

The Charleston Consortium Internship Program

Information about Applying for Internship

Academic Year 2023 – 2024

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

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The Charleston Consortium Internship Program is a joint endeavor of the Medical University of South Carolina and the Ralph H Johnson Veterans Affairs Medical Center. We are a member of the Academy of Psychological Clinical Sciences, which is a coalition of training programs that share a common goal of producing and applying scientific knowledge to the assessment, understanding, and amelioration of human problems. Membership in the Academy is granted only after a thorough peer review process. Our membership in the Academy indicates that the Charleston Consortium is committed to excellence in scientific training, and to using clinical science as the foundation for designing, implementing, and evaluating assessment and intervention procedures. We particularly welcome applications from students in other Academy programs. We are also committed to providing training to interns who reflect diversity with respect to race, ethnicity, gender, age, disability status, gender identity, sexual orientation, and religious belief.

Our program is fully accredited by the American Psychological Association. Our most recent site visit occurred in 2016. Contact information for the APA Office on Program Evaluation and Accreditation appears on page 56 of this brochure.

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Program Description and Overview

The Charleston Consortium Psychology Internship Training Program (Charleston Consortium) is a collaborative effort of the Medical University of South Carolina and the Psychology Service of the Ralph H. Johnson Veterans Affairs Medical Center (VAMC). Internship training began at the Medical University in 1968 and at the VAMC in 1969. In 1972, the two training programs combined to form the Charleston Consortium. The program provides a year-long, full-time, American Psychological Association-accredited internship training experience for Ph.D. students in APA accredited clinical, counseling, or school psychology programs (or programs applying for such accreditation). It has trained over 600 psychology interns, many of whom are now pursuing careers in universities, medical schools, VAMCs, teaching hospitals, and other settings. Many of our graduates have also become distinguished scientists with substantial externally funded research programs. The foundation of the program is grounded in five important philosophical principles.

First, because our program is based on the scientist-practitioner/clinical scientist model, it is guided by the principle that psychology interns should receive training that integrates research and clinical practice. Our objective is to produce interns who approach clinical work with an investigatory, inquisitive attitude and who are competent to conduct clinical investigation. We encourage interns to examine the efficacy of their work with their clients and to review the research literature for guidance about which treatment strategies are best suited to particular patients and problems. Integrating the scientist and practitioner roles is difficult; however, the exposure interns receive in our program to role models who are actively involved in both research and clinical practice enhance learning opportunities to balance these two professional roles.

Second, we believe it is important to balance broad-based, "generalist" training with in-depth training for interns who wish to specialize. Super-specialization at the internship level can be as professionally limiting, as is training that is so broad that interns lack an in-depth understanding about any specific topic. Therefore, we designed our program so that interns wishing to specialize can do so, but while also participating in more general training experiences.

A third philosophical belief providing a foundation for the program is the value of working with a variety of client populations, including those frequently underserved by mental health professionals. We believe that interns must receive training experiences that prepare them for working with culturally and ethnically diverse populations; thus, clinical experiences with underserved patients and exposure to role models working with underserved populations are vitally important. Interns in the program work with faculty in providing services to a variety of typically underserved populations, including (but not limited to) crime victims, veterans, children, racial/ethnic minorities, substance users, the poor, individuals from rural areas, and those with combined physical and mental health problems.

Fourth, interns will be provided with training experiences that expose them to "cutting edge" aspects of scientist-practitioner/clinical scientist work. How to survive and even prosper within the context of health care reform is also a challenge for the future. It is our goal to provide interns with as much training as possible in these issues to better prepare them to succeed in the changing career world of psychology.

Finally, we believe that the best learning environment is one in which a student learns by doing while also having fun, and that good training is best accomplished in an atmosphere of mutual respect between faculty and interns. We attempt to create such a learning environment by treating interns as junior colleagues.

Program Mission, Goals, and Objectives

Mission

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

Program Goals and Competencies

Goal 1: To increase interns' expertise and experience in clinical assessment, diagnosis, and treatment to standard of Readiness for Entry Level Practice. Specifically, by the conclusion of internship, interns will demonstrate the ability to:

- effectively and independently utilize assessment procedures, including interview and other standardized assessment procedures in routine cases; independently monitor treatment efficacy using evidence-based methods;
- forge therapeutic relationships and independently deliver evidence-based treatments with fidelity in typical/uncomplicated cases;
- independently recognize and maintain appropriate ethical and legal standards in conducting diagnostic, assessment, and therapeutic activities, relying on supervision for more complex and atypical situations.

Goal 2: To produce interns who are ready to attain Readiness for Entry Level Practice in conducting clinically relevant research. Specifically, by the conclusion of internship, interns will demonstrate the following competencies:

- formulate research questions, conduct critical reviews of the scientific and/or clinical literature, select and apply appropriate research methods and statistical analyses, critically interpret findings, integrate findings with relevant literature, and adhere to APA ethical standards in the conduct of research.
- analyze relevant data and produce an original research paper (involving either secondary analysis of existing data or original data collection) in a format and style suitable for submission to an appropriate professional journal.
- orally disseminate research findings, specifically as reflected by making an effective oral research presentation (of either the research conducted during internship or a practice "job talk") during the internship's Research Seminar.

Goal 3: To increase interns' clinical communication, interpersonal and professionalism skills, and interdisciplinary consultation to facilitate multi-disciplinary relationships with patients as well as other health professionals. Specifically, by the end of internship interns will demonstrate the ability to independently:

- make an effective and informative scholarly presentation of a clinical case (including a summary of relevant literature and assessment and intervention utilization) within the internship's clinical case conference;
- effectively communicate and collaborate skills with psychologists and other health professionals within their training sites, relying on supervisory consultation in complex or atypical situations;
- demonstrate professional attitudes, values, and behavior consistent with the traditions of the profession, including (but not limited to) self-reflection to determine the need for additional or supplementary training, cultural humility, and integrity.

Goal 4: To increase interns' ability to independently conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Specifically, interns will, at a Readiness for Entry Level practice:

- demonstrate competence (e.g., establish rapport, maintain therapeutic relationships, effectively deliver services, conduct ethically responsible research) with typically underserved groups (which may include historically under resourced and exploited communities, racial/ethnic minority populations, older adults, veterans, and trauma exposed patients, among others) whose identities and values may differ from their own.

Components and Structure of Program

To accomplish its mission, goals, and objectives, the program has four major components, each of which is described below in this brochure:

1. Clinical Training
2. Research Training
3. Mentors/Research Preceptors
4. Seminars

The internship year is divided into two, 6-month rotations. Interns complete two half-time rotations during each 6-month period. Research training occurs continuously throughout the entire year. Each intern is assigned a Mentor/Research Preceptor who works with the intern for the entire year, and seminars occur throughout the year.

Selection of Candidates

To be eligible for the program, the applicant should be in good standing enrolled in an APA-accredited Ph.D. program in clinical, counseling, or school psychology. The Charleston Consortium prefers applicants from APA-accredited programs, but we understand that training programs cannot attain accreditation without placing their graduates in APA-approved internships. Therefore, we do accept and give full consideration to applications from students enrolled in Ph.D. training programs that are currently applying for accreditation. The internship currently accepts a variable number of interns each year, depending on budgetary factors. Over the past 7 years, that average number of interns has been ~19/year, with a low of 16 and a high of 24. Applicants should note that the internship is an intensive experience guided by the scientist-practitioner/clinical science model. Accordingly, interns selected for this program should have considerable supervised clinical practicum experience and demonstrate considerable interest and ability in conducting research beyond that required by the Master's Thesis and Doctoral Dissertation. Additionally, although our program's faculty have many theoretical orientations, the large majority are behavioral or cognitive-behavioral. Thus, we seek interns who have a background in behavioral or cognitive-behavioral theory and at least basic experience in implementing these intervention strategies with clinical populations.

Both MUSC and the Ralph H. Johnson VAMC are Equal Opportunity Employers, and we actively seek diverse candidates for internship. We encourage applications from research-oriented potential interns across the spectrum of diversity.

As part of the application process, each candidate must be interviewed by the faculty of the program. Interviewees who visit campus also meet with one or more current interns. We have found that this important step in the selection process allows the applicant to be maximally informed about the internship and helps the selection committee choose interns who match well with the program.

The internship selects a relatively large number of applicants for interviews. Applicants selected for an interview will be contacted by e-mail to arrange a suitable time for an interview. Our program interviews applicants in December and January. All interviews for the coming year will be conducted virtually. Completed application materials must be received November 1, 2023. **Although you may apply under as many of our training tracks as you desire, you need only submit ONE application via the AAPI Online portal. Specify in the cover letter the tracks for which you would like to be**

considered. The cover letter should also include information about your perceptions of your match with the program (i.e., where you see yourself fitting in). Successful applicants do not need to have prior experience with the problems or patient populations served by a particular rotation or track in order to express interest in it. Nor do they have to have research experience that perfectly corresponds with any individual faculty member's ongoing research. However, we find it very useful in evaluating applicants to know how they see themselves fitting in with the diverse clinical and research training opportunities the Consortium is able to provide.

Many international students assume that because our Consortium includes the Department of Veterans Affairs Medical Center, they are not eligible to apply for this internship program, or to complete rotations at the VA Medical Center. This is not correct. As noted above, intern stipends are paid from a variety of sources. Although international students cannot be paid via some funding sources (e.g., VA stipends, National Institute of Health training grants), they are eligible to be paid by others. Furthermore, we impose no restrictions regarding the completion of individual rotations at VA training sites (i.e., international students may complete rotations at VA sites).

Clinical Training and Emphasis Areas

Clinical training is conducted according to a "generalist" model that balances intern desire for specialty training with the educational need to develop and polish a strong base of clinical knowledge and skills during the internship year. Consistent with the generalist model of training, a broad range of clinical training experiences is available. Through various rotation sites, interns have the opportunity to assess and/or treat children, families, or adults presenting with a variety of mental and physical health problems. In addition, the clients served by the various rotation sites come from diverse social, cultural, and economic backgrounds.

The internship year is divided into two, 6-month rotations. During each rotation, interns complete two, half-time rotations in different clinical settings. Clinical rotation offerings are modified as needed to enhance training opportunities. In the section describing each track below, the names of rotations that fall into that track are listed. Some rotations are listed in multiple tracks due to the kind of clinical activities included in, and populations served by, those rotations. Descriptions of currently available (2023-2024) clinical rotation experiences appear below the track descriptions, in alphabetical order.

The Charleston Consortium places a high value on providing outstanding clinical training. The rotation descriptions offer a sense of the rich training opportunities available here. The faculty recognize the crucial importance of having your internship year match your clinical training needs. Every effort is made to see that each intern completes a set of clinical rotations that balances specialized interests with exposure to a broad range of clinical practice. Interns are guaranteed their first rotation choice at the time of admission (match). They are also guaranteed 6 months of training within the track in which they match. Beyond that, every effort is made to honor intern interests and preferences regarding other rotations. The program has been very successful in matching the clinical interests of interns with available clinical rotations. Thus, interns interested in particular areas of clinical practice (e.g., children and families, neuropsychology, behavioral medicine, substance use, anxiety disorders, etc.) can receive substantial amounts of clinical experience in their chosen area(s) of clinical interest.

The APPIC internship computer match led us to formalize the specialty emphasis areas of internship training we provide. Specifically, we identified seven emphasis areas or tracks (General, Adult Psychopathology, Behavioral Medicine, Child, Neuropsychology, Substance Use, and Traumatic Stress), each of which has a unique identification number for the purpose of the match. Special tracks are not

intended to limit the variety of rotations that interns can complete. Rather, they guarantee the equivalent of 6-months of clinical experience within that track.

Intern applicants identify the emphasis areas they wish to be considered for and can select as many as they wish. Interns selected within a track will get at least half of their clinical rotations within the special emphasis area. However, it is important to note that interns typically complete at least one rotation outside of their special emphasis area. This maintains the generalist nature of the program because it ensures that all interns receive some clinical training outside of a specialty area and lets interns gain experiences in tracks outside their own in which they may have interest. All applicants are asked to provide information on their rotation preferences after their interviews and prior to submission of the match list.

Tracks

General Internship

The General track is designed for the generalist intern who is interested in completing a broad variety of training experiences during internship. Applicants who are interested in developing broad-based psychotherapy and/or assessment skills typically apply to the General Track, although this track is not limited to people with those interests. All rotations within the internship are considered “General Track” rotations.

Adult Psychopathology Track

This track offers an array of clinical and research opportunities for trainees who are interested in the evidence-based assessments and treatments for adults with depressive/anxiety disorders and/or couples and families with relationship dysfunction. Settings include outpatient mental health for civilians (SATRP), outpatient mental health for Veterans (CBT Clinic and Couples & Family Clinic), primary care for Veterans (PCMHI), and medical inpatient for civilians (CIPS). Each setting/rotation is supervised by faculty member(s) guided by the scientist practitioner model and well versed in a wide range of evidence-based approaches.

Applicants interested in the Adult Psychopathology track typically fall into one or both categories: 1) those interested in evidence-based psychotherapy for adult disorders (depression, anxiety, sleep), and/or 2) those interested in evidence-based psychotherapy for couples and families with/without related psychopathology.

- Behavioral Health Consultation Clinic
- CBT Clinic for Emotional Disorders
- Couples Clinic
- Health and Wellness Institute
- Primary Care Mental Health Integration
- Sleep and Anxiety Treatment and Research Program
- Suicide Prevention Team

Behavioral Medicine Track

The Behavioral Medicine track offers a variety of training experiences that address the relationship between psychological functioning and physical health. These rotations involve multi-disciplinary training in a variety of in- and outpatient settings.

- Behavioral Health Consultation Clinic
- Behavior Medicine Clinic – IOP
- Hollings Cancer Center
- Sickle Cell Disease Adult and Pediatric Clinic
- Telehealth Resilience and Recovery Program
- Tobacco Treatment Program
- Weight Management Clinic
- Women’s Health and High-Risk Obstetrics Clinic

Child Psychology Track

This track offers an array of research, clinical, and didactic opportunities for trainees who are interested in the assessment and treatment of children and adolescents in a variety of settings. Settings include medical inpatient settings, psychiatric outpatient settings, a therapeutic preschool program for children who are at significant risk for pediatric problems and their families, and the National Crime Victims Research and Treatment Center, which serves children and adolescents and their families who have been victims of sexual abuse and other violent crimes. Applicants with interest in childhood traumatic stress may want to also consider applying to the Trauma Stress track.

- Community Outreach Program – Esperanza (COPE)
- Dee Norton Child Advocacy Center (DNCAC)
- Developmental and Behavioral Pediatrics
- Head Start Mental Health Consultation & Treatment Program
- Pediatric Primary Care
- Outpatient Youth & Adolescent Psychiatry Clinic
- Telehealth Outreach Program for Traumatic Stress

Substance Use Track

The Substance Use track offers opportunities for working with adult and adolescent patients in both civilian and veteran outpatient settings using a variety of evidence-based treatment modalities and models. The multi-disciplinary focus provides excellent opportunities for consultation with, and learning from, other professions focused on the management of addictions.

- Center for Drug and Alcohol Programs
- Substance Treatment and Recovery Program
- Tobacco Treatment Program
- Women’s Health and High Risk OB Clinic

Neuropsychology Track

The Clinical Neuropsychology Track offers broad-based training in Clinical Psychology for interns with specific prior graduate training in neuropsychology. Interns entered into the Neuropsychology subspecialty will meet the didactic and experimental training requirements recommended by APA

Division 40, including six months of specific neuropsychology experiences with multiple associated seminars and rounds. Additionally, as a part of the overall Internship Program research requirement, interns in the Neuropsychology subspecialty will devote the entire year to brain/behavior research under the mentorship of a faculty member who specializes in Clinical Neuropsychology.

- Neuropsychology Clinic - VA Medical Center
- Neuropsychology Assessment Clinic
- Traumatic Brain Injury Services - VA Medical Center

Traumatic Stress Track

The Traumatic Stress track offers unique opportunities to work with traumatized populations in a variety of settings, including a Veterans Administration Medical Center, a hospital-based outpatient clinic, a community child-advocacy center, and variety of community-based outreach settings. Applicants with interests in either adult or child traumatic stress are welcome.

- Community Outreach Program—Esperanza (COPE)
- Dee Norton Child Advocacy Center (DNCAC)
- National Crime Victims Research and Treatment Center
- Pediatric Primary Care
- PTSD Clinical Team Service
- Telehealth Outreach Program for Traumatic Stress
- Telehealth Resilience and Recovery Program

Clinical Rotations

Behavior Medicine Clinic-IOP

There are four, six-month, half-time Behavioral Medicine Rotation slots offered each semester. On these rotations, interns receive a wide array of clinical experiences geared toward the delivery of multi-disciplinary services to adolescent and adult (majority) patients with a variety of general medical issues and chronic illnesses. Interns will gain fluency in a range of psychological/behavioral medicine services including but not limited to interviewing, assessment, psychological testing, individual psychotherapy, consultation, applied physiology, treatment-planning, and oral & written communication with a variety of medical specialties and interprofessional health care teams.

