CARLE PSYCHOLOGY
INTERNSHIP

OVERVIEW OF THE PSYCHOLOGY
INTERNSHIP PROGRAM
FOR 2020-2021
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Introduction and Welcome
Welcome to the APA accredited Doctoral Internship Program in clinical psychology at Carle Foundation Hospital. 2020-2021 will be the eighth year that Carle has sponsored a psychological internship. We are excited that you are interested in our program. Our goal is to establish a first class internship that reflects the high standards achieved by Carle Hospital.

Interns would be provided with three possible tracks in adult, child/adolescent or generalist. Interns in the generalist track are open to seeing an equal amount of child and adult patients. While one characteristic of our program is the intern’s ability to choose one of three possible tracks, an additional strength is the intern’s opportunity to see patients within all three tracks. Based on need, we would like the interns to be flexible to see patients of any age group. For example, an intern may choose the adult track and see primarily adult clients, but still be able to see child clients and be supervised by our child psychologists. 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. We also offer several didactics in neuropsychology. As you can see from our faculty descriptions, we are a diverse and highly trained group. Although most of us are generalists who see virtually all types of clients, we can provide quite unique specialized opportunities for interested interns. Our psychologists have interests in rehabilitation psychology, sports psychology, reproductive medicine, plant based diets, and public policy. Interns will be assigned patients some of whom will be economically disadvantaged and come from different racial and cultural backgrounds consistent with the mission of Carle Foundation Hospital. 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 department of psychology/psychiatry 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 programs are designed to develop core functional and foundational 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 will also provide opportunities for group treatment, family or couples treatment, scholarly activities, and collaboration with other health care providers across many medical subspecialties. We operationally define each training competency as described below:

**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.

**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 apply their knowledge/approach in working effectively with a wide range of diverse individuals and groups.

**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.

**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.

**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.
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.

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.

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.

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 3 applicants for the 2019-2020 internship year. We ask applicants to choose one of three tracks: adult, child, and generalist. We plan on taking one intern in the adult track one intern in the child track, and one intern in the generalist track. Instructions on applying for the internship can be found later in our program description.

Please note that while you are being asked to choose a track, you are not required to see only patients in that track. If you are asked to interview, we will ask you if you are solely interested in a particular track (e.g., seeing only adults), or if you would like to see adults and children. Note that if you choose the adult track we expect that you will see primarily adult clients (same principle applies to the child track), but we are interested in providing you with an experience that suits your needs and interests. Therefore, an individual in the adult track may wish to structure their year seeing 100% adults; 75% adults and 25% children. Please be honest in your interests as there is no benefit to you in the acceptance process if you tell us in the interview that you wish to see solely adults or children, or combine seeing adults and children. We want to choose the best possible candidates and want you to enjoy the internship year by meeting your needs.
While we do not offer specific concentrations in each track (e.g., a pain/biofeedback concentration in the adult or child track), we do have opportunities for specialized experiences in each track. You will have at least 4 hours of supervision each week at Carle. You will receive both individual and group supervision. You likely will have one core supervisor for the entire year – an adult psychologist if you chose the adult track. But we will attempt to tailor supervision with your interests. For example, an intern in the child track will have a core child psychologist supervising them for the entire year. This intern, though, may be interested in seeing some adults, as well, and may have a specific interest in pain management and mindfulness or possibly anxiety disorders. We will try to match you with the adult psychologist best suited for those interests. You may be supervised by this psychologist for the entire year, as well, or possibly for a shorter period of time. Please read the list of psychologist descriptions for information about interests that seem analogous to your own.

Didactic training is another important component of the internship. While we are asking interns to pick a particular track to gain some degree of specialization, we also encourage breadth of training. Therefore, we will expose interns to theories, treatments, and research in adult clinical psychology and child clinical psychology.

PSYCHOLOGY STAFF DESCRIPTIONS

Baker, John:
Internship Director
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.
Bernstein, Avis M:
Education: MA in clinical psychology from University of British Columbia; Ph.D. in clinical psychology from Hahnemann University, Philadelphia, PA

Professional Interests: adults (18+) with medical diagnoses specifically stress-related (IBS, GERD, migraine, insomnia), chronic pain, cancer, neurological (TBI & CVA, movement disorders (Parkinson’s & Huntington’s disease), autoimmune diseases (SLE, MS, RA). As a health psychologist specific focus is on prevention and a holistic approach to enhance health promoting behaviors (nutrition, exercise, sleep) and reduce health risk behaviors (tobacco, obesity). I maintain a half-time outpatient practice as a clinical psychologist seeing those with medical issues (as described above) as well as psychological issues including anxiety (OCD, phobias, PTSD) and affective disorders. I work half-time on Carle’s Acute Rehabilitation Unit integrating psychological and neuropsychological services into overall patient care for those facing a broad range of challenges following CVA, TBI, amputations (including phantom limb), SCI, hip/knee replacement, brain tumors, spinal surgery, debility from prolonged hospitalization.

