

**Virginia Treatment Center for Children
Doctoral Internship
in
Clinical Psychology**

2025/26 Training Year

(updated 7/2024)

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This internship site agrees to abide by the APPIC Policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant prior to Uniform Notification Day.

This internship program is accredited by the American Psychological Association. The internship is in Pediatric Psychology, accredited as a doctoral internship in Health Service Psychology. Questions regarding accreditation may be directed to:

Commission on Accreditation
American Psychological Association
750 First St., NE
Washington, D.C. 20002-4242
202-336-5979

Background and Introduction

The internship program at the Virginia Treatment Center for Children, accredited by the American Psychological Association since 1975, is designed to provide training in a continuum of care for treating children and adolescents with serious emotional disturbances. The internship program just completed a successful APA site visit and was granted a full 10 year accreditation through 2032. Four funded positions are available each year in a training program that begins July 1 and ends June 30. Our stipend for the current training year is \$31, 720.

The Virginia Treatment Center for Children is part of the Virginia Commonwealth University Medical Center (VCUMC), one of Virginia's premier academic medical centers. A vital component of Virginia's community-based mental health system, VTCC continually works to improve the mental health of all of Virginia's children, youth, and families through clinical services, research, training and professional development.

VTCC is well-known within the field for the ability to successfully treat complex emotional and behavioral disorders. A diverse professional staff of psychiatrists, psychologists, social workers, educators, and occupational, recreational, and art therapists at VTCC provides acute inpatient treatment and outpatient therapy, pediatric consultation, and medication management services for children, adolescents, and their families.

The population served at VTCC includes children and adolescents and their families from all regions of the state of Virginia. The children represent a diversity of cultural backgrounds, ethnicities, ages, diagnostic categories and severity of presenting problems. At VTCC, we strive to give each child the best treatment possible and extend to each family respect and compassion. We are committed to including parents and guardians actively in their child's care — from the initial evaluation through treatment and in aftercare planning.

VTCC makes available to families a breadth and depth of clinical experience that is unique among Virginia's community of mental health care providers. The clinical services offered at VTCC are widely known for their excellence. As part of a university-based medical center, VTCC provides advanced training and professional development for mental health clinicians.

In April, 2018, VTCC moved into a newly built facility, featuring state-of-the-art technology and architectural features designed to provide an accessible, family-friendly pediatric psychiatry environment. Interns benefit from enhanced learning facilities, as well as design elements to enhance multidisciplinary collaboration. For a virtual tour of our building, go to: https://youtu.be/_YfeUXjUJ9g

Training Model and Philosophy

The Psychology Internship Program at VTCC is guided by the principle that professional growth and learning occur as a result of participation in a wide range of clinical and didactic experiences within a supportive environment, with the opportunity to receive

feedback and observe professional role models. The program is structured to provide a breadth and depth of child clinical and pediatric training experiences with a diverse population of youth and families. Our goal is to provide interns with the opportunities necessary to develop the competencies in knowledge, skills, and professional identity to move from student to entry level professional.

The training program is based on the model of the Local Clinical Scientist (Stricker & Trierweiler, 1995) to prepare psychologists to meet the mental health needs of children, adolescents, and families. The “Local” Clinical Scientist applies general psychological science as appropriate to the unique circumstances and needs of a specific case. Our application of this model emphasizes the thoughtful application of psychological science to address clinical problems, including the implementation of empirically supported interventions. In addition, we emphasize the use of scientific thinking in the clinical setting to “provide an attitude and an orientation to the problem at hand that will lead to an informed solution” (Stricker & Trierweiler, 1995; p. 999).

Through exposure to a wide range of presenting problems in a diverse client population, the training program provides each intern with the opportunity to develop professional skills and awareness of cultural and familial influences on children’s development. In addition, interns gain a working knowledge of the varied service systems designed to address the needs of children and adolescents and their families and develop the skills to influence those systems on the child’s behalf. Toward this goal, training occurs in multiple formats and multidisciplinary environments, with significant emphasis placed on effective functioning as a team member, and adapting one’s approach to the clinical setting.

The year-long training program is comprised of three, four-month rotations, emphasizing either child and adolescent acute psychiatry or pediatric consultation/liaison. In addition, interns participate in year-long rotations focusing on outpatient psychology services and psychological assessment. There is also a strong emphasis on didactics and supervision, to prepare interns for and help them learn from the clinical experiences.