IOP — Behavioral Medicine Clinic

On this rotation, interns receive a wide array of clinical experiences geared toward the delivery of psychological services to adult patients with a variety of general medical issues and chronic illnesses. Interns will gain some experience in working with AYA (adolescent and young adult) populations as well. Interns will gain fluency in a range of psychological/behavioral medicine services including but not limited to interviewing, assessment, psychological testing, individual psychotherapy, consultation, treatment-planning, and oral & written communication with a variety of medical specialties and interprofessional health care teams.

Behavioral Medicine Individual Psychotherapy

Interns see patients in the Behavioral Medicine Clinic for individual psychotherapy geared toward helping them manage chronic medical conditions and associated psycho-social complications. The Behavioral Medicine Clinic has relationships with several medical specialties and departments at MUSC and we

provide comprehensive psychosocial services for patients preparing to undergo transplant or bariatric surgery. Interns may follow candidates for bariatric or transplant surgery for “pre-hab” (pre-surgical psychological and behavioral services focused on improving candidacy and surgical outcomes) and throughout recovery. For this population, interns may provide clinical services focused on improving health behaviors, cognitive therapy for treating psychiatric symptoms, and relapse prevention skills to assist in maintaining abstinence from substances. Additionally, interns may see patients with any number of medical conditions such as: chronic pain, irritable bowel syndrome, pancreatitis, headache, sleep problems, hypertension, Crohn's disease, fibromyalgia, conversion disorder, diabetes, and many others. Interns will get hands-on experience in multidisciplinary treatment, providing cognitive psychotherapy, biofeedback, behavioral therapy, integrative psychotherapeutic approaches, and are expected to communicate relevant treatment-planning information to a variety of medical disciplines including physicians, APPs, nurses, and social workers.

By the end of the rotation, the intern will be able to:

- Use science-informed approach to evaluation and evidence-based assessment to identify psychosocial risk and resilience factors for patients that are being considered for bariatric, transplant, or other surgery; and formulate pre- and/or post-surgical recommendations.
- Prepare and apply empirically supported and evidence-based psychotherapeutic interventions, including surgical preparedness, to patients with comorbid medical conditions (e.g., obesity, end stage organ disease, chronic pain, epilepsy) and their families engaged in medical care; and to accurately track and monitor patient’s progress in treatment via clinical observation and psychological testing.
- Identify and respond to the unique psychosocial challenges associated with diverse patients that are engaged in psychiatric and medical care. Diversity includes but is not limited to age, SES, medical diagnosis, mental health diagnosis, race, cultural background, religiosity, sexual orientation, and educational status.
- Integrate psychological evaluation, treatment, and recommendations through verbal and written interactions with the medical teams and as an effective provider in interprofessional health care teams.
- Apply appropriate ethical and legal standards when working with patients with comorbid medical and psychological illnesses across the lifespan. This includes discussing with patient (and as relevant, medical providers) limits of confidentiality, reporting safety concerns, and maintaining appropriate privacy of patient while communicating case conceptualizations and treatment recommendations to the interprofessional team and family/caregivers.
- Use the research literature to guide the appropriate selection, implementation, and adaptation of treatment and assessment approaches for patient care, incorporating various factors such as sociodemographics, medical diagnoses and/or presenting symptoms, and presenting concerns. Reviews research to obtain additional education when providing services outside of clinical competency or seeing a unique presentation.

Bio-Behavioral Medicine Seminar

Interns meet with faculty to discuss issues relevant to clinical service provision for patients with chronic illnesses. Clinicians from a variety of disciplines present lectures on a variety of topics relevant to behavioral medicine.

Location of rotation: MUSC Institute of Psychiatry, Division of Bio-Behavioral Medicine. The BM-IOP rotation is a hybrid in-person and virtual (telemedicine) clinic with

modality of services delivered based on patient preference and provider availability.

Clinic Hours: Monday through Friday, 8.a.m. to 5.p.m

Faculty: Wendy Balliet, Ph.D., Professor
Jeff Borckardt, Ph.D., Professor
Rebecca Castellanos Gonzalez, Ph.D., Assistant Professor
Lillian Christon, Ph.D., Associate Professor
Brian Haver, Psy.D., MPH, Assistant Professor
Rebecca Kilpatrick, Ph.D., Assistant Professor
Stacey Maurer, Ph.D., Associate Professor
Eva Serber, PhD, Professor
Sharlene Wedin, Psy.D., ABPP, Associate Professor

Behavioral Health Consultation Clinic (BHCC)

Family Medicine is unique among medical specialties in that it integrates care for people of all ages, genders, and states of health. Family Medicine encompasses prevention activities as well as the treatment of a broad range of acute and chronic illnesses. Family doctors are specifically trained with regard to interdisciplinary practice and place a high degree of value on the contributions of psychologists towards their patients' overall health. The BHCC provides participating interns with opportunities to work primarily within two outpatient Family Medicine clinics. Patients are referred by their treating physician for assistance with diagnostic assessment and/or time-limited, evidence-based psychological interventions (generally 6 sessions or less). Typical presenting problems include ADHD, depressive disorders, anxiety disorders, insomnia, pain management, tobacco or alcohol use problems, and adjustment issues. Psychology interns will have ample opportunity to collaborate with referring physicians (both faculty and resident physicians) with regard to patient care. Interns will learn to utilize both clinical interviews and brief self-report measures to assess the mental health/behavioral needs of their patients succinctly and accurately (at baseline and across time). Interns will also learn effective and succinct methods for communicating their clinical findings and treatment plans to patients and referring physicians (both verbally and in writing). Interns will become familiar with a variety of evidence-based psychological treatments (generally behavioral and cognitive behavioral) for the effective management of specific presenting conditions. Of note, many patients referred to the BHCC will be taking psychotropic medication. Some patients may have medication changes occur while participating in BHCC services. Others will prefer to address their concerns without psychotropic medication. So, in addition to developing knowledge and skill regarding assessment and treatment approaches, interns will also become familiar with evidence-based biological approaches for addressing patient complaints. In all cases, consideration of patient preferences, evidence-based practice, and collaboration amongst treatment professionals will be combined to determine the optimal clinical approach for each patient.

After completing the BHCC rotation, interns will be able to:

- Accurately diagnose and assess mental health/behavioral symptoms within a civilian Family Medicine (primary care) setting.
- Effectively communicate clinical findings both verbally and in writing to the referring physician, other professionals, as well as to the patient.
- Develop evidence-based treatment plans.
- Deliver brief versions of evidence-based psychotherapy and other behavioral interventions appropriate to specific presenting problems.

- Assess treatment progress via evidence-based assessment practices.
- Effectively manage the doctor-patient relationship to promote the health and well-being of patients.
- Understand the evidence-base for both biological and psychosocial approaches to mental health/behavioral health issues as presented within the unique context of a civilian Family Medicine (primary care) setting.
- Document their findings appropriately within the Electronic Health Record.

Location of Rotation Department of Family Medicine Ellis Oaks (Faculty) Clinic (James Island)
This rotation will require the intern to have his/her own transportation.

Clinic Hours: Hours for the Ellis Oaks Clinic are Monday and Friday from 8:20 a.m. to 5 p.m.

Faculty John R. Freedy, M.D., Ph.D.
 Professor of Family Medicine/Licensed Clinical Psychologist

Center for Drug and Alcohol Programs (CDAP)

The Center for Drug and Alcohol Programs (CDAP) outpatient clinic specializes in the treatment of alcohol and drug addiction. Our multidisciplinary staff is enriched by the collective influence of psychiatry, clinical psychology, social work, and the counseling arts. Representatives from each discipline work together to provide treatment for a diverse array of patients who have a spectrum of substance-related and co-occurring disorders, in addition to associated interpersonal difficulties.

During the CDAP rotation, psychology interns gain experience in diagnostic interviewing and assessment, as well as the real-world application of treatments based on empirically-supported paradigms. Active intern participation is expected in our clinical treatment program, which includes both individual and group-based approaches. Specific opportunities include short- and long-term individual therapy, motivational interviewing groups, a 4-week intensive outpatient program, relapse prevention groups, and opiate addiction groups. Interns on the CDAP rotation also frequently work with couples and families as part of our well-rounded treatment approach.

During the CDAP rotation, interns gain experience applying empirically-supported treatments in a real-world outpatient substance use clinic:

- Motivational Interviewing
- Cognitive Behavioral Therapy
- 12-Step Facilitation

Interns will also provide behavioral treatment to patients who, through collaborative work with psychiatrists and psychiatry residents, are being treated with adjunctive FDA-approved pharmacotherapies to treat addiction in outpatient settings:

- Naltrexone (ReVia), Acamprosate (Campral) and Disulfiram (Antabuse) for alcohol addiction
- Buprenorphine for opiate addiction

CDAP's clinical program benefits greatly from the division's active \$6M extramurally funded research program, NIAAA and NIDA-funded postdoctoral training programs, and its nationally-recognized research faculty. CDAP is strongly committed to research and was a site for two multi-site clinical trials funded by NIAAA: Project MATCH and the COMBINE study. The faculty encourages and facilitates intern participation in all aspects of ongoing research protocols. Based on fit with the psychology intern's research interests, opportunities to participate in clinical research projects may be available.

Examples of past research projects include:

- behavioral health projects related to improving alcohol screening in primary care and specialty medical settings
- use of alcohol biomarker laboratory tests with surgical patients
- clinical trials for alcohol and cocaine treatment
- clinical trials for treatment of comorbid anxiety/alcohol disorders
- prevalence of psychiatric comorbidity in clinical settings
- human laboratory, imaging, and psychophysiological studies related to alcohol, stress, and to cocaine

After completing the CDAP rotation, interns will be able to:

- Accurately identify substance use symptoms and diagnose substance use-related disorders in adults and adolescents.
- Make accurate treatment recommendations across multiple levels of care upon completing an assessment.
- Deliver, with fidelity, evidence-based treatments for substance use disorders, such as Motivational Enhancement Therapy, Cognitive Behavioral Therapy, 12-Step Facilitation in individual, family, and group formats to adults and adolescents.
- Monitor patients' progress over the course of treatment, utilizing a variety of data (e.g., self-report, urine drug screens, blood tests, collateral report), and modify treatment plan accordingly.
- Document the delivery of services and patient responses to services appropriately and in a timely manner in each patient's electronic medical record.
- Accurately monitor, demonstrate sensitivity, and apply knowledge of others as diverse individuals and cultural beings in assessment, treatment, and consultation.

Location of rotation: Medical University of South Carolina, CDAP outpatient clinic

Clinic Hours: Official CDAP hours are Monday through Friday, 9 a.m. to 5 p.m.

Faculty: Sudie Back, Ph.D., Professor & Division Director
Patrick Duffy, Psy.D., Assistant Professor

Cognitive Behavioral Therapy Clinic for Emotional Disorders –VAMC (CBT-VA)

The CBT Clinic for Emotional Disorders is a specialized psychotherapy clinic with the Mental Health Service Line (MHSL) with the Ralph H. Johnson VA Medical Center. Patients within our MHSL are assigned within a multidisciplinary treatment team to provide a wide-range of services, largely centered around their pharmacological interventions. MHSL patients that are identified for potentially benefitting from evidence-based psychotherapies are referred to the CBT Clinic.

The CBT Clinic for Emotional Disorders provides psychotherapeutic services to veterans with diagnoses of emotional disorders (e.g., major depressive disorder, panic disorder, social anxiety disorder, PTSD,

OCD, specific phobia, GAD, etc.) and related co-occurring symptomatology (e.g., anger management, impaired sleep, nightmares, stress management). The clinic is staffed by an integrated team of psychologists with varied theoretical and evidence-based orientations. Within that context, CBT providers offer evidence-based psychotherapies (e.g., CBT for various disorders, PE, CPT, ERP, TBT) in individual, group, in-person, and telehealth formats.

The rotation strives to customize the intern training experience based upon mutually identified training goals. Examples of this include attempt to: 1) match supervisors with various expertise and theoretical orientations to interns' training needs, 2) match patient referrals to intern training needs based on diagnosis, individual characteristics, or demographics, and 3) match patient referrals eligible for specific treatments to interns.

The rotation also strives to emphasize the multidisciplinary training features of the clinic. Interns will be encouraged to work closely alongside other providers on the patient's interdisciplinary team. Whether they be providers of psychiatric medications (MD, NP, PharmD), psychosocial support and community integration (MSW, peer support specialist), or physical health providers (MD, DO, PT, OT, NP) within the medical center, it is expected that interns will embrace the VA Whole Health treatment approach of collaborative patient education to ensure improved outcomes.

After completing the CBT Clinic rotation, interns will be able to:

- Accurately diagnose and assess Veterans with emotional disorders and related comorbidities.
- Develop evidence-based treatment plans for addressing disorder-specific and transdiagnostic symptoms related to the emotional disorders.
- Deliver evidence-based psychotherapy for the emotional disorders, including several different disorder-specific and transdiagnostic CBT protocols.
- Assess treatment progress via evidence-based assessment practices.
- Communicate and coordinate assessment/treatment findings through direct interactions with providers and via documentation in patient medical records within the VA Mental Health Service and CBT Clinic for Emotional Disorders.

Location of rotation: Ralph H. Johnson Veterans Affairs Medical Center

Clinic Hours: Official VA hours are Monday through Friday, 8 a.m. to 4:30 p.m.

Faculty: Daniel F. Gros, Ph.D., Professor
Rachel LeVine, Ph.D., Assistant Professor

Community Outreach Program –Esperanza (COPE)

The Community Outreach Program — Esperanza (COPE) is a specialty clinic within the National Crime Victims Research & Treatment Center (NCVC) created nearly 20 years ago by Dr. Michael de Arellano. COPE provides community-based assessment, treatment, and case management services to children who have been victimized by crime (e.g., sexual and physical abuse, domestic violence) or have experienced other traumatic events (such as a natural disaster or a serious accident). Services are provided in the child's community (e.g., home, school) and in some cases via telehealth. COPE attempts to reach victim populations that have traditionally been underserved by office-based mental health care programs, especially rural populations and racial/ethnic minorities. Although open to children from all racial/ethnic minority groups, a significant proportion of referrals involve children of Hispanic descent (~30%) and African American descent (~40%), most from low-income backgrounds.

The overarching goal of COPE is to treat trauma-exposed youth “in context” by minimizing barriers in access to evidence-based mental health services (e.g., lack of transportation, distance from clinic) utilizing a community-based service model. Clinically, interns are trained in: (1) Trauma-Focused Cognitive Behavioral Therapy; (2) intensive case management; (3) evidence-based engagement strategies to enhance treatment completion; and (4) appropriate use of Interpreter Services to provide linguistically appropriate treatment. More recently, trainees will receive specialized training in telehealth as a service-delivery modality. Special emphasis is placed on adapting evidence-based trauma-focused interventions for use in community settings with diverse populations. Interns develop expertise in the assessment and treatment of posttraumatic stress disorder and other trauma-related symptoms including anxiety, depression, and disruptive behaviors.

After completing the rotation, interns will be able to:

- Accurately identify trauma-related symptoms and diagnose trauma-related disorders among child trauma victims in community-based settings.
- Develop evidence-based treatment plans for addressing trauma-related problems among child trauma victims within community-based settings.
- Deliver evidence-based treatments for PTSD and other trauma-related problems (specifically, TF-CBT), with fidelity, within community-based settings.
- Effectively coordinate with physicians who are providing medication evaluation and management and other medical and/or mental health professionals as necessary.
- Apply appropriate ethical standards to working with trauma-exposed populations and recognize limits and exceptions to patient confidentiality (e.g., mandated reports).
- Tailor evidence-based trauma-focused interventions to meet the needs of each patient utilizing a culturally competent and linguistically appropriate approach.
- Identify relevant social service systems that serve child trauma victims and advise patients effectively about those services.

Location of rotation: Community settings (schools, homes, other public buildings that afford privacy). Interns are provided with COPE vehicles, or can use their own cars and be reimbursed for mileage. Each intern has shared office space within the NCVC suite on the 2nd Floor S, IOP.

Clinic Hours: In order to minimize barriers in access to care, **interns are expected to be available to see their patients from 8am to 7 pm (Last appointment scheduled at 6 p.m. to finish at 7 pm)**. Please consult with your supervisor, if you have questions about this expectation.

