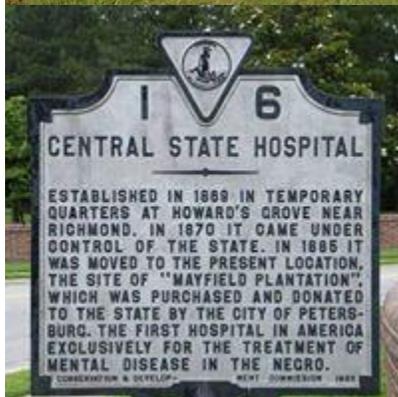




Central State Hospital

Clinical Psychology Internship Program

Intern Handbook 2018-2019



We value H.O.P.E.

H Health and Wellness
O Openness and Respect
P Personal and Organizational Integrity
E Empowerment and Recovery



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Program Overview and Philosophy

The internship training program offers education and supervision in the practice of clinical and forensic psychology, a primary goal of which is to prepare the intern for the practice of psychology with a seriously mentally ill population. The program is sponsored by Central State Hospital, which provides services to male and female adults with serious mental illnesses, many of whom also have diagnoses of substance abuse disorders and/or intellectual and developmental disabilities. Our patient population includes pre- and post-trial forensic patients receiving court-ordered evaluation and treatment, patients who have been adjudicated Not Guilty by Reason of Insanity (NGRI) who are receiving evaluation and/or treatment, and non-forensic patients receiving emergency treatment under civil commitment.

This internship program is designed to meet all internship training and supervision requirements for licensure as a clinical psychologist in the state of Virginia and comply with the standards set forth by APPIC and APA. The trainee is responsible for obtaining information on licensure requirements and ensuring that they file all necessary forms in a timely manner in order to obtain licensure.

Our training philosophy is that learning occurs through exposure, mentoring, and supervised practice with incremental degrees of task complexity and trainee autonomy. Through this process, interns are expected to gradually increase their clinical proficiency and knowledge of the legal system, and to grow into their professional identity in the field of forensic clinical psychology. The core values of the program include ethical clinical practice and an appreciation of the ways in which clinical skills and knowledge are necessary for competently answering psycho-legal questions. It is our belief that good forensic psychologists are outstanding clinical psychologists first and foremost; therefore, interns will be expected to demonstrate competence in the traditional core skills of clinical psychology, including psychodiagnostic testing, clinical interviewing, treatment planning, consultation, and psychotherapy, while concurrently acquiring a knowledge base of the legal issues and precedents that contribute to the competent practice of forensic psychology.

The effective practice of forensic clinical psychology is strongly linked to the scientific origins of psychological science, and therefore interns are encouraged to rely upon empirically supported assessment techniques, and to actively seek to link evidenced based practice and contemporary research with established principles of assessment. Likewise, our clinicians utilize empirically supported trauma-informed care and therapeutic interventions including DBT, CBT, ACT, and Motivational Interviewing.

Training Goals and Objectives

Our training goals aim to establish fundamental competencies in the following core areas of forensic-clinical expertise:

- 1) Research
- 2) Ethical and legal standards
- 3) Individual and cultural diversity
- 4) Professional values, attitudes, and behaviors
- 5) Communication and interpersonal skills
- 6) Assessment
- 7) Intervention
- 8) Supervision
- 9) Forensic practice

Our training philosophy is that learning occurs through exposure, mentoring, and supervised practice with gradually increasing degrees of task complexity and trainee autonomy. The core values of the program include ethical clinical practice and an appreciation of the ways in which clinical skills and knowledge are necessary for competently answering psycho-legal questions. It is our belief that good forensic psychologists are outstanding clinical psychologists first and foremost, and by the end of the training year interns will be expected to:

- Independently evaluate and disseminate research or other scholarly activities at the local, regional, or national level
- Understand and act in accordance with professional standards and guidelines (including laws and regulations at the organizational, state, and federal level as well as the current version of the APA Ethical Principles of Psychologists and Code of Conduct; recognize ethical dilemmas should they arise and resolve the dilemmas in an ethically-informed manner; conduct oneself in an ethical manner during all professional activities
- Reflect upon their own personal/cultural history, attitudes, and biases, and how these factors may affect their understanding and interaction with others; demonstrate current theoretic and empirical knowledge as it relates to diversity in research, training, supervision/consultation, and provision of services; integrate awareness of individual and cultural difference in the conduct of professional roles across a wide variety of populations
- Conduct themselves in ways that reflect important values and attitudes of psychologists to include personal integrity, professional responsibility, a commitment to lifelong learning, and concern for the welfare and rights of others; engage in effective self-monitoring and self-care to enhance professional effectiveness; actively seek out and respond to supervisory feedback; manage increasingly complex clinical decisions and situations with independence and confidence

- Develop and maintain productive relationships with colleagues representing psychology and other disciplines (e.g., psychiatric, nursing, social work, etc.) as well as supervisors and supervisees, community organizations, clients and their families; communicate integrated findings in both oral and written formats that demonstrate proficiency with professional language and concepts; exhibit effective interpersonal skills
- Demonstrate current knowledge of diagnostic systems that consider clients' history, dysfunction, and personal/systemic strengths; contextualize human behavior and apply this knowledge in assessment and diagnosis; select assessment methods that draw from the best available empirical literature and assemble assessment data from a variety of sources to develop a comprehensive and individualized clinical conceptualization and make appropriate recommendations to assist recovery
- Establish and maintain effective relationships with those who receive psychological services; develop evidence-based intervention plans that are individualized, trauma-informed, goal-specific, and informed by the current scientific literature, diversity characteristics, and contextual factors; evaluate intervention effectiveness and adapt as needed
- Apply supervision knowledge and skills in direct or simulated practice with psychology trainees
- Develop familiarity with ethical standards and regulations pertaining to forensic psychological practice, including relevant state and federal case law; assess and conceptualize forensic issues to inform treatment recommendations and communication with attorneys and other legal personnel; evidence knowledge of risk assessment procedures using both direct and collateral sources to develop appropriate risk management strategies

Training Plan

Major and Minor Rotations: Major rotations reflect particular training emphases and are either in Adult Psychiatric Inpatient – Civil or Adult Psychiatric Inpatient – Forensic. Both major rotations allow for a variety of group and individual therapy experiences, interdisciplinary team collaboration, consultation, and opportunities for conducting assessments (e.g., mood, personality, intellectual, cognitive and risk evaluations and neuropsychological screenings). Interns are assigned to a multidisciplinary treatment team and follow assigned patients conducting initial assessments, treatment planning, brief therapy and/or psychoeducational sessions (e.g., competency restoration or crises stabilization). Interns will conduct between four and six hours of group therapy per week. Discharge planning or release planning begins at admission, and interns will be able to participate in collaboration and aftercare planning with community services as well.

The rotations are designed to provide two six-month long rotations, with interns swapping assigned rotations after completing their first six months. This allows interns to gain experience both in a maximum security forensic inpatient setting as well as the civil inpatient setting. This format allows for a wider range of clinical and training experiences as well as supervisory experiences. Interns spend the majority of their time on their primary or major rotations, approximately 70%.

For the minor rotation, interns have the opportunity to participate as a member of the Forensic Evaluation Team or Health Advocacy Team.

Didactic and Case Law Seminars: With regard to specific training expectations, in September or October (scheduling varies from year to year) interns will attend a five-day intensive workshop in Basic Forensic Evaluation offered by the Institute of Law, Psychiatry, and Public Policy (ILPPP) at the University of Virginia in Charlottesville. Throughout the year, interns may also attend (at the discretion of the Program Coordinator) a number of other seminars offered by the ILPPP, including: Risk Assessment, Evaluating Individuals found Not Guilty by Reason of Insanity, Assessing Individuals Charged with Sex Crimes, and other advanced seminars/symposia on forensic topics. On average, interns will attend at least two hours of didactic per week.

Interns also attend a weekly mental health case law seminar facilitated by the post-doctoral fellow (which is open to other interested staff) which is informed by the case law competency of a forensic ABPP diplomate. Central State Hospital also regularly hosts speakers on special topics in clinical and forensic practice as well as quarterly seminars on bioethics. The interns are also strongly encouraged to participate in local, state, regional, and national professional organizations relevant to the practice of clinical and forensic psychology.

Please see our updated didactic calendar (Appendix A) which includes scheduled trainings for the year.

Curriculum

Intern Committee Assignments: The Psychology Interns shall have a representative who actively participates in the Psychology Internship Training Committee to represent the views and perspectives of the Interns on all matters of program evaluation and planning. With the exception of reviews of individual interns' performance. The Psychology Interns are also encouraged to participate in other committees throughout the hospital including but not limited to the Recovery/Trauma Informed Care Committee and the Employee Appreciation Committee.