For more information on our training model, please see:

Stricker, G., & Trierweiler, S.J. (1995). The local clinical scientist: A bridge between science and practice. *American Psychologist*, 50, 995-1002.

Internship Description

Each year the psychology faculty tracks intern time to learn how many hours they are putting into their internship experiences. Interns generally report an average workweek of about 40-45 hours. A total of 2000 hours are required for completion of the program (which is inclusive of 21 days of accrued paid time off leave). Time is proportioned approximately as follows: delivering clinical services (55 percent), attending treatment related meetings (15 percent) and seminars (10 percent), receiving clinical supervision (10 percent), and case management (10 percent).

Internship Clinical Rotations

Acute Inpatient Psychology Rotation *(4-month rotation)*

Acute Inpatient Program (Supervising Faculty: Dr. Cosby)

Interns participate in multidisciplinary teams, and serve as therapists for their assigned child and adolescent patients admitted to the acute treatment program. The therapist will assist and collaborate and cofacilitate with other therapists, providing intensive individual and family therapy, consulting with psychiatrists regarding medication, developing specialty behavior management plans and strategies, and developing and implementing an effective treatment program and discharge plan. The therapist also provides behavior management consultation, community liaison work, case management, and case advocacy. Interns also provide group therapy on the units three to four times a week, in collaboration with other disciplines.

The interdisciplinary team at VTCC provides rapid diagnostic and psychopharmacologic assessment and seeks to quickly stabilize acutely affected patients. Upon the child's admission to the hospital, the team joins with the family to evaluate the child and develop an individualized treatment plan. The treatment team works with the family to stabilize the child and provide a smooth transition back to the family, school and community environments. Active case management is a priority, and the program's emphasis is on stabilization and linking the child and family to community services. Acute hospitalization generally lasts for five to seven days but length of stay can vary widely.

Additional opportunities for acute consultation model: If the team has a question that we can help answer, these brief assessments can help guide the course of inpatient treatment and recommendations. While we can provide diagnoses with these evaluations, the main focus is to help with case conceptualization or clarification of concerns that may be hindering treatment progress. Examples of appropriate referrals include: degree of psychosis, malingering, autism spectrum screening, personality functioning, and trauma symptoms. Emotional functioning (e.g., depression, anxiety) may be assessed to provide a snapshot of current symptoms but may not be representative of general functioning. On rarer occasions, interns may provide cognitive testing as a part of this service.

During this rotation, interns will also have the opportunity to provide supervision to psychology practicum students.

Group Therapy (4-month rotation)-while on acute rotation

Interns provide group psychotherapy for acute unit patients, 2-4 times per week. Groups are co-led with education staff and or social work staff, and follow a structured, Dialectical Behavioral Therapy skill development-oriented curriculum.

Pediatric Consultation and Liaison Service (4-month rotations)

As part of the Pediatric Rotation, interns serve as mental health consultants to various pediatric specialty clinics within the VCU Health System. Currently, these include:

Craniofacial Care Clinic (Supervising Faculty Dr. Le) The Center for Craniofacial Care at Children's Hospital of Richmond at VCU provides care for children with acquired or congenital conditions such as cleft lip and palate, premature fusion of the sutures of the skull, genetic syndromes, vascular malformations and skull and face asymmetry. The psychology service for this clinic has a preventative focus and involves substantial interdisciplinary team experience.

CHoR Pediatric Endocrinology and Healthy Lifestyles Center (Supervising Faculty Dr. Caccaval and Dr. Bean): As part of the Health Psychology service, interns collaborate with the multidisciplinary team to optimize care for patients and families with type 1 and type 2 diabetes, obesity, and other endocrine disorders (e.g., thyroid, growth hormone deficiency). The Health Psychology service provides evidence-based evaluation and treatment including behavioral weight management, motivational interviewing, acceptance-based and cognitive-behavioral approaches to promote health behavior change and coping with medical conditions. Intervention may target disease-related distress, adherence to diabetes regimen, as well as positive behavior changes such as improving diet quality or addressing patterns of emotional eating. There are several modes of treatment ranging from brief consults, intake evaluations, to short and long-term psychotherapy cases. Interns also complete presurgical psychological assessments as part of the adolescent weight loss surgery program.