Faculty: Michael de Arellano, Ph.D., Professor, COPE Director
Cristina Lopez, Ph.D., Professor
Meg Wallace, MSW, LISW, COPE Assistant Director

Couples and Family Clinic – VAMC

On this rotation, interns attain proficiency in thoroughly working up couple and family relationships through the multi-systemic assessment of behaviors, attitudes, and feelings via semi-structured interviews, self-report measures, and observational assessments.

Interns are given the opportunity to serve as co-therapists, primarily with the rotation supervisors, but also occasionally with other interested and proficient intern or post-doctoral fellow colleagues. The primary intervention focus in the Couples Clinic is dyadic therapy via Jacobson's and Christensen's Integrated Behavior Couples Therapy (IBCT) which is a sophisticated unification of "classical" Behavioral Marital Therapy (i.e., communication skills, problem solving skills, & increasing positive event density) and Emotion Focused Therapy, leading to additional key intervention techniques around emotion ("Empathic Joining") and cognition ("Unified Detachment"). Additional couples interventions include Behavioral Couples Therapy for SUD and Cognitive Behavioral Conjoint Therapy for PTSD.

Consistent with national trends in primary care and managed care, brevity of intervention (typically an 8-10 session span) is stressed. Couples are also typically invited to participate in a VA multi-center clinical research outcome study. Additionally, interns with research interests in prevention and/or in relationship strategic planning, life balance development, and/or in empirically examining interaction data will find ample opportunity to participate in clinical research in the Couples and Family Clinic.

After completing the Couples Clinic rotation, interns will be able to:

- Administer, score, and interpret comprehensive interview, assessment, and observational data.
- Conduct functional behavioral assessments of couple dysfunction and use this information to tailor treatment plan.
- Functionally analyze, verbally and in writing, the etiology and maintenance of maladaptive inter-spouse behavior/cognitive chains.
- Communicate intake findings, conclusions, recommendations to couples and develop treatment plans to address these.
- Demonstrate appropriate and effective use of specific couples therapy techniques, including nurturing support, challenging, confronting, coaching, demonstrating, and modeling.
- Demonstrate modeling and effective teaching of behavioral intervention skills, including specific praise, effective commands, limit setting, time-out, planned ignoring, and cost-response systems.
- Demonstrate effective use of emotion-regulating tools.

Location of rotation: Department of Veterans Affairs Medical Center

Clinic Hours: Official VA hours are 8 a.m. to 4:30 p.m.

Faculty: Julian Libet, Ph.D., Associate Professor
Jenna Baddeley Teves, Ph.D., Staff Psychologist
Karen Petty, Ph.D., Staff Psychologist
Katherine Knies, Ph.D., Staff Psychologist

Dee Norton Child Advocacy Center (DNCAC)

Dee Norton is a freestanding Children's Advocacy Center, which is a national multidisciplinary model for responding when there is a concern for child abuse or neglect. Dee Norton has a multidisciplinary staff, including representatives from psychology, social work, case management, and forensic interviewing. We also have co-located physicians, nurses, and fellows from the MUSC Division of Child Abuse Pediatrics. Each year, Dee Norton provides direct services to over 1,200 child maltreatment victims, including both forensic and clinical (i.e., assessment and/or treatment) services. Children served at our program are racially and economically quite diverse, over half have experienced child maltreatment, including physical abuse (43%), exposure to domestic violence (27%), and sexual abuse (25%).

Psychology interns receive didactic and experiential training in evidence-based assessments and treatments for children who have experienced child abuse or trauma. The treatments provided at Dee Norton include Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Parent-Child Interaction Therapy (PCIT), Risk Reduction through Family Therapy (RRFT) and Sexual Behavior Problem–Cognitive Behavioral Therapy (SBP-CBT). Psychology interns predominantly conduct mental health assessments and provide TF-CBT and PCIT. Interns have the opportunity to observe forensic interviews. Psychology interns on this rotation collaborate with many multidisciplinary partners, including pediatricians, social workers, child protective services, law enforcement, and prosecutors. There are also shared training activities with interns from social work and clinical counseling programs.

By the end of the rotation, interns will be able to:

- Accurately distinguish among forensic and clinical assessments of children.
- Accurately assess clinical symptoms commonly associated with trauma exposure in children and adolescents.
- Develop evidence-based treatment plans for addressing trauma-related problems among child victims of abuse and trauma.
- Deliver, with fidelity, evidence-based treatments for PTSD and other trauma-related problems [specifically, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Parent-Child Interaction Therapy (PCIT)].
- Document the delivery of services and patient response to services appropriately in each patient's electronic medical record.
- Effectively provide evidence-based treatments to underserved populations, including racial/ethnic minorities and those families at economic disadvantage, and overcome barriers to the implementation of evidence-based treatments in community settings.

Location of rotation: Dee Norton Child Advocacy Center
677 Long Point Road
Mount Pleasant, SC

Personal transportation required to complete this rotation.

Clinic Hours: Monday, Tuesday, Thursday, and Friday 8:30 a.m. to 5 p.m.; Wednesdays 8:30 a.m. to 6:30 p.m.

Faculty: Kathy Reid Quiñones, Ph.D., Director of Grants and Program Evaluation

Developmental and Behavioral Pediatrics – MUSC (Peds)

This rotation is housed the Division of Developmental and Behavioral Pediatrics at MUSC, a multidisciplinary service with representative faculty from several related disciplines, including school psychology, clinical psychology, developmental pediatrics, genetics, and pediatric psychiatry. Interns also frequently have the opportunity to consult with faculty from other disciplines on specific cases. Interns on this rotation participate in each of two specialty clinics: the Autism Spectrum Disorder Clinic, and the Tele-Parent Child Interaction Therapy Clinic. This rotation includes both live supervision and group supervision, and interns without a background in pediatric assessment are welcome. The first three weeks of the rotation include intensive training in interview and specialized assessment techniques and PCIT.

Autism Spectrum Disorder Clinic

This clinic provides diagnostic evaluations for children suspected of having autism spectrum disorder. Referred children may range in age from 15 months to 18 years, and may have a wide range of presenting concerns. Interns assigned to this clinic will receive training in the use of state-of-the-art assessment instruments for these disorders, including the ADOS-2.

Telehealth Parent Child Interaction Therapy (Tele-PCIT) Clinic

This clinic provides Parent Child Interaction Therapy via telehealth to young children from underserved backgrounds. Referred children are ages 2-6 with neurodevelopmental disorders (e.g., autism, ADHD, developmental delays). Training in PCIT and considerations for delivering PCIT to children with neurodevelopmental disorders will be provided. Interns will conduct initial intakes from the division of Developmental Pediatrics for each case, deliver all therapy sessions virtually, and participate in weekly group supervision.

At the end of the rotation, interns will be able to:

- Reliably use evidence-based assessment methods for the diagnosis of autism spectrum disorder, including the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2).
- Provide accurate differential diagnoses for children referred for concerns for autism spectrum disorder.
- Provide evidence-based individualized treatment recommendations for children with neurodevelopmental disabilities.
- Provide sensitive, evidence-based feedback to families regarding their children's development and proposed treatment plan.
- Conduct intake sessions with families to determine therapy goals and appropriateness for PCIT.
- Deliver PCIT via telehealth for young children with neurodevelopmental disorders with appropriate levels of fidelity.
- Administer and utilize weekly therapy measures to guide PCIT therapy goals.

Location of rotation: Medical University of South Carolina, Rutledge Tower & telehealth remote delivery (remote delivery may be completed from home in some cases)

Clinic Hours: Clinic and therapy intake appointments typically take place between 7:45 a.m. and 1:00 p.m., with afternoons reserved for report preparation.

Faculty: Laura Carpenter, Ph.D., Professor
Catherine Cheely Bradley, Ph.D., Associate Professor
Rosmary Ros-DeMarize, Ph.D., Assistant Professor

Head Start Mental Health Consultation & Treatment Program (Head Start)

This rotation provides a multidisciplinary experience working with teachers, young children, and parents involved in the Early Head Start (EHS) and Head Start (HS) programs across the Charleston County area. Charleston EHS/HS serves children through 15 classroom-based centers and an EHS home visiting program. The Charleston EHS/HS programs target high-risk, low socioeconomic status children/families, often characterized by developmental, social emotional, and/or behavioral difficulties. The EHS/HS Consult program provides a step-wise level of care – all children and classrooms are initially assessed, and then proceed through the following steps as needed:

- Teacher partnership and classroom-wide intervention
- Child-specific classroom intervention
- Parent consultation
- Provision of, or referral to, child and family therapy

Interns work directly with teachers, children, and parents, as well as other providers (e.g., school counselors, school nurse, administrators). The intern functions as an integral part of the treatment team and is involved in every aspect of the program. Interns will participate in structured classroom observations and evaluations using a multi-dimensional assessment approach; work with classroom teachers to develop and implement classroom-wide interventions; provide parent consultation; determine appropriateness of additional child and family therapy (e.g., parent training, child maltreatment prevention), and provide such services as appropriate. In addition to direct clinical services, interns will gain an understanding of systemic issues within Head Start and the public school mental health system, collaborate with Head Start staff regarding program development, develop expertise in interdisciplinary management of high-risk children and families, learn about child maltreatment prevention, and develop and collaborate in related clinical research.

At the end of the rotation, interns will be able to:

- Effectively complete structured classroom evaluations using a multi-dimensional approach.
- Complete official classroom evaluation reports for each classroom.
- Accurately identify developmental, social, and behavioral concerns among children ages 1 through 6.
- Collaborate with education professional in consultation, referral, and provision of services.
- Deliver child-specific classroom interventions, parent consultation, and child and family therapy (e.g., parent training, child maltreatment prevention).
- Accurately track child progress through the step-wise care system.
- Document the delivery of assessment, consultation, and intervention services and child, family, and teacher responses to services appropriately.

Location of Rotation Community-based Head Start Centers & MUSC
Interns on the Head Start rotation are required to have their own transportation to commute between sites in the Tri-county area. The intern is reimbursed for gas and travel expenses.

Clinic Hours: Head Start hours are from 8 a.m. to 5 p.m. Monday through Friday

Faculty Angela Moreland-Johnson, Ph.D., Associate Professor
 Grace Hubel, Ph.D., Assistant Professor (College of Charleston)

Health and Wellness Institute (HWI)

The new, state-of-the-art MUSC Health and Wellness Institute houses the Resiliency and Mindfulness Program, which offers adults and teens a full array of evidenced-based strategies to bolster resilience and foster mindfulness practice. Program goals are to improve quality of daily life, enhance competence in managing life stressors, regulate emotion, improve sleep, reduce anxiety and depressed mood, and prevent mental and health complications associated with these problems. Resilience areas include: understanding stress and resilience, developing healthy personal connections, getting restful sleep, positive activity

scheduling, and living a meaningful life (via values clarification). Mindfulness programming includes: basics of mindfulness in everyday living, guided mindfulness practice, guided meditation practice, mindfulness based stress reduction (MBSR), and Zendo Meditation tDCS Device-facilitated meditation practice. Programs are offered individual, group, and retreat-based formats. Interns completing a rotation at HWI will develop expertise in early intervention resiliency strategies, acceptance and commitment approaches, mindfulness, as well as use of technology assisted (Zendo Meditation tDCS Device) tools to promote meditative practice. Services will be provided within a multidisciplinary environment alongside dietitians, wellness coaches, sports medicine physicians, and other mental health clinicians. Interns will use semi-structured assessments to assist with determining needs and developing individualized treatment plans for clients. Intervention approaches typically include cognitive-behavioral strategies and acceptance and mindfulness-based interventions. Training in both individual and group interventions is provided. Further, interns are invited to engage in ongoing collaborative program evaluation of this innovative center.

After completion of the Health and Wellness Institute rotation, interns will be able to:

- Accurately assess areas to foster resilience and growth in adults and teens using semi-structured assessment batteries.
- Effectively deliver stress reduction coping skills and mindfulness-based strategies including technology assisted (Zendo Meditation tDCS Device) tools to promote meditative practice.
- Effectively deliver mindfulness-based stress reduction (MBSR) for short and long-term stress reduction, decrease of physical and physiological symptoms, and increased ability to deal with chronic pain.
- Collaborative effectively with a multidisciplinary team of clinicians, dietitians, and health and wellness specialists.

Location of Rotation Mount Pleasant MUSC satellite office (car is recommended)

Clinic Hours Hours of rotation will require early morning and evening hours to accommodate client work schedules as group sessions will often be scheduled after work hours. Accommodations to daytime schedule will be adjusted.

Faculty Alyssa Rheingold, Ph.D., Professor
Chris Pelic, M.D., Health and Wellness Chief

Hollings Cancer Center (HCC)

Interns provide psychological services for patients (and families of patients) who are being treated through the MUSC Hollings Cancer Center, the only NCI Designated Cancer in South Carolina. The intern provides consultation services for the various oncological treatment teams and sees individual patients for psychotherapeutic management of cancer-related psychosocial issues (including disease management, pain management, and end-of-life issues) and co-morbid psychiatric disorders. Interns also provide psychological assessment services to assist in the multi-disciplinary determination of eligibility for bone marrow or stem cell transplantation.

By the end of the rotation, the intern will be able to:

- Effectively evaluate patients who are being considered for bone marrow or stem cell transplantation, identify resilience and risk factors related to surgical intervention, and formulate pre- and/or post-transplant recommendations.
- Prepare, competently apply, and effectively monitor empirically supported psychotherapeutic interventions to patients with cancer and their families.
- Integrate psychological treatment and recommendations through verbal and written consultations with medical teams and as an effective provider in multidisciplinary teams.
- Identify and respond to the unique psychosocial challenges associated with diverse patients during cancer diagnosis, treatment, and recovery.

Location of rotation; The HCC rotation is a hybrid in-person and virtual (telemedicine) clinic with modality of services delivered based on patient preference and provider availability.

Clinic Hours: Hollings Cancer Center operating hours are 8 a.m. to 5 p.m.

Faculty: Wendy Balliet, Ph.D., Professor
Rebeca Castellanos Gonzalez, Ph.D., Assistant Professor
Stacey Maurer, Ph.D., Associate Professor

National Crime Victims Research and Treatment Center (NCVC)

The population served by the NCVC includes victims of a variety of crimes and traumatic events (sexual/physical assault, robbery, burglary), intimate partner violence, witnesses to violence, work-related accidents, car accidents, and family members of homicide victims. Interns develop expertise in the assessment of traumatic events in the client's history and post-trauma adaptation, including post-traumatic stress disorder, other anxiety disorders, and affective disorders. As a therapist, the intern works with victims (and their families) utilizing evidence-based therapeutic techniques including Trauma-Focused Cognitive Behavior Therapy, Cognitive Processing Therapy, and Prolonged Exposure. Interns see patients in both the adult clinic and family and child clinic, and have separate clinical supervisors for each clinic. Interns may, if their schedule permits, co-lead a support group for surviving family members of homicide victims. Because this rotation serves a cross-section of the community, interns are expected to be available to work in an evening clinic one day per week (currently Tuesdays) until approximately 8 p.m. Our Center has a specialty clinic for Latinx victims of crime, therefore a number of referrals are Spanish speaking allowing opportunities for English speaking interns to provide trauma treatment utilizing interpreters and for Spanish speaking interns to provide trauma treatment in Spanish.

Research opportunities are available for interns interested in understanding innovative service and training methods for trauma populations; the application of innovative technologies in the treatment of trauma victims and the training of clinical professionals; the epidemiology of trauma and its consequences; and the physiological and genetic determinants of trauma-related psychopathology.

After completing the NCVC rotation, interns will be able to:

- Accurately identify trauma-related symptoms and diagnose trauma-related disorders among adult and child victims of civilian trauma.
- Accurately track and interpret ongoing progress in treatment over the course of therapy with frequent self-report measures combined with a synthesis of all other clinically relevant information (e.g. participation in assigned work at home, affect during trauma treatment, etc).

- Use the research literature to guide the appropriate selection, implementation, and/or adaptation of trauma treatment strategies for patients depending on their demographics (e.g., age, cultural factors) and/or trauma symptom presentation.
- Deliver, with fidelity, evidence-based treatments for PTSD and other trauma-related problems.
- Document the delivery of, and patient response to, services in each patient's medical record.
- The intern will apply appropriate ethical standards to working with trauma-exposed populations and recognize limits and exceptions to patient confidentiality (e.g., mandated reports), including ethical standards related to a telehealth delivery modality (when applicable).
- Integrate appropriate modifications to assessment of and interventions for trauma-related difficulties based upon unique needs of trauma patients with culturally diverse backgrounds (e.g., race/ethnicity, gender, SES, sexual orientation, etc.).
- Function effectively within an outpatient psychiatric trauma clinic coordinating care with other health care professionals including psychiatrists, psychiatric residents, and case managers as well as with outside community professionals to include child protection agency, child advocacy center, domestic violence shelter, rape crisis center, and law enforcement victims.

