SPRINGFIELD

HOSPITAL CENTER

Established 1896

Department of Psychological Services

Pre-doctoral Internship Program

Accredited by the
American Psychological Association

2009-2010

The Hospital

Springfield Hospital Center is a state psychiatric hospital that has been in operation since 1896. It is accredited by The Joint Commission. It serves a large catchment area in the State of Maryland that includes part of Baltimore City, as well as Montgomery, Howard, Anne Arundel, Prince George's, and Carroll counties. The hospital currently provides treatment for approximately 270 patients. The patient population is ethnically and socioeconomically diverse and includes forensic, civilly committed, and voluntary patients. The hospital provides acute care services, as well as long-term and domiciliary care on various inpatient units and two assisted living units. Located in a semi-rural area of Carroll County, the hospital's grounds afford an attractive work setting. The hospital is located approximately 25 miles west of Baltimore and 35 miles north of Washington, D.C. Our proximity to major highways ensures a convenient commute from a variety of urban, suburban, and rural areas.

Hospital care is provided by treatment teams composed of psychiatrists, psychologists, social workers, somatic physicians, nurses, occupational therapists, dieticians, and activity therapists. Forensic services and Addictions and Trauma Recovery Services are provided when appropriate. Within the Department of Psychological Services, there are 8 full-time and 8 half-time staff psychologists, who draw upon a range of theoretical orientations, including psychodynamic, cognitive-behavioral, interpersonal, and integrative. Psychologists conduct individual therapy, group therapy, psychological assessments, and consultation with treatment teams. The Department of Psychological Services also offers hospital-wide services for behavioral consultation and employs a mental health associate to provide counseling services.

The Internship

General Information

The internship has been continuously accredited by the American Psychological Association since 1957. It is a year-long, 40 hours per week clinical internship designed for the doctoral-level psychology graduate student. There are three funded psychology intern positions and the internship begins in early September and continues through the end of August. The current annual stipend is $26,403. Benefits include the accrual of 10 days of annual leave and 15 days of sick leave, six personal days, eleven holidays, and partially subsidized insurance (medical, dental, prescription drugs, and vision).

Training Model

The psychology internship at Springfield Hospital Center implements the practitioner-scholar model. The curriculum is designed to integrate psychological knowledge with clinical practice and continuing development of skills. We work with interns to design a learning experience that incorporates individual goals, interests, and training needs to foster their development as a psychologist. Within the practitioner-scholar model, the

internship training program has a developmental teaching approach that emphasizes a mentorship supervisory relationship and allows for a gradual development of increased autonomy as the training year progresses. In addition to co-leading groups, interns accompany supervisors to team meetings, community meetings, and consultations. By working closely on a unit with their supervisor, interns will have an opportunity to observe their supervisor in various situations, and will begin to establish their own professional identity. In addition, clinical experiences become more complex as the year progresses. The goal of the internship is to produce graduating interns ready for practice as entry level professionals.

Training goals:

Throughout the internship year, interns will increasingly:

1. Demonstrate an understanding of the theories of psychotherapy and the ability to incorporate psychological literature into case conceptualizations.

   Interns are expected to be familiar with a variety of theories of psychopathology. We expect that any initial learning need will be supported and strengthened through outside readings, additional supervision, and other learning activities. Throughout the training year, interns' knowledge is enhanced through didactic and clinical experience as well as supervision.

2. Develop and refine clinical skills informed by theory, research, and professional practice guidelines in the following areas:

   A. Individual Psychotherapy - We expect interns to have basic therapeutic skills. During the internship year, they will develop advanced skills in applying psychotherapy models. Emphasis is placed on developing respect for individual values and culture as well as transference and countertransference issues. Interns are expected to use supervision proactively as issues arise. Through didactic and supervision experiences, interns will continue to develop their own framework and theoretical approach to clinical work.

   B. Group Therapy - Interns are expected to function as co-leaders of therapy groups. They should show the same basic therapeutic skills noted above, as well as an awareness of group process. As with individual psychotherapy, interns are expected to utilize supervision proactively to discuss issues that arise in group sessions.

