# CARLE PSYCHOLOGY INTERNSHIP

OVERVIEW OF THE PSYCHOLOGY INTERNSHIP PROGRAM FOR 2021-2022



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### Introduction and Welcome

Welcome to the Pre-Doctoral Internship Program in clinical psychology in the Behavioral Health Department at Carle Foundation Hospital. The academic year (2021-2022) is the ninth year that we are sponsoring a pre-doctoral psychology internship. We are excited that you are interested in our program. We have been accredited by the American Psychological Association since March 22, 2016. The Behavioral Health Department is multidisciplinary and a part of an integrated health care system at Carle Foundation Hospital and work with health care practitioners and teams throughout the hospital, including primary care, medical specialties, and hospital services. Our behavioral health team consists of 12 clinical psychologists, 12 psychiatrists, 6 psychiatric nurse practitioners, 3 addiction medicine physicians, 5 addiction counselors, 25 social workers and counselors, and 2 psychometrists. We are also affiliated with the University of Illinois College of Medicine at Urbana-Champaign & the Carle Illinois College of Medicine and have a psychiatry residency program with 16 psychiatry residents in training currently.

Our pre-doctoral internship program's goal is to train clinical psychologists under a scientist-practitioner model emphasizing evidence-based assessment and treatment. Interns will be provided with two possible tracks in adult or generalist (50% adult, 50% child/adolescent). Each track is a yearlong intensive outpatient clinical training at Carle Behavioral Health. All tracks will work with a full spectrum of psychopathology either in adults and/or children/adolescents and provide assessment and treatment. Trainee assessment experiences include training and experience in Structural Clinical Interview for DSM-V Disorders (SCID-V), psychological testing (e.g., neurodevelopmental disorders like ADHD, learning disabilities, autism spectrum disorders), conducting assessments through the Child Diagnostic Clinic which is a comprehensive, integrated care team assessing children and adolescents across many domains of functioning in home, school, social environments; and experience in adult bariatric evaluations. Treatment consists of primarily individual psychotherapy that can include members of the family, with a variety of evidence-based treatment modalities (e.g., variety of CBT treatment techniques, psycho-education, problem-solving, goal setting, relaxation training, Dialectical Behavior Therapy, Motivational Interviewing, Interpersonal Psychotherapy, Trauma-Based-CBT). Effort is directed to help interns match cases with supervisors (e.g., supervisors designated for short-term, time-limited treatment, other supervisors for longer-term dynamically-oriented therapy) as we have a diverse and a highly trained faculty.

Interns will work individuals and families that are typically uninsured or underinsured. A typical week would include 50% direct face-to-face patient contact and the remaining 50% would be devoted to didactics, supervision, and all other aspects of patient care that are not face-to-face hours (e.g., case management, group consultation, treatment planning, charting, report writing). Learning would take place through individual supervision (i.e., 2 hours/week), additional supervision (e.g., group supervision 2 hours/week), supervised report writing, didactic seminars (i.e., 2 hours/week), and clinical evaluations. Carle Hospital and the department of psychology value diversity and inclusion. The hospital has many nationalities on its staff, and Carle is committed to making all staff, regardless of cultural, minority, or disability status comfortable in this setting. The behavioral health department shares this commitment to diversity. We make efforts to attract and retain diverse staff and interns, and we take pride in providing an inclusive environment for all individuals.

### Goals

Our goal is to train clinical psychologists who are skilled as both clinicians and scholars. Psychological services and training at Carle are based on the scientist-practitioner model emphasizing the contributions of science to practice and practice to science. Our training philosophy reflects our commitment to provide high quality care to our patients and to train the next generation of clinicians. Interns are exposed to training that emphasizes advanced diagnosis, intervention, and a range of evidence-based treatments. Interns acquire the theoretical and empirical knowledge necessary to treat a broad range of clinical problems within a multidisciplinary setting. Our goal is to provide the intern an opportunity to treat both child and adult patients.



### Objectives

Our program is designed to develop core foundational and functional competencies based on the educational and training benchmarks provided by the American Psychological Association's Task Force on Assessment of Competence in Professional Psychology. We aim to develop the following foundational competencies: professional values and behaviors, individual and cultural diversity, ethical and legal standards, and communication/interpersonal skills. We aim to develop the following functional competencies: assessment, intervention, consultation and interpersonal/interdisciplinary skills, research, and supervision. Our curriculum is designed to be integrative and to facilitate the synthesis of core competencies into every day practice. We strive to develop both the foundational and functional competencies of our interns, as well as to facilitate the unique individual professional identity of each intern. To meet the goals and objectives of internship training, there is a comprehensive curriculum that includes: didactic training, individual supervision, group supervision, individual psychotherapy, diagnostic evaluations, and psychological testing. We operationally define each training competency as described below:

### 1. Professional Values, Attitudes and Behaviors

Interns should conduct themselves in a professional manner with patients, colleagues, and across various settings. They should comport themselves maturely, accept personal responsibility, and demonstrate initiative and motivation. They should exhibit dependability and act with the utmost concern for the welfare of others. Interns should begin to attain a true sense of professional identity as a psychologist. They should behave in ways that reflect the values of psychology (integrity, lifelong learning and concern for the welfare of others). Interns should engage in self-reflection regarding personal and professional functioning. Interns should engage in activities to maintain and improve performance, well-being and professional effectiveness. They should respond professionally in increasingly complex situations.

### 2. Individual and Cultural Diversity

Interns should develop skills in working with clients of diverse age, gender, and cultural groups. They should attempt to monitor their self as it relates to effective treatment of diverse individuals. They should assess how cultural bias may interfere with patient care. They should seek to be culturally competent in areas of assessment and intervention. Interns should always attempt to incorporate issues of individual and cultural diversity in their case conceptualizations. Interns should integrate awareness and knowledge of diversity in the conduct of professional roles. They should demonstrate the ability to independently and apply their knowledge/approach in working effectively with a wide range of diverse individuals and groups.