Location of rotation: Institute of Psychiatry - Medical University of South Carolina

Clinic Hours: NCVC clinic operates Monday-Friday from 8:30am to 6:00pm, except on Wednesdays, when clinic hours are from 8:30AM to 8:00PM to accommodate patients' work and school schedules.

Faculty: Dean G. Kilpatrick, Ph.D., Distinguished University Professor & Director
 Carla Kmett Danielson, Ph.D., Professor & Associate Director of Postdoctoral Training
 Jamison Bottomley, Ph.D., Assistant Professor
 Michael de Arellano, Ph.D., Professor
 Christine Hahn, Ph.D., Assistant Professor
 Rochelle F. Hanson, Ph.D., Professor & Associate Director of Research
 Cristina Lopez, Ph.D., Professor
 Angela Moreland-Johnson, Ph.D., Associate Professor
 Rosaura Orengo-Aguayo, Ph.D., Associate Professor
 Alyssa Rheingold, Ph.D., Professor & Director of Clinical Operations
 Daniel W. Smith, Ph.D., Professor & Associate Director of Training
 Megan Wallace, MSW, LISW-CP, Clinical Instructor

Neuropsychology Assessment Clinic –MUSC

The major goal of the Neuropsychology Assessment Clinic rotation at the Department of Neurology & Neurosurgery is to help the intern develop basic clinical neuropsychological and psychopathology assessment skills useful in the practice of clinical neuropsychology in the medical center. This rotation provides interns with adult and pediatric experiences in medical neuropsychology, including experience with:

- a wide array of psychological, neurocognitive, and clinical interview techniques;
- clinical assessment of primarily in neurological-related diagnoses with specific diagnostic formulation and differential considerations; and
- assessment/consultation of neurologic and neurosurgical patients.

Interns receive training in report writing and consulting with interdisciplinary patient care teams. Clinics served include a Memory Disorder Clinic (Alzheimer and related dementia), Movement Disorder Clinic (focusing on pre-post neurosurgical implantation of STM DBS), Epilepsy Movement Disorder Clinic (focusing on NES and pre-post neurosurgical treatment of seizures), and general neurological clinics (forensic, head injury, organ transplantation, multiple sclerosis, CNS tumors, etc.). Some pediatric experiences may be available in the areas of epilepsy and neuro-oncology.

The primary training sites for this rotation include our outpatient clinic, the Neurology Service of MUSC's outpatient hospital, and to a lesser extent, the inpatient Neurology Service. The training focus is medical psychology and often includes the multidisciplinary model of patient care. Educational opportunities include abundant patient contact with extensive daily individual case supervision using the medical model case teaching approach, weekly neurophysiology and neuron-radiology conferences, and monthly neuropsychology seminars. Opportunities exist to watch neurological exams, Wada studies, and/or neurosurgical procedure(s) on patients being followed by this service to gain a multidisciplinary perspective. Numerous research opportunities are available and active participation by interns is strongly encouraged.

After completing rotation, psychology interns will be able to:

- Accurately administer, score, and interpret a broad array of neuropsychological tests.
- Accurately identify syndrome signs and symptoms, and integrate complementary data (such as CT/MRI/PET/EEG), to formulate a list of differential diagnoses for common neuropsychological disorders with patients presenting to an outpatient neurological clinical setting.
- Use neuropsychological tests to effectively hone the diagnostic differential to the most parsimonious diagnosis that can be confirmed or refuted with time and/or complementary studies.
- Communicate patient findings concisely and effectively in verbal and written format.
- Effectively provide neuropsychological services to underserved populations, including racial/ethnic/aged minorities and/or economic disadvantaged.

Location of rotation: Medical University of South Carolina

Clinic Hours: Monday through Wednesday from 8:30 a.m. to 5 p.m.

Faculty: Mark T. Wagner, Ph.D., Professor

Neuropsychology Clinic -VAMC

The Neuropsychology Clinic provides neuropsychological evaluation services throughout the VAMC. Referrals come primarily from various outpatient services, including Neurology, Mental Health, Primary Care, Physical Medicine and Rehabilitation, Geriatric Medicine, Infectious Diseases Clinic, and others. Adults with a range of diagnoses are seen for assessment, including traumatic brain injury, cerebrovascular illness, neurodegenerative and other neurological diseases, seizure disorders, chronic substance use disorders, other psychiatric conditions, and attention-deficit/hyperactivity disorder.

All interns in the Neuropsychology Clinic conduct **outpatient neuropsychological evaluations**. A hypothesis-testing approach is utilized, in which each evaluation is tailored to the specific needs of the patient and referral source. Emphasis is placed on (1) interpretation and integration of historical, observational, and qualitative data, as well as quantitative test data; and (2) development of specific, concrete treatment recommendations to maximize the benefit to each patient.

Interns on this rotation also participate in the **Memory Disorders Clinic**, a weekly, interdisciplinary clinic based in the Neurology Service for evaluation of older adults. Patients seen in this clinic include those with Alzheimer's disease, vascular neurocognitive disorders, mild cognitive impairment, frontotemporal dementia, late-life depression, and other conditions. In addition to conducting brief evaluations, interns attend monthly, interdisciplinary team meetings in which the neurological, neuropsychological, and neuroimaging data are reviewed, consensus diagnoses are assigned, and recommendations are formulated. Interns also gain experience in providing feedback of examination results to patients and their families in an interdisciplinary team setting.

Other, optional clinical experiences are also available. There are limited opportunities to conduct **inpatient neuropsychological evaluations**, typically on the Psychiatry, Neurology, or General Medicine wards. Interns may also have opportunities to observe or help to provide **tele-neuropsychology services**, i.e., outpatient evaluations and feedback sessions conducted by telemedicine with patients in clinics 100 miles away from Charleston.

All training experiences in Neuropsychology Clinic are adapted to the needs of individual interns, so that the rotation can provide valuable learning experiences for those planning a career in neuropsychology, or for those with little or no prior experience in the field. Interns attend the monthly Neuropsychology Seminar Series, a forum for clinical case conferences, research presentations, and other topics of interest. There is also a monthly Neuropsychology Peer Consultation, for informal case presentations and discussion of professional issues in a relaxed setting. Finally, numerous research opportunities are available in the Neuropsychology Clinic. The Charleston Consortium is a member of the Association for Internship Training in Clinical Neuropsychology.

After completing the VAMC Neuropsychology Clinic rotation, interns will be able to:

- Conduct an efficient interview to aid in the differential diagnosis of neuropsychological syndromes.
- Correctly administer and score a wide variety of neuropsychological tests.
- Use a hypothesis-testing approach to select neuropsychological tests most appropriate to answering referral questions.
- Write clear, concise, interpretive neuropsychological reports that integrate neuropsychological, neurological, and behavioral data, and that include specific intervention recommendations.
- Orally present evaluation findings in a clear, effective manner to patients and their families, and consult effectively with referral sources and interdisciplinary treatment teams.

Location of Rotation Ralph H. Johnson VA Medical Center

Clinic Hours Official VA hours are Monday through Friday, 8 a.m. to 4:30p.m.

Faculty Michael David Horner, Ph.D., Professor

Pediatric Primary Care (PPC)

The PPC Program involves a partnership between the National Crime Victims Research and Treatment Center (NCVC) and Division of General Pediatrics, both within the College of Medicine at the Medical University of South Carolina. PPC houses two programs, the Collaborative Care for Children and Caregivers (4C) and the Pediatric Primary Care Psychology Internship rotation (part of the Charleston Consortium Psychology Internship Program Co-Directors, Dean Kilpatrick, Ph.D., Dan Smith, Ph.D.), which work closely together to meet the needs of youth and families within the pediatric primary care

clinics. The 4C program was initiated in 2017 with grant funding from the South Carolina Office of the Attorney General, Department of Crime Victim Assistance Grants (Victims of Crime Act grant). 4C aims to expand access, availability and utilization of services for child and adult victims of crime by providing intensive case management, care coordination and direct mental health treatment services in the community, on-site in pediatric primary care clinics serving the Charleston tri-county area. During the COVID-19 pandemic, services were provided via telehealth. However, at this time, most services are provided in clinic, but we do offer remote service delivery when requested by clients.

The PPC psychology internship rotation was initiated to expand the reach of services for youth and families, since many children with behavioral health needs are not identified, nor do they seek specialty mental health services. The rotation operates within an integrated health care model, to address the mental health, behavioral and physical health needs of patients seen in Pediatric Primary Care. This also includes the Foster Care Support Clinic, which serves children who are currently in foster care placements in the tri-county Charleston area. On the PPC rotation, interns are actively involved in consultation/'warm handoff's', brief mental/behavioral health assessments, and behavioral health interventions to reduce the time burden of the medical providers, as well as address the needs of youth experiencing behavioral health concerns. An important aim of this rotation is to provide the intern with rich and varied experiences that meet individual needs, as well as training and career goals. Thus, Dr. Hanson (licensed clinical psychologist and rotation clinical supervisor) will work closely with the intern at the onset of the rotation to establish rotation goals and discuss the schedule and rotation opportunities. Over the course of the rotation, intern progress will be tracked, with ongoing discussions to ensure that these goals are being met.

For each 6-month rotation there are two half time psychology interns (they are each onsite approximately 2 days/week).

On this rotation, interns perform a variety of duties, including:

1. Consultation with pediatricians on behavioral health issues.
2. Brief, targeted psychological assessments that include semi-structured interviews with youth and caregivers, along with objective data using clinically indicated assessment measures.
3. Real-time, behavioral consultations (i.e., warm hand-offs), and scheduled behavioral consultations when requested by primary care providers.
4. Short-term crisis stabilization counseling (e.g., Psychological First Aid; Skills for Psychological Recovery).
5. Short-term/brief interventions (4-6 sessions) to target specific behavioral needs (e.g., sleep problems; minor depression, anxiety, behavioral problems) that do not warrant a longer-term therapeutic intervention.
6. Longer term therapy (6+ sessions) when indicated, using evidence-based interventions to address common behavioral health problems (e.g., trauma-related mental health problems, depression, anxiety, behavior problems).
7. Weekly participation in case staffings with the full PPC team (pediatrician, nurse-practitioner, social worker, case manager, and psychologist), which collaboratively determines the service plan for each child.
8. Intensive case management and collaboration with community and public agencies, such as community mental health, schools, child protection and foster care service systems.

At the end of the rotation, interns will be able to:

- Effectively screen and assess for mental health and disruptive behavior problems, parenting concerns, and trauma-related symptoms among a predominately underserved population of youth and families.
- Deliver, with fidelity, evidence-based and best practice interventions to facilitate improvements in an array of behavioral and mental health problems including behavioral adjustment, anxiety, depression, and PTSD symptoms.
- Interact and consult effectively with a multidisciplinary (pediatrician, nurse practitioner, social worker) treatment team within a primary care setting.
- Educate multidisciplinary health care providers about behavioral health factors that affect health care delivery.

Location of Rotation Services are delivered in clinic or via telehealth.

Clinic Hours: Official hours for the rotation are between 8:30 a.m. to 5 p.m. However, the rotation does involve flexibility in scheduling to address patient barriers to accessing care. Thus, interns may be asked to see patients outside of these standard hours (e.g., 8 a.m. to 7 pm., with the last appointment scheduled at 6pm to finish at 7pm). Dr. Hanson will work closely with interns around patient scheduling.

Faculty: Rochelle Hanson, Ph.D., Professor of Psychiatry

Post-Traumatic Stress Disorder Clinical Team (PCT) - VAMC

This rotation provides an opportunity to work with veterans who were exposed to military and/or civilian trauma, such as combat or military sexual trauma. The PCT is an outpatient multidisciplinary team consisting of psychologists, social workers, psychiatrists, and trainees. The emphases are on evidence-based evaluation, innovative treatment modalities, and individual evidence-based therapy utilizing exposure therapy and other cognitive-behavioral treatment protocols. Interns will also have the opportunity to provide treatment to veterans in rural locations via tele-mental health. Finally, interns may also lead a weekly group focused on psychoeducation about common reactions to trauma in an acute inpatient setting.

The intern functions as an integral part of the treatment team and is involved in every aspect of patient care. Specifically, the intern participates in the evaluation and diagnosis of PTSD and other psychological conditions using a multi-dimensional assessment approach; implements individual cognitive-behavioral treatment approaches, including prolonged exposure therapy and cognitive processing therapy; gains an understanding of systemic issues related to PTSD in the VA system (such as iatrogenic effects, secondary gain, or malingering); participates in ongoing clinic program evaluation efforts, primarily through collecting and entering data on PCT treatment initiation and primary and secondary outcome measures. Interns will also participate in a multi-day Prolonged Exposure (PE) training, led by PCT faculty.

Opportunities for engagement in productive clinical research are present through on-going studies or the development of new projects. At the end of the rotation, trainees will be able to:

- Accurately identify and diagnose trauma-related disorders among veterans.
- Develop evidence-based treatment plans for trauma-related problems among adult veterans.
- Deliver, with fidelity, evidence-based treatments for PTSD and other trauma-related problems (specifically, prolonged exposure or cognitive processing therapy for PTSD, supplemented with behavioral activation/grief processing/or other anxiety disorder treatments as needed).
- Become familiar with delivering individual, evidence-based therapies to veterans both in-person as well as through tele-mental health.
- Document the delivery of services and patient response to services appropriately in each patient's electronic medical record.
- Accurately track and interpret ongoing progress in treatment over the course of therapy with weekly self-report measures combined with a synthesis of all other clinically relevant information.
- Participate regularly and deliver clinical feedback effectively during video-based group clinical supervision of prolonged exposure therapy.

Location of rotation: Department of Veterans Affairs Medical Center

Clinic Hours: Official VA hours are Monday through Friday, 8 a.m. to 4:30 p.m. You may occasionally be required to come in at 7:30 a.m. to accommodate patient needs or schedules.

Faculty: Simone Barr, Ph.D. Staff Psychologist
 Alyssa Jones, Ph.D., Assistant Professor
 Stephanie Keller, Ph.D., Assistant Professor
 Katherine Knies, Ph.D., Staff Psychologist
 Ed Maher, Ph.D., Clinical Assistant Professor
 Ursula Myers, Ph.D., Assistant Professor

Primary Care – Mental Health Integration Program (PCMHI) - VAMC

Primary Care – Mental Health Integration Program (PCMHI) - VAMC The PCMHI rotation at the VAMC is a primary care-based rotation that offers a wide range of presenting complaints within the scope of depressive, anxiety, adjustment, and mild substance use disorders. PCMHI patient referrals are based upon patient request, primary care provider recommendation, and/or cutoff scores on the VA primary care measures of depression and PTSD. Upon initial referral, patients met with a co-located mental health provider and complete a brief clinical interview, self-report measures, and a semi-structured clinical interview. Based on their level of impairment and interests in treatment, patients are offered a medication consultation with a PCMHI psychiatrist and brief evidence-based psychotherapy with a PCMHI psychologist, intern, or social worker. Patients with more severe psychopathology and/or impairment are referred directly to more intensive interventions in the mental health clinic based on a case-by-case clinical judgment (e.g., bipolar disorder, personality disorders, and psychotic symptoms). In addition, PCMHI staff (psychiatrist, psychologists, social workers, and nurse practitioner) work closely with their patients primary care providers (physicians and nurses) in order to coordinate PCMHI patient's physical and mental health needs.

Within this program, interns will be trained in a wide range of clinical activities, including brief evidence based psychotherapy, integration of behavioral health practices into psychotherapy, and coordination of treatment within a multidisciplinary team of primary care and mental health providers. Regarding

psychotherapy training, interns will be trained in a wide range of evidence-based practices (e.g., Behavioral Activation Treatment for depression, Prolonged Exposure for PTSD, Panic Control Treatment for panic disorder, Cognitive Behavioral Therapy for GAD). Additional training will be provided on 28 5/30/2023 treatment protocols specifically designed for the PCMHI setting with high risk and underserved veteran populations (brief behavioral therapy for depression and anxiety). Given the primary care setting, behavioral health practices (e.g., smoking cessation, weight management, reduction of alcohol consumption) also will be included in the training and treatment practices of interns. And finally, interns will be trained how to successfully function within a multidisciplinary team.

After completing the PCMHI rotation, interns will be able to:

- Accurately diagnose and assess psychiatric symptomatology in Veterans within primary care and PCMHI programs.
- Develop evidence-based treatment plans.
- Deliver brief versions of evidence-based psychotherapy for the depressive and anxiety disorders.
- Provide brief interventions for related disorders and conditions (stress management, anger management, sleep disturbance, mild substance use).
- Assess treatment progress via evidence-based assessment practices.
- Communicate and coordinate assessment/treatment findings through direct interactions with providers and via documentation in patient medical records within the VA Primary Care and PCMHI programs.