CHoR Hematology-Oncology Clinic (Supervising Faculty Dr. Rohan and Dr. Walter) In this rotation, the psychology resident/intern will receive specialized training in hematology-oncology, stem cell transplantation, cancer survivorship, and palliative/supportive care. There will also be opportunities for working with healthy siblings and parents. The psychology resident/intern will work closely with all members of an interdisciplinary clinical care team and will receive direct clinical training, mentorship, and supervision from a pediatric/health psychologist. The psychology resident/intern will conduct psychodiagnostic evaluations, standardized psychological assessments, short-term problem-focused assessments and interventions, and short-term treatment with children, adolescents, and young adults diagnosed with a variety of cancers and blood disorders. There are opportunities to conduct inpatient consultations, inpatient psychological treatment, outpatient clinic consultations, neuro-cognitive assessments, and research depending on training goals/needs.

Pediatric Psychology Rotation-Extended (4 month concentrated focus)

NICU Psychology (Supervising Faculty Dr. Williams) - Neonatal Intensive Care Unit (NICU) Psychology: In this rotation, psychology residents will receive specialized training in peripartum parental mental health and infant development. Psychology residents will have the opportunity to work closely with interdisciplinary teams in several peripartum settings including: High-Risk Inpatient Antepartum care, the Inpatient NICU setting, and the

Continuing Care Program for the NICU's highest risk infants post-discharge (ages 0-2). Across the Antepartum and Inpatient settings, residents will conduct brief psychological assessments and provide brief, evidence-based treatments for the most common parental mental health concerns (e.g., PTSD, depression, anxiety) and conduct attachment-based therapies to promote caregiver-infant bonding. In the outpatient setting, residents will conduct brief psychosocial assessments and provide behavior-based interventions on common presenting concerns in parent-infant/toddler dyads.

Pediatric Psychology/Psychiatry Service (Supervising Faculty Dr. Lopez)

The VTCC Pediatric Psychology rotation offers the opportunity to gain experience with pediatric patients experiencing complex medical conditions and offer support during their hospital stay at CHoR. Interns will join in rounding within Pediatric Psychiatry CL service, which is comprised of interdisciplinary team members including: psychology, psychiatry, APP, and mental health counselors. This team will provide assessment, recommendations, and support for children and families while admitted to CHoR. Interns will be involved in services that include risk assessment and planning, coping with chronic illness, behavioral plans, brief evaluations, and coordination with medical team and external referrals. During Pediatric Psychology Service, Interns will meet with patients and families experiencing chronic health concerns co-occurring with mood, anxiety concerns, adjustment disorder, trauma response, and other related conditions. Interns will be expected to fulfill 2 half days a week with onsite live supervision from an attending psychologist.

Additional Elective options will be included based on trainee area of interest and faculty expertise to include:

LEND Program Fellow (Supervising Faculty Dr. Cervantes):

The Va-LEND program is committed to the preparation of professionals, family members and people with disabilities statewide in the field of childhood neurodevelopmental disabilities who will assume leadership roles within health care and disability service systems. The interdisciplinary program provides a 12-24 month curriculum of interactive seminars, clinical and community-based practica, planned grassroots and systems level policy activities, and for most trainees, a family mentorship experience. The curriculum emphasizes all aspects of neurodevelopmental and related disabilities, social and family environments across the life course, the interdisciplinary approach, leadership and research.

Website: <https://virginialend.partnership.vcu.edu/>

Child Development Clinic (Supervising Faculty Dr. Wall)

Developmental pediatrics provides a unique approach to care which includes a team of specialists from developmental pediatrics, psychology, education, nursing and social work to care for your whole child and family. The Child Development Center provides a comprehensive assessment and evaluation, referrals, care coordination and recommendations for intervention services.

Gastroenterology and Autonomic Clinic (Supervising Faculty Dr. Leffler)

Psychologist in the Psychiatry's Child and Adolescent Psychology Division and in Pediatric Gastroenterology, Hepatology, and Nutrition. Services may include individual assessment/evaluations, individual therapy, group and family therapy.