Clinical Assignments: The Internship Program has one primary track focused on Adult Inpatient Psychiatric. Interns are initially assigned to a placement on a unit either in the maximum security building or one of the civil units located throughout the hospital. At the six-month point, interns are given the opportunity to switch to a different unit under a different supervisor to allow them the opportunity to gain exposure to both civil and forensic inpatient populations. Interns are provided with the name and contact information for their primary supervisor prior to the start of the internship year.

Interns are encouraged to make contact with their primary on-site supervisor during orientation or immediately upon completion so they may collaborate on what the intern identifies as their interests and strengths, specialty areas for growth, and what types of supervision they have found most useful. Office assignments and network access will be provided. Interns will also be oriented to the buildings and wards in which they will primarily be operating, making contact with other members of the treatment team and unit staff, and engage in reviews of client charts to develop familiarity with the individuals on their ward. They will also gain early exposure to supervision of trainees as they observe undergraduate practicum students in practice administrations of the WAIS-IV and offer feedback to enhance their performance.

Interns will "shadow" their primary supervisors as they engage in unit activities, to include treatment planning meetings, reviews of client progress, individual interventions (and documentation), and providing group programming. They will also observe and participate in intake assessments of newly-admitted clients as well as risk assessment interviews and testing of individuals recently found Not Guilty by Reason of Insanity. As their familiarity and skills develop in these areas they will be able to complete these activities with greater degrees of autonomy. In general, 70% of interns' time will be spent with treatment team duties and provision of psychological services; 15% of their time will be spent part of the Forensic Evaluation Team assisting with pretrial evaluations, or providing assessment and interventions as a member of the Health Advocacy Team; 10% will be devoted to didactic training; and 5% of their time will be dedicated to research and other scholarly activities pertaining to clinical or forensic psychology. Internal evaluations of intern performance will be completed twice per year, in addition to any interim evaluations required by their training programs.

Didactic and Case Law Seminar Schedule: The Didactic Seminar Series involves seminars provided every Wednesday, and typically range in duration from one to two hours. In addition, a weekly Case Law Seminar facilitated by the Postdoctoral Fellow is provided to the Interns to educate them on relevant psycho-legal topics, State and Federal Statute and case law. A seminar schedule is provided to Interns during their orientation that lists the seminars, their locations and times during the training year. Seminars are taught by psychology staff, as well outside guest lectures and members of other disciplines based upon their specific areas of expertise.

Rotation Schedule: Interns are assigned to their initial Major and Minor Rotations following their selection and prior to their orientation and arrival at CSH.

Application/Interview/Selection Procedures

Application Process: To apply to the CSH Clinical Psychology Internship Program, applicants are asked to complete the online application (AAPI) that can be accessed from APPIC at the link below. The deadline for acceptance of the completed electronic materials is December 1, and according to APPIC requirements, the following information should be included in each candidate's application package:

- Completed General Application Form may be accessed at <http://www.appic.org/>
- Cover Letter
- Curriculum Vitae
- At least three letters of recommendation from persons familiar with applicant's professional skills and development
- Official transcripts of applicants graduate work
- Sample Assessment Report

Applications are retrieved electronically through the APPIC website according to the AAPI application process. Candidates are asked to be sure their applications to our program have been designated to be electronically sent by our deadline of December 1.

Interview Process: Interns are selected for interview through the APPIC match program by a selection committee led by the Internship Program Coordinator. Applications are reviewed by the Internship Director and the Primary Supervisors, who together comprise the selection committee (SC). Interviews are then offered to qualified applicants. In-person panel interviews will be conducted by the SC on-site at CSH in mid to late January. A tour of the campus and lunch with members of the psychology department and forensic evaluation team is included for those participating in in-person interviews. Phone interviews are also available for those who are unable to participate in the in-person interview. Requests to visit the campus on a day other than the scheduled interview dates will be accommodated if at all possible.

Academic/Practicum Preparation and Selection Process: All application materials are due by December 1, so that the process of scheduling interviews can begin. Interviews are not scheduled until applications are complete. Thus, in order to be eligible for an interview, all application materials must be submitted to APPIC by the established deadline.

Selection of interns is based on comparative evaluation. In keeping with Equal Opportunity guidelines, the Internship Selection Committee will ensure equal employment opportunity to internship applicants with respect to all employment practices, including recruitment, and that

such practices shall be administered without regard to race, color, religion, national origin, political affiliation, disability, age or sex.

Academic preparation required of applicants includes 500 intervention hours and 100 Assessment hours as well as the completion of a minimum of three years of graduate training. Only applicants from APA-accredited clinical or counseling psychology training programs are accepted. Applicants dissertation proposals must be approved by the start of their internship training, and applicants must have successfully completed applicable comprehensive exams in their graduate training programs.

Following review of completed applications, the selection committee will contact selected applicants to schedule interviews. Interviews will be scheduled in January. In-person interviews are preferred but phone interviews will be accommodated at an intern's request. Once all interviews have been completed, the selection committee will rank order all candidates under consideration. The current number of funded internship slots is two.

The Clinical Psychology Internship Program abides by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any Internship applicant.

Once matched, the Internship Program Coordinator will contact the intern by phone on Match Day. A letter will be sent to the intern and their Program Coordinator within seven days of the Match date. All interns must successfully complete the pre-employment requirements which include a criminal background check and drug screening. The Internship Program Coordinator oversees all aspects of the training program and will conduct regular quality assurance inspections to ensure that interns are receiving required supervision and training. In addition, the Internship Program Coordinator will also meet with each intern for one hour per week of supervision and provide quarterly written progress evaluations to the Intern and the DCT of their academic institution.

Program Administration and Supervisors

Administrative Personnel: The Internship Program Coordinator is Brandon Riley, Ph.D., and the Associate Program Coordinator is Marissa Jarrett, Psy.D. The Psychology Director (currently Brandi Justice, Psy.D., CSH Clinical Director is the Acting Psychology Director) is also involved in oversight of the Psychology Internship Program.

Psychology Internship Training Committee: The major administrative body for the CSH Clinical Psychology Internship is the Psychology Internship Training Committee. The committee meets quarterly to review the policies and procedures of the internship program, to make necessary and appropriate modifications and develop new policies as needed, and to review Intern progress and performance. The composition of the Psychology Internship Training Committee consists of the Director and Associate Director of the Internship Program, the supervisors from major and minor rotations, and an intern class representative.

Core Supervisors:

Marissa Jarrett, Psy.D. (Nova Southeastern University) Psychology Supervisor, Maximum Security

Brandon Riley, Ph.D. (Sam Houston State University) Psychology Supervisor, Forensic and Civil Inpatient

Alan Singer, Psy.D. (Illinois School of Professional Psychology) Psychology Supervisor, Civil Inpatient

Helen Greenbacker, Ph.D. (Florida Institute of Technology) Psychologist II, NGRI Unit

Maria Sverdlova, Psy.D. (Florida Institute of Technology) Forensic Evaluator

Claire Bowman, Psy.D. (California School of Professional Psychology) Psychology Associate II, Health Advocacy Team Coordinator

Psychology Staff Directory: See Appendix B for the Psychology Staff Directory.

Administrative Details

Calendar: The training year begins on August 10th and terminates on August 9 of the following year. Interns are authorized twelve days of annual leave, four days of family personal leave and eight days of sick leave. This is in addition to twelve (12) paid holidays per year. Vacations must be scheduled sufficiently in advance to allow for adequate planning for clinical coverage of the Intern's responsibilities. The amount of vacation that can be taken at any one time shall be determined by the Internship Director and the Intern's primary supervisor. No vacation will be authorized during the two weeks immediately preceding the conclusion of the Internship (i.e., following July 25th of the training year). The granting of educational leave shall be at the discretion of the Internship Director.

Stipend: The stipend for the internship is approximately \$30,000 for the year.

Professional Liability Insurance: Professional liability insurance covering clinical activities clearly defined within the scope of the internship training program is provided by the hospital at no cost to the intern.

Life Insurance: Term life insurance equal to the annual stipend to the nearest thousand is made available to the interns, without charge, on the date they commence internship duties. The proceeds of the policy are payable to the intern's estate or designated beneficiary.

Health Insurance: The intern will receive health, dental, and disability insurance through one of a variety of programs offered to all Virginia state employees. These plans provide hospital,

medical, and major medical benefits to the intern and immediate family. Premiums vary based on the plan and number of individuals covered. Coverage will become effective on the day the intern begins and ends the day of training completion.

Pay Periods/Pay Days: The intern will receive two monthly paychecks for a total of 24 paychecks per year. Direct deposit is required.

