

BROUGHTON HOSPITAL

MORGANTON, NORTH CAROLINA

DOCTORAL CLINICAL PSYCHOLOGY INTERNSHIP



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TABLE OF CONTENTS

	Page
Overview	3
Commitment to Cultural Humility	4
Commitment to Provision of High-Quality Compassionate Services	4
Training Model	5
Core Competencies	5
Requirements for Completion	10
Evaluation	11
Due Process and Grievance Procedures	12
Primary Rotations	12
Adult Acute Admissions Services	12
Community Transition Units	13
Specialty Services	14
Adolescent Services	14
Geriatric Services	15
Medical Services	15
Deaf Services	15
Secondary Rotations	15
Specialty Services	15
Pre-Trial Forensic / Capacity Restoration	16
Supervision and Evaluation	16
Resources	17
Didactics	17
The Community and Area	19
Application Process	20
Programs of Origin of Our Interns	22
Internship Faculty and Staff	24
Internship Admissions, Support, and Initial Placement Data	29

OVERVIEW

Broughton Hospital offers an internship program which trains doctoral-level interns to provide psychological services using evidence-based practices in an inpatient psychiatric setting with adults and adolescents. The program has been accredited by the American Psychological Association's Commission on Accreditation since 1980. Interns have the opportunity to gain extensive experience with a broad array of patients with severe and persistent mental illness (SPMI) via rotations including Adult Acute Services, Community Transition Units, Adolescent Services, Geriatric Services, Deaf Services, and/or Forensic areas of service. The internship program begins on July 1st and ends on June 30th of the following year. Interns are paid \$16.00 per hour with an opportunity to earn \$29,312.

Broughton Hospital serves as a regional educational facility. In addition to training doctoral level psychology interns within the psychology department, we also teach advanced undergraduate students from around the nation through a partnership with Davidson College. Other departments in the hospital host students of medicine, dentistry, nursing, pharmacy, recreation therapy, social work, and occupational therapy. There is a Staff Library which is staffed full-time and supplemented by inter-library loan capability. Computerized searches of the medical and psychological literature are available via databases.

Broughton Hospital is one of three (3) state-operated psychiatric hospitals, and serves the 37 counties of western North Carolina, including both rural and urban areas (Charlotte and Asheville) as well as people of diverse cultures including Appalachian, Cherokee, Latino, Deaf, and Hmong populations. The hospital has capacity for more than 275 patients and employs over 1000 staff. Broughton embraces the Recovery to Practice principles. These principles emphasize that recovery is grounded in respect, is holistic, is culturally based and influenced, addresses trauma, and empowers the individual to actively achieve his or her best life.

The hospital is organized by units, each of which is served by an interdisciplinary treatment team. Members of the treatment team include the patient, a psychiatrist as team leader, a nurse, a physician extender, a social worker, a psychologist, a pharmacist, a recreation therapist, and a community liaison from an external agency. Of course, family members and guardians are always welcome, and other allied health professionals such as occupational therapists, physical therapists, creative expressive arts therapists, patient advocates, peer support specialists, and medical specialists are included when indicated. Work therapy, and specialized medical and dental services are also available to patients.

COMMITMENT TO CULTURAL HUMILITY

During General Hospital Orientation, all employees receive training in Cultural Competency and Customer Services. The larger organization, Division of State Operated Healthcare Facilities, has launched a series of training modules required by all staff members that are related to diversity, inclusion, and bias. All supervisors are required to complete supervisory training within one year of accepting a supervisory role, which includes training in Leading at All Levels, Equal Employee Opportunity, and Diversity Fundamentals. Additionally, every employee is regularly evaluated through their North Carolina- Valuing Individual Performance with regard to their demonstration of an open-minded approach to understanding people regardless of their gender, age, race, national origin, religion, ethnicity, disability status, or any other characteristics. Furthermore, the Joint Commission evaluates the hospital's compliance with its standards on diversity and inclusion.

The Broughton Hospital internship program has an express commitment to cultural humility in practice. Trainings, supervision, provision of services, and professional growth and development are all facilitated with the belief that individual cultural variables should be honored and respected. The facility recognizes that of note a large contingency of the population served is marginalized and has been negatively impacted by racism, oppression, white supremacy, genocide, police brutality, and other forms of historical and generational trauma. Broughton Hospital and the psychology internship believes in a lifelong process of building and nurturing supportive relationships with underrepresented, marginalized, or discriminated individuals or groups with the aim of advancing inclusion. We challenge systems of oppression and continue to commit to learning, growing, and respecting the value of each patient, peer, colleague, and employee.

COMMITMENT TO PROVISION OF HIGH QUALITY COMPASSIONATE SERVICES

The Psychology Department at Broughton Hospital is committed to the provision of high-quality compassionate care for the whole person, and the recognition of dignity and worth of every person served. The department works to continuously provide exceptional services concurrent with the state of the field, and in doing so, expressly adheres to the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct. Both the Psychology Department and the Doctoral Clinical Psychology Program are committed to the recognition of professional contributions and clinical excellence in individual and group therapies, psychological evaluations, consultation and teams/systems work, and support of patients in their recovery from psychological distress.

Interns assist patients by delivering competent, respectful, professional mental health services that address the unique treatment needs of each individual patient. Interns and faculty are also encouraged to take initiative and exercise creativity to enhance the therapeutic process.

TRAINING MODEL AND PHILOSOPHY

The Broughton internship program trains interns to provide a broad array of psychological services within a state psychiatric hospital through a *practitioner-scholar model*. The practitioner-scholar model emphasizes the *experiential* training interns receive which is based on *evidence-based practices* and clinical *research*. This model assures that interns can gain general clinical skills in assessment and treatment and demonstrate professional development. Knowledge and skills interns learn empower them to work with the severely and persistently mentally ill population, acute psychiatric inpatients, geriatric inpatients, adolescent inpatients, forensic inpatients, and Deaf inpatients.