Psychological Assessment Service (*all year*)**Comprehensive Psychology Evaluations (All year)**

Referrals for psychological evaluations are managed by the Psychology Assessment Service and assigned to interns on a rotating basis. Referrals come primarily from the VTCC outpatient clinic. Interns receive weekly supervision in intellectual and personality assessment and conduct an average of one evaluation per month. Interns participate in the Assessment Service throughout the year, with the goal of completing 3 by the mid year evaluation and 6 comprehensive evaluations by the end of the internship experience. These evaluations are inclusive of cognitive testing, the use of projective or other personality measures, as well as various symptom and behavioral checklists. There is an emphasis in developing skills in conceptualization and integrated report writing.

VTCC Outpatient Clinic (*all year*)

VTCC operates a large outpatient clinic serving children, adolescents, and families from the Richmond metropolitan area. The Outpatient Services Program offers a wide range of assessment and treatment services for children and adolescents and their families. Outpatient care reflects a family-focused philosophy emphasizing collaboration between the family and clinical staff. Program goals include providing the clinical support and treatment needed for the child and the family while they remain within their communities, and providing support and follow-up for children and adolescents who have been discharged from more intensive treatment programs.

Interns are expected to conduct approximately four outpatient sessions per week, providing individual and family therapy and case management services. Participation in the outpatient rotation provides opportunity for longer-term treatment experience and exposure to a broader range of psychopathology. There are also additional opportunities to engage in group facilitation of group, based on training needs and interest throughout the year.

Supervision

When interns enter the training program, they are assigned a preceptor who serves as a primary support to the intern. Each intern's preceptor provides supervision and mentoring throughout the year and coordinates clinical activities and evaluation feedback for the intern.

Interns receive at least four hours of supervision weekly, including at least two hours of individual supervision with a licensed clinical psychologist. Therapy rooms are equipped with one-way mirrors and video equipment to allow video-recording of sessions and live supervision, and faculty members emphasize observation and review of video for training purposes.

The psychology training faculty shares a general family systems perspective on the patients seen at the treatment center; however, they utilize a variety of psychotherapeutic approaches to facilitate changes in the system. These approaches include family, attachment-based, cognitive behavioral, and play therapies, as well as integrationist approaches. The intern will be provided with the opportunity to use all of these approaches, as appropriate to the needs of their patients.

VTCC Internship Supervisors

DEBORAH BLACKBURN, PhD, LCP

Internship Roles: Assessment supervisor, and assists with assessment seminars,

Specialties: psychological assessment, play therapy, Circle of Security™ intervention for children and families with a history of attachment difficulties, clinical supervision

LAURA CACCAVALE, PhD, LCP

Internship Roles: Consultation & Liaison Rotation Supervisor

Specialties: Endocrinology/Healthy Lifestyles Center, health behavior change and adherence, coping with chronic illness, Motivational Interviewing

PAIGE CERVANTES, PhD, LCP

Internship Roles: Assessment supervision

Specialties: Autism, mental health conditions in the context of developmental disabilities, behavioral and cognitive behavioral therapies, autism services research

MICHELE COSBY, PsyD, LCP

Internship Roles: Training Director, Preceptor, Acute supervisor, Outpatient Supervisor

Specialties: Risk Assessment, crisis intervention, positive psychology, cultural competence, and clinical supervision

ANH-THUY LE, PhD, LCP

Internship Roles: Preceptor, outpatient and assessment supervisor

Specialties: ADOS and Autism Spectrum Disorder

JARROD LEFFLER, PhD, LCP ABPP

Internship Roles: Chair, Division of Child and Adolescent Psychology, Assessment Supervisor, Group Therapy Supervisor, Outpatient Supervisor, Preceptor

Specialties: Mood disorders, evidence based assessment and treatment, group therapy, program development and implementation, leadership acute and intensive treatment models , and clinical supervision

STELLA LOPEZ, PsyD, LCP

Internship Roles: Outpatient Supervisor, Pediatric Psychology CL Supervisor

Specialties: Health psychology, trauma, complex trauma, cultural competence, and brief multidisciplinary assessments.