Parking/State Vehicles: Parking is provided free of charge to all staff on the campus of Central State Hospital. For all required off-site travel, interns with a valid Virginia issued driver's license may request to use a state vehicle or rental vehicle or submit a request for mileage reimbursement. All travel requests must be submitted for approval by department head and hospital director at least two weeks prior to the requested travel date.

Offices: Each intern will be assigned office space in affiliation with their major rotation. Each office will be equipped with a phone and computer. Interview, individual therapy and group therapy rooms are available as needed or assigned throughout the hospital.

Computer/Copier Equipment Usage: Each intern will be provided with an internet and intranet accessible computer located in their assigned offices. Shared printers/copiers/faxes are located across the hospital campus and accessible by interns. CSH IT departmental staff are available to provide assistance as needed. Computers are also available in treatment team rooms, nursing stations and computer labs located across campus. CSH currently does not utilize electronic health records (EHR) but anticipates the implementation of EHR within the next two years.

Orientation: The training year begins on August 10th and lasts for 12 months. Interns will spend the first two weeks of the training year engaged in formal orientation activities provided by the CSH Training Department, including introduction to forensic security procedures and instruction in Therapeutic Options of Virginia (TOVA), a system for de-escalating clients and physical techniques to help maintain staff and client safety in the event of a behavioral emergency. Interns are not permitted access to client living areas until these trainings are completed.

Testing and Psychotherapy Resources: Testing materials are stored in a locked testing cabinet and file drawers located in the Building 39 Administrative Suite. Oversight of these materials including tracking inventory is completed by the Assessment Coordinator, Helen Greenbacker, Psy.D. Keys to the testing cabinet are located near the Forensic Administrative Assistant, Ms. Toni Williams, and all testing materials should be logged in and out in the Testing Log Book. CSH currently has subscriptions for online testing administration scoring through Q-Global and Par, Inc. which can be accessed with the assistance of the Intern's primary supervisor.

Group and Individual Psychotherapy resources are located on the psychology and treatment resources shared drives. Manuals have been compiled for several of the psychoeducational groups which will be provided to Interns upon completion of facilitator training. Additional supplies may be obtained through the Intern's supervisor or the Section Chief assigned to oversee that category of programming.

Contact Information: Please notify the Internship Administrator immediately of any changes in your contact information. It is imperative that we are always able to contact you.

General Policies

Employee Work Profile (EWP):

<p>(Circle One)</p> <p>Central State Hospital (CSH)</p> <p>Hiram W. Davis Medical Center (HDMC)</p>	<p>EMPLOYEE WORK PROFILE</p> <p><u>ROLE DESCRIPTION</u></p> <p>PART I</p> <p>2016 Evaluation Cycle (10/25/15– 10/24/16)</p>	<p>Part I is written or reviewed by the supervisor and must be reviewed with employee at the beginning of each evaluation cycle.</p>
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Position Identification Information

Supervisor's Use	
1. Name:	2. Position Number:
3. Role Title & Code: Direct Service Associate III 49053	4. Work Title: Pre-doctoral Psychology Intern
5. Supervisor's Position Number:	6. Supervisor's Role Title & Code: Psychology Manager 49214
7. Date: 5/30/2016	8. Employee ID Number:
9. FLSA Status: <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	10. Agency Name & Code; Unit/Ward/Department: Central State Hospital 703/Psychology
11. Occupational Family & Career Group: Health & Human Services/Psychological Services	12. Pay Band: 3
13. SOC Title & Code:	14. EEO Code: B
15. Location Code and Work Location Code: Dinwiddie County 053; Building #39	16. Level Indicator: <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Formal Supervisor <input type="checkbox"/> Manager <input type="checkbox"/> Department Head
17. Position Designation: <input checked="" type="checkbox"/> Mission Critical <input type="checkbox"/> Non-Mission Critical	18. Under exceptional circumstances, this position may require mandated overtime: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Work Description & Performance Plan

<p>19. Organizational Mission Objective: To support the wellness and safety of individuals and their communities throughout the Commonwealth.</p>
<p>20. Departmental Mission Objective: To provide acute, comprehensive and applicable psychological diagnostic evaluation; multi-model psychotherapeutic intervention; psychological consultation concerning diagnostic and treatment issues; staff training efforts relevant to psychological theory and practice in order to enhance patient care; behavior consultation programs which provide comprehensive functional assessments and develops, trains, and assists with implementation of behavior plans; development of psychosocial programming based on sound psychological theory and practice; and contribution to the body of psychological knowledge through relevant research.</p>

21. Purpose of Position:

This position primarily performs forensic evaluations to include but not be limited to competency to stand trial, sanity at the time of the alleged offense, and other forensic related evaluations. Employee acts as resource to other staff relevant to forensic psychological services and provides in-service training and leads the weekly Case Law seminar. In addition, this employee will participate in research overseen by their direct supervisor.

HIPAA ACCESS LEVEL: Level 1 Level 2 Level 3 Level 4

22. KSA's required to successfully perform the work:

Requires basic knowledge in the area of psychological assessment, psychotherapy, report writing and consultation. Employee demonstrates competence and knowledge in psychopathology, personality theory and the assessment process. This position requires that the applicant be selected through the APPIC match system. Individuals who are not selected prior to application will not be considered for this position.

23. Education, Experience, Licensure, Certification required for entry into position:

Completion of all core coursework, comprehensive examinations and practicum experience required for a doctoral degree in clinical psychology or related mental health field. Completion of dissertation prior to start of internship preferred.

24. Core Responsibilities and Competencies	25. Measures for Core Responsibilities
<p>A. Performance Management (for employees who supervise others)</p> <p>Not applicable</p>	<ul style="list-style-type: none"> • Expectations are clear, well communicated and relate to the goals and objectives of the department or unit; • Staff receive frequent, constructive feedback and coaching, including interim evaluations as appropriate; • Staff have the necessary knowledge, skills, and abilities to accomplish goals and are evaluated for competency throughout the evaluation cycle; • The requirements of the performance planning and evaluation system are met and evaluations are completed by established deadlines with proper documentation; • Performance issues are addressed and documented as they occur in accordance with the Standards of Conduct; • Unsatisfactory attendance and punctuality are addressed and documented as they occur in accordance with the Attendance Policy and the Standards of Conduct; • Works to continuously improve safety in all areas and ensure that all tasks are carried out in a safe and efficient manner complying with established safety regulations; balancing quality, cost, and safety to achieve positive results; and • Staff has completed all mandated training requirements unless documented.
<p>B. Participates in Treatment Team process. <u>20%</u></p>	<p>Participates in Tx. Teams, providing consultation on each patient. Provides information on psychological assessment results. Consults with other staff as appropriate. Participates in hospital committees, as required.</p>
<p>C. Provides psychological assessments. <u>15%</u></p>	<p>Completes Initial, Annual, and Forensic Psychological Assessments. Will complete 100% of NGRI Acquittee Privilege Requests and Commissioner Appointed evaluations on the date assigned. Additionally, will finish 100% of initial and annual assessments within the allotted time designated by hospital policy. All assessments will be prepared using acceptable professional standards and practices. On an as needed basis, provides comprehensive personality and intellectual evaluations. Meets Departmental Standards for</p>

		Performance Improvement and Qualitative Reviews.
D. Provide group and individual therapy to forensic program clients. <u>15%</u>		Facilitates assigned groups and/or provides group coverage or co-facilitation as needed. Provides individual therapy or supportive counseling as clinically indicated. Completes documentation in the medical record and maintains a record of professional service activity in the activity database. Qualitative review meets or exceeds standard of Dept. of Psychology.
E. Provides Individual Restoration to Competency services to Incompetent to Stand Trial Patients. <u>10%</u>		Provides individual restoration to competency training sessions as clinically appropriate for each client who is hospitalized on their ward under a restoration to competency order. Enters required information into the Hospital Activity Database and in the medical record. At least 90% completion of this service, including documentation. Qualitative and quantitative review meets or exceeds standard of Dept. of Psychology.
F. Provides and assists in developing behavioral programming to clients on assigned ward. <u>5%</u>		In cooperation with the Tx. Team and/or Behavior Support Team, develops individual behavioral interventions, assist in implementation, and training of staff. Completes functional assessments and full behavior treatment plans, when clinically indicated. Monitors patient's response to behavioral interventions and makes recommendations to the Team. Maintains a record of professional service in the Activity Database. Qualitative review meets or exceeds standard of Dept. of Psychology.
G. Accepts supervision from assigned supervisor(s). Provide supervision to students. <u>10%</u>		Participates in weekly supervisory Sessions. May provide weekly clinical supervision to practicum students. Documents supervision, according to Dept. Performance Improvement standards. Qualitative review meets or exceeds standard of Dept. of Psychology.
H. Research and Scholarly Activity <u>10 %</u>		Pursues and completes research or a scholarly project under supervision and direction of identified staff mentor. Completes at least one paper suitable for submission for publication in a scientific journal, or presentation at a professional conference.
I. Participates in Required Training and/or Educational Opportunities Provided by DBHDS. Completes Other Duties Requested by Supervisor. <u>10%</u>		Demonstrates and Maintains competencies necessary to perform assigned duties. Attends 95% Mandated training. Participates in continuing education at and away from the hospital.
J. Consistently demonstrates an attitude of respect and empowerment to the patients and other staff by: Cultural Competence:	<u>5%</u>	Professional demeanor when working with patients provides a role model to direct care staff. Demonstrates good negotiation skills in deescalating problematic patient behaviors. Demonstrates a commitment to the use of least restrictive interventions per hospital policy through treatment planning and direct provision of treatment. Demonstrates respect towards patients and staff through words and actions. Demonstrates an awareness of and respect for coworker and individuals' cultural background.