Over the course of the training year, interns learn how to function as a psychologist on a unit within the hospital setting, assuming some of the responsibilities that come with such a role. Additionally, over the training year interns work with a variety of patient populations to gain in-depth clinical experience. The program also emphasizes professional growth and development as interns shift from graduate students to entry-level professionals.

CORE COMPETENCIES

Each intern is expected to demonstrate a minimum level of achievement with regards to core competencies by the year's end. To meet these training goals, the internship program provides experiential and didactic training. Interns are also expected to integrate scholarly knowledge, cultural humility, evidence-based practices, and knowledge of the APA Ethical Principles and Code of Conduct throughout all learning activities over the course of the year to develop strong generalist skills as entry-level professionals.

By the end of the training year, interns will develop skills commensurate with entry level practice in the following competencies:

- I. Research Competency
 - a. Displays critical scientific thinking
 - b. Uses scientific literature
 - c. Implements scientific methods

Interns demonstrate this competency by showing scientific curiosity, questioning assumptions, discussing and applying scientific literature,

collaborating with others in developing scientific questions and collecting data, and articulating results to a wide and varied audience. Interns are encouraged to apply research and science skills to case conceptualizations, treatment planning, assessment, and therapy. Throughout both the major and minor rotations, interns use the practitioner-scholar model to foster the integration of research as an essential daily professional function. Didactic seminars presented throughout the internship year utilize research and professional information to encourage research competency.

II. Ethical and Legal Standards Competency

- a. Demonstrates awareness of ethical and legal standards applicable to Health Service Psychology practice, training, and research
- b. Recognizes and manages ethical and legal issues in Health Service Psychology practice, training, and research
- c. Adheres to the APA Ethical Principles and Code of Conduct

Interns demonstrate this competency by showing awareness of laws, rules, and regulations from the institutional level to the federal/international level. Interns are expected to be able to articulate their own ethical values and priorities, promote fairness, and respect the dignity and worth of others. The training program adheres to the APA Ethical Principles of Psychologists and Code of Conduct. Other codes of ethics that apply to specialized areas such as the practice of forensics are upheld. Didactic seminars scheduled early in the training year set the expectation for ethical behavior and begin the dialogue about ethical practice. The interns are encouraged early in the year to embrace using supervision and consultation on any and all ethical and legal issues. They also process ethical situations and concerns in the context of individual and group supervision. Interns also address ethical concerns in their case presentations.

III. Individual and Cultural Diversity Competency

- a. Demonstrates awareness of diversity and its influence
- b. Develops effective relationships with culturally diverse individuals, families, and groups
- c. Applies knowledge of individual and cultural diversity in practice
- d. Pursues professional development about individual and cultural diversity

Interns demonstrate this competency by identifying various dimensions and individual and cultural diversity, recognizing the complexities inherent in intersectionality, and recognizing and addressing the disparities in access to services or other forms of discrimination. Interns are expected to develop these skills in their case conceptualizations, therapeutic interactions, and assessments as they progress through the year. Awareness of the clinician's biases and the impact of their cultural and personal backgrounds in the

delivery of services is fostered during individual and group supervision. The consideration of the impact of individual and cultural differences is a required element in the case presentations. Additionally, cultural issues and cultural humility is an ongoing discussion in didactic seminars.

IV. Professional Values and Attitudes Competency

- a. Displays professional behavior
- b. Engages in self-reflection and self-assessment
- c. Demonstrates accountability
- d. Demonstrates professional identity
- e. Engages in the self-care essential for functioning effectively as a psychologist

Interns demonstrate this competency by demonstrating appropriate self-care, being open and responsive to feedback, demonstrating emerging leadership skills, and using sound judgment in increasingly complex situations. The training program facilitates interns' abilities to ethically and effectively understand, practice, and problem-solve in an interdisciplinary setting. They develop a working knowledge of various systems-level issues that can affect service provision as they prepare to function as a unit psychologist or in the community setting. This includes providing consultation to other professionals such as in a multidisciplinary team setting and managing the professional boundaries in these relationships.

V. Communication and Interpersonal Skills

- a. Communicates effectively
- b. Forms positive relationships with others
- c. Manages complex interpersonal situations
- d. Demonstrates self-awareness as a professional

Interns demonstrate this competency by producing and comprehending written work that is organized, integrated, and well-integrated, by interacting in an honest and straight-forward manner, allowing and tolerating others' feelings and attitudes, and by recognizing how others experience them and the impact of self on others. An important aspect of professional development is the ability to communicate with other service providers who have different skill sets and approaches. This skill of developing interdisciplinary, professional relationships and communicating clearly in writing and verbally are fostered in the process of participating in treatment teams, rounds, written reports, consultation and presentations. To foster the development of professional identity, the program encourages dialogue and consultation between interns and psychologists both in the department as well as in the surrounding community.

VI. Assessment Competency

- a. Conducts clinical interviews
- b. Appropriately selects and applies evidence-based assessment methods
- c. Collects and integrates data
- d. Summarizes and reports data

Interns demonstrate this competency by quickly establishing rapport with individuals being assessed, administering assessment methods and tools accurately and efficiently, obtaining and integrating multiple sources of information, communicates findings and recommendations clearly to patients and other providers. Interns are expected to use a variety of methods and approaches including clinical interviewing skills, intellectual, objective and projective personality assessment, neuropsychological screening, and administering adaptive measures as well as understanding the principles of risk assessment management for suicide and violence potential and capacity to stand trial.