### 3. Ethical and Legal Standards

Interns should develop knowledge of ethical and legal professional standards. They should learn to both increase their understanding of the APA Ethical Principles and apply such knowledge in their professional work. Interns should have awareness of legal issues on a local, state, and national level, and how the interface of psychology and the law affects their professional work. Interns should recognize ethical dilemmas as they arise and apply ethical decision-making processes to resolve the dilemmas. They should conduct themselves in an ethical manner in all professional activities.

### 4. Communication and Interpersonal Skills

Interns should develop and maintain effective relationships with a wide variety of individuals (colleagues, clients, and supervisors). They should produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated. Interns should demonstrate effective grasp of professional language and concepts. Interns should demonstrate effective interpersonal skills and the ability to manage difficult communication.



### 5. Assessment

Interns should be able to conduct a thorough and effective clinical interview. Interns should have sufficient understanding of various diagnostic issues. They should be able to administer, score, and interpret various testing instruments. Interns should select tests and other evaluative techniques that are empirically supported, are appropriate for the clinical issue at hand, and are culturally sensitive. Interns should develop effectiveness in communicating their findings in writing, to their client, and when appropriate, to other health care providers. Interns should use various assessment techniques to inform their intervention and should conceptualize assessment as an on-going process that continuously informs patient treatment. Interns should guard against decision-making biases, distinguishing the subjective from the objective aspects of assessment.

### 6.Intervention

Interns should develop knowledge of empirically supported treatments. Interns should continually integrate case conceptualization, assessment, and treatment. Interns should develop advanced clinical skills and refine their clinical judgment. Although interns should be aware of standard empirically supported protocols, they should develop flexibility in treatment implementation and sensitivity to client preferences and individual differences. Interns should learn to evaluate treatment outcome across time and modify treatment interventions in response to such outcomes.

### 7. Consultation and Interpersonal/Interdisciplinary Skills

Interns should develop skills as an expert to guide various clients of different backgrounds. Interns need to be cognizant of situations that demand different roles and learn to be flexible in such roles. Interns need to communicate effectively with patients of diverse ages, ethnic backgrounds, and educational backgrounds. Interns should learn to effectively listen to both patients and different professionals, develop rapport, foster respect, and act collaboratively. Interns should learn how to effectively collaborate with professionals of other specialties. Interns learn to understand how different professionals approach patient care, respect differences, communicate effectively, and develop shared goals of quality patient care. Interns should learn the distinctive roles of other professionals. Interns should be able to apply this knowledge in direct or simulated consultation with individuals, families, and other health care professionals.

### 8. Research

Interns should integrate science and practice. They should think critically and analytically. Interns should have knowledge or empirically based treatments. Interns should have knowledge of different theoretical perspectives. Interns should independently have the ability to critically evaluate and disseminate research and other scholarly activities.

### 9. Supervision

Interns should demonstrate appropriate responsiveness to supervision that furthers their development as psychologists and aids in their transformation from supervisees to independent psychologists and eventually to a supervisor themselves. Interns should incorporate feedback from supervisors that aids in client outcome. Interns should seek consultation as appropriate and continually assess their own weaknesses or strengths. Interns should apply supervision knowledge in direct or simulated practice with trainees or other health professionals.



### List of Tracks Offered

We plan on taking 2 applicants for the 2021/2022 internship year. We ask applicants to choose one of two tracks: adult and generalist. Instructions on applying for the internship can be found later in our program description.

Note that if you choose the adult track we expect that you will see primarily adult clients. If you choose the generalist track, you will be approximately seeing 50% adult and 50% child/adolescent clients. We do not offer specific rotations/concentrations in tracks.

Each track is a yearlong intensive outpatient clinical training at Carle Behavioral Health. The Behavioral Health Department is multidisciplinary and a part of an integrated health care system at Carle Foundation Hospital and work with health care practitioners and teams throughout the hospital, including primary care, medical specialties, and hospital services. Our behavioral health team consists of 12 clinical psychologists, 12 psychiatrists, 6 psychiatric nurse practitioners, 3 addiction medicine physicians, 5 addiction counselors, 25 social workers and counselors, and 2 psychometrists.

All tracks will work with a full spectrum of psychopathology either in adults and/or children/adolescents and provide assessment and treatment. Trainee assessment experiences include training and experience in Structural Clinical Interview for DSM-V Disorders (SCID-V), psychological testing (e.g., neurodevelopmental disorders like ADHD, learning disabilities, autism spectrum disorders), conducting assessments through the Child Diagnostic Clinic which is a comprehensive, integrated care team assessing children and adolescents across many domains of functioning in home, school, social environments; and experience in adult bariatric evaluations. Treatment consists of primarily individual psychotherapy that can include members of the family, with a variety of evidence-based treatment modalities (e.g., variety of CBT treatment techniques, psycho-education, problem-solving, goal setting, relaxation training, Dialectical Behavior Therapy, Motivational Interviewing, Interpersonal Psychotherapy, Trauma-Based-CBT). Effort is directed to help interns match cases with supervisors (e.g., supervisors designated for short-term, time-limited treatment, other supervisors for longer-term dynamically-oriented therapy) as we have a diverse and a highly trained faculty.

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### **PSYCHOLOGY STAFF DESCRIPTIONS**

### Baker, John:

Education: Ph.D. in clinical psychology from the University of Illinois, Champaign-Urbana

Professional Interests: I work with adults 17+ and have a general practice seeing almost all diagnostic groups. I have particular expertise in anxiety disorders (generalized anxiety disorder, panic disorder, social phobia, OCD), coping with stress (transitions in life as well as daily strains), and PTSD. I have worked with all types of mood disorders. I work with individuals having relationship problems. I occasionally work with couples. I have extensive experience in psychological testing, particularly with ADHD. I work with the neurology department seeing a diverse caseload (e.g., psychological effects of migraines, dementia, Parkinson's). I also perform pre-bariatric psychological evaluations.

Therapeutic Modalities: I predominantly utilize cognitive-behavioral approaches in my clinical work because of the empirical support for their efficacy, and because cognitive-behavioral approaches are particularly well suited for my clients who primarily have anxiety disorders with some having depressive disorders as well. My case conceptualization, though, is specifically rooted in the realization that individuals are best understood against a backdrop of multiple nested levels of influence from family, peers, work, as well as other social contexts such as cultural roles.