26. Special Competencies	27. Method of Assessments
J.	

Employee Development Plan

<p>28. Personal Learning Goals: Enhance knowledge base of forensic and clinical psychology in general.</p>
<p>29. Learning Steps/Resource Needs: Attend workshops and trainings as appropriate.</p>

Review of Role Description/Performance Plan		
<p>30. Supervisor's Comments:</p>	<p>Signature:</p> <p>Print Name:</p>	<p>Date:</p>
<p>31. Reviewer's Comments:</p>	<p>Signature:</p> <p>Print Name:</p>	<p>Date:</p>
<p>32. Employee's Comments:</p>	<p>Signature:</p> <p>Print Name:</p>	<p>Date:</p>

Evaluation form:

Psychology Intern: _____ Date of Evaluation: _____

Supervisor: _____

Evaluation Period (circle correct one): 3-Month 6-Month 9-Month 12-Month



Ratings

Rating instructions: Please rate the intern in the following areas by entering the rating level that best describes their performance.

Rating anchors:

0: Needs improvement; would not meet expectations for licensure-level expertise or doctoral level independent practice.

1: Adequate performance; meets expectations for their academic/professional level, would meet expectations for licensure-level expertise or doctoral level independent practice.

2: Outstanding performance, beyond the expected level of an intern.

N/A: Not applicable

A. RESEARCH & SCHOLARSHIP

- 1 Demonstrates understanding of empirical literature with regard to diagnostic conceptualization.
- 2 Proactively reviews and uses the empirical literature to inform interventions and treatment.
- 3 If involved in research activities, evidences proficiency in research design, ethical standards, statistical methodologies, and interpretation/communication of findings.

B. ETHICAL & LEGAL STANDARDS

- 4 Initially, and as needed throughout the clinical process, clarifies roles, expectations, and limits of confidentiality with patient/defendant and all collateral sources of information.
- 5 Demonstrates clear understanding of the legal standards relevant to his/her cases; seeks consultation as needed.
- 6 Demonstrates awareness of and adherence to ethical standards; seeks consultation as needed to help resolve ethical dilemmas.

C. INDIVIDUAL & CULTURAL DIVERSITY

- 7 Aware of and responds appropriately to individual differences and issues of culture/background in assessment, diagnosis, case conceptualization, and treatment/forensic evaluation.
- 8 Is aware of personal biases and attitudes which may adversely impact the inherent accuracy and fairness of the final work product, whether treatment planning/recommendations or forensic reporting, and addresses these issues in supervision and in ongoing peer consultancy.

D. PROFESSIONAL VALUES, ATTITUDES, & BEHAVIORS

- 9 Establishes and maintains respectful relationships with patient/defendant to facilitate goals of the case.
- 10 Manages interpersonal issues appropriately in the patient relationship.
- 11 Exhibits professional behavior in the clinical setting and maintains adherence with agency policies.
- 12 Manages time well, organizes clinical tasks efficiently, and practices effective self-care.
- 13 Maintains positive and productive relationships with colleagues and interdisciplinary personnel.

- ___ 14 Demonstrates commitment to clients' recovery and awareness of trauma-informed care.

E. COMMUNICATION & INTERPERSONAL SKILLS

- ___ 15 Writes clear, accurate, and timely progress notes and reports.
- ___ 16 Communicates clearly and effectively with families, court personnel, community treatment personnel, etc. as needed.
- ___ 17 Presents assessment and treatment cases and sessions verbally in an organized, clear, and concise manner.

F. ASSESSMENT

- ___ 18 Chooses appropriate assessment instruments for the question(s) at hand.
- ___ 19 Can administer, score, and interpret assessment instruments correctly.
- ___ 20 Draws appropriate conclusions based on assessment data and makes recommendations accordingly.
- ___ 21 Assessments are written in a clear and coherent manner that meets the technical standards of professional authorship.

G. INTERVENTION

- ___ 22 Correctly chooses and administers empirically supported treatments when available; otherwise uses the empirical literature to guide treatment decisions.
- ___ 23 Can make reliable differential diagnostic decisions using DSM-5.
- ___ 24 Demonstrates understanding of the relationship between DSM diagnoses (and/or functional analysis) and case conceptualization.
- ___ 25 Demonstrates good case management skills (includes making referrals, follow-up, etc.).

H. SUPERVISION

- ___ 26 Uses supervision well (prepared for supervision, accepts and integrates feedback well, etc.).
- ___ 27 Engages in self-reflection and can use emotions appropriately in therapeutic context.
- ___ 28 As assigned, supervision of practicum students shows appropriate skill with offering feedback and making recommendations.

I. FORENSIC PRACTICE

- ___ 29 Demonstrates awareness of and adherence to best practice guidelines for forensic psychologists.
 - ___ 30 Conducts interviews and assessments that facilitate treatment planning and/or that effectively respond to the psycho-legal question at issue (includes interviewing skills, including the fluid use of appropriate language with patients from diverse ethnic, cultural and SES backgrounds).
 - ___ 31 Evidences proficiency with actuarial risk assessment methodology, communicates findings accordingly, and makes appropriate recommendations for management of risk.
-

Narrative summary. Please use this and subsequent pages to describe strengths and weaknesses in the intern's performance. (Note: Ratings of 0 in any target area above need to be elaborated upon.)

Supervisor signature

date

Intern signature

date

Dismissal, Remediation Policies, Due Process and Grievance Procedures: All staff, including interns and supervisors, are expected to adhere to the standards of conduct outlined by the Department of Human Resource Management. DHRMS Policy 1.60 explains the Commonwealth's Standards of Conduct and the disciplinary process that agencies must utilize to address unacceptable behavior, conduct, and related employment problems in the workplace, or outside the workplace when conduct impacts an employee's ability to do his/her job and/or influences the agency's overall effectiveness.

http://www.dhrm.virginia.gov/docs/default-source/hrpolicy/pol1_60.pdf?sfvrsn=2

Interns will receive regular, on-going informal feedback regarding their performance and progress from their supervisors throughout the internship year. In addition to initial test-outs, interns will receive quarterly formal, written performance evaluations by their primary supervisor and the Program Coordinator. This is in addition to those required by the intern's academic institution's requirements. The performance reviews and the intern's rights to appeal those reviews will be consistent with DHRM policy 1.40.

http://web1.dhrm.virginia.gov/itech/hrpolicy/pol1_40.html

Due Process and Grievance Procedures

It is our expectation that interns will successfully complete the internship program, and we commit to working with our interns to maximize the probability of attaining that goal. In an effort to ensure that decisions about interns are not arbitrary or personal, the program has developed due process procedures. Interns are informed of expectations related to professional functioning and behavior both verbally and in written format (via an Intern Brochure and Handbook) during the orientation process.

In addition to regular verbal feedback provided during weekly supervision, interns will be provided with quarterly evaluations which will be shared with the Director of Clinical Training (DCT) at the intern's graduate program. In the rare event that issues arise which necessitate due process procedure, the Internship Program Coordinator and/or Primary

Supervisor will ensure that all concerned, especially the intern, are aware of the relevant issues and of the likelihood that disciplinary action will be taken. Input from the intern's DCT will be sought when indicated about how best to address unsatisfactory progress or problematic behavior. As indicated, the intern's Primary Supervisor will institute a remediation plan for identified skill deficiencies and/or problematic behaviors, including a time frame for expected remediation (e.g., 90 days) and consequences of not rectifying the areas of concern. Interns will be provided with a written procedure describing how to appeal the program's action. Such procedures will be made available to the intern at the beginning of the training year. Interns will be granted sufficient time (i.e., ten days) to respond to any action taken by the program. An appeal document should explain the reasons for the appeal and include any documentation or evidence that would warrant reconsideration for the decision. The program will solicit and consider input from multiple professional sources (e.g., training staff, graduate program DCT, and available literature) when making decisions or recommendations regarding the trainee's performance. Actions taken by the training program and rationale for said actions will be provided in writing to the intern and the graduate program DCT.