JENNINE MORITZ, PhD, LCP

Internship Roles: Adjunct Family Clinic supervisor

Specialties: child and family therapy, attachment

JENNIFER ROHAN, PhD, LCP

Internship Roles: Consultation & Liaison Rotation Supervisor

Specialties: Hematology/Oncology, Stem Cell Transplantation, Pediatric Psychology, Health Psychology

CARLA WALL, PhD, LCP

Internship Roles: Assessment Supervisor/Child Development Clinic

Specialties: Developmental pediatrics, Autism, intellectual/developmental disabilities, and neurodevelopmental disorders

JENNIFER WALTERS, PhD, LCP

Internship Roles: Assessment Supervisor/Hematology/Oncology Psychology

Specialties: Neuropsychological evaluation of pediatric hematology and oncology patients, including late effects of treatment with chemotherapy, radiation, and bone marrow transplantation. Evaluation of patients with other conditions impacting brain functioning, including genetic disorders and congenital heart disease.

ALLISON WILLIAMS, PhD, LCP

Internship Roles: NICU Psychology CL Supervisor

Specialties: NICU Psychology inpatient and outpatient services, Parent support

ANNIE WRIGHT, PhD, LCP

Internship Roles: Preceptor, outpatient supervisor

Specialties: Adoption, Trauma, Attachment, Behavioral Parent Training, Anxiety Disorders

Additional Psychiatry Faculty and staff will also provide didactic training throughout the year.

Didactics, Seminars, and Rounds

A variety of didactic and experiential seminars are offered to interns at VTCC. These include:

Family Therapy Clinic/Supervision: This weekly supervision clinic utilizes a multisystemic model of family therapy and reviews structural, strategic, Bowenian, and other therapeutic approaches. Other topics in family therapy are offered, depending on the interests and training needs of the interns, and includes guest speakers on various evidence-based family treatment models. Led by Jennine Moritz, Ph.D

Assessment Seminar: This seminar includes a didactic portion that covers topics such as administration, scoring, empirically validated assessment of specific disorders including trauma, anxiety, nonverbal learning disabilities, autistic spectrum disorders, etc., as well as a peer supervision portion in which interns take turns presenting protocols from assessments they are actively working on. Seminar meets twice per month, with more intensive time in the summer. Led by Anh-Thuy Le, Ph.D.

Multidisciplinary Child Mental Health Series: This seminar series meets weekly. Through most of the year, it is attended by psychology interns, psychiatry fellows, and social work interns, and provides an opportunity for cross-disciplinary training. Occasionally, specific seminars are provided to psychology interns only. Topics are taught by Psychology, Psychiatry, and Social Work faculty. In addition to the following seminars, special topics in Child Mental Health are presented, including sessions on topics such as Motivational Interviewing, Psychopharmacology with Children and Adolescents, and evidence-based treatments for various disorders.

Introduction to Cultural Mental Health: Through this monthly seminar, interns have the opportunity to increase their level of comfort and sensitivity in working with diverse populations. The cultural diversity seminar is based on the premise that we become more adept at meeting the challenges of working with individual and cultural differences if we have opportunities to contemplate and practice talking with one another about how differences influence interactions and communication with team members and clients. We also develop our skills by exploring our own cultural heritage and the ways we are influenced by our unique histories. Through this process, we sometimes become aware of long-held biases and stereotypes that we might wish to question. This seminar is experiential and discussion-oriented, and begins early in the training year to form a basis for discussion of diversity issues in other seminars and in clinical supervision throughout the year. Led by Stella Lopez, PsyD and Kathryn Jones, MD, PhD

Treatment of Trauma: This monthly seminar focuses on principles of treating traumatized children and adolescents, and presents empirically-based treatments for trauma-related symptoms. This seminar also provides opportunities for discussing the experience of treating trauma and the impact of this on the therapist as a person. Topics covered include stages of trauma treatment, dissociation, Dialectical Behavior Therapy, Trauma-Focused Cognitive Behavior Therapy, vicarious trauma and therapist self-care, seeking safety, the biology of trauma, complex trauma, non-interpersonal trauma, and resilience and posttraumatic growth. This seminar is primarily didactic in nature, but allows for discussion of the practical application of these principles to interns' current therapy interventions. Led by Michele Cosby, Psy.D.