Seminars are offered in each of these areas of assessment in addition to the experiential offerings within rotations. Interns gain experience in selecting and using standardized administration of psychological assessment instruments and use their assessment skills to formulate appropriate diagnostic conclusions and treatment recommendations. This experience involves scoring, interpreting, and integrating test and interview data to answer referral questions. Training methodologies include individualized supervised experience, and faculty and intern presented assessment seminars and case presentations which facilitate hypothesis generation. Interns are also trained to recognize diversity and cultural factors in assessment in addition to the limitations of psychological assessment instruments through individual and group supervision.

VII. Intervention Competency

- a. Formulates case conceptualization and treatment plans
- b. Implements evidence-based interventions
- c. Monitors the impact of interventions

Interns demonstrate this competency selecting appropriate evidence-based interventions and best practices, implementing interventions with fidelity and adapting them to honor diversity and contextual factors, and monitoring and adapting their own role and performance with interventions. The emphasis of intervention competency is on individual and group psychotherapy. Treatment plans should consider a range of factors, including the severity of psychopathology, managed care and systems issues, practice standards and

empirically supported therapy guidelines as well as patient characteristics in terms of race, ethnicity, culture, gender, socioeconomic status, and lifestyle. An additional objective is to train interns to provide treatment to a range of patient populations as seen in the public sector in a manner consistent with the mission and values of the training site.

VIII. Supervision Competency

- a. Seeks and uses supervision effectively
- b. Uses supervisory feedback to improve performance
- c. Facilitates peer supervision/consultation
- d. When applicable, provides individual supervision

Interns demonstrate this competency by seeking supervision routinely and when specifically needed, accepting feedback without being overly defensive, adjusting professional behavior based on feedback, giving constructive and supportive feedback to peers, and providing feedback that is direct, clear, timely, and behaviorally anchored. Supervision is role-modeled through the internship year as the interns rotate and experience different supervisory approaches. In the group supervisory sessions, the interns provide feedback and guidance to each other. This setting provides opportunities for the interns to experience effective and ineffective ways of providing guidance and to develop critical thinking skills. Towards the end of the internship year, interns, with guidance from their supervisors, may provide supervision to undergraduate students attending a summer psychology program at the hospital.

IX. Consultation and Interprofessional/Interdisciplinary Skills/Systems-Based Practice Competency

- a. Provides consultation
- b. Engages in interprofessional/interdisciplinary collaboration
- c. Engages in systems-based practice

Interns demonstrate this competency by forming effective consultative relationships, demonstrating awareness and respect of the roles, beliefs, values, practices, and contributions of other professionals and providers, recognizing the potential influence of group memberships on the behavior of individuals in organizations and systems. In the hospital setting, the role of the psychologist as a team member is exercised daily. Other competencies such as communication, professional values, and respect for individual differences are critical to being an effective treatment team member. Through the process of rounds, treatment teams, and consultation, interdisciplinary skills are developed and practiced.

COMPLETION REQUIREMENTS

To successfully complete the Broughton internship program, an intern must meet the following outcome standards:

1. Completion of a minimum of 1832 hours of training.
2. At least two clinical treatment case presentations to demonstrate competence in conceptualization and implementation of an appropriate individualized treatment plan, which should include a focus on relevant ethical, systems, and multicultural considerations. Interns must attain a rating of “Intermediate proficiency,” or 4 or above on each applicable element in the second presentation evaluations from their supervisors and/or training director.
3. Two diagnostic case presentations utilizing a battery of assessment instruments to demonstrate an ability to provide conclusions and recommendations which are consistent with the test data. Interns must attain a rating of “Intermediate Proficiency,” or 4 or above on each applicable element of the second presentation evaluations from their supervisors and/or training director.
4. Intern competence in assessment and treatment is also judged by direct observation, progress notes, psychological evaluations, and conceptualizations and interventions presented in supervision and case conferences; audio or video may also be used. To successfully complete the program, an intern must have a rating of “Intermediate Proficiency,” or 4 on all applicable areas on his or her evaluation on his or her last rotation.
5. Interns are expected to complete 4 integrated psychological assessments over the course of the year. Exceptions to this may be allowed by the Training Director based on intern training needs and progress.
6. By the close of the training year, interns are expected to show flexibility in integrating a range of skills, minimal need oversight and supervision with the intern setting most of the agenda, occasional direction, and low amounts of structure provided in completing requirements and responsibilities. The overall expectation is that by the end of the internship year, interns understand what is expected of a person working as a unit psychologist and demonstrate some of those skills consistent with their developmental level and that of an entry level psychologist. This evaluative determination is made by supervisors on all rotations and the internship faculty as a whole.

EVALUATION

Each intern has a primary supervisor and a secondary supervisor at any one time. Additional mentorship is readily available throughout the department on an ongoing basis pursuant to the intern's expressed and perceived needs. Each intern receives at least four hours of face-to-face supervision each week, including twice-monthly supervision meetings with the director of the internship program. Interns and supervisors develop a supervision and training goals form at the beginning of each primary and secondary rotation to identify regularly scheduled supervision meetings as well as the goals and expectations of the intern during the rotations.

In addition to informal evaluation through seminar feedback, supervision, and direct-care services, interns receive written feedback on the extent to which they are meeting the program requirements and performance expectations outlined in the Psychology Intern Handbook. Feedback is provided at the end of each 4-month hospital rotation. Feedback for the secondary rotations will be provided mid-year and at the end of the year. The evaluation forms address intern competencies, performance, and progress in the areas of psychological assessment, psychotherapy and treatment, professional skills, and supervision and training.

Interns are also evaluated on their clinical treatment case presentations and clinical assessment presentation. Interns must earn "Intermediate Proficiency" or higher scores on each applicable dimension of these presentations to successfully complete the internship year. Failure to earn at least a "Intermediate Proficiency" score may result in another presentation being required.