Definition of Problem Behavior

Behaviors are identified as problem behaviors if they include one or more of the following characteristics:

1. The intern does not acknowledge, understand, or address the problem when it is identified.
2. The problem is not merely a reflection of a skill deficit that can be rectified by academic or didactic training.
3. The quality of services delivered by the trainee is sufficiently negatively affected.
4. The problem is not restricted to one area of professional functioning.
5. A disproportionate amount of attention by training personnel is required.
6. The intern's behavior does not change as a function of feedback, remediation efforts, and/or time.

PROCEDURES FOR RESPONDING TO SKILL DEFICIENCY OR PROBLEM BEHAVIOR

If a staff member judges an intern's performance as constituting a skill deficiency or problem behavior, the following procedure will be followed.

1. The staff member notifies the Internship Program Coordinator that there is a concern about the trainee's skills or professional functioning.

2. The Internship Program Coordinator initially consults with the primary supervisor, other directly involved CSH clinical staff, and the Clinical Director if the problem pertains to clinical practice.
3. Input will then be sought from senior clinical staff (included the Clinical Director)
4. The Internship Program Coordinator may also choose to consult with the trainee's academic department.

If it is determined that the concern needs further review, the following procedure will be initiated.

1. The Internship Program Coordinator will write a letter to the intern outlining the concern, providing notice that a review will occur, and informing the intern that she/he may provide a written statement to the Internship Program Coordinator, if desired.
2. The Intern Training Committee will meet to discuss the concern and possible follow up action. With this input, the Internship Program Coordinator will determine what follow up action is needed.
3. These steps will be appropriately documented and implemented according to due process procedures.

POSSIBLE INTERVENTIONS IN RESPONSE TO SKILL DEFICIENCY OR PROBLEM BEHAVIOR

The Internship Program Coordinator - in consultation with Clinical Supervisor, Intern Training Committee, and Clinical Director, or designee may determine that one or more of the following responses will be made.

Verbal Notice – the intern is given feedback regarding unsatisfactory behavior

Written Acknowledgment – provides:

- a. Notification to the intern that there is unsatisfactory behavior
- b. Description of the unsatisfactory behavior
- c. Actions required to remedy the behavior
- d. Statement that more serious action is not deemed necessary

Written Notice – directs the intern to discontinue unsatisfactory action(s) or behavior(s). The intern will be given a letter specifying the following:

- a. Description of the unsatisfactory behavior
- b. Actions required to correct the unsatisfactory behavior
- c. Timeline for correction

- d. Possible consequences if the problem is not corrected

Schedule Modification – the intern’s schedule is modified to allow the intern to focus on remediation of the area of concern. Examples of possible modifications include:

- a. Increasing the amount of supervision, either with the same or other supervisors
- b. Changing the format, emphasis, or focus of supervision
- c. Recommending personal therapy
- d. Reducing the trainee's clinical or other workload

Probation – if the area of unsatisfactory behavior is deemed serious enough, the intern may be placed on probation. The intern will be given a letter specifying the following:

- a. Description of the unsatisfactory behavior
- b. Actions required to correct the unsatisfactory behavior
- c. Timeline for correction
- d. Explanation of the procedure that will be used to determine whether satisfactory progress has been made
- e. Possible consequences if the problem is not corrected

Clinical Privileges Suspension – if it is determined that the intern’s problem behavior might impact client welfare, the trainee’s clinical privileges will be suspended. The trainee will be given a letter specifying the following:

- a. Description of the unsatisfactory behavior
- b. If applicable, 1) Actions required to correct the unsatisfactory behavior 2) Timeline for correction 3) Explanation of the procedure that will be used to determine whether satisfactory progress has been made 4) Possible consequences if the problem is not corrected

Administrative Leave – the intern may be placed on leave, accompanied by suspension of all duties and responsibilities in the agency. The intern will be informed in writing about potential consequences resulting from suspension, which might include inability to complete program hours or other requirements.

Guidelines for Implementing Decisions

1. Once the final decisions have been made by the Internship Program Coordinator, after evaluating the review panel findings, the Internship Program Coordinator and Primary Supervisor meet with the intern to review the decisions made and specify the remediation procedures.

2. Any formal action taken by the Training Program is communicated in writing to both the trainee and the trainee's home program. This notification indicates the nature of the problem, a rationale for the implementation of the remediation procedures and the specific steps that are to be taken.

3. When necessary the status of the intern's remediation efforts are reviewed within a designated time period, but no later than the next formal evaluation period. This review is made by the Internship Program Coordinator and the trainee's primary supervisor.

4. The outcome of the review is communicated in writing to the intern, the intern's home program, and to the Director.

Grievance Procedures/ Grievance Appeal Procedures

Procedures for Grievance with Written Evaluation or with Intern Training Committee Decision:

If an intern does not agree with a written evaluation and discussion with the supervisor does not resolve the issue, or if an intern does not agree with the decision of the Intern Training Committee, the intern may submit a letter of appeal to be attached to the specific supervisor's evaluation or Committee recommendation, then to be forwarded to the Internship Program Coordinator. In this letter, the intern may also request an appeal based on:

1. Denial of due process in the evaluation/grievance procedure (e.g., evaluation criteria not presented prior to evaluation or opportunity to demonstrate proficiency not provided prior to evaluation) or
2. Denial of opportunity to present data to refute criticisms in the evaluation/grievance process.

The request must be submitted no later than ten (10) calendar days after the evaluation is finalized, must identify the specific aspect of the evaluation with which the intern disagrees and must suggest what form of modification is requested.

If an appeal is appropriately requested, the following steps will be taken:

A. An Appeals Committee, made up of two staff members, will be formed within ten working days of receipt of the appeal. The intern may designate one member of the Appeals Committee from the senior staff. The Clinical Director, or designee, will designate the other member, with recommendations from the Internship Training Committee, or designee. The Internship Program Coordinator and Primary Supervisor are prohibited from serving on the Appeals Committee.

B. The Internship Program Coordinator, or designee, is responsible for convening the committee and the Clinical Director, or designee, presides. Both review the appeal

procedures and make sure that no committee member has a conflict of interest in the case presented.

a. The intern and the supervisor(s) involved will be notified when the appeal meeting will be held.

b. The Appeals Committee may request the presence of a written statement from the individuals involved, as deemed appropriate.

c. The intern may submit to the committee any written statements deemed appropriate, may request a personal interview or may request that the committee interview other individuals with relevant information. The involved supervisor also has these same privileges.

d. The committee will meet within 30 working days of the receipt of the appeal and will present a written summary of the committee's findings and any recommendations to the Internship Program Coordinator.

C. The Internship Program Coordinator will take action based on the Appeals Committee's findings.

Examples of outcomes might include (but are not limited to):

1. Accept the original evaluation report and recommend a plan of remediation;
2. Request that the supervisor write a new report to include specific changes;
3. Rewrite the report her/himself or add an addendum to the original evaluation;
4. Recommend that probation or another remedial plan be implemented.

The recommendation of the Internship Program Coordinator is to be communicated in writing to the intern in a timely manner.

D. If the intern is dissatisfied with the decision of the Internship Program Coordinator, she/he may request that a second and final review be made by the Clinical Director, or designee. The request must be submitted to the Clinical Director within five (5) working days after receiving the Internship Program Coordinator's written decision.

The Clinical Director will make the final recommendation about the intern's appeal.

Procedures for Grievance with Training, Supervision, and All other Concerns:

Informal Problem Resolution Procedure: If a trainee experiences a problem with a CSH clinical or support staff member, the trainee is encouraged to proceed by taking the following actions. If a step is not successful, the trainee should proceed to the next step. We recognize that, in

some situations, the trainee may feel uncomfortable about talking directly with a staff member about an issue. If that is the case, the trainee is advised to consult with the Internship Program Coordinator.

A. Step 1: First, attempt to address and resolve the problem with the individual as soon as possible.

B. Step 2: If addressing the issue with the staff member is not successful, or the trainee prefers not to first address the issue with the individual, he/she may consult with the Internship Program Coordinator.

The Internship Program Coordinator will assist by using one or more of the following actions.

- a. Serving as a consultant to assist in deciding how best to communicate with the individual
- b. Facilitating a mediation session between the staff person and the trainee
- c. Taking the issue to CSH Leadership Team members and/or the Training Committee for consultation and problem solving
- d. Consulting with the Clinical Director. In the case of an issue with the Internship Program Coordinator, the trainee should consult with the Assistant Program Coordinator or the Clinical Director. In the case of an issue in which neither the Internship Program Coordinator or Assistant Director can be consulted, the trainee should consult with the Clinical Director.