Evidence Based Therapy: This seminar emphasizes the application of Cognitive Behavioral therapy and other evidence based therapy. It conceptualizations and techniques to the complex and challenging cases that are frequently encountered at VTCC. Depending on the knowledge and background of the seminar participants, it may include review of specific manuals for treatment of mood, anxiety, or behavioral disorders. Participants will learn principles and strategies for identifying when and how to adapt CBT and other evidence based interventions according to cultural, developmental, or other factors that a child and/or family is presenting. Led by Michele Cosby, Psy.D. and other Psychology faculty and guest presenters.

Psychopathology Seminar: This weekly series uses Problem Based Learning (PBL) strategies, in which psychology, psychiatry, and social work trainees utilize cases to raise questions and solve problems with an active learning mentality. This works by reviewing introductory material to a case, defining questions that need to be resolved about the case, and the trainees researching the answer to the question and teaching the answer to the group at the subsequent session. A faculty/expert is present to facilitate the learning. This seminar will be organized into 3 session modules. PBL cases will be presented, through which aspects of differential diagnosis, DSM-V criteria, epidemiology, testing and assessment, formulation and treatment planning will be explored. All major diagnostic categories will be covered over the course of the year, and each module will also focus on separate co-morbid or concomitant issues (for example, a Depression case may also focus on violence and suicide prevention, while an Anxiety case might focus on co-morbid medical conditions such as diabetes.) The seminar is led by rotating psychology and psychiatry faculty.

Professional Development/Ethics/Program Director Rounds: This is a monthly seminar/meeting with the Program director to discuss progress, questions, and concerns openly.

- There will also be structured discussion of topic relevant to the professional development of a psychologist to include topics such as: resilience, imposter syndrome, communication, accountability, time management, self-reflection, critical thinking, analysis, self-care, forensic matters, post-doctoral fellowship, as well as licensure
- **Ethics Seminars:** These seminars provide an overview of training in professional standards and ethics that are likely to be encountered in a child-serving mental health facility, and includes discussions of ethical and legal standards from the perspectives of multiple disciplines. It also includes a session provided only to psychology interns for review of “Ethical Principles of Psychologists and Code of Conduct,” followed by application of the Principles and Codes to difficult cases examples. Led by Michele Cosby, PsyD and other faculty based on topic area

Psychology Division Chair Rounds: This is a Quarterly meeting with the Chair of the Division of Child and Adolescent Psychology to discuss progress, questions, and concerns openly. Led by Jarrod Leffler, PhD, ABPP

Intensive Training Seminars

Family of Origin Seminar: The Family of Origin Seminar provides an opportunity for psychology interns to explore the family issues they bring to the therapy process. The first day of this training is designed to offer trainees the opportunity to share information about their own families; the second half-day focuses on the clinical relevance of family of origin issues. In this confidential seminar, interns are encouraged but not required to explore and share their own family of origin issues with the lens of the family therapist

and as they relate to their clinical work. Interns also engage in a more intensive family of origin seminar retreat during the second half of the year. Led by Jennine Moritz, Ph.D.

Supervision Retreat: This is a 3 hour seminar to discuss the theories and techniques of supervision and to assist in preparing trainees for additional supervision experiences. Led by Debbie Blackburn, PhD

Psychopharmacology Seminar- This 2 hour seminar focusses on the study and therapeutic use of psychotropic medication, in addition to traditional psychological interventions, for the treatment of mental disorders and promotion of overall patient health and well-being. Led by Sandra Mitchell, PharmD

Other Rounds/Conference

Department of Psychiatry Grand Rounds (Every Friday 11:45 am)- Interns expected to attend 10 for the year, especially those related to child and adolescents.

Complex Case Conference (Every third Friday)- Each intern is required to present one case during the training year.

Morbidity and Mortality Rounds (Every other month on 4th Friday-OPTIONAL) Provide Confidential structured peer review for participatory discussion to “openly and critically examine critical thinking and action in context of challenging cases;” Reporting and analysis of adverse events, Discussion of evidence-based practice.

Internship Resources

Each intern is provided with an individual or shared office equipped with a desktop computer and printer. All interns are provided with clerical support from the Medical Records department for dictation and preparation of documents and other medical records management. Outpatient office staff is available for scheduling intern outpatient appointments. Therapy rooms are available for individual, family, and play therapy sessions. Most therapy rooms are equipped with recording equipment to facilitate videotaping of sessions for review with supervisors.