Location of rotation: North Charleston VA outpatient clinic, 6450 Rivers Ave, North Charleston 29406

Clinic Hours: Official VA hours are Monday through Friday, 8 a.m. to 4:30 p.m.

Faculty: Ashley Arnott, PsyD., Staff Psychologist

Sickle Cell Disease (SCD) Adult and Pediatric Clinic

On this rotation, interns receive training in the delivery of psychological services to both pediatric and adult patients with sickle cell disease. Interns will gain fluency in a range of psychological/behavioral medicine services including diagnostic interviewing, brief assessment/screening, individual psychotherapy, consultation, interdisciplinary team services, and group therapy. Interns will participate in in-clinic screening of patients and will assist in developing treatment plans for a variety of mental health conditions as well as chronic pain and disease adjustment. Interns will also gain experience working with patients with opioid use disorder and/or maladaptive pain coping. After initial screenings, interns will participate in delivery of brief, in-clinic follow-ups and more traditional individual and/or group psychotherapy sessions. A large part of this rotation involves working with medical colleagues in the clinic to collaborate on optimizing the overall healthcare and wellness of patients with SCD.

After completing the SCD rotation, interns will be able to:

- Screen pediatric and adult patients with sickle cell disease for a wide array of emotional, behavioral, and substance-related conditions
- Conduct pain-focused psychosocial assessments and provide evidence-based behavioral pain management

- Accurately assess, diagnose, and create treatment plans for patients with opioid use disorder
- Effectively communicate with sickle cell disease providers and clinic staff to identify psychosocial needs and treat/refer as appropriate
- Effectively communicate screening/assessment findings to referring providers
- Understand and effectively integrate diversity considerations (sociocultural, racial, disability-related) into the assessment and treatment of patients with sickle cell disease
- Apply appropriate ethical/legal standards to working with this specialized population (e.g., confidentiality, mandated reporting, safety assessments, managing patient-parent/guardian consent)

Location of rotation: The rotation will have both in-person and virtual/telemedicine components.
 Pediatric SCD Clinic: MUSC Downtown, Shawn Jenkins Children’s Hospital, 1st Floor
 Adult SCD Clinic: MUSC Downtown, Rutledge Tower, 2nd Floor

Clinic Hours: Monday-Friday, 8:00 a.m.-5:00 p.m.

Faculty: Rebecca Kilpatrick, Ph.D., Assistant Professor

Sleep and Anxiety Treatment and Research Program (SATRP)

The SATRP is an adult outpatient clinic providing state-of-the-art evidence-based treatments for various sleep and anxiety disorders. The clinic serves patients with primary diagnoses of social anxiety, obsessive-compulsive disorder, panic disorder, specific phobias, and generalized anxiety disorder. In addition, the clinic provides state-of-the-art sleep studies and behavioral and psychopharmacological interventions for sleep disorders, including insomnia, narcolepsy, and restless leg syndrome). Interns rotating at SATRP develop expertise in cognitive behavioral approaches to the treatment of anxiety and sleep within a multidisciplinary environment alongside social workers, psychiatrists, and psychiatry residents. Interns use semi-structured assessment batteries to assist with diagnoses. Treatment approaches typically include exposure-based behavioral, cognitive-behavioral, and acceptance and mindfulness-based interventions. Interns participate in weekly individual and group supervision with psychiatry residents and the supervising psychologist.

Further, interns are invited to engage in ongoing collaborative anxiety research projects with psychiatry and psychology faculty. Current projects include the relationship between sleep disorders and anxiety and dissemination of evidence-based treatments for sleep and anxiety disorders.

After completion of the SATRP rotation, interns will be able to:

- Accurately assess and diagnose anxiety disorders using semi-structured assessment batteries.
- Accurately assess and diagnose sleep related problems using semi-structured assessment batteries.
- Effectively deliver evidence-based cognitive behavioral protocols for anxiety disorders (including but not limited to exposure treatments (EX), exposure and response prevention (EX/RP), and acceptance and mindfulness ACT)
- Effectively deliver evidence-based cognitive behavioral protocols for sleep problems such as insomnia, parasomnia, narcolepsy, and hypersomnia.
- Document the delivery of services and patient response to services appropriately in each patient's electronic medical record.

- Integrate appropriate modifications to assessment and intervention of sleep and anxiety difficulties based upon unique needs of patients with culturally diverse backgrounds (e.g., race/ethnicity, gender, SES, sexual orientation, etc.).
- Collaborative effectively with a multidisciplinary team of clinicians, psychologist, and psychiatrists.

Location of rotation: SATRP is in the Department of Psychiatry and Behavioral Sciences. Offices for in-person appointments are located in the MUSC Department of Psychiatry. Currently, the majority of SATRP therapy appointments are via telehealth. Interns are able to work from home for one day of their rotation and required to be in clinic for one day of their rotation in order to serve those patients who prefer in person appointments. This is subject to change based on ongoing, post-pandemic changes in insurance requirements. It is possible by the time the next rotation begins interns will be required to be in clinic for both rotation days.

Clinic Hours: Monday through Friday from 8 a.m. to 6 p.m.

Faculty: Thomas Uhde, M.D., Professor and Chair
 Alyssa Rheingold, Ph.D., Professor
 Allison Wilkerson, Ph.D., Associate Professor
 Christopher Sege, Ph.D., Assistant Professor
 Joshua Tutek, Ph.D., Assistant Professor

Substance Treatment and Recovery Program (STAR) - VAMC

Training philosophy: The purpose of this rotation is to provide extensive of clinical experience in substance use during the VA rotation. The training experience is based on a "scaffolding approach" in which interns start out observing, then co-leading, then running groups. Interns usually come into a rotation with their own set of skills and experiences, and it is a goal of this rotation to provide an opportunity in which interns can apply and incorporate those skills into the rotation experience whenever possible. Clinical services are currently being offered in-clinic and via office-based telemedicine.

Primary goals of this rotation:

- Interns observe groups that use a variety of evidence-based approaches and techniques, including motivational enhancement, cognitive-behavioral, psychoeducational, and process-oriented (All groups are currently being led via home-based telemental health to observe social distancing).
- Interns will be able to independently conduct groups for patients with chronic substance dependence and addiction, using any combination of the techniques described above. Demonstrating the ability to run groups from all four orientations listed above is necessary to merit "Readiness for Entry Level Practice" competency rating.
- Interns will have a working knowledge of the content and philosophy of the 12-step approach to recovery.

Secondary goals of this rotation will vary depending on the educational needs and preferences of the individual interns. These goals may include the following:

- Interns may follow individual patient progress from initial assessment/evaluation, detoxification/inpatient stay, through intensive outpatient treatment, all the way through aftercare
- Interns may see patients for individual treatment of substance use.

- Intern can observe treatment of addiction from the medical model by attending rounds and team meetings.
- Interns may assist the psychologist in program development and/or implement new groups and interventions.
- Interns may assist the faculty in outcome monitoring.

What is expected from the intern:

- Desire to provide the best care possible for our vets
- Desire to assist in developing the rotation to provide the optimal training experience for future interns
- Enthusiasm for group treatment
- Eventually, the ability to lead groups
- Desire to be an integral member of the treatment team (attend at least 1 STAR team meeting per week)
- Desire to share knowledge and skills with other member of the team, if applicable.

At the end of the rotation, interns will be able to:

- Accurately diagnose substance use-related disorders among adult veterans
- Develop evidence-based treatment plans addressing comorbidity between substance use disorders and mood/anxiety disorders (particularly SUD/PTSD) among adult veterans
- Deliver and monitor individual psychological treatments targeting comorbidity between substance use disorders and mood/anxiety disorders utilizing motivational enhancement, CBT, and exposure therapies
- Deliver group-based psychological treatments for alcohol and illicit drug use disorders focused on motivational enhancement, addiction therapy, and relapse prevention
- Deliver group-based psychological treatments for smoking cessation and/or pain management (depends on rotation availability)
- Effectively communicate with interdisciplinary treatment team, supervisors, and other hospital-wide providers via completion of CPRS notes and relevant non-chart communication including encrypted emails, and consultation via phone call and responding to pages.
- Effectively provide evidence-based treatments to underserved populations, including veterans who are sexual/racial/ethnic minorities, homeless, unemployed/ at economic disadvantage, and low literacy to overcome barriers to the implementation of evidence-based treatments

Location of rotation: Department of Veterans Affairs Medical Center

Clinic Hours: STAR hours are 8 a.m. to 4:30 p.m.

Faculty: James Harbin, Ph.D., Clinical Assistant Professor
Regan Settles, Ph.D., Clinical Assistant Professor

Suicide Prevention Team

The Suicide Prevention Team is comprised of Suicide Prevention Coordinators who act as champions for the VHA's public health approach to suicide prevention and who assist with the care and management of Veterans at high acute risk for suicide. The team members work with Veteran patients, VA facility staff, and community partners in support of numerous suicide prevention initiatives.

As part of this rotation, the intern will:

- Consult with health care providers regarding suicide risk assessment and suicide risk mitigation strategies, including consultation with providers to assist in decision making about placement of High Risk for Suicide Patient Record Flags
- Respond to referrals from the Veterans Crisis Line to meet the needs of Veterans who have reached out to the crisis hotline for support at a local level
- Routinely conduct comprehensive suicide risk evaluations and engage in safety planning and discussions about lethal means safety with Veterans
- Provide postvention services to staff and family after a death by suicide
- Provide education to staff on topics related to suicide prevention
- Attend community outreach events and coalition meetings
- Lead and/or assist with process improvement projects
- Attend interdisciplinary meetings related to the care of Veterans at high risk for suicide

By the end of the rotation, the intern will:

- Understand, describe, and discuss a) empirically-supported theories of suicide and b) the VA/DoD Clinical Practice Guideline for the Assessment and Management of Patients at Risk for Suicide
- Conduct suicide risk assessments and interventions using evidence-based tools/instruments (e.g., Columbia Suicide Severity Rating Scale, Comprehensive Suicide Risk Evaluation, Stanley Brown Suicide Prevention Safety Plan, Lethal Means Safety counseling) aimed at assessing and addressing suicide risk. Interns will gain competency with the nationally mandated VA Suicide Risk Identification (“Risk ID”) process.
- Serve as a consultant to referring inpatient and outpatient providers to discuss appropriateness of high-risk flag placement, treatment-planning, and suicide risk mitigation strategies.

Location of Rotation: Ralph H. Johnson VAMC

Clinic Hours: Official VA hours are Monday through Friday, 8 a.m. to 4:30 p.m.

Faculty: Jennifer Wray, Ph.D., Assistant Professor

Tele-Health Outreach Program for Traumatic Stress (TOP-TS)

The Tele-Health Outreach Program for Traumatic Stress (TOP-TS) provides assessment, referral, and treatment services for children and adolescents who have experienced traumatic events (e.g. sexual abuse, physical abuse, witnessing domestic violence, natural disaster, etc.). Services are provided via HIPAA compliant videoconferencing software in the child’s community, including home, school, and primary care locations. The intern providing telehealth services will be located at the Institute of Psychiatry on the MUSC campus and the child will be located in his/her community location. TOP-TS provides evidence-based trauma-focused therapy for children and adolescents across South Carolina. TOP-TS focuses on reaching populations that have traditionally been underserved by office-based mental health care programs, especially rural populations and racial/ethnic minorities. Although open to children of all races/ethnicities, the majority of referrals involve Hispanic and African American youth. In addition to direct services, TOP-TS offers consultation and in-service training via tele-health for local and state service agencies (e.g. schools, public health centers, Department of Social Services) in order to increase community awareness of the special needs of children who have experienced trauma. Interns have the

opportunity to be involved with all aspects of TOP-TS services. Clinically, interns are trained in behavioral and cognitive behavioral treatment interventions, with a particular focus on adapting evidence-based interventions for use in a telehealth delivery format. Interns develop expertise in the assessment and treatment of posttraumatic stress disorder, other anxiety disorders, depression, and disruptive behavior disorders. In addition, interns may also participate in providing consultation and training with other community agencies. Finally, interns are encouraged to become involved in ongoing research and/or to participate in related research endeavors.

After completing the Telehealth Outreach Program for Traumatic Stress rotation, interns will be able to:

- Accurately identify trauma-related symptoms and diagnose trauma-related disorders among child victims of civilian trauma in via telehealth.
- Develop evidence-based treatment plans for addressing trauma-related problems among child victims of trauma via telehealth.
- Deliver, with fidelity, evidence-based treatments for PTSD and other trauma-related problems (specifically, TF-CBT) via telehealth.
- Document the delivery of services and patient response to services appropriately in each patient's electronic medical record.
- Identify relevant social service systems that serve child trauma victims and advise families effectively about those services.

Location of rotation: MUSC National Crime Victims Research and Treatment Center

Clinic Hours: Typically 8 a.m. to 5 p.m., but hours can vary

Faculty: Regan W. Stewart, Ph.D., Associate Professor

Telehealth Resilience and Recovery Program

The Trauma Resilience and Recovery Program (TRRP) is a multidisciplinary service that addresses the mental health needs of children and adults who experience traumatic injury (e.g., serious car crashes, gunshot wounds). Patients admitted to MUSC's Level 1 trauma center are offered TRRP at the bedside and are provided ongoing support and treatment as needed. Our service model has four main steps: (1) in-hospital screening for peritraumatic distress and brief bedside mental health intervention to reduce distress and improve downstream engagement; (2) a 30-day, automated SMS-based service to promote self-monitoring of emotional symptoms during recovery; (3) a brief mental health screen 30 days following hospital discharge to assess PTSD and depression; and (4) comprehensive diagnostic assessment and best-practice mental health treatment (via telehealth or in-person according to patient preference) for patients who exceed clinical thresholds for PTSD and/or depression.

The intern functions as an integral part of the treatment team and is involved in the delivery of clinical services for children, adults and families affected by traumatic injury. Specifically, the intern participates in providing in-hospital brief intervention (~30% effort) for patients who screen positive for peritraumatic distress following injury, and diagnostic assessment and treatment of PTSD, depression, and related mental health conditions (~50% effort) using a multi-dimensional assessment approach and individual and family behavioral treatment approaches such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Behavioral Activation for Depression, and stress management techniques, as indicated. Interns will receive both individual and group supervision (~10% effort), will participate in traumatic injury related seminars (~5% effort), and engage interdisciplinary case management of clinical cases (~5% effort). Additionally, our team is highly

invested in ensuring health equity for our most susceptible patients, and as such, interns will have the opportunity to work with violent injury survivors and patients from cultural minority backgrounds. For example, through our partnership with the Turning the Tide Hospital Violence Intervention Program (TTHVIP), interns will provide mental health care to violent injury patients and collaborate with client advocates who simultaneously work to address social risk factors. Also, interns will have the opportunity to work with MUSC Interpreter Services to provide best-practice care to our non-English speaking patients across all stages of our clinical model. Finally, participating interns may be involved in pilot studies and clinical trials, if appropriate, and programmatic development of the telehealth service for trauma patients.

Note: This rotation is considered both a Behavioral Medicine and Traumatic Stress track rotation.

At the end of the rotation, interns will be able to:

- Deliver brief intervention to distressed patients to reduce risk for PTSD and/or depression symptoms
- Accurately diagnose trauma-related disorders among child and adult survivors of serious traumatic injury using psychometrically valid interview-oriented measures.
- Deliver with fidelity best-practice treatments for PTSD and depression, such as Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), and Behavioral Activation (BA).
- Document the delivery of assessment and telehealth treatment services and patient responses to services appropriately in each patient's electronic medical record.
- Acquire in-depth understanding of stepped care models and provision of mental health care embedded within healthcare systems.

Location of rotation: MUSC College of Nursing, MUSC Main Hospital, MUSC Center for Telehealth, Department of Surgery, Shawn Jenkins Children's Hospital

Clinic Hours: TRRP operates from 8:30 a.m. to 6 p.m. to accommodate patient work and school schedules.

Faculty: Kenneth J. Ruggiero, Ph.D., Professor, SmartState Chair
Tatiana Davidson, Ph.D., Associate Professor
Leigh Ridings, Ph.D., Assistant Professor
Hannah Espeleta, Ph.D., Assistant Professor

Tobacco Treatment Program

Interns receive a wide array of clinical experiences geared toward the delivery of psychological services to patients who smoke and have a variety of general medical issues and chronic illnesses. Interns work in an outpatient clinic at Hollings Cancer Center and in all of our inpatient hospitals (Main Hospital, Ashley River Tower Hospital, Institute of Psychiatry, and Children's Hospital) at MUSC providing one-on-one patient care. Interns will gain fluency in a range of psychological/behavioral medicine services including but not limited to interviewing, assessment, individual psychotherapy, consultation, treatment planning, and oral and written communication with a variety of medical specialties.