Feedback from interns is also an important process for the training program as it provides information for needed changes within the program. In a manner analogous to supervisor evaluation feedback, interns are also given routine opportunities to share their perceptions/feedback with supervisor at the end of each rotation. These ratings are held by the Internship Training Director or Psychology Department Director until after the intern leaves Broughton. At that time, they are shared with the supervisor who is being rated for the benefit of supervisors and to enhance the quality of supervision in the program.

Intern files which contain their evaluations from each rotation, supervisor goal sheets, supervision logs, end of year certificates, and other paperwork such as the APPIC application packet, are maintained in locked file cabinets that are assessable only by the Internship Director and the Director of Psychology. These files are maintained in perpetuity to document the internship performance for future inquiries by licensing boards, employers, and post-doctoral programs.

DUE PROCESS AND GRIEVANCE PROCEDURES

If an intern presents with needs and concerns that go beyond the scope of regular supervision, supervisors provide direction and may initiate a one- or two-level program to help the intern achieve appropriate performance. The Internship Director can consult the Department Director for help with a remediation plan for that intern.

Interns can also raise and detail disputes via the Grievance Tracking Form, which is then forwarded to the Internship Training Director. The Director then addresses that grievance. Further details on this process are provided to each intern when they arrive.

PRIMARY ROTATIONS

Three (3) primary rotations of four (4) months duration are required. Typically, these rotations occur on the following services: Adult Acute Service, Community Transition Units, Adolescent Services, and/or Geriatric Services. Additional clinical opportunities may be available on the Deaf Services units in conjunction with a primary rotation. Usually an intern does three rotations on three separate services, but exceptions will be made on a case by case basis. All rotations and placements depend on supervisor availability, the need for psychological services, and, most importantly, the training needs and/or interests of the interns. Research opportunities may be available upon consultation with the internship director and the hospital's Human Rights Committee. The following describes the various rotations at Broughton Hospital.

Adult Acute Services

The Adult Acute Services (AAS) is an exciting experience encompassing a diverse population with a variety of presenting symptoms and disorders. When at full capacity, the service has 101 operating beds distributed over five units. The service can at times be rapid-paced, but there is also a wide range in average length of stay of this population. Interns work with patients who are acutely ill and in need of intensive, multimodal, crisis intervention. Patients on the AAS units tend to present with histories of chronic illness, repeated hospitalizations, and repeated challenges in community placements. AAS patients also may have history of receiving a multitude of diagnoses from past providers and need diagnostic clarification in addition to symptom management. The intent is to stabilize patients and prepare them for continuing care either in the community or in the Community Transition Units (CTU) services.

The AAS rotation provides ample experience in assessment. Interns can receive referrals from any of the five treatment teams; these referrals are coordinated by the intern's supervisor. Interns are trained in diagnostic interviewing, differential diagnosis, and interpretation of formal assessment data from such instruments as the WAIS-IV, WTAR, WMS-IV, TONI-4, WRAT4, ABAS-3, Vineland-3, SSSQ, RBANS Update, D-KEFS, Beery VMI, CPT-3, PAI, MMPI-2, PANSS, MCMI-III, MBMD, TAT and

Rorschach (Exner and R-PAS scoring), to provide specific diagnostic formulations and treatment recommendations. They are also encouraged to work closely with the patient's treatment team to achieve continuity of care.

Psychotherapy on the AAS rotation emphasizes brief, focused approaches targeting coping strategies, emotional regulation, suicidal ideation, and self-care. In addition to individual therapy and psychological assessment, interns serve as facilitators or co-facilitators in at least two groups on the service's treatment mall (when operational) or on individual units. There may also be opportunities for behavioral consultation for dangerous or disruptive behaviors, treatment team consultation, and family / couples therapy. Additionally, the facility's Incapable to Proceed (ITP) patients are typically housed within the AAS division. When not working in scope of the forensic minor rotation, interns may work on assessments, individual therapy, and relapse prevention with these patients.

Community Transition Units

The Community Transition Units (CTU) rotation is an intriguing opportunity which addresses the treatment needs of people with serious and persistent mental illness who require longer-term treatment. Generally, patients who are not discharged from AAS transfer to the CTU. The service has 92 operating beds distributed over five units. The patient population is usually more behaviorally stable, and many patients have lengths of stay ranging from six months to years.

Interns have the opportunity to provide individual psychotherapy with referred patients, group psychotherapy, and assessments, as well as to train in behavioral and psychosocial milieu approaches. Interns typically carry 4-5 individual psychotherapy cases, co-facilitate two to three groups in the treatment mall or on individual units, and conduct at least one comprehensive assessment battery that includes both projective and objective assessment, and other focused batteries as needed. Assessment instruments available to interns parallel those utilized on the adult acute service. Interns function as members of interdisciplinary treatment teams. They participate in planning and delivering the treatment they provide. Interns may also be involved in program development.

The CTU use a rehabilitation model of recovery and emphasize skills-building modules, behavioral and psychosocial approaches, psychoeducation, psychotherapy, crisis intervention, and milieu therapy. Groups on the treatment mall provide rehabilitation, treatment, and enrichment through group psychotherapy provided by members of psychology, nursing, social work, psychiatry, recreational therapy, occupational therapy, pharmacy, and creative and expressive arts. Work therapy is also available.

Specialty Services

Specialty Services (SS)

The SS addresses the needs of a diverse range of patients in four distinct subdivisions: Adolescent Services (AS), Geriatric Services (GS), Medical Services (MS), and Deaf Services (DS) – which encompasses mental health and substance abuse services for the Deaf).