Therapeutic Approaches: ranging from hypnotherapy, mindfulness, CBT, NLP, mind/body approaches to family systems, psychodynamic, and insight-oriented. My theoretical orientation is humanistic - eclectic and pragmatic.

Dizén, Mügé:
Division Head, Psychology, Carle Physicians Group
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.

Klein, Andrea:
Internship Co-Director
Education: Ph.D. in clinical psychology from Indiana University, Bloomington; ABPP in clinical psychology

Professional Interests: I see children ages 1-18, parents, and families. I work with all diagnostic groups- have over thirty years expertise in all disruptive behavior disorders (ADHD, ODD), anxiety, OCD, stress symptoms, depression/mood disorders, divorce adjustment, attachment, and parent-child interaction. I have recent specialized training in dyadic developmental therapy for attachment disorders, and treatment of OCD in young children. I have specializations in autism assessment and treatment, including ongoing groups for middle school age and teens on the spectrum; divorce including assessment of custody and visitation disputes; ADHD/ODD assessment and therapy, including ongoing groups for parenting difficult children; psychological/psychoeducational testing (ADHD, learning disabilities, dyslexia, NVLD, processing issues); and teen group therapy (for teens with social skill deficits and Asperger’s Syndrome).

Therapeutic Modalities: I draw extensively from several modalities including play therapy, family therapy, CBT, behavior therapy, and communication therapy. Play therapy is typically centered around teaching the child skills of emotional control, expression of feelings, development of problem solving capacities, and development of social skills. Family therapy is used to develop better communication, resolve difficult issues, and develop positive family processes. I approach CBT through play, therapeutic games, direct exercises, and didactic approaches. Deeper emotional issues are approached with developmental, psychodynamic, and family systems approaches.
Newman, Crystal:
Education: Ph.D. in clinical psychology from Pennsylvania State University

Professional Interests: I work with children, adults and families. I enjoy working with all diagnostic groups found in infancy and childhood, including: disruptive behavior disorders (ODD, ADHD), learning disorders, anxiety and mood disorders, adjustment disorders, and attachment disorders, as well as other clinically-related issues like poor self esteem, shyness, and social skills problems. Additionally, through my experience working with parents, I have come to enjoy treating adult women who have problems adjusting to the demands of motherhood (e.g., adjustment disorders of all kinds, difficulty balancing work and family, etc.) and/or have issues that negatively impact their parenting. Other areas of specialization include: Children who have abuse/neglect histories; children who were adopted or in foster-care, and grieving children. I diagnose and test children who have ADHD, learning disorders, gifted intellectual functioning, language disorders, and emotional, behavioral, and social problems. In addition, I am trained in the use of projectives and am knowledgeable with testing children between the ages of 1-5 years.

Therapeutic Modalities: I predominantly use a combination of cognitive behavioral therapy, play therapy, and attachment therapy. Specifically, I often try to meet the emotional, behavioral, and social goals of children and families through education; changing maladaptive cognitions, reinforcement behaviors and schedules; and improving parent-child relationships (to increase child motivation). When working with children I usually employ play therapy techniques and tools including art, dolls, puppets, and therapeutic games to highlight and teach skills. Parents, who are also heavily involved in the therapy process, are engaged through in-session activities, role-plays, and homework assignments.

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.
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 non-directive 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 in 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, gastrointestinal 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 (adult, child, or combination); 2) areas of specific interests within each concentration (e.g., anxiety disorders in adults or pain management).
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 primary supervisor that will meet for one hour each week and two secondary supervisors that will meet one hour every other week (for a total of two individual supervision hours per week). Two hours of group supervision 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.

Scholarly and scientific pursuits are supported at Carle. Some participation in research is encouraged, although 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 2019-2020.