Hollings Cancer Center Tobacco Treatment Program Outpatient Clinic:

Interns see patients for individual psychotherapy geared toward helping them change their tobacco use and manage chronic medical and psychiatric problems and associated psycho-social complications. Although our primary charge is for cancer patients treated at Hollings, patients from a variety of other clinics are seen (e.g., cardiology, pulmonology, etc.). Patients are seen in our dedicated clinic space and they are also seen on the medical floors and in infusion settings. These patients have rich histories often including trauma and substance use. In addition to tobacco treatment, interns provide services for improving other psychological issues (e.g., depression). Interns will get hands-on experience in multidisciplinary treatment, providing motivational interviewing and cognitive behavioral psychotherapy. Interns are expected to communicate relevant treatment-planning information to a variety of medical disciplines including physicians, physician-assistants, nurses and nurse-practitioners.

MUSC Health Tobacco Treatment Program Inpatient Care:

Interns conduct brief evaluations and psychotherapeutic interventions for admitted inpatients for all patients in our hospitals. Interns will administer interventions to both patients and their family members, including the parents of children admitted to our Children's Hospital. All patients are entered into an Interactive Voice Response tracking and intervention system for our patients. The intern will provide group assessment and treatment for patients admitted to the Institute of Psychiatry (IOP) who smoke cigarettes.

By the end of the rotation, the intern will be able to:

- Accurately assess nicotine dependence and strength of nicotine dependence, as well as psychosocial factors and co-morbid mental health diagnoses in the MUSC patient population served by the Tobacco Treatment Program.
- Develop evidence-based treatment plans for treating a patient's nicotine dependence and other psychiatric diagnoses based upon the assessments. Identify and respond to the unique psychosocial challenges associated with diverse patients that are engaged in psychiatric and medical care.
- Effectively use techniques of motivational interviewing and other motivational enhancement strategies to address health behavior change.
- Deliver Cognitive Behavioral Therapy to patients in the Tobacco Treatment Program.
- Work effectively in consultation with professionals within an interdisciplinary team setting (i.e., physicians, nurses, and pharmacists).
- Identify and respond to the unique psychosocial challenges associated with diverse patients that are engaged in psychiatric and medical care. Diversity includes but is not limited to age, SES, medical diagnosis, mental health diagnosis, race, cultural background, religiosity, sexual orientation, and educational status.

Location of rotation: Hollings Cancer Center MUSC

Clinic Hours: 8:00AM-5:00PM

Faculty: Benjamin Toll, Ph.D., Professor
K. Michael Cummings, Ph.D., Professor
Alana Rojewski, Ph.D., Associate Professor
Amanda Palmer, Ph.D., Research Instructor

Traumatic Brain Injury Services – VAMC

In recent years, the demand for TBI-related clinical services at the Ralph H. Johnson VAMC has significantly increased. The VA TBI rotation provides opportunities to provide state-of-the-art assessment and evidence-based interventions to Veterans with histories of TBI. The rotation is open to all interns, whether or not they intend to specialize in neuropsychology or have previous experience in this field. Interns on this rotation will participate in three primary clinical experiences:

TBI Clinic: All veterans of recent military operations (e.g., OIF, OEF, OND) are screened for a variety of behavioral health problems on their initial visit to the VAMC. Those who screen positive for possible TBI are referred for “second level” evaluation in the TBI Clinic. Patients there are first examined by a psychiatrist, who consults Neuropsychology when further evaluation is needed -- e.g., for cognitive complaints, evidence of cognitive impairment, psychiatric symptoms, or complex differential diagnosis. After consulting with the psychiatrist, the neuropsychologist or intern sees the patient for a single session, which typically includes a diagnostic interview, immediate feedback, psychoeducation, and recommendations for treatment. The session aims to delineate TBI severity and possible sequelae, and to differentiate the effects of possible TBI from those of other conditions (e.g., mood or anxiety disorders, PTSD, substance use).

Neuropsychological Intervention Services: Occasionally, skills-based cognitive remediation groups, based on the evidence-supported CogSMART model, are provided for veterans with memory difficulties and other cognitive complaints arising from TBI, severe mental illness, and other conditions. More commonly education and skills-based intervention groups, based broadly on the AgeWISE (O’Connor, et al. 2018), are offered to individuals who either have mild cognitive impairment or who are concerned about worsening cognition with age. Interns will begin by co-leading intervention groups, and will progress until they are leading groups relatively independently. Opportunities are also available for interested interns to provide highly individualized cognitive rehabilitation and/or psychotherapy to neurologically impaired patients.

Neuropsychological assessment of patients with TBI: Interns participate in all aspects of neuropsychological evaluations of outpatients with histories of TBI, cognitive complaints, and with other co-morbid conditions that can affect cognition. A hypothesis-testing approach is utilized, in which each evaluation is tailored to the specific needs of the patient and referral source. Emphasis is placed on a comprehensive record review and synthesis of clinical data to generate conclusions and recommendations.

After completing this rotation, interns will be able to:

- Conduct efficient diagnostic interviews of patients presenting with concerns related to TBI.
- Collaborate and consult effectively with Physical Medicine and Rehabilitation, Psychiatry, Social Work, and other disciplines, sharing assessment and treatment planning for patients with a history of TBI.
- Effectively provide empirically supported interventions, in group and/or individual settings, to address cognitive and other comorbid difficulties.
- Conduct hypothesis-driven neuropsychological evaluations of patients with TBI.
- Recognize and sensitively address cultural, racial/ethnic, educational, and other factors in the provision of assessment and intervention services.
- Write clear, concise, interpretive neuropsychological reports that integrate neuropsychological, neurological and behavioral data, and that include specific recommendations for treatment or intervention.
- Orally present evaluation findings in a clear, effective manner to patients and their families, and consult effectively with referral sources and interdisciplinary treatment teams.

Location of rotation: Ralph H. Johnson VAMC

Clinic Hours: Official VA hours are Monday through Friday, 8 a.m. to 4:30 p.m.

Faculty: John H. Denning, Ph.D., Affiliate Assistant Professor
Heather Holden, Ph.D., Assistant Professor
Michael David Horner, Ph.D., Professor

Weight Management Center - IOP

The MUSC Weight Management Center is a multidisciplinary center that offers a full range of evidence-based weight management programs to the Greater Charleston community and all of South Carolina. We are staffed with a psychologist, physician, clinical social worker, registered dietitians, and exercise physiologists. Interns interested in the assessment and treatment of patients with overweight and obesity will have a variety of clinical, research, and patient education opportunities.

Our interns conduct psychological screenings of new/potential patients, deliver evidence-based treatment protocols, and participate in community-based and worksite weight control programs. An important component of the WMC rotation is the opportunity to work with and learn from the multidisciplinary staff. Interns also can participate in reviews of obesity-related journal submissions with Dr. O'Neil.

After completing the Weight Management Center rotation, interns will be able to:

- Effectively deliver evidence-based treatment plans for addressing overweight and obesity, and track patient progress. Related, intern will be able to recognize and help patients identify solutions to common cognitive and behavioral obstacles to successful long-term weight management.
- Appropriately document in each patient's medical record the delivery of services and patient response to services.
- Efficiently and comprehensively manage patient cases within a multidisciplinary medical setting.

Location of rotation: Weight Management Center, MUSC Health and Wellness Institute
122 Chuck Dawley Boulevard, Building B
Mt. Pleasant, SC 29464

Personal transportation required to complete this rotation

Clinic Hours: The Weight Management Center hours are 8 a.m. to 5 p.m. Monday through Thursday. 8:30 a.m. to 12:30 p.m., Friday

Faculty: Patrick M. O'Neil, Ph.D., Professor
Robert Malcolm, M.D., Professor

Women's Health / High Risk Obstetrics Clinic

Patients in the Women's Health / High Risk OB Clinic are referred for psychiatric and behavioral risk factors related to pregnancy (OB population) as well as outside of pregnancy (GYN population). Patients present with high levels of trauma exposure, co-morbid psychiatric disorders, and substance use problems (including opiate use disorders) or high risk for opiate misuse. The patient population is racially and

ethnically diverse, with high levels of socioeconomic disadvantage (approximately 80% low income). There is a high need for integrated medical and behavioral health care; until recently, the only services available were brief, supportive counseling and medication management provided by a consulting psychiatrist and psychiatry residents as well as brief psychological intervention to GYN populations by a psychology intern. Beginning in the 2020-2021 internship training year, integrated services provided by clinical psychology trainees will be expanded to serve high risk OB patients, including those seeking MAT and empirically supported intervention/relapse prevention for OUD during pregnancy.

Interns in the Women's Health/ High Risk OB Clinic will work with both obstetric (OB) and gynecological (GYN) populations, screening patients for the presence of psychiatric (depression, anxiety, bipolar disorder, PTSD) symptoms and substance use risk behaviors and make a determination about the type of services recommended for the patient. These may include counseling around wellness and general health, prenatal dietary and lifestyle management, psychotherapeutic interventions or emotional disorders, and/or interventions to reduce substance use, including MAT for OUD; services will be delivered both in person and via tele-health. Interns will function as part of a multidisciplinary team of OB/GYN physicians, nurses, psychiatry residents and fellows, and clinical psychology professionals. In addition to individual counseling, intern training opportunities may include facilitation of virtual groups for relapse prevention of OUD in OB populations, utilizing telehealth to maximize patient reach.

At the end of the rotation, interns will be able to:

- Effectively screen for mood, anxiety, trauma-related, and substance use problems among underserved, high-risk women.
- Deliver, with fidelity, evidence-based and best practice interventions to reduce mood, anxiety, PTSD, and substance use problems, as well as short-term health-related counseling (e.g., weight management, health maintenance).
- Provide effective behavioral health intervention to support MAT for OUD in appropriate patients.
- Use telehealth service delivery methods effectively to provide assessment and intervention activities for patients unable to attend clinics.
- Interact and consult effectively with a multi-disciplinary (OB/GYN physicians, psychiatrists, psychiatry residents/fellows, nurses) treatment team within a primary care setting.
- Educate multi-disciplinary health care providers about behavioral health factors that affect health care delivery.
- Document the delivery of services and patient response to services appropriately in each patient's MUSC electronic health record.
- Accurately monitor, demonstrate sensitivity, and apply knowledge of others as diverse individuals and cultural beings in assessment, treatment, and consultation.

Location of rotation: The Women's Reproductive Behavioral Health Clinic intern operates out of 2 clinical sites - one that is on the MUSC main campus downtown (1 day per week) and another clinical site in North Charleston that is approximately 15 miles (approximately 20 min drive) off the main campus (1 day per week). **Interns are required to provide their own transportation to the site.**

Clinic Hours: Hours at the downtown location are 8 a.m. to 5 p.m.
Hours at the North Charleston location are 8 a.m. to 4:30 p.m.

Faculty: Amber Jarnecke, Ph.D., Assistant Professor
Constance Guille, M.D., Professor

Youth & Adolescent Psychiatry Clinic (YOP)

On this rotation, interns provide evidence-based mental health services in an outpatient setting to children, adolescents, and families. Patients present with a wide range of mental health symptoms and clinical concerns, including disruptive behavior disorders (e.g., ADHD, ODD), internalizing problems (e.g., depression, anxiety), and adjustment problems. The clinic has a high census, and we have some flexibility to match the type of cases assigned to the training needs and interests of the interns, who work alongside social workers, licensed professional counselors, and psychiatrists in providing multidisciplinary case management for their cases. Interns will receive some training in Parent-Child Interaction Therapy and other evidence-based interventions for youth and their families. The population served includes children and adolescent (ages 4 to 17 years) and their families struggling with a wide variety of mental and behavioral health problems. Some preference is given in the clinic to children with complex problems that include medical complications or have difficult-to-manage presentations.

At the conclusion of the rotation, interns will be able to:

- Assess and accurately identify behavioral and mental health problems in youth (ages 4-17) and their families
- Accurately assess treatment progress and symptom reduction using multiple methods (i.e., self-report, parent report, collateral reports).
- Deliver family-based behavioral and cognitive-behavioral evidence-based treatments (e.g., Parent-Child Interaction Therapy, among others) for youth aged 4-17 years, with fidelity.
- Document the delivery of services and patient response to services appropriately in each patient's electronic medical record.
- Effectively provide evidence-based treatments to underserved populations, including racial/ethnic minorities and those families at economic disadvantage.

Location of rotation: Clinic services are provided in the Institute of Psychiatry, Outpatient Clinic at MUSC

Clinic Hours: The Youth Outpatient Clinic operates Monday through Friday from 8 a.m. to 5 p.m.

Faculty: Alexis Garcia, Ph.D., Assistant Professor

2023–2024 Psychology Intern Rotation Schedule

Intern	Track	8/23-1/24	2/24-7/24
1	A	SATRP/BHCC	CBT-VA/YOP
2	SU	STAR/VOTE	SATRP/TTP
3	G	COPE/NCVC	CBT-VA/Head Start
4	TS	PCT-VA/PCMHI	SATRP/NCVC
5	G	DNCAC/BHCC	NCVC/Sickle Cell
6	N	NP-VA/WMC	NP-MUH/TBI-VA
7	A	TOP-TS/TRRP	Couples/PCMHI
8	C	PEDS/Head Start	PPC/HROB
9	G	PPC/HROB	BHCC/BM-IOP
10	BM	HCC/BM-IOP	BHCC/Couples
11	A	Couples/CBT-VA	PCT-VA/SATRP
12	TS	DNCAC/NCVC	TRRP/STAR
13	TS	YOP/TOP-TS	DNCAC/NCVC
14	C	Head Start/YOP	TOP-TS/PPC
15	A	CBT-VA/NP-VA	TRRP/HWI
16	SU	SATRP/HWI	VOTE/STAR
17	C	HROB/COPE	Head Start/PEDS
18	TS	PCT-VA/STAR	CDAP/TOP-TS
19	C	Couples/TTP	COPE/PEDS
20	N	NP-MUH/TBI-VA	NP-VA/WMC
21	TS	NCVC/TRRP	PCT-VA/TTP
22	C	PEDS/PPC	COPE/YOP
23	SU	CDAP/TTP	HCC/HROB

BM-IOP	Behavioral Medicine – IOP
BHCC	Behavioral Health Consultation Clinic
CDAP	Center for Drug/Alcohol Programs
COPE	Community Outreach Program-Esperanza
Couples	Couples/Family Clinic - VA
CBT-VA	CBT Clinic for Emotional Disorders - VA
DNCAC	Dee Norton Child Advocacy Center
Head Start	Head Start Mental Health Consultation/Treatment Program
HWI	Health and Wellness Institute
HCC	Hollings Cancer Center
HROB	High Risk OB Clinic
NCVC	National Crime Victims Center
NP-VA	Neuropsychology Clinic - VA
TBI-VA	Neuropsychology TBI Clinic - VA
NP-MUH	Neuropsychology – MUH
PCT	PTSD Clinical Team – VA
PCMHI	Primary Care/Mental Health Integration – VA
PEDS	Developmental Pediatrics
PPC	Pediatric Primary Care
SCD	Sickle Cell Disease Adult and Pediatric Clinics
STAR	Substance Treatment and Recovery Program - VA

SPT	Suicide Prevention Team
SATRP	Sleep/Anxiety Treatment & Research Program
TOP-TS	Telehealth Outreach Program for Traumatic Stress
TRRP	Telehealth Resilience & Recovery Program
TTP	Tobacco Treatment Program
WMC	Weight Management Center
YOP	Youth & Adolescent Psychiatry Clinic

Research Training

Interns are involved in research activity throughout the year. One day (or two half-days) totaling 8 hours per week are reserved for research activities in collaboration with the intern's research preceptor. Interns are excused from all clinical responsibilities, except emergencies, during protected research time. All interns must become involved in an ongoing research project and/or design an independent research project in conjunction with their preceptor. To encourage professional development, each intern receives \$500 to facilitate conference attendance. Interns are required to complete a research paper, which is submitted for blind review to three external scientist-practitioners. Recognition is given to the top three papers, and the best paper is awarded a cash prize (~ \$300). Interns are strongly encouraged to submit these papers for presentation and/or publication. A list of titles for papers submitted by the 2022 -2023 class is provided below. Names of preceptors are included.

