, interns may choose to meet with patients on their own. Therapy often focuses on problem solving to improve medication adherence and strengthen social support. Working in this interdisciplinary setting, interns learn the importance of patient education and a team approach for optimal care.

How is intern progress measured? Interns will become more familiar with the medical and psychological implications of living with HIV/AIDS. In particular, interns will be able to discuss the signs and symptoms of HIV/AIDS and explain the illness to patients and their families. Trainees will learn guidelines for initiating antiretroviral treatment and become familiar with obstacles to medication regimen adherence. Interns will increasingly understand how psychiatric problems complicate HIV/AIDS treatment and vice versa. Trainees will also learn the value of providing comprehensive services using a team approach to patients with chronic psychosocial stressors. Over time, interns will function more independently and confidently (e.g., taking the lead more in therapy sessions and contributing more substantive patient impressions during team discussions). Evaluation will occur through direct observation of intern interactions with patients and team members as well as through discussions in supervision meetings.

Why is this valuable for the intern's career?

Despite significant medical advances, HIV/AIDS continues to be a widespread problem with about 40,000 new cases reported annually in the United States. Interns will benefit from understanding the unique medical and mental health challenges facing individuals infected with HIV/AIDS. Trainees will also be better prepared for functioning as part of an interdisciplinary team in areas of health psychology.

Supervisor is Dr. Wilhelm