**CARLE PSYCHOLOGY INTERNSHIP SEMINARS FOR 2019-2020**

**NOTE:** ALL SEMINARS ARE ON WEDNESDAYS 10-12 PM WITH SEVERAL EXCEPTIONS - SCID TRAINING, JULY 31 (8-10AM), AUG. 9 (FRIDAY 1-3PM) AND AUG. 13 (TUESDAY); LOCATION TBA UNLESS EXPLICITLY STATED; NEUROPSYCHOLOGY TESTING DIDACTICS IN FEBRUARY PLEASE GO TO THE WAITING ROOM OF THE SOUTH CLINIC, 6TH FLOOR

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<thead>
<tr>
<th>Date</th>
<th>Seminar</th>
<th>Instructor(s)</th>
<th>Location</th>
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<tbody>
<tr>
<td>July 29</td>
<td>SCID V Introduction, Depressive Disorders - Dr. Muge Dizen (1-5pm)</td>
<td>Conference Room C</td>
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<tr>
<td>July 30</td>
<td>Bipolar Disorders (SCID-V) - Dr. Tom KwapiI and Dr. Muge Dizen (1-5pm)</td>
<td>Conference Room C</td>
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<td>July 31</td>
<td>Orientation to the Internship - Dr. John Baker and Dr. Crystal Newman</td>
<td>8-10am</td>
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<tr>
<td>July 31</td>
<td>Psychotic Disorders (SCID-V) - Dr. Tom KwapiI and Dr. Muge Dizen (1-5pm)</td>
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<td>Aug. 1</td>
<td>Anxiety Disorders (SCID-V) - Dr. Muge Dizen (1-5pm)</td>
<td>Conference Room C</td>
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<td>Aug. 2</td>
<td>Trauma Disorders, OCD, Sample Write-ups - Dr. Muge Dizen (1-5pm)</td>
<td>Conference Room C</td>
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<td>Aug. 7</td>
<td>CFH Procedures and Policies - Dr. John Baker and Dr. Crystal Newman</td>
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<td>Aug. 9</td>
<td>Progress Notes, Epic, and Management of Internship - Dr. Debra Jedd</td>
<td>1-3pm</td>
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<td>Aug. 13</td>
<td>(TUESDAY) Community Resources - Dr. Crystal Newman</td>
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<td>Aug. 21</td>
<td>Health Psychology--Bariatric Surgery - Dr. John Baker</td>
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<td>Aug. 28</td>
<td>How to the Most Out of Internship/Post-Doctoral Applications - Dr. Hudson Riehl</td>
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<td>Sept. 4</td>
<td>Mental Health Conference (8am - 4pm at Forum)</td>
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<td>Sept. 11</td>
<td>Professional Foundations and Assessment - Dr. John Baker</td>
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<td>Sept. 18</td>
<td>Psychological Testing of Adults - Dr. Debra Jedd</td>
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<td>Sept. 25</td>
<td>Child Therapy - ADHD and Disruptive Behavior Disorders - Dr. Andrea Klein</td>
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<tr>
<td>Oct. 2</td>
<td>Psychological Testing for Adult ADHD - Dr. John Baker</td>
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<td>Oct. 9</td>
<td>Approaches to Testing Children for ADHD - Dr. Debbie Sperry</td>
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<td>Oct. 16</td>
<td>Cultural and Individual Diversity Issues - Dr. Andrea Klein</td>
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<td>Oct. 23</td>
<td>Child Therapy - Autism - Dr. Andrea Klein</td>
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<td>Oct. 30</td>
<td>Ethics and Risk Management - Dr. John Baker</td>
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<td>Nov. 6</td>
<td>Treating OCD in Children - Dr. Andrea Klein</td>
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<td>Nov. 13</td>
<td>Therapy with Children of Divorce/Child Custody and Visitation Evaluations - Dr. Andrea Klein</td>
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<td>Nov. 20</td>
<td>Treatment of Adult Depression - Dr. Keith White</td>
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<td>Nov. 27</td>
<td>Reproductive Medicine - Dr. Debra Jedd</td>
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<td>Dec. 4</td>
<td>Advanced CBT - Dr. John Baker</td>
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<tr>
<td>Dec. 11</td>
<td>Treatment of Adult Anxiety II - Dr. John Baker</td>
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<tr>
<td>Dec. 18</td>
<td>Attachment Theory and Adult Treatment - Dr. Liz Tingley</td>
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<td>2020</td>
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<tr>
<td>Jan. 8</td>
<td>Depression and Therapy - Dr. Crystal Newman</td>
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<td>Jan. 15</td>
<td>Child Therapy - Trauma - Dr. Debbie Sperry</td>
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<td>Jan. 22</td>
<td>Models of Supervision - Dr. Hudson Riehl</td>
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<td>Jan. 29</td>
<td>Child Therapy - Child Therapy Activities and Techniques - Dr. Crystal Newman</td>
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<tr>
<td>Feb. 5</td>
<td>Child Therapy - Anxiety and Therapy - Dr. Debbie Sperry</td>
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<tr>
<td>Feb. 12</td>
<td>ACT - Dr. Debra Jedd</td>
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</tbody>
</table>
Feb. 19  Neuropsychological Testing - Dr. Tara Riddle WAITING ROOM OF THE SOUTH CLINIC, 6TH FLOOR
Feb. 26  Neuropsychological Testing - Dr. Kelly Kane WAITING ROOM OF THE SOUTH CLINIC, 6TH FLOOR
Mar. 4   Life style Medicine and Therapy - Dr. Muge Dizen
Mar. 11  Behavioral Sleep Medicine - Dr. Keith White
Mar. 18  Disability Determination - Dr. Pam Warren
Mar. 25  Clinical Hypnosis - Dr. Avis Bernstein
Apr. 1   Models of Integrated Care - Dr. Keith White
Apr. 8   Diagnostic Issues in Axis II - Dr. Muge Dizen
Apr. 15  TBA - Dr. Liz Tingley
Apr. 22  Attachment Theory and Child Treatment - Dr. Liz Tingley
Apr. 29  Health Psychology – Rehabilitation Psychology - Dr. Avis Bernstein
May 6    Health Psychology - Biofeedback/Pain Management - Dr. Pam Warren
May 13   Clinical Research - Dr. John Baker
May 20   Integrating CBT with other Therapeutic Modalities - Dr. Keith White
May 27   TBA - Dr. Rachael Rubin
June 3   Transference and Counter-Transference - Dr. Kristin Thies
June 10  Sports Psychology - Dr. Keith White
June 17  Health Psychology – Psychosomatic Illnesses; Mind/Body Holistic Approaches - Dr. Bernstein
June 24  Racial/Cultural Identity Development Models - Dr. Hudson Riehl
July 1    TBA - Dr. Rachael Rubin
July 8   Cultural Competence in Psychotherapy - Dr. Hudson Riehl
July 15   Group Therapy with Children and Adolescents - Dr. Kristin Thies
July 22  Intern Presentations and Diplomas - All Psychologists
CARLE