### Dizén, Mügé:

Director of Training, Assistant Medical Director for Behavioral Health Education: Ph.D. in clinical psychology from the University of Illinois, Champaign-Urbana

Professional Interests: I work with adults (+18) and am a generalist with specialization in emotional disorders (mood and anxiety disorders), emotion regulation difficulties (e.g., affective instability, anger control problems, behavioral impulsivity), and cognitive disabilities (particularly with ADHD and learning disabilities). I have extensive experience in neuropsychological evaluation assessing a broad range of functioning areas using a wide range of batteries.

Therapeutic Modalities: I utilize a variety of empirically-supported cognitive-behavioral treatments for individuals with mood and anxiety disorders, such as social skills training, cognitive restructuring, exposure and response prevention, psychoeducation, problem-solving, goal setting, and relaxation training. In addition, I also utilize Dialectical Behavior Therapy (DBT) principles (e.g., mindfulness, distress tolerance, emotion regulation, interpersonal effectiveness) to treat emotion regulation and impulsivity problems. I have worked with individuals with varying cultural, ethnic, gender, and socioeconomic characteristics with a special focus on culturally competent assessment and treatment.



### Jedd, Debra:

Education: Master's in Educational Psychology from Loyola University, Chicago and doctorate in clinical psychology from Illinois Professional School of Psychology

Professional Interests: I see adults 17+ for therapy and individuals 8+ for testing. A primary area of interest is psychological testing. I am open to a fairly wide range of diagnostic cases. I treat anxiety disorders, depressive disorders, bipolar disorders, grief, stage of life issues, relationship stressors, adjustment disorders, uncomplicated PTSD, and psychosis. I have specialized training in treating anxiety disorders (CBT protocol). I perform ADHD and learning disability evaluations, testing for diagnostic clarification (personality, IQ, mental status, mood ratings, etc.), testing for psychological clearance for certain medical procedures, and adoption evaluations. I have particular expertise in fertility/reproductive medicine evaluations/ therapy. I see patients at the Reproductive Medicine Department monthly.

Therapeutic Modalities: Cognitive-behavioral; insight-oriented; client-centered/humanistic; tailored to needs of patient

### Riehl, Hudson:

Education: Doctoral degree in Clinical Psychology from Adler University

Professional Interests: I provide psychological services for individuals across the life span. My primary interests includes providing psychotherapy services to children and adolescents from 5 to 18 years of age that present with a variety of disorders including depression, anxiety, oppositional disorder, disruptive mood dysregulation disorder, bipolar disorder, PTSD, ADHD, and adjustment disorders related to interpersonal, family, and academic dynamics. I also enjoy providing individual and couples therapy services to adults suffering from a variety of mood and personality disorders. I provide testing services for children and adults including assessment for learning disorders, ADHD, Autism, and for diagnostic clarity regarding mood and personality disorders. I take part in Carle's Child Diagnostic Clinic that involves a multidisciplinary team providing comprehensive assessment and recommendations for complex cases involving children ranging from approximately 4 to 18 years of age. I participate and enjoy involvement in Carle's DBT group services as well as teach didactics to psychology interns and psychiatry residents while also providing supervision services to the latter.

Therapy Modalities: I utilize an integration of CBT and DBT through a systems lens as a way to treat individuals, couples, and families.



### Rubin, Rachael:

Education: Ph.D. in cognitive neuroscience and re-specialization in clinical psychology from the University of Illinois, Urbana-Champaign

Professional Interests: I am interested in interdisciplinary and comprehensive approaches to mind/body health. I primarily see adults (18+) in the hospital and outpatient settings. In the hospital setting, I work closely with the psychiatry consult and liaison service and on the inpatient physical medicine and rehabilitation unit as a rehabilitation psychologist. In the outpatient setting, I provide treatment for adjustment issues following changes in health and mobility (e.g., stroke, traumatic brain injury, spinal cord injury, and other chronic health issues) and address related concerns with mood, stress, anxiety, and trauma. I also work with the bariatric program, evaluating patients prior to surgery and addressing health behaviors related to diet and physical activity. I have research interests in brain injury and cognitive neuroscience and am affiliated with the Interdisciplinary Health Sciences Institute at UIUC and with the Carle Illinois College of Medicine a clinical assistant professor.

Therapeutic Approaches: I primarily use a combination of cognitive-behavioral, mindfulness, and humanistic approaches. I am trained as a clinical scientist and incorporate evidence-based treatments in my practice. I focus on promoting health behaviors with sleep, nutrition, and physical activity, and use psychoeducation, compassion focused therapy, and relaxation practices regularly. Sensitivity to ethical issues as well as gender, ethnic, cultural, and other kinds of human diversity is strongly emphasized.

### Sperry, Debbie:

Education: Ph.D. in clinical psychology from Southern Illinois University

Professional Interests: I primarily see children 4-18 and their parents/families. I have a particular interest in children and adolescents who have experienced maltreatment and trauma. I particularly enjoy cases that involve working with both parent and child together, whether this is through family therapy, an intervention such as Parent-Child Interaction Therapy (PCIT), or just working on negotiating parent-child conflict or improving communication skills. I treat both externalizing disorders (AD/HD, conduct disorder, ODD) and internalizing conditions (generalized anxiety disorder, separation anxiety disorder, agoraphobia, specific phobia, depressive and other mood disorders) as well as a variety of adjustment disorders related to divorce, grief and loss, school refusal, etc. I treat most cases of post-traumatic stress disorder in children, adolescents, and some young adults. I also conduct family therapy. I assess and test most children's mental health, behavioral problems, and academic/learning/intellectual deficits. I have used an array of assessment instruments including various intellectual, academic, paper/pencil and computer administered neuropsychological protocols as well as parent rating scales, objective personality measures and projective instruments.

Therapeutic Modalities: I emphasize evidence based practice and thus a primarily cognitive-behavioral orientation. However, I realize that many problems are multiply determined and influenced by interactions among a host of familial, cultural, biological, cognitive, developmental, interpersonal, and ecological variables. Thus, I commonly draw upon several theoretical frameworks (CBT, object relations, client centered) and tailor interventions (family therapy, play therapy) to each client's needs and developmental capabilities. I may use a variety of directive and nondirective play therapy techniques and often attempt to integrate the two. I attempt to be aware of and make use of process issues in therapy.