C. Step 3: If satisfactory resolution is still not attained, the trainee may file a formal grievance.

Formal Grievance

A. Step 1: The trainee will provide a letter to the Internship Program Coordinator documenting the nature of the grievance and what attempts have been made to resolve the issue.

B. Step 2: The Internship Program Coordinator will write a letter to the trainee outlining the grievance procedure, including the trainee's right to select one of the CSH staff members on a review panel and the opportunity to dispute information and/or explain his/her position. The letter will also document the timeline for responding to the grievance.

C. Step 3: The Internship Program Coordinator will then convene a review panel that includes the Internship Program Coordinator, Assistant Director, one staff member selected by the Internship Program Coordinator and one staff member selected by the trainee.

- a. Both parties involved (trainee and staff member trainee is filing a grievance against) review the appeal procedures and make sure that no committee member has a conflict of interest in the case presented.
- b. The intern and the staff involved will be notified when the appeal meeting will be held.

- c. The panel may request the presence of a written statement from the individuals involved, as deemed appropriate.
- d. The intern may submit to the committee any written statements deemed appropriate, may request a personal interview or may request that the committee interview other individuals with relevant information. The involved staff also has these same privileges.
- e. The committee will meet within 30 working days of the receipt of the appeal. The review panel will hear all information and, within five working days of the completion of the review hearing, the review panel will, by majority vote, prepare a recommended response to the grievance. The Internship Program Coordinator will provide the panel's recommendations to the CSH Director. Within five working days of receipt of the review panel's recommendation, the Clinical Director will accept the recommendation, reject the recommendations and provide an alternative, or refer the matter back to the review panel for further deliberation. Within five working days, the review panel will convene and prepare a report to be given by the Internship Program Coordinator to the Director. The Clinical Director will then make the final decision regarding the appropriate response to the grievance. D. Step 4: Once a decision has been made the trainee, sponsoring university, and other appropriate individuals will be informed in writing of the action taken.

It is the policy of the Commonwealth to provide its employees with a workplace free from harassment and/or retaliation against employees who either complain of harassment or aide in the investigation of such a complaint.

http://www.dhrm.virginia.gov/mwg-internal/de5fs23hu73ds/progress?id=jzQcUEY55rg1U5kPyEE1Mx_RNC4VguKc4rqmg63zidw,&dl

Leave of Absence: A leave of absence is recognized when an Intern is absent form an assignment or educational activity. Leave, depending upon circumstances, may be granted as the discretion of the Internship Program Coordinator, with or without pay. The Program Coordinator will notify the Human Resources Department of leaves of absence and conditions relative thereto. Taking of leave without prior notification to and approval from the Program Coordinator is grounds for immediate dismissal. Interns must notify and receive approval from the Program Coordinator well in advance of any anticipated leave needs in order to allow time for adequate coverage of the clinical care responsibilities.

Interns should consult their Internship Director for information regarding the length of leave and potential effects on the duration of the Training Program. If use of leave extends the Training Program beyond the normal time period, the necessary time to complete the Program may be without additional pay.

Vacation, Sick and Family/Personal Leave Policies: Interns are authorized twelve days of annual leave, four days of family personal leave and eight days of sick leave. This is in addition

to twelve (12) paid holidays per year. Vacations must be scheduled sufficiently in advance to allow for adequate planning for clinical coverage of the Intern's responsibilities. The amount of vacation that can be taken at any one time shall be determined by the Internship Director and the Intern's primary supervisor. No vacation will be authorized during the two weeks immediately preceding the conclusion of the Internship (i.e., following July 25th of the training year). The granting of educational leave shall be at the discretion of the Internship Director.

For planned leave, Interns must complete a leave slip and have it signed by a Psychology Supervisor or the Psychology Director. Slips must be turned in to the timekeeper via email, fax or interoffice mail prior to closing of the pay period. A record of your leave will be maintained via the Kronos database and spreadsheet (e.g., time-to-track).

When using sick or family personal leave, please follow the guidelines above. If you are ill and must remain at home, please contact your Psychology Supervisor and/or the Psychology Director as soon as possible so that coverage can be arranged. A leave slip must be turned in as soon as you return to work.

Supervision: The minimum number of supervision hours is four hours per week, with a minimum of two of those hours being face-to-face individual supervision. Interns also participate in group supervision facilitated by a licensed clinical psychologist along with practicum students every other week. The group supervision is designed to provide an opportunity to connect with peers, provide peer supervision and social support for trainees. This has proved to be highly successful in building cohesion and interconnectedness amongst our Interns and practicum students.

Staff/Faculty Evaluations: Hospital staff are evaluated annually by their direct supervisors as part of their employee performance evaluations. The CSH training department routinely solicits evaluations of all guest speakers and lectures to assess their knowledge and ability to convey information effectively. Performance evaluations are reviewed with staff members and signed by the staff member and their supervisor. These evaluations are kept in the Department's own staff files as well as the individual staff members file in Human Resources.

Program Evaluation: The Psychology Internship Training Committee is responsible for evaluating the goals and objectives of the Internship Program along with the effectiveness of the program in meeting these goals and objectives. The Psychology Internship Training Committee shall conduct a formal review of the Program on an annual basis and the process will be documented in the minutes of that meeting. At the end of each rotation or at a specified period, Interns will complete confidential evaluations of their educational experiences. At the end of each academic year, the Interns and Core Supervisors will complete confidential evaluations of the Program. The information contained in these evaluations is confidential, and only summary material will be made available to the Committee members. The Internship Program Coordinator will summarize the periodic evaluations and guarantee the anonymity of the responses. Summaries of these evaluations along with Internal Review (when applicable) and other sources of information as provided will be used by the Psychology Internship Training

Committee in their review of the program. The results of this annual assessment will be used to devise and implement improvements to the program. The committee will also provide ongoing monitoring of the program through the scheduled quarterly meetings.

Appendix A

Didactic Calendar

Internship Didactic/Group Supervision Schedule

2018-2019

Didactics and **Group Supervision** will be held in Bldg 43, Room 27 unless otherwise noted

Case Law will be held in Bldg 39 Conference Room

Grand Rounds are aired from Western State Hospital from 12:00pm to 1:00pm in Bldg 113, Room 300

Other trainings as indicated

September

Sept 10-14 8:00am to 5:00pm; Bldg 113

Hospital Orientation/New Employee Training

Sept 17 12:00pm to 1:00pm

Didactic: Mental Status Examination (Dr. Joanna Will)

Sept 20 3:30pm to 5:00pm

Didactic: Treatment Planning (Dr. Brandi Justice)

Sept 24-28 8:00am to 5:00pm; Univ of Va – Charlottesville, VA

Forensic Evaluation: Principles and Practice (ILPPP)

October

Oct 1 12:00pm to 1:00pm

Didactic: Competency to Stand Trial (Dr. Maria Sverdlova)

Oct 3 1:00pm to 3:00pm

Group Facilitator Training (Ms. Lauren Wrap/Dr. Helen Greenbacker)

Oct 4-5 8:00am to 5:00pm

DBT Training (recorded presentation by Dr. Amanda Rapacz)

Oct 8

Columbus Day Holiday

Oct 10 12:00pm to 1:00pm

Grand Rounds: Current Topics in Psychiatry (Dr. Barbara Haskins)

Oct 15 12:00pm to 1:00pm

Group Supervision: (Dr. Brandon Riley/Dr. Claire Bowman)

Oct 17 3:00pm to 4:00pm

Case Law Seminar: Introduction to Case Law (Dr. Hunter Astor)

Oct 22 12:00pm to 1:00pm

Didactic: HCR-20V3 and Analysis of Risk (Dr. Kristie Hansen/Dr. Michele Cosby)

Oct 19 12:00pm to 1:00pm; Bldg 113, Director's Conference Rm

Leadership Journal Club (Dr. Rebecca Vauter)

Oct 24 3:00pm to 4:00pm

Case Law Seminar: Competency to Stand Trial (Dr. Hunter Astor)

Oct 29 12:00pm to 1:00pm

Group Supervision: (Dr. Brandon Riley/Dr. Claire Bowman)

Oct 31 3:00pm to 4:00pm

Case Law Seminar: Competency to Stand Trial (Dr. Hunter Astor)

November

Nov 5 12:00pm to 1:00pm

Didactic: Gradual Release & Conditional Release (Dr. Brandon Riley)

Nov 7 3:00pm to 4:00pm

Case Law Seminar: Competency to Stand Trial Treatment and Commitment
(Dr. Hunter Astor)