   C. Psychological Assessment - Interns are expected have a basic understanding of how to administer, score, and interpret a general battery of tests, including, but not limited to the WAIS, Rorschach, and MMPI. During the internship year, the interns are expected to refine their assessment skills. They should be able to (a) select a test battery that addresses the referral question; (b) conduct an effective

clinical interview and mental status examination; (c) generate a series of hypotheses based on a patient's history, interview, and test findings; (d) write clear, concise reports that answer the referral question; and (e) communicate their findings to the referral source and the patient in a clear manner.

D. Psychodiagnostics - Interns should be able to accurately diagnose patients using the DSM-IV-TR. They should be familiar with conducting clinical interviews and the assessment tools needed for accurate diagnosis.

E. Consultation with Treatment Teams - Interns function as members of treatment teams. They should be active participants in team discussions, demonstrating an ability to clearly communicate an understanding of their patients.

F. Supervision - Interns participate in supervision regarding all of their clinical work. Interns are expected to be proactive in their use of supervision, reflecting both self-awareness and an understanding that each person influences the therapeutic process in a unique way. In addition to attending a seminar on the models of supervision, interns are encouraged to discuss the supervision process and clinical decision making with their supervisors. Interns will learn about models of supervision in a seminar designed to prepare interns for the future role as a supervisor. Interns will also have the opportunity to practice their consultation and supervisory skills during a case conceptualization seminar.

3. Demonstrate an understanding of and sensitivity to the needs of diverse populations in the diagnosis, conceptualization, intervention, and assessment of individuals.

Interns are expected to show an awareness of the diversity of cultural influences to which their patients have been exposed, and to provide clinical services that are sensitive to these cultural factors. They should demonstrate an ability to consider such factors as race, ethnicity, religion, socioeconomic status, gender, sexual orientation, and disability in their work with patients. Cultural competence will be facilitated through exposure to our diverse patient population, supervision, and training seminars.

4. Demonstrate an understanding of and commitment to following the ethical and legal standards as well as the standards of practice for psychologists.

Interns are expected to behave in a manner consistent with the American Psychological Association's ethical standards and the laws that govern the practice of psychology in the State of Maryland. Interns should demonstrate respect for professional standards, and the need to protect their patients from unethical care and treatment. Interns are expected to discuss ethical questions with their supervisors and develop a plan to resolve situations in accordance with professional standards.

5. Demonstrate professional and personal growth through increased self-awareness, the practice of self-care and a willingness to consider feedback during supervision.

   Interns are expected to show an awareness of the impact that their thoughts, feelings, and values have on their interactions with patients, staff, and supervisors. They should be aware of their personal and professional strengths and weaknesses. Interns are encouraged to maintain a balanced schedule to avoid burnout. They should know when to seek out additional supervision, outside training, or personal psychotherapy if their clinical functioning is compromised. Interns are expected to be open in supervision, sharing their successes and difficulties with their supervisors. In addition, interns should be willing to consider constructive feedback from their supervisors.

6. Demonstrate a maturing professional identity through an understanding of applicable laws and ethical standards, cultural competence, well-developed case conceptualization skills, and consideration of early career goals.

   Interns are expected to use their knowledge about theoretical models, culture, and the patient's values to inform their case conceptualization. In addition, interns are expected to be informed about applicable State of Maryland laws for mental health providers and follow the ethical standards as they apply to each clinical experience. As the year progresses, interns have an opportunity to discuss their career goals with their supervisors and begin to develop their own professional identity.

We strive to reach the training goals listed above by creating a supportive yet challenging learning environment, respecting each intern's strengths and recognizing each intern's unique training needs.

Program Structure

Following a department and hospital orientation, interns will meet available supervisors and unit rotations will be selected. Interns select their rotations from supervisors in the Acute Care, Psychiatric Rehabilitation, Behavioral Health and Recovery, and Assisted Living Unit Programs. Supervisors oversee the intern's individual therapy cases and co-lead group therapy with their intern. Interns will also be assigned an assessment supervisor with whom they will meet weekly. Efforts will be made to ensure a variety of assessment cases, both in terms of type of pathology as well as functional level. Interns are expected to do a minimum of ten assessments during the course of the year.