Interns are provided with a stipend of \$31,720, which is paid out bi-weekly over the course of the year. Benefits include health insurance, and 8.3 hours per pay period of leave. This leave accumulates to approximately 21 days, which can be used flexibly for annual/holiday/education/sick leave.

Internship Application and Selection Policies

The VTCC Doctoral Psychology Internship program uses APPI Online to post internship details and application requirements. APPI is also used to receive applications. Deadlines are posted on APPI Online, and only complete applications received by that

date are accepted.

Once applications are received, they are carefully reviewed. Applicants who are selected by interview are notified by phone or email by (or prior to) the deadline set by APPIC. In an effort to continue to focus on equity and inclusion for applicants, virtual interviews will be offered. Applicants are given a choice of three to four dates on which to interview during the first weeks of January.

Applicants selected for interview are provided with a one-hour group overview of the VTCC program by the training director and other available faculty. After the overview, each applicant is interviewed by two different faculty members for 30 minutes each, using standardized interview questions. They also have a “virtual tour” of the facility. Applicants will then have a meet and greet discussion with current interns and post-doctoral fellows. Throughout the half-day “virtual” visit, applicants are encouraged to ask questions of both faculty and trainees, and they are provided with contact information if they have follow-up questions. Adherence to the APPIC requirements for the selection process is emphasized, and VTCC does not follow up with applicants to enquire about their interest in the program, or for other reasons other than to respond to applicant inquiries. After all interviews are completed, the faculty meet together to review and rank each applicant. Selection procedures follow VCU and VCUHS hiring guidelines.

Because the VTCC internship training has an emphasis in child clinical and pediatric psychology, applicants who show promise of a career focus in these areas will be given priority. Evidence of prior experience in and commitment to child clinical or pediatric psychology will be weighed heavily in evaluating applicant credentials. Experience in child/adolescent psychological assessment is preferred. Because of the emphasis on including families in treatment at VTCC, experience in family therapy is also considered.

Internship Training Goals and Competencies and Completion Requirements

The development of the following competencies form the basis of the internship training curriculum. Evaluation in the VTCC Internship is an ongoing process throughout the year. In the context of regular supervision, interns are provided with feedback related to their performance and progress toward demonstrating the competencies of a professional psychologist.

Interns are formally evaluated twice during the course of the year. The first evaluation occurs at the mid-point of the training year and the second is prior to the end of the year. Interns are informed during Psychology Orientation of the schedule for performance evaluation and are provided with a copy of the instrument that is used to evaluate their performance. The evaluation consists of ratings by supervising psychologists and the competency areas to be rated are directly linked to our program goals.

On 6 month evaluations, All competency areas will be rated at a level of competence of **I (intermediate-3)** or higher. No competency areas will be rated as **Remedial (1)** or

Entry Level (2). Remedial(1) or Entry Level (2) ratings require a written remediation plan, to be implemented promptly.

At 12 months evaluations, 75% of , competency areas will be rated as “high intermediate (4)” or higher with no areas rated as “remedial (1)” or “entry level (2).”

For successful completion of the internship program, by the end of the training year interns are expected to complete the following:

- 1) Demonstrate the program competencies, usually without assistance or corrective supervision.
- 2) Meet minimal program requirements including a minimum number of psychological assessment reports, outpatient session hours and didactics attendance.
- 3) Attend an average of four hours a week of supervision, including two hours of individual supervision with a licensed clinical psychologist.

EXPECTED COMPETENCIES:

Domain: Research

- Demonstrate the substantially independent ability to conduct research or other scholarly activities that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base.
- Demonstrates the ability to critically evaluate and disseminate research or other scholarly activity via professional publication or presentation at the local (including the host institution), regional, or national level.

Domain: Ethical and Legal Standards.

- Be knowledgeable of and act in accordance with each of the following:
 - the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
 - Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
 - Relevant professional standards and guidelines. ·
- Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas. ·
- Conduct self in an ethical manner in all professional activities.

Domain: Individual and Cultural Diversity

- An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves. ·
- Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
- The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.
- The ability to apply a framework for working effectively with areas of individual and cultural diversity.
- The ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

Domain: Professional Values, Attitudes and Behaviors

- Behave in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others
- Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- Actively seek and demonstrate openness and responsiveness to feedback and supervision.
- Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

Domain: Communication and Interpersonal Skills.