Nov 12 Veteran's Day Holiday (observed)

Nov 13 2:30pm to 4:30pm

Treating Trauma Master Series: The Neurobiology of Trauma

(video and discussion with Dr. Carla Galusha/Ms. Juliann Tripp)

Nov 14 3:00pm to 4:00pm

Case Law Seminar: Competency Rights (Dr. Hunter Astor)

Nov 16 12:00pm to 1:00pm; Bldg 113, Director's Conference Rm

Leadership Journal Club (Dr. Rebecca Vauter)

Nov 19 12:00pm to 1:00pm

Group Supervision: (Dr. Brandon Riley/Dr. Claire Bowman)

Nov 20 2:30pm to 4:30pm

Working with Shame (video and discussion with Dr. Carla Galusha/Ms. Juliann Tripp)

Nov 22-23 Thanksgiving Holiday

Nov 26 12:00pm to 1:00pm

Didactic: Assessing Suicide Risk (Dr. Marissa Jarrett) - rescheduled

Nov 28 3:00pm to 4:00pm

Case Law Seminar: Competency Rights (Dr. Hunter Astor)

December

Dec 03 12:00pm to 1:00pm

Group Supervision: (Dr. Brandon Riley/Dr. Claire Bowman)

Dec 04 3:00pm to 5:00pm

Bioethics Presentation (Dr. Michael Gillete)

Dec 05 3:00pm to 4:00pm

Case Law Seminar: Miranda Rights (Dr. Hunter Astor)

Dec 10 12:00pm to 1:00pm

Didactic: Assessing Suicide Risk (Dr. Marissa Jarrett)

Dec 12 12:00pm to 1:00pm

Grand Rounds: Current Topics in Psychiatry (Dr. Barbara Haskins)

3:00pm to 4:00pm

Case Law Seminar: Background/Basics of Insanity (Dr. Hunter Astor)

Dec 17 12:00pm to 1:00pm

Group Supervision: (Dr. Brandon Riley/Dr. Claire Bowman)

Dec 19 3:00pm to 4:00pm

Case Law Seminar: Insanity Standards (Dr. Hunter Astor)

Dec 21 1:00pm to 1:00pm; Bldg 113, Director's Conference Rm

Leadership Journal Club (Dr. Rebecca Vauter)

Dec 24 Christmas Eve Holiday

Dec 25 Christmas Holiday

Dec 31 New Year's Eve Holiday

January

Jan 1 New Year's Day

Jan 2 12:00pm to 1:00pm

Group Supervision: (Dr. Brandon Riley/Dr. Claire Bowman)

Jan 09 12:00pm to 1:00pm

Didactic: Cultural Competency (Dr. Joanna Will)

3:00pm to 4:00pm

Case Law Seminar: Accepting an Insanity Defense (Dr. Hunter Astor)

Jan 14 12:00pm to 1:00pm

Group Supervision: (Dr. Brandon Riley/Dr. Claire Bowman)

3:00pm to 4:00pm

Case Law Seminar: Accepting an Insanity Defense (Dr. Hunter Astor)

Jan 18 Lee-Jackson Day Holiday

Jan 21 Martin Luther King, Jr. Holiday

Jan 23 12:00pm to 1:00pm

Group Supervision: (Dr. Brandon Riley/Dr. Claire Bowman)

3:00pm to 4:00pm

Case Law Seminar: Treatment/Commitment NGRI (Dr. Hunter Astor)

Jan 30 12:00pm to 1:00pm

Didactic: Substance Abuse Assessment & Treatment (Ms. Maria Garcia)

3:00pm to 4:00pm

Case Law Seminar: John W Hinckley, Jr. (Dr. Hunter Astor)

February

Feb 06 12:00pm to 1:00pm

Group Supervision: (Dr. Brandon Riley/Dr. Claire Bowman)

3:00pm to 4:00pm

Case Law Seminar: Laws, Precedents, Court Rules and Civil & Criminal Procedure (Dr. Hunter Astor)

Feb 13 12:00pm to 1:00pm

Didactic: LGBTIA Issues (Dr. Helen Greenbacker)

3:00pm to 4:00pm

Case Law Seminar: Laws, Precedents, Court Rules and Civil & Criminal Procedure
(Dr. Hunter Astor)

Feb 15 1:00pm to 1:00pm; Bldg 113, Director's Conference Rm

Leadership Journal Club (Dr. Rebecca Vauter)

Feb 18 President's Day Holiday

Feb 20 12:00pm to 1:00pm

Group Supervision: (Dr. Brandon Riley/Dr. Claire Bowman)

3:00pm to 4:00pm

Case Law Seminar: Ethics, Guidelines, Professional Issues and Duties (Dr. Hunter Astor)

Feb 27 12:00pm to 1:00pm

Group Supervision: (Dr. Brandon Riley/Dr. Claire Bowman)

3:00pm to 4:00pm

Case Law Seminar: Ethics, Guidelines, Professional Issues and Duties/Testing & Assessment (Dr. Hunter Astor)

March

Mar 06 12:00pm to 1:00pm

Didactic: Assessment of Malingering (Dr. Maria Sverdlova)

3:00pm to 4:00pm

Case Law Seminar: Communicating Forensic Opinions (Dr. Hunter Astor)

Mar 13 12:00pm to 1:00pm

Group Supervision: (Dr. Brandon Riley/Dr. Claire Bowman)

3:00pm to 4:00pm

Case Law Seminar: Witness Challenges (Dr. Hunter Astor)

Mar 15 1:00pm to 1:00pm; Bldg 113, Director's Conference Rm

Leadership Journal Club (Dr. Rebecca Vauter)

Mar 20 12:00pm to 1:00pm

Didactic: Acceptance & Commitment Therapy (Dr. Helen Greenbacker)

3:00pm to 4:00pm

Case Law Seminar: Witness Challenges (Dr. Hunter Astor)

Mar 27 12:00pm to 1:00pm

Group Supervision: (Dr. Brandon Riley/Dr. Claire Bowman)

3:00pm to 4:00pm

Case Law Seminar: Factors which Allow/Disallow Capital Punishment (Dr. Hunter Astor)

April

Apr 03 12:00pm to 1:00pm

Didactic: Trauma Informed Care (Dr. Brandi Justice)

3:00pm to 4:00pm

Case Law Seminar: Considerations in Capital Punishment (Dr. Hunter Astor)

Apr 10 12:00pm to 1:00pm

Group Supervision: (Dr. Brandon Riley/Dr. Claire Bowman)

3:00pm to 4:00pm

Case Law Seminar: Capital Punishment and Intellectual Disabilities (Dr. Hunter Astor)

Apr 17 12:00pm to 1:00pm

Didactic: Projective Assessments (Dr. Melissa Raby/Dr. Lacie Biber)

3:00pm to 4:00pm

Case Law Seminar: Competency to Be Executed (Dr. Hunter Astor)

Apr 19 1:00pm to 1:00pm; Bldg 113, Director's Conference Rm

Leadership Journal Club (Dr. Rebecca Vauter)

Apr 24 12:00pm to 1:00pm

Group Supervision: (Dr. Brandon Riley/Dr. Claire Bowman)

3:00pm to 4:00pm

Case Law Seminar: Controversy Surrounding Virginia's Most Recent Execution

(Dr. Hunter Astor)

May

May 01 12:00pm to 1:00pm

Didactic: Life After Grad School (Dr. Jessica Tate/Dr. Lacie Biber)

3:00pm to 4:00pm

Case Law Seminar: Violence Risk Assessment & Quasi-Criminal Commitment

(Dr. Hunter Astor)

May 08 12:00pm to 1:00pm

Group Supervision: (Dr. Brandon Riley/Dr. Claire Bowman)

3:00pm to 4:00pm

Case Law Seminar: Violence Risk Assessment & Quasi-Criminal Commitment

(Dr. Hunter Astor)

May 15 12:00pm to 1:00pm

Didactic: Psychopharm 101 (Dr. Brian Lowe)

3:00pm to 4:00pm

Case Law Seminar: Civil Commitment (Dr. Hunter Astor)

May 17 1:00pm to 1:00pm; Bldg 113, Director's Conference Rm

Leadership Journal Club (Dr. Rebecca Vauter)

May 22 12:00pm to 1:00pm

Group Supervision: (Dr. Brandon Riley/Dr. Claire Bowman)

3:00pm to 4:00pm

Case Law Seminar: Civil Commitment (Dr. Hunter Astor)

May 27 Memorial Day Holiday

May 29 12:00pm to 1:00pm

Group Supervision: (Dr. Brandon Riley/Dr. Claire Bowman)

3:00pm to 4:00pm

Case Law Seminar: Civil Commitment (Dr. Hunter Astor)