### Thies, Kristin:

Education: M.S.Ed in School Psychology and Psy.D. in School-Clinical Child Psychology from Pace University, New York, NY

Professional Interests: I primarily work with children, adolescents, and their families. I have a particular interest in the treatment of anxiety disorders, mood disorders, adjustment disorders, and trauma. I am also interested in working with patients to address issues related to identity and self-esteem. In addition to individual therapy, I enjoy doing group work, particularly to address social skill deficits in children and adolescents. I am also trained in a broad range of assessment instruments, including projective measures, and enjoy psychoeducational/psychological testing.

Therapeutic Modalities: Psychodynamic and cognitive behavioral; I integrate a variety of techniques that center the specific needs and experiences of each individual patient.

### Tingley, Elizabeth:

Education: Ph.D. in developmental psychology from Boston University; Ph.D. in clinical psychology from City University of New York

Professional Interests: I work primarily with children and adolescents in psychotherapy for a range of issues, from developmental challenges to more severe psychopathology. I bring a developmental perspective to all my work. In working with children and families, I attempt to understand the needs of children a particular age and stage. I have expertise in infant mental health, attachment issues, toileting issues, and family relationships.

Therapeutic Modalities: Psychodynamic. With younger children especially, I primarily utilize play therapy as a mode of treatment, in conjunction with close work with parents to put in place an age appropriate balance of nurturance and structure at home.

### Warren, Pamela:

Education: Ph.D. in clinical psychology from Southern Illinois University

Professional Interests: I see adults, but will see mature teens for my biofeedback practice. I have a general practice and see all diagnostic groups. I have a limited practice in marital therapy. I perform all types of adult psychological testing. I have specific training in forensic issues including the evaluation of impairment in functioning as it relates to workplace disability as well as legal proceedings, such as workers' compensation or tort suits. I have specialized training in occupational health psychology. I have specializations in pain management, behavioral treatment of any of the anxiety disorders, biofeedback for specific health conditions, health psychology and behavioral medicine. In terms of behavioral medicine, I see patients dealing with cancer, obesity, stroke, migraines, gastro-intestinal problems, neurological disorders, and other types of disorders.

Therapeutic Modalities: CBT, interpersonal, behavioral; Specializes in the assessment and treatment of the individual from the currently recommended biopsychosocial model.



### White, Keith:

Education: Ph.D. in counseling psychology from the Ohio State University

Professional Interests: I treat adults 18+. My practice spans patients presenting across the DSM spectrum, with a particular focus on Behavioral Sleep Medicine and Sports Psychology. My practice has an increasing emphasis on health psychology. I am integrated into Carle's sleep clinic, as a member of the team, and also represent psychology in our newly created Bariatric Center of Excellence. My background includes being an active duty Air Force psychologist for 5 years. My interests in sleep medicine include chronic insomnia or hypersomnia, obstructive sleep apnea-related PAP adherence/desensitization, narcolepsy, circadian rhythm issues, nightmare, and sleep terror. I routinely perform pre-bariatric procedure psychological evaluations. I have built a thriving sports psychology practice, working closely with Sports Medicine, treating athletes from the University of Illinois and working with teams.

My other interests include academic & career choice, adjustment issues, stress and coping, and life change. As a generalist, I also treat anxiety disorders (OCD, GAD, social phobia, panic disorder, agoraphobia, specific phobia), depression, acute stress and uncomplicated (and some complicated) PTSD. I also diagnose and test for Adult ADHD.

Therapeutic Modalities: Primarily CBT, ACT, on a base of client-centered/humanistic, adapted to each patient.

### TRAINING PLAN

Our training plan is designed to help prepare psychologists become competent, ethical, scholarly, and empathetic professionals. Our curriculum attempts to expose interns to a variety of experiences. The training plan is systematic and is organized to achieve our goals and objectives. Our training is sequential and cumulative. We attempt expose interns to both increasingly complex therapeutic modalities, yet work towards giving interns more independence as their clinical skills mature. We work collaboratively with the intern to develop an individualized training plan that reflects: 1) the concentration or track chosen (i.e., adult, or generalist); 2) areas of specific interests (e.g., anxiety disorders).

Interns are oriented to the culture and expectations of Carle Foundation Hospital during the first two weeks. Due process policies are explained and distributed. Interns complete a self-assessment and meet with the Director of Clinical Training to discuss and complete their individualized training plans. Each intern's training plan is reviewed at the six-month mark and at the end of the year. Prospective interns can contact the Director of Clinical Training to obtain a copy of the self-assessment utilized.

Interns spend roughly 50% of their time in direct patient care (assessment, testing, and intervention). Interns will conduct diagnostic evaluations, will have the opportunities to complete psychological and neuropsychological testing instruments, and will treat a variety of patients in individual psychotherapy.

Effective, integrative, and comprehensive supervision is an important part of the training plan. We assign supervisors based on their specific purported concentration and interests. Each intern will be assigned a at least two supervisors (i.e., 1 hour/week each) or 1 primary supervisor (i.e., 1 hour/week) and two secondary supervisors (i.e., 1 hours/biweekly) to result in a total of 2 hours/week supervision. Two additional hours of supervision (e.g., group) is also given to the interns. Please review the faculty descriptions for a more thorough understanding of the range of expertise of the potential supervisors. The primary focus of the internship year is clinical. An important part of the training plan is our didactic experiences. Interns are required to attend two hours of didactic training each week. The following is a list of seminars offered for 2020-2021.