Title	Preceptor
Behavioral Activation is Associated with Post-Disaster Mental Health: Secondary Longitudinal Analysis from a Population-Based Study	Rheingold
Development and Initial Validation of a Momentary Cannabis Craving Scale Using Multilevel Factor Analysis	Tomko
A network analysis of Hurricane Maria related traumatic stress and substance use among Puerto Rican youths	Orengo-Aguayo/Stewart
Comparison of Outcomes between Sexual Minority and Heterosexual Survivors of Sexual Assault following a Medical Forensic Exam	C. Hahn
Promoting Diversity in the Biomedical Sciences with the Teen Science Ambassador Program	Squeglia
Tobacco Treatment Billing and Tobacco Use Disorder Diagnosis in the Community Health Setting: An Analysis of Medicaid Claims	Rojewski
Therapist-Reported Barriers to Delivery of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT): Impact on Youth Treatment Response and Drop-out	Hanson
Changes in Perceptions of Partner's Accessibility Before and After Couples Therapy	J. Libet
An Exploratory Examination of Cannabis Use Motives among Couples with Intimate Partner Violence and Alcohol Use Disorder	Flanagan
*Individual-differences in HbA1c change trajectories over the course of type 2 diabetes mellitus interventions and associations with sociodemographic, psychosocial, and cardiometabolic health	O'Neil
Después de la tempestad, no llego la calma [After the storm, the calm never came]: Hurricane Maria related stressors and PTSD symptoms among Puerto Rican youth	Orengo-Aguayo/Stewart
Emotion Regulation Mediates Associations Between PTSD Symptoms and Sexual Well-Being in Mixed-Gender Veteran Couples	Petty

Bedside Risk Screening of Traumatic Injury Patients is Enhanced by Measurement of Injury Mechanism and Social Support	Ruggiero
Profiles of Nonverbal Skills Used by Young Pre-Verbal Children with Autism on the ADOS-2: Relation to Screening Disposition and Outcomes	L. Carpenter
Feasibility of Interleaved Computerized Cognitive Training and Repetitive Transcranial Magnetic Stimulation in Amnesic Mild Cognitive Impairment and Post-Stroke Mild Cognitive Impairment	Benitez
A Historical Perspective on Factors Influencing Alcohol-Related Health Disparities Among Transgender and Gender Diverse Patients	Jarnecke
Evaluation of Two Online Learning Courses for Evidence Based Trauma Treatments: TF-CBTWeb2.0 and CPTWeb2.0	D. Smith
Modeling Cannabis Use Disorder Treatment Progression: Evidence of Differential Mechanisms Underlying Functional Improvements	Sherman
Pain as a Mediator between Alexithymia and Health-related Quality of Life in Patients with End-Stage Kidney Disease (ESKD) Undergoing Evaluation for Kidney Transplant	Maurer
Interpersonal violence exposure moderates transient-sustained vmPFC-amygdala relations in a community sample of youth.	Danielson
Response inhibition in co-occurring bipolar disorder and alcohol use disorder evaluated using a two-by-two factorial functional neuroimaging design	Prisciandaro
Intolerance of uncertainty on distress and impairment: The mediating role of repetitive negative thinking	Gros
Neighborhood disadvantages are associated with a blunted neural response to reward and a heightened neural response to loss in youth sample.	McTeague
Synergistic Effects of Interpersonal and Structural Racism Exposure on Cognitive Vulnerabilities and Affective Symptomatology in Black Youth	Halliday/Sege

* Winner of paper competition

Mentor/Research Preceptor

Research preceptors are assigned by the Directors of Research Training in consultation with the Psychology Education Committee after the APPIC match results are received. Interns' preferences are taken into consideration in making these assignments. In addition, the wishes of potential preceptors are considered (e.g., time available, interest in a particular intern, a project for an intern to work on).

The faculty preceptor has two functions; to supervise the intern's research activities during internship, and to serve as the intern's mentor and advocate throughout the year. We view research preceptors as "benevolent major professors" who assist interns in their professional and personal development as scientist-practitioner psychologists-in-training. Progress on research plans is monitored through regular (usually weekly) meetings between the research preceptor and the intern. All interns are allowed 8 hours for research activities each week (either 8 hours on one day or two 4-hour blocks). In addition, the research performance of interns and the quality of research training are evaluated by preceptors and interns on a semi-annual basis. As part of program planning, it is required that each intern develop a research plan in consultation with the preceptor at the beginning of the year. Progress towards these research goals is evaluated informally throughout the year and formally on a semi-annual basis.

The following section contains a list of potential mentors/research preceptors (more detailed information regarding faculty members' interests and PubMed links are available on the website). Most potential mentor/research preceptors are psychologists, but several scholars from other disciplines are available.

Psychology Training Faculty

Faculty are involved in many areas on the local, state, and national level that are not an official part of the internship *per se*, but that provide interns with an opportunity to be involved in cutting-edge professional issues. For example, faculty members have served on the state licensing board, on the board of the state Crime Victims Network, MUSC's Faculty Senate, Board member of the *International Society for Traumatic Stress Studies* (ISTSS), Gender Equity Advisor to the MUSC Title IX Office, Senior Associate Dean for Diversity, Vice-Chair for Research and Research Administration, former President of South Carolina Academy of Professional Psychologists, and former President of South Carolina Psychological Association.

Arnott, Ashley, Psy.D.	Hahn, Christine, Ph.D.	Prisciandaro, Jim, Ph.D.
Back, Sudie, Ph.D.	Halliday, Colleen, Ph.D.	Reid-Quiñones, Katherine, Ph.D.
Balliet, Wendy, Ph.D.	Hamlin-Smith, Kasey, Ph.D.	Rheingold, Alyssa A., Ph.D.
Barr, Simone, Ph.D.	Hanson, Rochelle F., Ph.D.	Ridings Leigh., Ph.D.
Benitez, Andreana, Ph.D.	Harbin, James, Ph.D.	Rojewski, Alana, Ph.D.
Borckardt, Jeffrey, Ph.D.	Hayes, Marie, Ph.D.	Ros-DeMarize, Rosmary, Ph.D.
Bottomley, Jamison, Ph.D.	Haver, Brian, Psy.D.	Ruggiero, Ken, Ph.D.
Bottonari, Kathryn, Ph.D.	Holden, Heather, Ph.D.	Saladin, Michael, Ph.D.
Bradley, Catherine, Ph.D.	Horner, Michael D., Ph.D.	Santa Ana, Elizabeth, Ph.D.
Carpenter, Laura Arnstein, Ph.D.	Jarnecke, Amber, Ph.D.	Sege, Christopher, Ph.D.
Carpenter, Matthew, Ph.D.	Jones, Alyssa, Ph.D.	Serber, Eva, Ph.D.
Castellanos Gonzalez, Rebeca, Ph.D.	Keller, Stephanie, Ph.D.	Settles, Regan, Ph.D.
Christon, Lillian, Ph.D.	Kilpatrick, Dean G., Ph.D.	Smith, Daniel W., Ph.D.
Cool, Danielle, Ph.D.	Kilpatrick, Rebecca, Ph.D.	Smith, Tracy, Ph.D.
Crowley, Samuel, Ph.D.	Knies, Katherine, Ph.D.	Squeglia, Lindsay, Ph.D.
Dahne, Jennifer, Ph.D.	LeVine, Rachel, Ph.D.	Stecker, Tracy, Ph.D.
Danielson, Carla Kmett, Ph.D.	Libet, Julian, Ph.D.	Stewart, Regan, Ph.D.
Davidson, Tatiana, Ph.D.	Lopez, Cristina, Ph.D.	Teves, Jenna Baddeley, Ph.D.
de Arellano, Michael A., Ph.D.	Maurer, Stacey, Ph.D.	Toll, Ben, Ph.D.
Denning, John, Ph.D.	McCauley, Jenna, Ph.D.	Tomko, Rachel, Ph.D.
Duffy, Patrick, Psy.D.	McClure, Erin, Ph.D.	Turner, Travis, Ph.D.
Espeleta, Hannah, Ph.D.	McTeague, Lisa, Ph.D.	Tutek, Joshua, Ph.D.
Flanagan, Julianne, Ph.D.	Mellick, William, Ph.D.	Van Kirk, Kathryn, Ph.D.
Freedly, John, M.D., Ph.D.	Moreland, Angela, Ph.D.	Wagner, Mark T., Ph.D.
Garcia, Alexis, Ph.D.	Myers, Ursula, Ph.D.	Wallace, Megan, LISW-CP
Emily Gottfried, Ph.D.	O'Neil, Patrick M., Ph.D.	Wedin, Sharlene, Psy.D.
Graboyes, Evan, M.D.	Orengo-Aguayo, Rosaura, Ph.D.	Wilkerson, Allison, Ph.D.
Gros, Daniel, Ph.D.	Palmer, Amanda, Ph.D.	Witcraft, Sara, Ph.D.
Hahn, Austin, Ph.D.	Petty, Karen, Ph.D.	Wray, Jennifer, Ph.D.

Seminars

Didactic Seminars

Interns attend a series of psychology-sponsored formal seminars conducted by Department of Psychiatry faculty as well as guest presenters. The Seminar Series is organized into content blocks overseen by faculty course coordinators who are responsible for organizing, scheduling, and approving content for the seminars, with the approval of the Psychology Education Committee. The didactic blocks include:

- Professional Development/Ethics
- Assessment & Diagnosis
- Grantsmanship/Grant Writing
- Intervention/Psychopharmacology
- Peer Supervision

We attempt to schedule seminars so that content that is essential, or maximally beneficial during the intern year, is covered at the beginning of the year, and material that may be most beneficial after internship is presented later in the year. Within each content block, seminars focus specifically on issues of Diversity and Individual Differences, and every seminar is required to have at least one learning objective pertaining to diversity, equity, and/or inclusion. Peer Supervision sessions are spaced at fairly regular intervals during the training year (every 7-8 weeks, roughly) and allow interns the opportunity to learn about clinical supervision theories and models, and to practice supervision activities and role plays with each other.

Grand Rounds

The MUSC Department of Psychiatry and Behavioral Sciences sponsors grand rounds on a weekly basis (early fall through early summer), Fridays at noon. Guest speakers include both psychologists and psychiatrists with national reputations for their area of expertise. Thus, attending grand rounds exposes interns to a broad base of knowledge and skills. Interns are required to attend 50% of Grand Rounds presentations.

Research Seminars

These seminars are an opportunity for interns and research mentors to meet and discuss ongoing research projects. They are used to present results from recent or ongoing investigations, helping trainees gain additional perspectives as a result of feedback from their peers and faculty. One way this seminar has been used is for interns to practice symposium, colloquium, or job talk presentations. Presentation of a Research Seminar is required and helps demonstrate research-related competence necessary to complete internship. Research seminars are held on the 3rd (and, when the calendar permits, 5th) Friday of each month.

Psychology Clinical Case Conference

This monthly conference provides a forum for psychology faculty and interns to examine, formulate, and discuss treatment options for a clinical case within the parameters of the scientist/practitioner model. It allows interns to demonstrate their abilities among a group of peers and faculty who understand and exemplify the scientist/practitioner model (i.e., the interpretation of clinical material within the context of

research-based literature). Presentation of a Clinical Case Conference is required and helps demonstrate communication-related clinical competence necessary to complete internship. Case conferences are held on the 4th (and occasional 2nd) Fridays of each month.

Supervision and Professional Role Models

Each intern receives at least four hours overall of supervision per week from their clinical supervisors and their research preceptor. At least two of these hours of supervision are individual, clinical supervision. Every intern will be observed by each of their clinical supervisors on a minimum of 2 occasions during each rotation. Observation may occur in the form of co-therapy, live observation via one-way mirror, and/or video or audiotaped observation. Some rotations provide considerably more observational supervision than this, but 2 sessions per supervisor, per rotation is the program's minimum requirement.

The responsibility of a mental health provider for delivering effective services in a professional, ethical manner is stressed throughout the year via supervisor and mentor modeling and supervision of the intern's work. Sessions in the Didactic Seminar Series are devoted to professional ethics, APA ethical standards for general clinical practice, and APA ethical standards for research. Research training includes treatment of human subjects' protection issues.

The program is fortunate to have many faculty members who are involved in leadership positions in a host of university, local, state, and national organizations and activities. Thus, our faculty models involvement in meaningful activities affecting ethical professional behavior. Every effort is made to inform interns about pertinent professional developments and to encourage them to get involved. We view interns as junior colleagues and believe that it is our responsibility to help them transit from the student role into the role of an autonomous professional.

Culture, Individual Differences, and Diversity

The Medical University of South Carolina and the Charleston Department of Veterans Affairs Medical Center are equal opportunity employers. The major institutions that form the Charleston Consortium Internship Program have a historical commitment to equal opportunity, regardless of gender, ethnicity, religion, physical handicap, or sexual identity or orientation. The internship leaders and faculty strongly support the value of creating and maintaining an environment that is inclusive, respectful of, and sensitive to a full range of individual and cultural differences.

Recruitment and retention of interns and staff from diverse individual backgrounds begins by endorsing the value of such diversity. Beyond the possession of the requisite professional training and skills, both institutional and internship leaders remain highly sensitive to the issue of recruiting interns, faculty, and staff from diverse backgrounds. Background characteristics are never used as exclusionary criteria during the recruitment process; all qualified candidates are given due consideration for their respective positions.

A supportive and encouraging learning environment requires several ingredients. First, this internship program and its host institutions maintain a strong philosophical commitment to sensitivity and fairness with regard to individual and cultural differences. Interns, faculty, and support staff adhere to this important standard. Second, to the extent possible, professionals representing diverse backgrounds are among the population of interns, faculty, and support staff. Third, the development of sensitivity and skill, and regard for individual differences, are a major part of the ongoing learning process for interns.

The most prevalent modes of teaching interns about diversity issues are to explicitly address them in supervision (universal) and (somewhat less frequently) to provide relevant readings. Other educational methods are to have the intern work with multicultural staff, and to work with minority patients' families or other members of their environmental milieu. Fourth, the program promotes an atmosphere of collegiality and mutual respect among all program participants.

Clinical assignments allow interns significant exposure to individually and culturally diverse clients. This exposure, coupled with individual and group supervision and the monthly clinical case conference, allows the interns a structured forum to develop professional and personal knowledge of, and sensitivity to, individual differences related to cultural and ethnic factors. Patient populations on rotation sites range from 2% to 80% female (median 35%), with minority representation among patients ranging from 10% to 70% (median 50%). The minority populations are almost exclusively African American, although there is an increasing number of Hispanic individuals in the Charleston area. About 10% of patients are over age 65.

One example of our Consortium's commitment to diversity in training is Dr. Michael de Arellano's Community Outreach Program - Esperanza (COPE). Dr. de Arellano is a Cuban American psychologist who established the program using grant funding from the State of South Carolina Department of Public Safety. As described in the Clinical Rotations section of this brochure, the COPE program provides specialized mental health services children who have been the victims of crime, or who have experienced other traumatic events. The majority of patients seen in this clinic are medically under-served racial and ethnic minorities, and many others live in under-served rural areas outside Charleston. The COPE program has been identified as exemplary by the State of South Carolina and by the US Office for Victims of Crime. We are delighted to have this program as a part of our internship; it is an excellent model for how to provide culturally competent services to an extremely underserved population.

By the end of their internship experience, interns are expected to have knowledge of cultural/diversity issues that relate to development and presentation of disorders that affect the validity of assessment methods and the efficacy of treatment methods.

To help us achieve these goals, we have created an advisory committee to assist the Psychology Education Committee, the Internship Diversity Training Committee.

The Internship Diversity Training Committee (IDTC) is comprised of interested volunteer faculty, postdoctoral fellows, and interns. IDTC committee members are dedicated to providing quality diversity training that adds meaningfully to interns' experiences at the Charleston Consortium.

Mission: To provide learning opportunities and resources that support the Consortium's goal that all interns be able to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population.

Vision: To train mental health providers and researchers who effectively demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics.

Objectives: Infuse diversity training and multiculturalism into all aspects of the internship program, including clinical and research training, didactic seminars, supervision/mentorship, and available support/evaluation systems.

- 1) *Program Evaluation*: Develop, administer, and summarize needs assessments and evaluations of ongoing diversity training efforts.
- 2) *Training*: Identify and provide didactic and discussion-based trainings on topics that promote the mission of the IDTC, with a long-term goal of establishing a “core training curriculum” that supports acquisition of knowledge and skills related to persons and families of diverse backgrounds, including evidence-based models that promote diversity.
- 3) *Resources*: Serve as a resource for faculty and trainees who wish to improve the diversity-related training within their rotation or their own practice/teaching of psychology.
- 4) *Annual Immersive Activities*: Identify and interface with local organizations, communities, or institutions who embody best practices for diversity and inclusion.

Stipend and Other Benefits

The current stipend for psychology interns (class of 2023 - 2024) is \$34,000. In addition to the stipend, the internship provides \$500 in professional development funding that can be used to support travel to professional meetings. A number of other fringe benefits are available to interns, including health insurance; annual, professional, and educational leave; an excellent library system; computer services; and reduced cost membership to the state-of-the-art MUSC Wellness Center. In addition, three interns are supported by stipends provided by a HRSA Graduate Psychology Education Program training grant.