Carle health system combines clinical care, health insurance, research and academics in a way that solves real-world problems today with an eye toward the future.

Supported by a deep philanthropic spirit, Carle is dedicated to doing what it takes to make life better for as many as possible. Its mission is to serve people through high-quality care, medical research and education.

Based in Urbana, IL, The Carle Foundation is vertically integrated with more than 7,000 employees in its hospitals, physician group, health plan and associated healthcare businesses including the Carle Illinois College of Medicine, the world’s first engineering-based medical school. The system’s flagship Carle Foundation Hospital ranks as one of America’s 50 Best Hospitals by HealthGrades and for more than 10 years has held Magnet® designation, the nation’s highest honor for nursing care.

The system includes the 433-bed Carle Foundation Hospital, a Level I Trauma Center and Level III perinatal services center, the 24-bed critical access Carle Hoopeston Regional Health Center, the 118-bed Carle Richland Memorial Hospital, Carle Physician Group with more than 1,000 doctors and advanced practice providers, and Health Alliance.

Health Alliance is a leading provider-driven health plan serving Illinois, Iowa, Indiana, Ohio and Washington. In 2019, Health Alliance was awarded “Highest Member Satisfaction among Commercial Health Plans in the Illinois/Indiana Region” in the J.D. Power 2019 Member Health Plan StudySM.

Strong employees deliver this consistent commitment to high-quality care, and Carle is proud to be named a Great Place to Work®.

Carle’s areas of focus include Mills Breast Cancer Institute, Carle Cancer Center, Carle Spine Institute, Carle Neuroscience Institute, Carle Digestive Health Institute and Carle Heart and Vascular Institute. Carle Illinois College of Medicine is the world’s first engineering-based college of medicine. And the Stephens Family Clinical Research Institute enables clinicians and scientists to partner in solving some of today’s most pressing health issues. Carle Foundation Hospital has a culturally diverse staff recruiting providers from many different backgrounds and countries.

The Department of Psychiatry/Psychology includes 47 psychiatrists, psychologists, and masters-level therapists. Our 12 PhD/PsyD psychologists are embedded at the main hospital and an outpatients clinic in Champaign.