Interns have an opportunity to select an outside placement, where they will work each Thursday. These placements are offered to round out the intern's experience, allowing them to pursue an area of interest. Each of the sites offered has been carefully screened to ensure that the intern will receive high quality training and supervision. The following sites are currently offered:

1. Chase Brexton Health Services - Supervisor: David Haltiwanger, Ph.D., University of North Carolina, Chapel Hill, 1979.

   This clinic serves patients with HIV/AIDS, as well as the gay, and lesbian, and bisexual community in Baltimore. Interns conduct individual therapy with patients who are diverse in race, sexual orientation, socioeconomic status and presenting problems. Interns also attend a weekly case conference. Interested interns may have the opportunity to do couples, family, or group therapy.

2. Thomas J. S. Waxter Center - Supervisor: Keith Hannan, Ph.D., Auburn University, 1989.

   This center is operated by the Department of Juvenile Services and has a detention program for up to fifty minor girls and secure commitment program for up to ten girls. Waxter serves Anne Arundel, Baltimore, Howard, and Prince George's counties and Baltimore City. Interns provide individual and group therapy.

3. Medical Services of the Circuit Court of Baltimore City - Supervisor: Larry Heller, Ph.D., Pacific Graduate School of Psychology, 1997.

   Interns provide assessments in custody cases and transfer of jurisdiction cases (i.e. juvenile waiver cases). Some court-ordered evaluations of competency and responsibility with recently charged individuals who are suspected of being mentally ill may also be included.

4. Saint Luke Institute Outpatient Services - Supervisor: Sheila Harron, Ph.D., Duquesne, Pittsburgh, PA, 1992.

   This site is part of a non-profit psychiatric hospital that provides services to an international population. The service provides treatment primarily for those in religious life or clergy, as well as for lay people who wish to deal with spiritual issues in their treatment. Clients suffer from a wide array of difficulties including mood disorders, personality disorders, addictions (drugs, sexual), trauma, and perpetrator issues. Interns conduct intake evaluations, including psychological testing, and individual therapy. There are also possibilities to do couples, family, and group therapy, as well as outreach work and workshops.

We strive to offer a training program that builds upon each intern's skills and goals; therefore there may be flexibility in the selection and structure of rotations and placements. Training opportunities vary based on availability of supervisors.

Training Seminars

An extensive series of training seminars is offered to further facilitate learning. Interns attend formal seminars each week, including two ten-month long seminars: group therapy and psychological assessment. Additionally, we address a variety of issues relevant to the professional development of our interns throughout our seminar series. Some of our seminar leaders have established a national reputation or written major texts in their areas of expertise. Others have served locally as the President of the Maryland Psychological Association. The following seminar series was offered during 2008-2009 internship year:

- Assessment & Treatment of the Suicidal Patient. David Jobes, Ph.D., Catholic University
- Forensic Psychology – Competency & Criminal Responsibility Issues. Robert Katz, Ph.D., Private Practice
- Ethics and Professional Issues. Stephen Behnke, Ph.D., Director - Office of Ethics, American Psychological Association
- Introduction to Biofeedback. Harold Ziesat, Ph.D., Springfield Hospital Center
- Working with Survivors of Trauma. Bethany Brand, Ph.D., Private Practice
- Working with Gay and Lesbian Clients; The Mental Health Aspects of HIV/AIDS. David Haltiwanger, Ph.D., Chase Brexton Health Services
- MOSAIC: Multicultural and Diversity Competencies for Psychologists. Deborah Haskins, Ph.D., Affiliate Professor and Director of Undergraduate and Masters Field Education in Psychology at Loyola College in Maryland
- Issues in Working with the Deaf Population. Patrick Brice, Ph.D., Gallaudet University & Irene W. Leigh, Ph.D., Gallaudet University
- Substance Abuse. Paul Benson, Ph.D., Baltimore Veterans Administration Medical Center
- Theory and Practice of Acceptance and Commitment Therapy. Andrew Santanello, Psy.D., Private Practice.
- Theories and Practice of Supervision. David Haltiwanger, Ph.D., Chase Brexton Health Services