NOTE: ALL SEMINARS ARE ON WEDNESDAYS 10-12 PM WITH SEVERAL EXCEPTIONS - SCID TRAINING, AUGUST 3 (MONDAY 8-10AM), AUG. 11 (TUESDAY 10AM-12PM) AND AUG. 13 (THURSDAY); LOCATION TBA UNLESS EXPLICITLY STATED; NEUROPSYCHOLOGY TESTING DIDACTICS IN FEBRUARY PLEASE GO TO THE WAITING ROOM OF THE SOUTH CLINIC, 6TH FLOOR

Aug. 3	Orientation to the Internship - Dr. John Baker and Dr. Crystal Newman (8-10am) (Room C)
Aug. 3	SCID V Introduction, Depressive Disorders - Dr. Muge Dizen (1-5pm) (Conference Room C)
Aug. 4	Bipolar Disorders (SCID-V) - Dr. Tom Kwapil and Dr. Muge Dizen (1-5pm) (Conference Room C)
Aug. 5	Psychotic Disorders (SCID-V) - Dr. Tom Kwapil and Dr. Muge Dizen (1-5pm) (Conference Room C)
Aug. 6	Anxiety Disorders (SCID-V) - Dr. Muge Dizen (1-5pm) (Conference Room C)
Aug. 7	Trauma Disorders, OCD, Sample Write-ups - Dr. Muge Dizen (1-5pm) (Conference Room C)
Aug. 11	CFH Procedures and Policies - Dr. John Baker and Dr. Crystal Newman
Aug. 12	Progress Notes, Epic, and Management of Internship - Dr. Debra Jedd and Dr. Rachael Rubin
Aug. 13	Community Resources - Dr. Crystal Newman
Aug. 19	Health Psychology–Bariatric Surgery - Dr. John Baker
Aug. 26	How to the Most Out of Internship/Post-Doctoral Applications - Dr. Hudson Riehl
Sept. 2	Mental Health Conference (8am -4pm at Forum)
Sept. 9	Professional Foundations and Assessment - Dr. John Baker
Sept. 16	Professional Issues for Young Professionals - Dr. Rachael Rubin
Sept. 23	Psychological Testing of Adults - Dr. Debra Jedd
Sept. 30	Psychological Testing for Adult ADHD - Dr. John Baker
Oct. 7	Approaches to Testing Children for ADHD - Dr. Debbie Sperry
Oct. 14	Cultural and Individual Diversity Issues - Dr. Liz Tingley
Oct. 21	Child Assessment - Autism - Dr. Taylor Lindbom
Oct. 28	Ethics and Risk Management - Dr. John Baker
Nov. 4	Principles of Child Development and their Relation to Clinical Work - Dr. Liz Tingley
Nov. 11	Attachment and Child Treatment - Dr. Liz Tingley
Nov. 18	Treatment of Adult Depression - Dr. Keith White
Nov. 25	Reproductive Medicine - Dr. Debra Jedd
Dec. 2	Advanced CBT - Dr. John Baker
Dec. 9	Treatment of Adult Anxiety II - Dr. John Baker
Dec. 16	DBT-A - Dr. Kristin Thies



2021	
Jan. 6	Depression and Therapy - Dr. Crystal Newman
Jan. 13	Child Therapy - Trauma - Dr. Debbie Sperry
Jan. 20	Models of Supervision - Dr. Hudson Riehl
Jan. 27	Child Therapy - Child Therapy Activities and Techniques - Dr. Crystal Newman
Feb. 3	Child Therapy - Anxiety and Therapy - Dr. Debbie Sperry
Feb. 10	ACT - Dr. Debra Jedd
Feb. 17	Neuropsychological Testing - Dr. Tara Riddle WAITING ROOM OF THE SOUTH CLINIC, 6TH FLOOR
Feb. 24	Neuropsychological Testing - Dr. Kelly Kane WAITING ROOM OF THE SOUTH CLINIC, 6TH FLOOR
Mar. 3	Neuropsychological Testing - Dr. Catherine York WAITING ROOM OF THE SOUTH CLINIC, 6TH FL
Mar.	10 Life style Medicine and Therapy - Dr. Muge Dizen
Mar.	17 Behavioral Sleep Medicine - Dr. Keith White
Mar. 24	Disability Determination - Dr. Pam Warren
Mar. 31	Clinical Hypnosis - Dr. Avis Bernstein
Apr. 7	Models of Integrated Care - Dr. Keith White
Apr. 14	Diagnostic Issues in Axis II - Dr. Muge Dizen
Apr. 21	Attachment Theory and Adult Treatment - Dr. Liz Tingley
Apr. 28	Health Psychology - Rehabilitation Psychology - Dr. Avis Bernstein
May 5	Health Psychology - Biofeedback/Pain Management - Dr. Pam Warren
May 12	Clinical Research - Dr. John Baker
May 19	Integrating CBT with other Therapeutic Modalities - Dr. Keith White
May 26	Psychology in the Hospital Setting - Dr. Rachael Rubin
June 2	Transference and Counter-Transference - Dr. Kristin Thies
June 9	Sports Psychology - Dr. Keith White
June 16	Health Psychology - Psychosomatic Illnesses; Mind/Body Holistic Approaches - Dr. Bernstein
June 23	Racial/Cultural Identity Development Models - Dr. Hudson Riehl
June 30	TBA - Dr. Rachael Rubin
July 7	Cultural Competence in Psychotherapy - Dr. Hudson Riehl
July 14	Group Therapy with Children and Adolescents- Dr. Kristin Thies
July 21	Intern Presentations and Diplomas - All Psychologists



### **CARLE**

The Carle Foundation Hospital is the not-for-profit parent company of an integrated network of healthcare services including a 345-bed regional care hospital which has achieved Magnet® designation and was recently named as one of the nation's 100 Top Hospitals by Thomson Reuters. Services include a Level I Trauma Center, a Level III perinatal services, and specialty institutes for cancer, spine and heart and vascular treatment. Carle Physician Group, the outpatient practice serving more than 200,000 patients, is comprised of more than 330 physicians in 50 specialties. Carle Foundation Hospital has a culturally diverse staff recruiting providers from many different backgrounds and countries.

Our behavioral health team consists of 12 clinical psychologists, 13 psychiatrists, 6 psychiatric nurse practitioners, 3 addiction medicine physicians, 5 addiction counselors, 25 social workers and counselors, and 2 psychometrists.