Many international students assume that because our Consortium includes the Department of Veterans Affairs Medical Center, they are not eligible to apply, or to complete rotations at the VA Medical Center. This is not correct. As noted above, intern stipends are paid from a variety of sources. Although international students cannot be *paid* via some funding sources (e.g., VA), they are eligible to be paid by other sources. Furthermore, we impose no restrictions regarding the completion of individual rotations at VA training sites. We welcome applications from research-oriented potential interns across the spectrum of diversity.

About the City of Charleston*

Charleston is a beautiful, historic waterfront city that provides a variety of opportunities for cultural and recreational activities. The city's historical character is reflected in the stately homes looking out of the Charleston harbor at nearby [Fort Sumter](#). Charleston is also home to [The Hunley](#), a submarine that sunk in Charleston Harbor after firing on the *U.S. Housatonic* during the Civil War. Many music venues and professional theater groups provide cultural entertainment throughout the year. In addition, Charleston hosts the annual [Spoleto](#) festival in May, drawing musicians, actors, and dancers from around the globe. The WTA [Credit One Charleston Open](#) is held annually at Charleston's Daniel Island Family Circle Tennis Center.

Several city and county parks offer numerous year-round recreational activities, including camping, canoeing/kayaking, biking, and running. Free recreational facilities are available at the nearby [College of Charleston](#) and [Citadel](#) campuses, and membership at MUSC's state-of-the-art [Wellness Center](#) is available to interns for a substantially reduced fee. Additionally, the coastal location of the city is ideal for anyone who enjoys fishing, boating, and other water activities, such as surfing, sailing, paddle boarding or ocean kayaking. The nearby barrier islands have beautiful beaches, and Charleston's mild climate makes them suitable for enjoyment virtually year-round.

Additional information about the city of Charleston and some of its attractions can be found on our website for the attractions below. These sites contain interesting and useful information about the city and surrounding communities and local events and attractions to help you become more familiar with the great things Charleston has to offer both visitors and residents.

- [Official website of the City of Charleston](#)
- [Discover Charleston](#)
- [National Register of Historic Places: Charleston, SC](#)
- [Charleston Convention and Visitors Bureau](#)
- [North Charleston Coliseum and Performing Arts Center](#)
- [The South Carolina Aquarium](#)
- [Sweetgrass Festival](#)
- [Spoletto Festival](#)
- [Southeastern Wildlife Expo](#)
- [MOJA Arts Festival](#)
- [Fort Sumter National Monument](#)
- [Charleston Battery Soccer](#)
- [Charleston Riverdogs Baseball](#)
- [South Carolina Stingrays Hockey](#)
- [Charleston County Parks and Recreation Commission](#)
- [James Island County Park](#)
- [The Charleston City Paper](#)

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

**APPIC Application for Psychology Internship (AAPI)
in conjunction with the
Charleston Consortium Psychology Internship Program
Class of 2023 - 2024
Medical University of South Carolina
Department of Veterans Affairs Medical Center**

***To be eligible for the Charleston Consortium Psychology Internship Program, applicants must be enrolled in an APA accredited Ph.D. program in Clinical, Counseling, or School Psychology. Students from programs that are advanced in the process of applying for accreditation also may apply.**

Due date for receipt of application:
-- November 1, 2023 --

**Charleston Consortium Psychology Internship Program
Instructions for the APPIC Application Psychology Internship (AAPI)**

In accordance with Association of Postdoctoral and Psychology Internship Center (APPIC) guidelines and procedures, the Charleston Consortium is now accepting applications via the AAPI Online system available at [APPIC's website \(www.appic.org\)](http://www.appic.org). Our site requires only the following application materials:

- Cover letter identifying the basis for your interest in the Charleston Consortium, including tracks for which you would like to be considered, and your perception of areas of research overlap or match with program faculty
- the AAPI application
- a current curriculum vitae
- graduate transcripts from your current institution only
- a minimum of 3 letters of recommendation, at least one of which should comment on your research achievements and potential.

Please e-mail Crystal Sanford (psychint@musc.edu), Internship Training Coordinator, if you are considering applying for this program.

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

“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.”

"Reprinted with permission"

The complete Match Policies may be found at <http://www.appic.org/Match/Match-Policies>.

APPIC Match Policies: 2023-2024
Adopted July 18, 2023

The following policies will guide the 2024 APPIC Match and Post-Match Vacancy Service. Adherence to these policies is a condition of membership in APPIC and of participation in the APPIC Match and/or Post-Match Vacancy Service.

Phase I of the Match

The Rank Order List Submission Deadline is February 2, 2024 at 11:59 p.m. Eastern Time. Results of the Match will be released on APPIC Phase I Match Day, February 16, 2024.

Phase II of the Match

The application deadline (see Policy 5b) is February 22, 2024 at 11:59 p.m. Eastern Time. The Rank Order List Submission Deadline is March 13, 2024 at 11:59 p.m. Eastern Time. Results of the Match will be released on APPIC Phase II Match Day, March 20, 2024.

These policies apply to all participants in the APPIC Match or Post-Match Vacancy Service, including internship programs, applicants and doctoral program faculty.

All participants shall abide by their agreements with APPIC for participation in the APPIC Match.

Internship training directors must ensure that all people involved in recruiting or selecting interns understand and adhere to these policies.

Directors of Clinical Training of academic programs with students participating in the APPIC Match or Post-Match Vacancy Service must ensure that their students understand and adhere to these policies.

Violations of Match Agreements and/or APPIC Policies, including the APPIC Match Policies, by applicants or programs may result in sanctions by APPIC (e.g., being barred from future Matches) or legal action by other Match participants. In addition, violations by applicants may result in disciplinary action by the applicants' doctoral and/or internship programs.

Internship programs must offer all of their internship positions in Phase I of the APPIC Match. Positions for which funding and resources are not assured should not be offered in the Match.

Positions that are not filled in Phase I of the Match must be offered in Phase II of the Match, in accordance with paragraph 10 and its subparagraphs below.

Positions that are not offered in Phase I of the Match, such as positions for which funding and resources become assured after the Phase I Rank Order List deadline or newly created positions, must be offered in Phase II of the Match, in accordance with paragraph 10 and its subparagraphs below.

Positions that are not offered in Phase I or Phase II of the Match can be communicated and/or offered to applicants only after the results of Phase II of the Match are released, in accordance with paragraph 11 and its subparagraphs below.

For both Phase I and Phase II of the APPIC Match, the AAPI application service must be used by applicants to apply to all internship programs that are participating in the Match. For both Phases of the Match, all applications must be submitted using the AAPI, and no site may request a printed copy of an applicant's application materials.

Internship programs and applicants must abide by the APPIC AAPI Supplemental Materials Policy, which states that the only supplemental materials that may be requested by internship programs or

submitted by internship applicants are (a) a treatment or case summary, and (b) a psychological evaluation report.

All programs participating in Phase II of the Match must accept applications until the application deadline for Phase II established by APPIC. Programs may elect to continue accepting applications for Phase II beyond the application deadline but are not required to do so.

For Phase I of the Match, internship programs that conduct interviews must make a reasonable effort to notify every applicant who submits a complete set of application materials as to their interview status.

Sites that conduct open houses to which all applicants are invited and conduct no other interviews are exempt from this interview notification requirement (this exemption should be clearly stated in the sites' APPIC Directory listings and/or public materials).

Notification of interview status for Phase I of the Match must occur no later than the interview notification date that appears in the program's APPIC Directory listing and/or other publicity materials, and may be communicated via e-mail, telephone, regular mail (to be received no later than the interview notification date), or other means.

For Phase II of the Match, notification of interview status is not required.

Internship sites must never request any ranking information from any applicant, even after the Match results are released.

Applicants (or other individuals acting on their behalf, such as doctoral program faculty) must never request any ranking information from any internship site, even after the Match results are released.

Internship sites must not communicate to any applicant the positioning of any applicant on their Rank Order Lists for either Phase of the Match, even through veiled or indirect communication, prior to the release of the results for Phase II of the Match.

Applicants must not communicate to any internship site the positioning of any program on their Rank Order Lists for either Phase of the Match, even through veiled or indirect communication, prior to the release of the results for Phase II of the Match.

Internship programs must include the following statement on their websites and in their brochures: "This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant."

Internship programs may choose to inform applicants as to whether or not the applicants remain under consideration for admission (e.g., whether or not the applicants will be ranked).

Sites and applicants are allowed to communicate about matters that do not involve the sharing of ranking information.

Internship sites that offer more than one program in the APPIC Match (i.e., sites with more than one program code number) are expected to ask applicants to identify the site's programs to which they are applying. In addition, these sites may, for the sole purpose of arranging interviews, ask applicants to designate their preferences regarding the programs at the site for which they wish to be interviewed. These sites may request interview preference information only when it is essential for making interview arrangements, and such information may not be used for any other purpose in the selection process. Furthermore, these sites may not solicit any information about applicants' rankings of programs. Sites requesting interview preferences must state clearly in their written materials that these preferences will be used for arranging interviews only and for no other purpose.

Any ranking information that is communicated between applicants and internship programs, even if such communication is a violation of these policies, is non-binding and subject to change at any time prior to the Rank Order List submission deadline. The only binding rankings are the confidential Rank Order Lists that are submitted to the APPIC Match.

Results of the APPIC Match constitute binding agreements between applicants, internship programs, and APPIC that may not be reversed without APPIC's consent.

Failure to receive timely notification of the APPIC Match results, for any reason, does not constitute a release from the obligations of the APPIC Match.

Appointments of applicants to internship positions may be contingent upon the applicants satisfying certain eligibility requirements. Such eligibility requirements must be clearly specified in the internship programs' written materials and provided to applicants in advance of the deadline for submitting rankings for the APPIC Match.

Internship training directors are encouraged to contact matched applicants by telephone as soon as possible after (but not before) 9:00 a.m. Eastern Time on the APPIC Match Day for each Phase of the Match.

It is not necessary for internship training directors to contact applicants with whom they have not been matched.

Internship training directors must put in writing their appointment agreements with matched applicants in letters postmarked or e-mailed no later than 7 days following receipt of the APPIC Match results for each Phase of the Match.

Letters must be addressed to the applicants and must include confirmation of conditions of the appointment, such as stipend, fringe benefits, and the dates on which the internship begins and ends.

Copies of these appointment letters must be sent simultaneously to applicants' academic Directors of Clinical Training.

Positions that remain unfilled in Phase I of the Match must be offered in Phase II of the Match. Positions not offered in Phase I of the Match, such as positions for which funding and resources become assured after the Phase I Rank Order List deadline or newly created positions, must also be offered in Phase II.

Applicants who register for Phase I of the Match and who do not obtain a position in Phase I (e.g., those who withdraw or remain unmatched) are eligible to participate in Phase II of the Match. Applicants who match to a position in Phase I are not eligible to participate in Phase II. Eligible applicants who do not register for Phase I can register for and participate in Phase II.

All positions at an internship site that remain unfilled in Phase I of the Match must be offered to applicants in Phase II of the Match. A site can decide not to offer an unfilled position in Phase II only if it decides not to fill the position in the program for the coming year (e.g., anticipated loss of funding or resources, shifting of funding or resources to other purposes). Removing an unfilled position from Phase II of the Match for any other reason requires APPIC approval.

Internship programs with positions that are offered in Phase II of the Match may not take any actions to publicize or fill these positions prior to 9:00 a.m. Eastern Time on APPIC Phase I Match Day. Applicants who do not obtain a position in Phase I of the Match, along with other individuals acting on their behalf (e.g., doctoral program faculty), may not contact internship programs about available positions in Phase II prior to 9:00 a.m. Eastern Time on APPIC Phase I Match Day. All applications to programs for Phase II of the Match must be submitted using the AAPI, as specified in paragraph 5 above.

The APPIC Post-Match Vacancy Service begins operation after the conclusion of Phase II of the Match as specified in the Schedule of Dates. Internship programs that have one or more open positions may publicize these positions in the Post-Match Vacancy Service or by other means. Programs may make offers of admission (verbal or written) to eligible applicants who are not already matched, even if those applicants did not participate in the APPIC Match.

Beginning on APPIC Phase II Match Day, internship programs that have open positions after completion of Phase II of the Match may notify APPIC that they want their positions listed in the Post-Match Vacancy Service. Internship programs may not take any other actions to publicize or fill available positions prior to the opening of the Post-Match Vacancy Service. Applicants who anticipate using the Post-Match Vacancy Service, along with other individuals acting on their behalf (e.g., doctoral program faculty), may not contact internship programs about open positions in the Post-Match Vacancy Service prior to the opening of the Post-Match Vacancy Service.

Prior to making offers to fill open positions, internship training directors must verify with applicants, to the best of their abilities, that the applicants have not previously been matched to other internship programs nor accepted other offers.

Prior to making offers to fill open positions, internship training directors must ensure that doctoral programs have verified their applicants' eligibility and readiness for internship. Such verification can occur via a review of the appropriate application materials and/or via direct communication with the doctoral programs.

Applicants may not accept an offer if they have been matched or have already accepted an offer from another internship program.

An offer (verbal or written) that has been tendered by an internship program and accepted by an applicant constitutes a binding agreement between the program, the applicant, and APPIC that may not be reversed without APPIC's consent.

The internship training director must put in writing the appointment agreement with the applicant in a letter postmarked or e-mailed no later than 7 days following acceptance of the offer by the applicant, as described in paragraphs 9a and 9b above.

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

Unresolved compliance problems should be resolved informally, whenever possible, through consultation among applicants, internship training directors, academic Directors of Clinical Training, and/or APPIC, or by other informal means. APPIC sponsors an "Informal Problem Consultation" process (described on the APPIC web site) that is recommended for use in addressing these issues.

Internship training directors who become aware of violations of these policies by other internship training directors should (a) urge the affected applicants and Directors of Clinical Training to follow the informal resolution procedures described above, (b) directly contact the other internship training directors, and/or (c) use the APPIC "Informal Problem Consultation" process.

Perceived violations of APPIC Policies and/or the Match Agreements that are not resolved informally may be submitted as a formal complaint to APPIC. Formal complaints are investigated by APPIC, and the APPIC Board of Directors will ultimately determine the course of action. Instructions for filing a formal complaint are available on the APPIC website.

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

Accreditation

Our program is fully accredited by the American Psychological Association. Our most recent site visit occurred in 2016.

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Most Recent Intern Class

Below you will find the names of the most recently completed intern class, printed with permission, as well as information about their activities following their internship at MUSC. For more information on intern classes from 2001 to the present, please see the “People/Current and Former Interns” page of the program’s website.



Class of 2022-2023

Nadia Bounoua: Assistant Research Professor, University of Maryland, College Park	Zoe Brier: Postdoctoral Fellow, Stanford University
Kreshnik Burani: Postdoctoral Fellow, McLean Hospital/Harvard Medical School	Laura Campbell: Postdoctoral Fellow, University of California, San Diego
Jessica Canning: Postdoctoral Fellow, University of Washington	Christal Davis: Postdoctoral Fellow, Philadelphia VA Medical Center
Danyelle Dawson: Postdoctoral Fellow, College of Nursing, MUSC	Justin Dubé: Supervised Practice, College of Psychologists in Ontario
Shannon Forkus: Postdoctoral Fellow, Addiction Sciences, MUSC	Lisa Hamrick: Postdoctoral Fellow, University of South Carolina
Joseph Happer: Postdoctoral Fellow, University of California, San Diego	Marin Kautz: Postdoctoral Fellow, University of Pennsylvania
Kerry Kelso: Postdoctoral Fellow, Durham VA Medical Center	Samantha Kempker-Margherio: Assistant Professor, Virginia Tech
Kelly Manser: Postdoctoral Fellow, Behavioral Medicine, MUSC	Austen McGuire: Postdoctoral Fellow, National Crime Victims Center, MUSC
Allison Megale: Postdoctoral Fellow, Developmental Pediatrics, MUSC	Cynthia Navarro Flores: Assistant Professor, University of Tennessee, Knoxville

Jeffrey Pavlacic: Postdoctoral Fellow, Health and Wellness Institute, MUSC	Kinsey Pebley: Postdoctoral Fellow, Hollings Cancer Center, MUSC
Kelly Romano: Postdoctoral Fellow, University of Minnesota	Selime Salim: Postdoctoral Fellow, National Crime Victims Center, MUSC
Bryant Stone: Postdoctoral Fellow, John Hopkins Bloomberg School of Public Health	Alejandro Vázquez: Assistant Professor, University of Tennessee, Knoxville