Extended Seminar Series:

- Introduction to Three Major Theories of Family Therapy. Saul Lindenbaum, Ph.D., Private Practice (13 sessions)
- Group Therapy. Robert Levin, Ph.D. and Francoise Reynolds, Ph.D., Springfield Hospital Center (biweekly from October-May)
- Process-oriented group for the interns only. Richard Krebs, Ph.D. (biweekly from October-June)

- Integrating an Assessment Battery. Kimberly Witczak, Psy.D., Springfield Hospital Center (weekly from October-June)

The hospital also has Psychiatric Grand Rounds that attracts speakers from local, prestigious institutions, such as The Johns Hopkins University, The National Institute of Mental Health, and Sheppard-Pratt Hospital.

Evaluations

The progress of interns is closely monitored during the internship year. Feedback is continuously provided by supervisors to the interns through discussion in the supervision session as well as regular reviews submitted to the Director of Intern Training. The Director discusses progress with the intern on a monthly basis. Interns complete a self-evaluation of their goals and progress at three separate points during their internship. Formal written evaluations are completed after six months, and again at the end of the year. Interns have the opportunity to read and discuss their supervisors' evaluations. The interns also complete an evaluation of each supervisor and discuss it with them. The Director of Intern Training provides a summary of the evaluations to the Director of the intern's graduate program after six months and again at the end of the year. Upon successful completion of the internship, the intern receives a Certificate of Completion.

Staff Psychologists

There are currently 9 full-time and 8 half-time psychologists in the Department of Psychological Services. Staff psychologists are assigned to various units or programs and are administratively responsible to the Director of Psychological Services. There exists a wide range of theoretical orientations and interests among the staff. Staff members provide services to the hospital that include psychotherapy, psychological testing, consultation, and teaching. The following is a list of current staff psychologists by program:

Director of Psychological Services

Robert Levin, Ph.D., Vanderbilt University, 1983.
Primary Theoretical Orientation: Cognitive-behavioral
Areas of interest: Group therapy, personality disorders, administration.

Acute Care Program

Carla Clavelle, Ph.D., University of Minnesota, 1977.
Primary Theoretical Orientation: Cognitive-behavioral, Psychodynamic
Areas of interest: Assessment, individual therapy.

Evelyn Fielding, Ph.D., Fuller Theological Seminary, 2004.
Primary Theoretical Orientation: Psychodynamic, Integrative
Areas of interest: Psychosocial oncology, spirituality, laughter therapy.

Robert W. Kinsey, Psy.D., Antioch University, 1999.
Primary Theoretical Orientation: Mindfulness Based Cognitive Therapy
Area of interest: Forensic treatment.

JoAnn Mackinson, Ph.D., Gallaudet University, 1996. (Deaf Unit)
Primary Theoretical Orientation: Eclectic with an existential/psychodynamic emphasis
Areas of interest: Attachment theory, social skills training, adaptive techniques for stress management and coping, creative modalities.

Francoise Reynolds, Ph.D., Catholic University, 1990.
Primary Theoretical Orientation: Eclectic
Areas of interest: Suicidology, group therapy, recovery model, supervision.

Eva Sivan, Ph.D., Michigan State University, 1986.
Primary Theoretical Orientation: Integrative
Areas of interest: Assessment, group therapy, crisis intervention, and disaster mental health.

John Zager, Ph.D., University of Maryland, College Park, 1982.
Primary Theoretical Orientation: Psychodynamic
Areas of interest: Integration of the forgiveness literature into the practice of individual and group psychotherapy.