Adolescent Services (AS)

Adolescents Services consists of one co-ed unit with 14 beds. AS provides inpatient crisis stabilization for youth ages 12 to 18, with the average length of stay around 3 months. The adolescents participate in group therapy, including stress management and relaxation, creative coping, life skills, community integration, exercise and well-being, team building, climbing wall, and psychotherapy. They also attend Enola School on campus, which evaluates each student's academic level and provides individualized educational programming. One key component of the adolescent treatment program is a structured privilege level system in which each adolescent is expected to take responsibility for their own behavior by earning signatures on their daily life sheets. In addition, Elaborated Treatment Plans (ETPs) are developed by the multidisciplinary team for those adolescents who require more extensive behavior plans.

One of the most unique opportunities for interns is the depth at which case conceptualization is discussed and processed among the treatment team members. There are a wide range of diagnoses, including trauma and stress-related disorders, bipolar and depressive disorders, eating disorders, psychotic disorders, anxiety disorders, neurodevelopmental disorders, disruptive, impulse-control, and conduct disorders, and developing personality disorders. As members of the treatment team, interns provide comprehensive psychological evaluations, actively participate in treatment team meetings, co-facilitate psychotherapy groups, and engage in individual and family therapy with the adolescents. There is an emphasis on using creative therapeutic strategies, including art therapy. In addition, there is also extensive opportunity to learn about milieu management and treatment programming, as well as how to develop ETPs (i.e., individualized behavior plans).

Geriatric Services (GS)

The GS is comprised of two co-ed units with availability for up to 30 patients. Units in GS are organized according to neurocognitive functioning and ability, with 1 unit housing individuals who require more total care than the other. Interns are involved in treatment planning and providing psychological services. Duties include performing neuropsychological screening, leading groups, providing individual and/or family therapy, and treatment team participation. In addition, the intern may have exposure to evaluations for competency in guardianship proceedings and/or forensic matters.

Medical Services Unit

One unit of the hospital is designated for patients with medical issues which preclude them from residing on other units. This unit may also be designated as the COVID positive and/or quarantine unit. Patients present with both severe mental health symptoms and medical conditions. They tend to be medically fragile or they are stepping down from major medical procedures, such as surgery. The medical unit has capacity for 20 patients and is served by a full interdisciplinary treatment team. Psychology interns may interface with this unit when their patients from other service areas in the hospital are transferred to it or to meet patient's needs for psychological services while they are housed on the unit.

Deaf Services (DS)

Deaf Services has the capacity for 14 patients and encompasses both psychiatric treatment and alcohol and other substance related treatment. This is the only alcohol and substance related treatment unit for Deaf patients in the state of North Carolina. There is an emphasis on providing culturally sensitive and culturally relevant treatment, particularly for those patients who communicate primarily through American Sign Language (ASL). Interns who are interested in this population may have the opportunity to observe treatment team meetings and group psychotherapy as part of their rotation on the Specialty Services Division. At times, classes in American Sign Language may be available to interns and staff. Interns with specialized language skills in ASL may have other opportunities available to them.

SECONDARY ROTATIONS

In addition to their three primary rotations, interns will complete a secondary rotation which will comprise approximately eight hours of the work week. Secondary rotations are offered in Specialty Services and in the Pre-trial Forensic program. While every effort is made to allow interns to complete the minor rotation of their choosing, this is subject to supervision availability as well as the Training Director's assessment of the intern's needed development over the year.

Specialty Services Minor Rotation (8-10 hours per week)

The intern(s) completing the minor rotation in Specialty Services will gain specialized experience in both individual and group therapy working with older adults on Geriatric units, deaf and hard of hearing adults on the Deaf Services unit, and adolescents on Adolescent Services units. It is the intent that the intern(s) will work with patients who require longer-term therapy either because these patients have more complex focuses of treatment, require more time spent building rapport than the major rotation allows, or require greater consistency in therapists. The minor rotation intern (s) will also gain group therapy experience by facilitating and co-facilitating on-unit groups. The Specialty Services intern(s) will work with unit psychologists to determine specific needs of the patients and develop a 10-12-week time limited group for each population

in the division during the training year. The patients participating in these groups may have lower cognitive functioning or may be likely to have challenging behaviors. Examples of groups include Self-Soothing Skills, Mindfulness and Meditation (Lower Level), Reminiscence Therapy, Communication Skills, Stress/Anger Management, or Relapse Prevention groups. Finally, the minor rotation intern(s) will have the opportunity to do at least two integrated assessments in the Specialty Services Division over the course of the training year. Interns may also be invited to participate on the Behavior Consultancy Team and work on helping units apply strategies to facilitate lasting change with treatment resistant patients.

Pre-Trial Forensic / Capacity Restoration (8-10 hours per week)

The intent of the Pre-Trial Forensic minor rotation is to provide interns with introductory knowledge and experience in working with justice involved psychiatric patients. In North Carolina, individuals who are found to be unable to proceed to trial for criminal charges due to mental illness symptoms are deemed Incapable to Proceed (ITP), and are then admitted to a local psychiatric hospital, such as Broughton Hospital (BH). At BH, patients with ITP status receive treatment for their mental illness symptoms and education about the court system; this is referred to as Capacity Restoration (CR). These patients with ITP status often occupy 25%-33% of BH's total beds. The Pre-Trial Forensic Program secondary rotation will focus on providing interns with weekly readings and discussions of forensic issues in a group supervision environment and will offer opportunities to engage with the ITP population both as a clinician and a consultant. Interns will be able to co-facilitate CR groups for patients of a variety of levels of functioning, to provide individual capacity restoration services (ICR) to patients, and to learn about functioning as a consultant on ITP-related issues within the hospital setting. Further opportunities to learn about the basics of expert testimony and pre-trial evaluations will also be provided.

RESOURCES

To facilitate accomplishment of the above training needs, all licensed doctoral level psychologists employed at Broughton Hospital are affiliated with the program. Ongoing staff recruitment emphasizes interest in and desire to be involved in the internship program. Internship staff photos and information appear at the end of this booklet.