June

Jun 03 12:00pm to 1:00pm

Didactic: Sex Offender Evaluations (Dr. Helen Greenbacker)

Jun 05 12:00pm to 1:00pm

Grand Rounds: Current Topics in Psychiatry (Dr. Barbara Haskins)

3:00pm to 4:00pm

Case Law Seminar: Treatment/Civil Commitment for Prisoners (Dr. Hunter Astor)

Jun 12 12:00pm to 1:00pm

Group Supervision: (Dr. Brandon Riley/Dr. Claire Bowman)

3:00pm to 4:00pm

Case Law Seminar: Child Abuse & Neglect (Dr. Hunter Astor)

Jun 19 12:00pm to 1:00pm

Didactic: Grief and Loss (Dr. Carla Galusha)

3:00pm to 4:00pm

Case Law Seminar: Child Abuse & Neglect (Dr. Hunter Astor)

Jun 21 1:00pm to 1:00pm; Bldg 113, Director's Conference Rm

Leadership Journal Club (Dr. Rebecca Vauter)

Jun 26 12:00pm to 1:00pm

Group Supervision: (Dr. Brandon Riley/Dr. Claire Bowman)

3:00pm to 4:00pm

Case Law Seminar: Child Custody & Parenting (Dr. Hunter Astor)

July

Jul 03 12:00pm to 1:00pm

Didactic: Grief and Loss (Dr. Carla Galusha)

3:00pm to 4:00pm

Case Law Seminar: Child Custody & Parenting (Dr. Hunter Astor)

Jul 04 Independence Day Holiday

Jul 10 12:00pm to 1:00pm

Group Supervision: (Dr. Brandon Riley/Dr. Claire Bowman)

3:00pm to 4:00pm

Case Law Seminar: Juvenile Constitutional Rights (Dr. Hunter Astor)

Jul 17 12:00pm to 1:00pm

Didactic: Personality Assessment in Forensic Contexts (Dr. Carla Galusha)

3:00pm to 4:00pm

Case Law Seminar: Juvenile Justice (Dr. Hunter Astor)

Jul 19 1:00pm to 1:00pm; Bldg 113, Director's Conference Rm

Leadership Journal Club (Dr. Rebecca Vauter)

Jul 24 12:00pm to 1:00pm

Group Supervision: (Dr. Brandon Riley/Dr. Claire Bowman)

3:00pm to 4:00pm

Case Law Seminar: Juvenile Justice (Dr. Hunter Astor)

Jul 31 12:00pm to 1:00pm

Didactic: Working with Adolescents in an Inpatient Setting (Dr. Melissa Raby)

3:00pm to 4:00pm

Case Law Seminar: Discrimination (ADA) & Educational Access (IDEA) (Dr. Hunter Astor)

August

Aug 07 12:00pm to 1:00pm

Group Supervision: (Dr. Brandon Riley/Dr. Claire Bowman)

3:00pm to 4:00pm

Case Law Seminar: Discrimination (ADA) & Educational Access (IDEA) (Dr. Hunter Astor)

Aug 14 12:00pm to 1:00pm

Didactic: Correctional Psychology (Dr. Jessica Tate)

3:00pm to 4:00pm

Case Law Seminar: Worker's Compensation & Disability Evaluation (Dr. Hunter Astor)

Aug 16 1:00pm to 1:00pm; Bldg 113, Director's Conference Rm

Leadership Journal Club (Dr. Rebecca Vauter)

Aug 21 12:00pm to 1:00pm

Group Supervision: (Dr. Brandon Riley/Dr. Claire Bowman)

3:00pm to 4:00pm

Case Law Seminar: Worker's Compensation & Disability Evaluation (Dr. Hunter Astor)

Aug 28 12:00pm to 1:00pm

Didactic: Self-Care (Dr. Claire Bowman)

3:00pm to 4:00pm

Case Law Seminar: Personal Injury & Civil Damages (Dr. Hunter Astor)

Appendix B
Psychology Staff Directory

CSH PSYCHOLOGY AND FORENSIC SERVICES				
BLDG.	ADMINISTRATION	PHONE	PAGER	OFFICE
39	Marissa Jarrett, Psy.D., Psychology Supervisor, B-39	524-7088	861-7564	39-112
96	Brandon Riley, Ph.D., Psychology Supervisor, B-96	524-5724	(703) 389-1312 cell	43-61
94	Alan Singer, Psy.D., Psychology Supervisor, B-94 and B-95	524-4490	861-7574	94-308
	ADMINISTRATIVE SUPPORT			
39	Gretchen Ridley, Office Services Supervisor/Legal Secretary	524-7402	524-7480	39-Cube C
	TREATMENT TEAM PSYCHOLOGISTS			
39-1	Lacie Biber, Psy.D., Psychologist Senior	524-7543	861-7563	39-116
39-4	Charles Meyer, Ph.D., Psychologist Senior	524-7327	861-7569	39-111
39-5	Marissa Jarrett, Psy.D., Psychology Supervisor	524-7088	861-7564	39-112
39-6	Vacant	524-4646	861-7549	39-118
39-7	Melissa Raby, Psy.D., LCSW, CSOTP, Psychology Associate	524-4414	861-7580	39-117
39-8	Lauren Wray, MS, Psychology Associate	524-4864	861-4788	39-113
96-1	Joanna Will, Ph.D., Psychologist Senior	524-4741	861-4781	43-57
96-3	Brandon Riley, Ph.D., Psychology Supervisor	524-5724	(703) 389-1312 cell	43-61
96-4	Claire Bowman, Psy.D., Psychology Associate	524-7891	861-7546	43-63
94-1	Keith Jackson, MA, Psychology Associate	524-7279	861-7558	94-213
94-1	Barbara Hernandez, Ph.D., CSOTP, Psychology Associate	524-7410		94-205
94-4	Alan Singer, Psy.D., Psychology Supervisor	524-4490	861-7545	94-308
95-1	Helen Greenbacker, Psy.D., Psychologist Senior	524-7087	861-7513	95-225
95-4	Jessica Tate, Ph.D., Psychologist Senior	524-7896	861-7569	95-311
	PSYCHOLOGY ASSISTANTS			
39	Shannon Edmonds, Psychology Assistant	518-3707		39-cube A
39	Angel Young, P14 Psychology Assistant	524-7915		39-cube F
96	Tiffany Taylor, Psychology Assistant	524-6341		43-Cube 11

94	Michael Storrs, Psychology Assistant	518-3693		94-228
94	Sabrina Scott, P14 Psychology Assistant	524-7365		95-314
	P-14 PSYCHOLOGIST			
113	Greg Wolber, Ph.D., ABPP	524-7652	366-8278 cell	113-108
	PSYCHOLOGY STUDENTS & INTERNS			
43	Swapnil "Sonny" Gohil, Regent U student	524-4874		43-Cube 9
43	Jennifer Blue, Regent U student	524-4874		43-Cube 9
43	Camille Carson, VSU student	524-7950		43-Cube 3
43	Christina Barnett, VCU student	524-7950		43-Cube 3
43	Candice Roquemore-Moore, Argosy student	524-2351		43-Cube 12
39	Deeann Lizarraga, predoctoral intern	524-7314		39-127
95	Debbie Savage, predoctoral intern	518-3732		94-212
96	Paola Garcia, predoctoral intern	524-4762		43-56
BLDG.	FORENSIC SERVICES	PHONE	PAGER	OFFICE
39	Kristie Hansen, Psy.D., Chief Forensic Coordinator	524-7054	861-7511	39-157
39	Michele Cosby, Psy.D., Assistant Forensic Coordinator	518-3678		39-149
39	Jamillah Harris, Chief Forensic Admissions Officer	518-3754	712-2279 cell	39-151
39	Jaalisa Darden, Assistant Forensic Admissions Officer	524-7941		39-146
39	Gretchen Ridley, Office Services Supervisor/Legal Secretary	524-7480		39-Cube C
39	Tonie Williams, Administrative Program Specialist III	524-7117		39-Cube G
39	Susan Little, Administrative and Office Specialist II	524-4446		39-Cube D
39	Tamara Holmes, Medical Scheduler	524-7402		39-Cube B
	FORENSIC EVALUATION TEAM	PHONE	PAGER	OFFICE
39	Sendy Ferguson, Psy.D., CSOTP, Psychology Supervisor, FET	524-0571	861-7508	39-150
39	Maria Sverdlova, Psy.D., Forensic Evaluator	524-4696		39-126
39	Ted Simpson, Psy.D., Forensic Evaluator	524-2462		39-123
39	Hunter Astor, Postdoctoral Fellow	524-4473		39-128
39	Teresa Warren, FET Secretary	524-4459		39-Cube H

Updated 09/18/2018