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- Demonstrate a thorough grasp of professional language and concepts; produce, comprehend and engage in communications that are informative and well-integrated.
- Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

Domain: Psychological Assessment

- Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).
- Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- Communicate the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

Domain: Clinical Intervention

- Establish and maintain effective relationships with the recipients of psychological services.
- Develop evidence-based intervention plans specific to the service delivery goals.
- Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. · Demonstrate the ability to apply the relevant research literature to clinical decision making.
- Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.

- Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.
- Effectively communicates and collaborates with other disciplines and community providers in intervention efforts.
- Demonstrates understanding of family systems concepts and ability to conceptualize patient problems from a family systems perspective.
- Demonstrates ability to structure a family therapy session, and can develop family goals and themes in order to help resolve the presenting problem.
- Conducts therapy groups skillfully, attends to member participation, completion of therapeutic assignments, group communication and safety. Readies materials for group as needed, and understands each session's goals and tasks.
- Demonstrates skills in intervention with children and families from diverse backgrounds.
- Demonstrates ability to complete key patient care tasks (e.g., phone calls, letters, and case management) in a timely and effective manner.
- Completes documentation according to agency requirements. Records include appropriate and crucial information. Written communication is concise and respectful.
- Demonstrates ability to effectively respond to clinical emergencies and to manage clinical crises. Consults and communicates with supervisors about critical clinical issues.

Domain: Supervision

- Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.
- Apply the supervisory skill of observing in direct or simulated practice.
- Apply the supervisory skill of evaluating in direct or simulated practice.
- Apply the supervisory skills of giving guidance and feedback in direct or simulated practice.

Domain: Consultation and interprofessional/interdisciplinary skills

- Demonstrate knowledge and respect for the roles and perspectives of other professions.
- Apply the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

INTERNSHIP PROGRAM TABLES

Date Program Tables are updated: 7/2024

Internship Program Admissions:

The Psychology Internship Program at VTCC is guided by the principle that professional growth and learning occur as a result of participation in a wide range of clinical and didactic experiences within a supportive environment, with the opportunity to receive feedback and observe professional role models. The program is structured to provide a breadth and depth of child clinical and pediatric training experiences with a diverse population of youth and families. Our goal is to provide interns with the opportunities necessary to develop the competencies in knowledge, skills, and professional identity to move from student to entry level professional. Training is presented through a strong didactic series, supervision from faculty holding a variety of theoretical orientations, and diverse clinical experiences. Interns are expected to develop sensitivity to and competence with individual and cultural differences, ethical issues, interdisciplinary teams, and systems issues. The VTCC internship provides broad experience in child clinical psychology that can be applied in a variety of settings, including hospitals, clinics, universities, or community agencies.

The program is designed for students in a doctoral training program that have practicum level experience in diagnosis, assessment, and interventions, with specific training with children/adolescents and families. Preference is given to students from APA-accredited doctoral programs in clinical psychology, but applications from other related programs will be considered. To be considered, applicants *must* have obtained a Masters degree in psychology or a related field, and proposed their dissertation before the application deadline.

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	Amount: NA
Total Direct Contact Assessment Hours:	No	Amount: NA

Describe any other required minimum criteria used to screen applicants:

Applicants are preferred to have a minimum of 4 completed integrated reports *with children/adolescents*, and experience administering and scoring cognitive testing.

Intervention experience with a range of ages, with an emphasis on children and adolescents, and some family therapy experience, along with family therapy coursework is preferred. Experience in a hospital, or other setting that would provide regular interactions with an interdisciplinary team is preferred.

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns: \$31,720

Annual Stipend/Salary for Half-time Interns: NA

Program provides access to medical insurance for interns?	Yes
If access to medical insurance is provided	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of Annual Paid Personal Time Off (PTO and/or vacation)	216
Hours of Annual Paid Sick Leave	*all leave time is combined under 216 hours 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
Other benefits	

Initial Post-Internship Positions

Total # of interns who were in the 3 cohorts:	10	
Total # of interns who did not seek employment because they returned to their doctoral programs/are completing doctoral degrees:	0	
	PD	EP
Community mental health center	2	
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center		
Military health center		
Academic health center	4	
Other medical center or hospital	2	
Psychiatric hospital		
Academic university/department	1	
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting		1
Not currently employed		
Changed to another field		

Other
Unknown

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