Testing resources are aggressively assimilated to the program with peer tutorials and active group discussions about instruments as they are added, and interns are welcome to join in these discussions with us as developing professionals. We also have an ever-growing collection of reference books and other media.

DIDACTICS

Interns are expected to attend weekly seminars that are designed and presented especially for them, considering their past experiences, point in the training sequence, and future professional goals. Each Wednesday afternoon, interns participate in two 90-minute seminars addressing assessment, treatment, or professional development issues. Seminars in past years have included:

Assessment Didactics:

Assessment of Risk

- Suicidal and Parasuicidal Behavior
- Risk of violence in youth
- Risk of violence in adults

Functional Behavior Assessment

Objective Personality Assessment

- MCMI III/MCMI-IV
- PAI
- MMPI-2/MMPI-A

Projective Personality Assessment

- Rorschach with R-PAS Scoring
- Thematic Apperception Test
- Sentence Completion
- House-Tree-Person

Assessment of Trauma

Neurodevelopmental Assessment

- IQ
- Adaptive functioning
- Learning abilities/disabilities
- dementia and delirium
- Attentional/Executive Functioning

Assessment of Strengths and Resiliency Factors

Assessment Using Creative and Expressive Methods

Specialized Assessments

- Sex Offender Assessment
- Guardianship Evaluations
- Evaluation of Capacity to Proceed to Trial
- Medical Evaluations (Bariatric and Pain)

Clinical Treatment Didactics:

- Building Strong Clinical Relationships and Stage of Change
- Principles of Recovery and Resiliency
- Neurodevelopmental Concepts and Applications
- Differential Diagnosis and Good Case Conceptualization

- Interventions with people in acute risk: suicidal, parasuicidal, aggressive, and highly reactive states
- Identifying and Treating Psychosis
- Group Therapy Techniques
- The Involuntary Commitment Process
- Dialectical Behavioral Therapy and DBT-Informed Approaches to Treatment
- Psychopharmacology
- Treatment of People with Personality Disorders
- Treatment of Sex Offenders
- Incapacity to Proceed and Capacity Restoration
- Treatment of Trauma
- Treatment of Grief and Loss
- Treatment of Deaf and Hard of Hearing Individuals
- Spirituality and Health Outcomes
- Primary Care and Integrated Health
- Gender Development and Sexuality

Professional Development Didactics:

- Adjusting to Internship
- Early Career-Building
- Risk Management in Practice
- Trauma-Informed Care
- Expert Testimony
- Preparing for the EPPP and Licensure
- Job Searching and Career Opportunities
- Ethical Issues
- Boundaries and Dual Relationships
- Cultural Competency in Practice
- Compassion Fatigue, Burnout, and Self-Care



THE COMMUNITY AND AREA

Broughton Hospital is in Morganton, North Carolina. The city is nestled in the foothills of the Appalachian Mountains, an area that ranks among the nation's most environmentally pleasing locales. It is ideally situated near the Linville Gorge, Pisgah National Forest, South Mountains State Park, resort areas, and skiing and snow-tubing areas. Hiking, biking, and camping opportunities abound. Kayaking and boating on nearby Lake James, golf, and outdoor dining at local restaurants and microbreweries are common leisure pursuits. The downtown Morganton area hosts weekly live music throughout the summer, and periodic street festivals are also held. A large shopping center is centrally located five minutes from the hospital. The community blends the desirable features of small town living with easy access to the shopping and cultural advantages of the nearby larger cities of Hickory, Asheville, Boone, and Charlotte.

Morganton has a huge contingent of state employees who are affiliated with one of the many state facilities/agencies. These facilities have helped shape the town's history since 1887. In addition to Broughton Hospital, other state-operated facilities located in Morganton include the J. Iverson Riddle Developmental Center, a residential facility for those with Intellectual/Developmental Disorders, the North Carolina School for the Deaf, Western Piedmont Community College, the Department of Vocational Rehabilitation, and one prison operated by the NC Department of Public Safety, which also operates multiple other facilities within a 50 mile radius.

APPLICATION PROCESS

COVID-19 Pandemic Response Information

Broughton Hospital regularly receives informed guidance on approaching direct care from the Department of Health and Human Services in Raleigh, North Carolina. Interns, along with psychology department staff, are considered essential staff and required to report to the facility for provision of services. Interns engage in face-to-face contact with patients. All staff are trained in the prevention of the spread of disease, are given appropriate Personal Protective Equipment (PPE) to wear when in contact with patients and are screened as needed to monitor for potential illness. To the extent possible and necessary, telehealth services and tele supervision services may be provided. Broughton Hospital also has an Employee Health office that may be utilized in the event of an illness. Any changes in the health status of patients or peers is communicated through upper administration to parties of interest, any necessary contact tracing is performed, and any need to perform testing for COVID-19 is handled by medical staff. Interns, as well as psychology staff, are encouraged to keep immediate supervisors apprised of their health and self-care needs throughout their employment tenure. All staff must be fully vaccinated against the COVID-19 virus and are encouraged to keep their vaccinations up to date by receiving booster shots when eligible. If psychology staff and/or interns are affected by communicable illness, the Training Director may provide flexibility to interns to complete clinical activities and research from a remote location until no longer contagious and/or quarantine time has passed.

Applicants to the Broughton internship program must complete the AAPI online application.

The AAPI online application can be accessed through the Applicant Portal at <http://www.appic.org>.

Those applicants who are matched with the Broughton program will also be expected to complete a State of North Carolina Application for Employment form after Match Day. **Appointments to internship positions at Broughton are contingent upon the successful results of drug testing and criminal background checks prior to the beginning of the internship year.**

The Broughton Hospital program is a participant in the APPIC Internship Matching Program and operates in accordance with the current APPIC Match Policies. This internship site abides by APPIC policy in that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. Broughton's APPIC Member Number is 1415. Applicants must obtain an Applicant Agreement package from National Matching Services, Inc., and register for the

Matching Program to be eligible to match to the Broughton program. Broughton Hospital's Program Code Number for the Match is **141511**.