CHAMPAIGN-URBANA

The Champaign-Urbana metropolitan area has a population of 231,891 as determined by the 2010 census. Champaign-Urbana is probably best known for being the home of the University of Illinois at Champaign-Urbana – the flagship campus for the University of Illinois system. 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 deidentified neuropsychological, diagnostic, or psychological assessment report
• Completion of the Online APPIC application for psychology internship (AAPI)

Application must be received no later than November 1
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. Interviews will take place at Carle in January. We will provide selected applicants more information about the interview process at a later time.

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 3, 2020 and ends July 30, 2021. Roughly 3 ½ weeks of paid time off are included within this period. Attendance at professional meetings is encouraged, and some flexibility will be given for such meetings. A stipend of $24,000 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. Over a 48 week schedule that translates into roughly 1680 hours of scheduled time (direct care, supervision, didactics). There is some flexibility within each week. We expect interns to schedule roughly 24 patients per week (over 48 weeks that is roughly 1152 hour of direct patient care). You will see patients for diagnostic evaluations, individual therapy, psychological testing, and possibly group, family, and marital therapy. 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 Performance Improvement Plan 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) 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; (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 Chief Psychologist 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 Chief Psychologist in writing of such a challenge. When a challenge is made, the intern must provide the Director of Training and Chief Psychologist with information supporting their concern. Within three (3) work days of receipt of this notification, the Director of Training and Chief Psychologist 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 Chief Psychologist 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 Chief Psychologist. 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 Chief Psychologist, 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 Division of Psychology, 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 Chief Psychologist. 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 Chair of the Department of Psychiatry of the decisions and recommendations made. A decision to terminate would be automatically be deemed necessary to send to the Chair of the Department of Psychiatry.

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 Department of Psychology 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:
John P. Baker, Ph.D. (john.baker@carle.com)

Mailing address:
Carle Psychology Internship
Carle Physician Group
1802 S. Mattis Avenue
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 fully accredited by the American Psychological Association. 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. Baker at john.baker@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 e-mailing Dr. Baker at john.baker@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
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:

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Amount:</th>
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<tr>
<td>Total Direct Contact Intervention Hours</td>
<td></td>
<td>Yes</td>
<td>200</td>
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<tr>
<td>Total Direct Contact Assessment Hours</td>
<td></td>
<td>Yes</td>
<td>50</td>
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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.

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<tr>
<th>FINANCIAL AND OTHER BENEFIT SUPPORT FOR UPCOMING TRAINING YEAR*</th>
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<tr>
<td>Annual Stipend/Salary for Full-time Interns</td>
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<tr>
<td>Annual Stipend/Salary for Half-time Interns</td>
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<tr>
<td>Program provides access to medical insurance for intern?</td>
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<tr>
<td>If access to medical insurance is provided:</td>
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<td>Trainee contribution to cost required?</td>
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<tr>
<td>Coverage of family member(s) available?</td>
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<tr>
<td>Coverage of legally married partner available?</td>
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<td>Coverage of domestic partner available?</td>
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<tr>
<td>Hours of Annual Paid Personal Time Off (PTO and/or Vacation)</td>
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<td>Hours of Annual Paid Sick Leave</td>
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<td>In the event of medical conditions and/or family needs that</td>
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<td>require extended leave, does the program allow reasonable</td>
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<td>unpaid leave to interns/residents in excess of personal</td>
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<td>time off and sick leave?</td>
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<td>Other Benefits (please describe): Life and disability</td>
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<td>insurance; professional liability insurance. Interns may</td>
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<td>participate in the Carle EAP Program.</td>
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<td>Position</td>
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<tr>
<td>Total # of interns who were in 3 cohorts</td>
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<td>Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree</td>
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<tr>
<td>PD</td>
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<td>EP</td>
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<td>Community Mental Health Center</td>
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<td>Federally Qualified Health Center</td>
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<td>Independent Primary Care Facility/Clinic</td>
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<td>University Counseling Center</td>
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<td>Veterans Affairs Medical Center</td>
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<td>Military Health Center</td>
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<td>Academic Health Center</td>
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<td>Other Medical Center or Hospital</td>
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<td>Psychiatric Hospital</td>
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<td>Academic University/Department</td>
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<td>Community College or Other Teaching Setting</td>
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<td>Independent Research Institution</td>
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<td>Correctional Facility</td>
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<td>School District/System</td>
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<td>Independent Practice Setting</td>
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<td>Not Currently Employed</td>
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<td>Changed to Another Field</td>
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<td>Other</td>
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<tr>
<td>Unknown</td>
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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.