### CHAMPAIGN-URBANA

The Champaign-Urbana metropolitan area has a population of 207,000. Champaign-Urbana is probably best known for being the home of the University of Illinois at Urbana Champaign- the flagship campus for the University of Illinois system. U.S. News & World Report's rankings of America's Best Colleges, Illinois was ranked as the number 14 among public universities and the number 48 among national universities in 2019-2020. In its annual rankings of the best college towns in America, the American Institute for Economic Research ranked Champaign #7 in 2012. The area is also very well known for technology - Newsweek rated Champaign-Urbana in its top ten tech cities outside of Silicon Valley. The area also has a thriving arts scene. The Krannert Center is considered one of the nation's pre-eminent performing arts centers and hosts over 400 performances annually. Assembly Hall is home to the Illinois basketball team, but also hosts a wide variety of activities, particularly concerts. The area is also known for Roger Ebert's Annual Overlooked Film Festival. Champaign-Urbana is known to be a hotbed for musical talent. REO Speedwagon and Dan Fogelberg originated in the area, as did musical talent such as HUM, Hardvark, Castor Braid, and Absinthe Blind. The area boasts a thriving nightlife (just check out on Urbanspoon how many sushi, Chinese, or Indian restaurants are in the area). The popular television show Mike and Molly's is named after a bar of the same name in Champaign. Champaign is close to Indianapolis (2 hours away), Chicago (2 ½ hour away), and St. Louis (3 hours away). While the area has a lot of attractions, it boasts a relatively inexpensive standard of living (think low rent compared to Chicago!). You also will have about a 5-10 minute commute compared to a 30 to 90 minute commute typical of cities the size of Chicago!



### APPLICATION TO THE PROGRAM AT CARLE

We ask that you register with APPIC and then complete the AAPI online, which can be found at www.appic.org.

Applicants must be from an APA accredited doctoral program in clinical or counseling psychology. Applicants need to have at least 250 intervention and assessment hours and at least two externship experiences where s/he was involved in direct therapeutic services with the age group of the track selected.

Applicants can identify more than one track for consideration. We ask that you rank order the tracks if applying to more than one.

In order to apply, internship candidates should submit the following, through the APPIC online application portal:

- Cover letter, which should indicate why you are interested in the Carle Internship Program, how our program will meet your goals, and what track(s) you are interested.
- Current curriculum vita
- Official school transcript
- Three letters of recommendation
- One de-identified neuropsychological, diagnostic, or psychological assessment report
- Completion of the Online APPIC application for psychology internship (AAPI)

### Application must be received no later than November 2, 2020

Interns are welcome to send an e-mail to the Director of Clinical Training that indicates that they have applied to the Carle Internship Program and have completed the AAPI online.

After review of all application materials, we will contact selected applicants for an interview by December 14, 2020. We are offering the opportunity for applicants to meet faculty and current interns (in person or remotely if pandemic does not allow in person visits) on January 16, 2021. Accepted interns will also have the opportunity to visit our site after the match process. The 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.

The Carle Foundation Hospital Internship adheres to a policy of nondiscrimination in recruitment and retention of interns on the basis of gender, race, ethnicity, sexual orientation, or other personal characteristics that are irrelevant to success in an Internship. We strive to maintain an environment of equal acceptance and respect for individuals regardless of personal, racial, or ethnic background.

### **COMPENSATION AND ASSISTANCE**

The internship year begins August 2, 2021 and ends July 31, 2022. 130 hours of paid time off (i.e., vacation, sick leave, meetings) are available within this period. Attendance at professional meetings is encouraged, and some flexibility will be given for such meetings. \$24,960 is provided, along with fringe benefits that include medical insurance, life and disability insurance, and professional liability insurance. Interns may participate in the Carle EAP program.



### REQUIREMENTS FOR COMPLETION AND FEEDBACK

To meet the goals and objectives of internship training there is a comprehensive curriculum based upon a 40-hour week within roughly 35 hours scheduled. We expect interns to schedule max. 24 patients per week (roughly 900 hours of direct patient care). You will see patients for diagnostic evaluations, individual therapy, and psychological testing. Interns are expected to attend four hours of supervision per week and two hours of didactic seminars per week.

Supervisors will complete the trainee feedback form at the end of the sixth month period and at the end of the year. Successful and passing evaluations by at least an intermediate level of performance by supervisors in all areas on the trainee feedback form will be required to complete the internship. If the intern does not have at least an intermediate level of performance on any level of performance assessed by the trainee feedback form at the sixth month period, the intern will be placed on probation. The intern will also be expected to have a high intermediate (HI) level across roughly 80% of the competencies at the end of the year (specifically at least 7 of 9 of the competencies must be HI). Please see the section on due process for further information on the mechanisms of probation.

Interns will have an opportunity to evaluate their supervisors at the end of the sixth month training period as well as at the end of the year. Interns will also have the opportunity to evaluate the program at the end of the year.

Please contact the Director of Clinical Training for a copy of the trainee, faculty, or program feedback forms.

### **DUE PROCESS PROCEDURES**

#### Introduction

This document provides interns and staff with an overview of the identification and management of intern problems and concerns, a listing of possible sanctions and an explicit discussion of the due process procedures. Due process ensues that decisions about interns are not arbitrary or personally based. Due process requires that the Carle Internship Program identify specific procedures which are applied to all intern's concerns and appeals. The document also includes considerations in the remediation of problems. It is encouraged that staff and interns discuss and resolve their conflicts or problems informally. However, if informal discussion cannot adequately address the problem, this document was created to provide a more formal mechanism for Carle to respond to issues of concern.

During the orientation period, interns will receive, in writing, Carle's expectations related to professional functioning and due process procedures.

### **Program Assessment**

The Director of Training has an "open door" policy with the goal of interns or supervisors addressing any issues in a collaborative and swift fashion. The Director of Training has dedicated time set aside to be especially available to interns on an individual basis. The Director of Training will also meet monthly with interns, as a group, to specifically address any questions or concerns. Supervisors will provide formal feedback to interns on a semi-annual basis using the "Trainee feedback form" and the "Clinical Competency Rating Scale". Interns will similarly provide feedback at the same frequency using the "Faculty feedback form". Interns will also formally meet with the Director of Clinical Training at a mid-year meeting where any issues on the part of supervisors or interns will be directly discussed.