The **deadline** for application to the Broughton Hospital internship program for the 2023-2024 application cycle is **Friday, November 10, 2023**. All materials must be received on site by this date. Applicants will be contacted on or before December 15, 2023 by email or phone regarding their application status and whether or not they will be invited for an interview. Interviews are conducted via online platforms such as Microsoft Teams and video responses through online software such as Willo. **Broughton Hospital also recognizes the impact that COVID-19 has had on practicum students acquiring their required hours and experiences and will take this into account when deciding whether to interview an applicant.**

The Broughton Hospital internship is an inclusive environment for candidates with diverse backgrounds. Competitive applicants for the Broughton program will have completed and/or demonstrated the following:

- a broad variety of clinical/practicum experiences (minimum 200 direct intervention hours and 100 direct assessment hours)
- interest and/or experience working with persons who have SPMI
- interest and/or experience in rural and public sector mental health
- assessment skills in the most commonly used diagnostic instruments (e.g., WAIS-IV or WISC-V, PAI, MMPI-2) as well as projective instruments, including the Rorschach
- at least eight integrated assessment batteries

Individuals studying at non-APA accredited graduate programs may apply to Broughton Hospital's internship program; however, preference is given to students from APA-accredited programs. Non accredited graduate programs should have programmatic structure and content that closely parallels that of APA accredited programs to be considered.

PROGRAMS OF ORIGIN OF OUR INTERNS

Adler University - Chicago	1
American School of Professional Psychology (Argosy – Washington, D.C.)	7
Auburn University	1
Brigham Young University	1
California School of Professional Psychology at Alameda	2
California School of Professional Psychology at Fresno (Alliant University – Fresno)	3
California School of Professional Psychology at Los Angeles	1
California School of Professional Psychology at Sacramento (Alliant University – Sacramento)	2
Carlos Albizu University (formerly Miami Institute of Psychology)	4
Carlos Albizu University (Puerto Rico)	2
Case Western Reserve University	1
Chestnut Hill College	2
Chicago School of Professional Psychology	1
East Tennessee State University	1
Emory University	1
Fielding Graduate University	5
Florida Institute of Technology	9
Florida School of Professional Psychology	9
Gallaudet University	1
George Fox University	1
George Washington University	1
Georgia School of Professional Psychology	6
Georgia Southern University	1
Georgia State University	4
Illinois School of Professional Psychology at National Louis University– Chicago	3
Illinois School of Professional Psychology – Schaumburg	1
Indiana State University	1
Indiana University of Pennsylvania	1
Jackson State University	5
Louisiana State University	2
University of Memphis (formerly Memphis State University)	1
Marywood University	1
Midwestern University	1
Minnesota School of Professional Psychology	2
Nova Southeastern University	6
Ohio University	3
Pacific Graduate School of Psychology	3

Pace University	1
Pennsylvania State University	1
Purdue University	1
Regent University	5
Spalding University	1
State University of New York at Albany	1
Texas A & M University	1
Texas Woman's University	1
The University of Toledo	1
University of Detroit – Mercy	2
University of Hartford	4
University of Hawaii – Manoa	1
University of Illinois at Chicago	1
University of La Verne	1
University of Louisville	1
University of Manitoba	2
University of Mississippi	2
University of North Carolina at Chapel Hill	6
University of North Carolina at Greensboro	2
University of North Dakota	1
University of South Carolina	2
University of Southern Mississippi	1
University of Virginia	1
University of Windsor	1
University of Wyoming	1
Vanderbilt University	1
Virginia Consortium for Professional Psychology	5
Wright Institute	2
Xavier University	1
Yeshiva University	1

INTERNSHIP FACULTY AND STAFF



Dr. Danita Bowling, JD, PhD

- Internship Training Director
- Chief Psychologist, Community Transition Units
- *Clinical Interests:* supervision and training, forensic and psycholegal work, trauma informed care, cultural humility and competency in systems
- Danita.bowling@dhhs.nc.gov



Dr. Cindy Peters, PhD

- Psychology Program Director
- *Clinical Interests:* integrative health models for treatment in children, teens, adults and families; neuropsychology and neurodevelopment, energy psychology and neuroaffective relational trauma treatments including body-informed approaches such as yoga, tai chi, EFT, EMDR, and Brain Gym
- cindy.peters@dhhs.nc.gov



Dr. Jenna Seward-Hatfield, PsyD

- Chief Psychologist, Adult Acute Division (Admissions)
- *Clinical Interests:* risk assessments, capacity restoration and evaluation, assessment of feigning and malingering, Serious and Persistent Mental Illness
- jenna.seward-hatfield@dhhs.nc.gov

Administrative Support

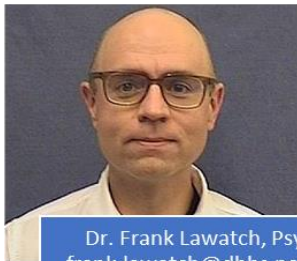


Patience Wise
Administrative Associate
patience.wise@dhhs.nc.gov



Noah Murray, BS
Psychology Technician
noah.murray@dhhs.nc.gov

Adult Acute Division (Admissions) Faculty



Dr. Frank Lawatch, PsyD
frank.lawatch@dhhs.nc.gov



Dr. Brian Reisenauer, PsyD
brian.reisenauer@dhhs.nc.gov



Dr. Kristen Payne, PsyD
kristen.payne@dhhs.nc.gov

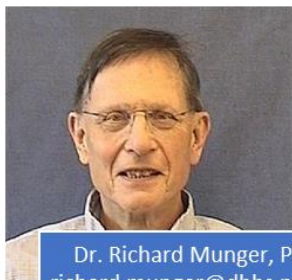
Populations served:

Admissions/Long-Term Women's Unit, Admissions Male Unit (primarily ITP), Admissions Co-Ed Unit

Common treatment foci:

emotional regulation and mindfulness, capacity restoration, CBT for Psychosis, forensic consultation, psychological assessment and evaluation

Community Transition Units (Extended) Division Faculty



Dr. Richard Munger, PhD
richard.munger@dhhs.nc.gov



Susan Wingfield, MA
susan.wingfield@dhhs.nc.gov



Dr. Ashley Scott, PsyD
ashley.scott@dhhs.nc.gov

Populations served:

Long-Term Male Unit, Co-Ed Neurocognitive Unit (Gero), Long Term Male Unit

Common treatment foci:

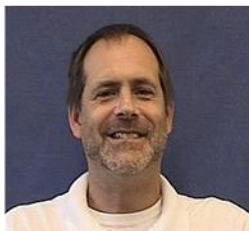
Milieu therapies, community re-integration and relapse prevention, neurocognitive assessment and treatment of neurocognitive disorders, social skill development, coping skill development and maintenance, racial trauma treatment, psychological assessment and evaluation

Specialty Services Faculty

Adolescent Services



Elizabeth Lane, MA
elizabeth.lane@dhhs.nc.gov



Dr. Brian Friedman, PhD
brian.friedman@dhhs.nc.gov



Greg Burmeister, MS
greg.burmeister@dhhs.nc.gov



Noah Murray, BS
Noah.Murray@dhhs.nc.gov



Dr. Cindy Peters, PhD
Cindy.peters@dhhs.nc.gov

Populations served:

Adolescent Male Unit, Adolescent Female Unit

Common treatment foci:

Trauma, Reactive-Attachment Disorders, First-Break Psychosis, Emotional Regulation and Mood Management, Identity Development, psychological assessment and evaluation

Deaf Services, Medical Services, Geriatric Services



Dr. Candice Tate, PhD
Candice.tate@dhhs.nc.gov



Dr. Anne Middaugh, PhD
anne.middaugh@dhhs.nc.gov



Dr. Cindy Peters, PhD
cindy.peters@dhhs.nc.gov

Populations served:

Co-Ed Deaf Unit, Medical Unit, Co-Ed Geriatric Unit

Common treatment foci:

Emotional regulation and behavioral management, identity development, quality of life care and concerns, community re-integration, psychological assessment and evaluation, treatment of neurocognitive decline

Forensic Services Adjunct Faculty



Dr. Dustin Morris, PhD
Forensic Services
Psychology Program Director
dustin.morris@dhhs.nc.gov



Dr. Rabecca Stahl, PsyD
rabecca.stahl@dhhs.nc.gov



Dr. Sherif Soliman, MD
sherif.soliman@dhhs.nc.gov



Dr. Ryan Kaufman, MD
ryan.kaufman@dhhs.nc.gov



Elizabeth Jolly, MSW, LCSW
Forensic Coordinator
elizabeth.jolly@dhhs.nc.gov

Written inquiries may be forwarded to:

Danita Bowling, J.D., Ph.D.
Psychology Internship Training Director
danita.bowling@dhhs.nc.gov

Broughton Hospital
1000 South Sterling Street
Morganton, North Carolina 28655

Broughton Hospital Main Phone: (828) 608-4000
Psychology Department Phone: (828) 608-4334

Internship Admissions, Support, and Initial Placement Data

(tables revised June 2023)

Program Disclosures

<p>Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.</p>	<p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>
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Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

Broughton Hospital offers an internship program that trains interns to provide a broad array of psychological services within the public mental health sector using evidence-based practices in an inpatient psychiatric setting with mentally ill adults and adolescents. Interns have the opportunity to gain extensive experience with a broad array of inpatients with severe and persistent mental illness (SPMI) via rotations including adult acute service, community transition units, adolescent, geriatric, deaf, or forensic areas of service. The internship program begins on July 1st and ends the following June 30. The internship participates in the APPIC process for matching interns.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours: N Y Amount: 200

Total Direct Contact Assessment Hours: N Y Amount: 100

Describe any other required minimum criteria used to screen applicants:

Broughton Hospital conducts **background checks** on incoming interns and applicants need to be prepared to pass background checks and **drug tests** in compliance with state laws as well as Department of Health and Human Services policy. Not successfully passing these screenings/background checks may cause these sites to break a match with an incoming intern.

Broughton Hospital requires interns to receive the **COVID-19 vaccination** or an approved exemption prior to the internship start date.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$16/hour→\$29,312	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	Yes	
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	
Coverage of family member(s) available?	Yes	
Coverage of legally married partner available?	Yes	
Coverage of domestic partner available?		No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)		0
Hours of Annual Paid Sick Leave		0
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	
Other benefits (please describe):		

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

Initial Post-Internship Positions (Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2020-23	
Total # of interns who were in the 3 cohorts	11	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Academic teaching	0	0
Community mental health center	2	1
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	0	0
Veterans Affairs Health Care System	0	0
Psychiatric facility	1	4
Correctional facility	1	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	1	1
Other	0	0

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

For information regarding the
Guidelines and Principles for Accreditation of Programs in Professional Psychology, contact:
APA Office of Program Consultation and Accreditation
750 First Street, NE • Washington, DC • 20002-4242
Phone: 202-336-5979 • TDD/TTY: 202-336-6123
Fax: 202-336-5978 • email: apaaccred@apa.org
Website: <http://www.apa.org/ed/accreditation/>

Broughton Hospital provides equal opportunity to all applicants without discrimination on the basis of race, color, religion, national origin, gender, age, or disability. Both the hospital and mental health agencies affiliated with the internship program have a drug-free workplace policy.