Harold Ziesat, Ph.D., University of Arizona, l976.
Primary Theoretical Orientation: Cognitive-behavioral
Areas of interest: Psychosomatics, behavioral medicine and biofeedback.

The Recovery Program

Michael Gombatz, Ed.D., College of William and Mary, 1983.
Primary Theoretical Orientation: Reality-Oriented Therapy
Areas of interest: Interpersonal social skills training, group/individual therapy, forensic/conditional release.

Heather Hartman-Hall, Ph.D., American University, 2000.
Primary Theoretical Orientation: Integrative, including Psychodynamic and interpersonal.
Areas of interest: Psychogeriatrics, assessment, interpersonal trauma, personality disorders, strengths-based recovery.

April North, Ph.D., Rutgers, The State University of New Jersey, 1983.
Primary Theoretical Orientation: Cognitive-Behavioral, Eclectic
Areas of interest: Individual psychotherapy, psychodiagnostics, professional development, ethics.

Carly Pranger, Psy.D., Florida Institute of Technology, 2002.
Primary Theoretical Orientation: Eclectic (REBT, Reality Therapy)
Areas of interest: Behavior analysis and modification, forensics/criminal psychology.

Viveca Saffer, Psy.D., Indiana University of Pennsylvania, 1999. Director of Intern Training
Primary Theoretical Orientation: Cognitive-behavioral; Transtheoretical
Areas of interest: Social skills training, supervision, ethics, neuropsychology.

Assisted Living Program

Murgui Mungai, Ph.D., Howard University, 1997.
Primary Theoretical Orientation: Contextual
Areas of interest: Forensics, childhood trauma, rehabilitation, and research.

Cheryl Zwart, Ph.D., State University of New York at Binghamton, 1981.
Director of Extern Training.
Primary Theoretical Orientation: Integrative, including psychodynamic and cognitive-behavioral
Areas of interest: Long-term individual therapy and group therapy.

Additional Staff

Georgia Calp, Office Secretary III for the Department of Psychological Services. Mrs. Calp provides support services to the Department of Psychological Services including: Dr. Robert Levin (Director of Psychological Services), 17 staff psychologists, the internship program, and the externship program. Mrs. Calp has over 40 years of experience and the Department of Psychological Services has been grateful to have had her support for the past 10 years.

Sylvia Johnson, **B. A.**, University of Baltimore, 2003. Mental Health Associate I. Responsibilities include individual counseling and Wellness Recovery Action Planning (a structured means of helping patients prepare for discharge and manage crises).

Application Procedures

A. The following are the guidelines for applying to the internship program:

1. Matriculation in an APA-accredited doctoral program in Clinical or Counseling Psychology.
2. Courses in the following four areas:
   a. Assessment
   b. Personality Theory
   c. Psychopathology
   d. Principles of Psychotherapy
3. At least one semester of supervised practicum experience in psychological testing and two semesters of supervised practicum experience in psychotherapy.

B. Method of Application:

Springfield Hospital Center uses the online application process developed by Association of Psychology Postdoctoral and Internship Centers (APPIC):

- AAPI Online (Available at http://www.appic.org/)
  - Cover letter
  - Curriculum Vitae
  - Application (including Director of Training's verification)
  - Official graduate school transcripts
  - Three letters of reference from psychologists acquainted with the applicant's clinical work.
- Springfield Hospital Center also requires supplemental materials that should be submitted online with the application:
  - Two recent comprehensive psychological test reports, preferably adult evaluations that include the use of the Rorschach or other projective techniques.

C. Selection Process:

Applicants are strongly advised to complete the application process as early as possible. Final deadline for receipt of all materials is **November 1st.** Based on an initial review of applicants' credentials, selected candidates will be invited to come for a personal interview. Those not invited for an interview will be informed and will no longer be considered.

Application Procedures (continued):

If you have questions about the application process, please contact Dr. Viveca Saffer (410-970-7154).

D. **Notification and Acceptance Procedures**:

Springfield Hospital Center is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and adheres to all APPIC guidelines for notification and acceptance procedures, as published annually in the APPIC Manual. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

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