In addition to the formal and informal reviews of their training experiences over the course of the year, interns and supervisors submit a "Program Review Form" at the end of the year describing the strengths and weaknesses of the program and their recommendations for how it may be enhanced. These will be submitted to the Director of Training who will generate a compiled report which will be discussed with internship supervisors and management.



### Interface of Internship Program and Carle Foundation Hospital

The clinical psychology pre-doctoral internship at Carle Foundation Hospital follow all policies and procedures related to trainee and employee rights and responsibilities outlined by Carle. Policies and procedures related to intern and employment practices are detailed in the Carle Foundation Hospital Human Resources site and include statements and guidelines for non-discrimination, employee discipline, and grievances. As official employees at Carle Foundation Hospital, interns will be subject to the policies outlined in Human Resource (HR) policy #609 (attached) to address and establish a fair approach to employee misconduct. They also will be subject to HR policy #610 (attached) to address fair and uniform procedures relating to employee grievances.

### **Problematic Behavior and Concerns**

Problematic behavior can be defined broadly as an interference in professional functioning which is reflected in one or more of the following ways:

- 1. An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
- 2. An inability to acquire professional skills in order to reach an acceptable level of competency; and/or
- 3. An inability to control personal stress, strong emotional reactions, and/or psychological dysfunction which interfere with professional functioning.

It is a professional judgment when an intern/trainee's behavior becomes problematic rather than a concern. If the behavior is a simply concern or is approaching "problematic", the behavior will be discussed informally with the supervisor and/or Director of Training. Trainees can behave in ways that may be of concern (and therefore require some type of informal remediation) and such behavior is not unusual or unexpected for professionals in training. In such situations formal procedures are not yet necessary. The following informal procedures may be used:

- 1. Some behaviors are of such low concern that they can be discussed informally between the supervisor and intern without communication to the Director of Training.
- 2. Other behaviors are of higher concern and are communicated to the Director of Training by supervisors or other staff. Such concerns are discussed informally and no performance improvement plan is implemented.
- 3. Other behaviors are of such concern to be deemed problematic. Any competency description from the "Trainee Feedback Form" that is rated as "needs remedial work" is automatically deemed problematic. If behavior is deemed problematic a "formal" Performance Improvement Plan is implemented and the intern is put on probation. Probation is reserved for interns with difficulties sufficiently serious to raise the possibility of eventual dismissal. The problems that may warrant probation include, but are not limited to, identified consistent deficits in meeting administrative requirements, failure to respond to supervision, and other difficulties interfering with clinical functioning that put the patient's well being in jeopardy. Nonclinical reasons such as failure to meet academic deadlines, ethical and professional shortcomings, also exist for probation and eventual dismissal.



The <u>Performance Improvement Plan</u> will include:

- 1. A description of the problematic behavior(s).
- 2. Specific recommendations for rectifying the problems(s)
- 3. A time-frame during which the problem is expected to be ameliorated.
- 4. Procedures to assess concurrently whether the problem(s) has (have) been appropriately rectified (e.g., supervisory feedback).

Possible remedial steps include (but are not limited to) the following:

- 1. Increased supervision
- 2. Change in the format, emphasis and/or focus of supervision
- 3. Additional didactic training (e.g., outside reading)

A discussion of the problematic behavior is discussed jointly by the intern, supervisor, and Director of Training. A written performance plan is also jointly developed between the intern, supervisor, and Director of Training. The performance plan will be communicated to the Director of Training at intern's school. The intern and the Director of Training at the intern's school will be notified when the problematic behavior has been rectified.

### **Grievance Procedures**

Grievance procedures can be initiated in the following situations: (1) and intern may seek redress for actions taken by any member of the faculty or staff of the Division of Psychology, the Department of Psychiatry, or Carle Foundation Hospital; (2) the intern may challenge actions or decisions taken by the Director of Training; (3) the Director of Training or a member of the faculty may initiate action against an intern. These situations are described below.

### A. Intern seeking redress

An intern may seek redress for actions taken by any member of the faculty or staff of the Division of Psychology, the Department of Psychiatry, or Carle Foundation Hospital by formally presenting a concern to the Director of Training. The Director of Training will review the area of concern, gather information, and render a decision and recommendation. If the intern wishes to appeal the decision and recommendation of the Director of Training, he or she may appeal to the Medical Director and/or Assistant Medical Director and may request that a Review Panel be convened, as described below.

### B. Intern Challenge

If an intern wishes to formally challenge any action taken by the Director of Training (e.g., institution of a probationary period), the intern must, within five (5) work days of receipt of the decision, inform the Director of Training and the Medical Director and/or Assistant Medical Director in writing of such a challenge. When a challenge is made, the intern must provide the Director of Training and the Medical Director and/or Assistant Medical Director with information supporting their concern. Within three (3) work days of receipt of this notification, the Director of Training and Medical Director and/or Assistant Medical Director will implement Review Panel procedures as described below.



### C. Faculty Challenge

If a faculty member or staff has a specific concern that is not resolved informally through consultation or intervention by the Director of Training, or formally through the Performance Improvement Plan when an intern is placed on probation, the faculty member may seek resolution of the conflict by written request to the Director of Training for a review of the intern's behavior. Any time that the intern has failed to satisfy the probationary requirements as stipulated through the Performance Improvement Plan, a faculty challenge will be instituted by the Director of Training. Within three (3) working days of receipt of the faculty member's challenge, the Director of Training will consult with the Medical Director and/or Assistant Medical Director and a Review Panel will be convened, as discussed below.

#### **Review Panel and Process**

When needed, a Review Panel will be convened to address: (1) an appeal of a decision and recommendation in response to a redress for action, (2) an intern challenge, or (3) a faculty challenge.

- 1. The Review Panel will consist of three core faculty members of the Division of Psychology who are selected by the Medical Director and/or Assistant Medical Director. Faculty members who are party to the dispute will be recused from deliberations and will not receive any communications associated with ongoing deliberations.
- 2. Within five (5) work days of convening the Review Panel, a hearing will be conducted in which the challenge is heard and relevant material presented. Within three (3) work days of the completion of the review, the Review Panel will submit a written report to the Director of Training and the Medical Director and/or Assistant Medical Director, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.
- 3. The intern has the right to hear the challenge and all relevant material that is presented to the Review Panel. The intern has the right to dispute or explain the challenge and/or any relevant material presented to the Review Panel.
- 4. As the review panel represents the faculty of the Behavioral Health, the vote and recommendations of this panel will stand as the final decision of the Faculty. The Review Panel will prepare a summary letter regarding its decision that will be provided to the intern, the Director of Training and the Medical Director and/or Assistant Medical Director. A copy will also be sent to the intern's Director of Clinical Training at the intern's school.
- 5. After the final decision of the review panel is rendered, the Director of Training will inform the intern, and if necessary, the Behavioral Health Medical Director and/or Assistant Medical Director of the decisions and recommendations made. A decision to terminate would be automatically be deemed necessary to send to the Behavioral Health Medical Director and/or Assistant Medical Director.
- 6. If the intern disputes the final decision the intern has the right to contact Human Resources and complete a Statement of Grievance (see HR 610).



### **Termination**

If intern's behavior is deemed sufficiently problematic and/or the behavior has not been ameliorated, the Review Panel may recommend termination. If the intern disputes the final decision the intern has the right to contact Human Resources and complete a Statement of Grievance (see HR 610). The intern may also report ethical or procedural violations that the intern believes were made by the Carle Behavioral Health to the appropriate committees of the American Psychological Association and/or the Association of Psychology Postdoctoral and Internship Centers.

Consistent with the standards established by Carle Foundation Hospital, some actions on the part of interns are considered so egregious as to warrant immediate termination without the benefits of probation (see HR 609). Such actions include, but are not limited to, falsifying any Carle record or document, theft of Carle property, violation of the sexual harassment policy, violation of the equal employment opportunity and non-retaliation policies, and major violations of HIPPA

### Contact Information

Director of the Carle Psychology Internship: Mügé Dizén, Ph.D. (muge.dizen@carle.com)

### Mailing address:

Carle Psychology Internship Carle Physician Group 1802 S. Mattis Ave. Champaign, IL 61821

Office Phone: 217-365-2855 Office Fax: 217-365-2856

### **APA** Accreditation

We are a full member of APPIC.

APA ACCREDITATION: We are APA-accredited. The date of the initial accreditation was March 22, 2016. The next site visit will be held in 2023.

Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation

American Psychological Association

750 1st Street, NE, Washington, DC 20002

Phone: (202) 336-5979/E-mail: apaaccred@apa.org

Web: www.apa.org/ed/accreditation

#### Additional Information

Interns will have the use of offices with telephones, computers, voice mail, photocopy privileges, and clerical support. Interns are employees of Carle Foundation Hospital and may review the following documents addressing employee benefits, conduct policy, termination policy, and discrimination policy at www.carle.org.

Due process polices specific to the Internship program can be obtained by e-mailing Dr. Mügé Dizén, Ph.D. at muge.dizen@carle.com. These policies will be distributed, presented, and discussed with interns during orientation week.



Carle's expectations of intern's performance (e.g., trainee feedback forms) can be obtained by mailing Dr. Mügé Dizén, Ph.D. at muge.dizen@carle.com. These expectations will be distributed, presented, and discussed with interns during orientation week. Applicants matched to the internship program should understand that prior to the internship they will be required to pass a medical examination, which includes a drug test.

Internship Admissions, Support and Initial Placement Data Internship Program Admissions Date Program Tables are updated: 9/2/20

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

Interns would be provided with three possible tracks in adult, child/adolescent or generalist. All tracks would provide a foundation in assessment (evaluations and testing) and treatment. Learning would take place through clinical evaluations, supervision, supervised report writing and didactic seminars. Interns will have opportunities to provide psychological services involving bariatric surgery patients, chronic illness, psycho-somatic illness, behavioral sleep medicine, and pain management, in addition to the gamut of depression, anxiety, and adult adjustment disorders. Child interns would be able to benefit from specializations in ADHD, disruptive behavior disorders, trauma, autism spectrum disorders, anxiety and OCD, depression, divorce adjustment, and the treatment of young children.

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

Total Direct Contact Intervention Hours	No	Yes	Amount: 250
Total Direct Contact Assessment Hours	No	Yes	Amount: 50

### Describe any other required minimum criteria used to screen applicants:

Applicants need to have a least two externship experiences where s/he was involved in direct therapeutic services with the age group of the track selected.

FINANCIAL AND OTHER BENEFIT SUPPORT FOR UPCOMING TRAINING YEAR*			
Annual Stipend/Salary for Full-time Interns	24,960		
Annual Stipend/Salary for Half-time Interns		IA	
Program provides access to medical insurance for intern?	Yes	No	
If access to medical insurance is provided:			
Trainee contribution to cost required?	Yes	No	
Coverage of family member(s) available?	Yes	No	
Coverage of legally married partner available?		No	
Coverage of domestic partner available?	Yes	No	
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)		130	
Hours of Annual Paid Sick Leave		Included in PTO	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	No	
Other Benefits (please describe): Life and disability insurance; professional liability insurance. Interns may participate in the Carle EAP program.			



INITIAL POST-INTERNSHIP POSITIONS		
(Provide an Aggregated Tally for the Preceding 3 Cohorts)		
	2017	-2020
Total # of interns who were in the 3 cohorts	9	
Total # of interns who did not seek employment because they returned to their doctoral program/are		<u> </u>
completing doctoral degree	0	
	PD	EP
Community Mental Health Center		
Federally Qualified Health Center		
Independent Primary Care Facility/Clinic		
University Counseling Center		
Veterans Affairs Medical Center		
Military Health Center		
Academic Health Center		
Other Medical Center or Hospital	2	3
Psychiatric Hospital		
Academic University/Department		
Community College or Other Teaching Setting		
Independent Research Institution		
Correctional Facility		
School District/System		
Independent Practice Setting	1	3
Not Currently Employed		
Changed to Another Field		
Other		
Unknown		

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

