
APPIC
Internship
Handbook

Christian
Psychotherapy
Services
Interns

2016 – 2017

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1. Introduction

Minimal Eligibility and Qualifications

Candidates for internship must have completed all formal requirements towards the degree of Ph.D., Psy.D. or Ed.D. in counseling, school, or clinical psychology. This includes all course work necessary for the title of doctoral candidate including any comprehensive exams, twelve hundred cumulative hours in supervised practicum courses, and acceptance of dissertation proposal by dissertation committee.

Application Policies

Christian Psychotherapy Services (CPS) invites all applicants and does not discriminate because of age, gender, race, or religion. **Applicants must utilize the online APPI to apply for the internship at Christian Psychotherapy Services.** The application deadline is November 30, 2015 for the 2016-2017 internship position. This internship site abides by the APPIC Match policy and participates in the APPIC Match. Please visit the APPIC website (www.appic.org) for more information about Match Policies. Christian Psychotherapy Services also abides 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 Match Day.

Program Description

The mission of the Pre-Doctoral Psychology Internship Program at Christian Psychotherapy Services (CPS) is to train and teach interns to be effective clinicians in the practice of clinical psychology in a community mental health setting. Some of the services provided at CPS involve therapeutic techniques such as CBT, Psychodynamic theory, Family Systems Therapy, EMDR, Integrative Therapy, Substance abuse treatment, and so on. The goals of training at CPS are to assist interns in developing their own therapeutic style backed by theory while acquiring the skills of an effective clinician and provider of a variety of therapeutic services. Additionally, CPS emphasizes the development of interns as the part of a therapeutic team. Interns will be trained in consultation within the CPS team, as well as in consultation with individual therapists, case managers, nurse practitioners, psychiatrists and other professionals at other agencies.

CPS subscribes to the Clinical Scientist model of training. As such, interns are trained to provide evidence based services and apply information gained by science and research to each unique client. Interns are trained to identify how social, biological and psychological factors impact clients. CPS has a written internship manual that provides more comprehensive descriptions of the program. For additional information about the CPS, please visit the website at www.christianpsychotherapyservices.com

An internship manual can be obtained by emailing the Internship Training Director at: hff4@aol.com

Program Objectives and Goals

Based on this model and to achieve the program goal, the program provides training and experiences to achieve the following objectives:

Objectives	Goals
1. Application of knowledge and skill in relational therapeutics both as necessary and sufficient means of engaging and helping others	<ul style="list-style-type: none"> a. Demonstrate the ability to build rapport with patients as measured by a minimum of six therapy sessions with at least 3 patients. b. Utilize the use of video tape of patient sessions in supervision (at the start, mid-term, and end of internship) to identify strengths and weaknesses in work with the client. c. Illustrate effective rapport building through the use of Outcome Questionnaires completed by the patients at initial visit and at every fourth visit and discussed with the supervisor.
2. Application of knowledge and skill in a range of intervention theories and methods	<ul style="list-style-type: none"> a. Demonstrate the ability to choose appropriate therapy techniques as evidenced by discussion of cases during Grand Rounds. b. Utilize the use of video tape of patient sessions in supervision (at the start, mid-term, and end of internship) to identify appropriate use of therapy techniques. c. Illustrate client symptom improvement through the use of Outcome Questionnaires completed by the patients at initial visit and at every fourth visit and discussed with the supervisor.
3. Application of knowledge and skill in psychological assessment.	<ul style="list-style-type: none"> a. Demonstrate accurate selection, administration, and scoring of the psychological assessments as evidenced by Grand Rounds and discussion with the Supervisor. b. Demonstrate accurate interpretation and report-writing as evidenced by review and feedback from the supervisor
4. Ability to integrate science and practice using the local clinical scientist model	<ul style="list-style-type: none"> a. Employ the appropriate use of science and evidence-based practice when completing case conceptualizations as evidenced through presenting cases at Ground Rounds
5. Application of knowledge and skill in consultation and community education	<ul style="list-style-type: none"> a. Attend in-house seminar in consultation b. Observe consultation or community presentation with Direct Supervisor, serving as an assistant. c. Plan and conduct one consultation or presentation
6. Application of knowledge and skill in administrative and peer clinical supervision as well as peer mentorship	<ul style="list-style-type: none"> a. Attend in-house seminar in supervision and mentorship. b. Demonstrate ability to supervise and mentor one practicum student as evidenced by feedback from the student and the student's ability to complete a skill that the intern taught.
7. Application of knowledge and sensitivity to individual and cultural diversity	<ul style="list-style-type: none"> a. Attend in-house seminars on multi-cultural sensitivity in therapy and assessment. b. Demonstrate the ability to discuss cultural issues with sensitivity during supervision and Grand Rounds as

	measured by feedback from the Training Staff.
8. Application of knowledge appreciation of treating a person holistically and in his or her context	<ul style="list-style-type: none"> a. Attend in-house seminar on the use of religion and spirituality in therapy and assessment. b. Demonstrate the ability to incorporate the patient's religious or spiritual beliefs as measured by the discussion during case presentations in Grand Rounds. c. Utilize the use of video tape of patient sessions in supervision (at the start, mid-term, and end of internship) to identify strengths and weaknesses in addressing religious concerns with the patient.
9. Application of the knowledge of appropriate administrative duties for the clinician.	<ul style="list-style-type: none"> a. Demonstrate the ability to write accurate progress notes as measured by feedback from the supervisor. b. Demonstrate the ability to complete reports accurately and quickly as measured by feedback from the supervisor.

Internship Training Activities

Interns provide service, receive supervision, and participate in other meetings and seminars throughout the internship. Services are provided at Christian Psychotherapy sites as well as community sites. Typical community sites are local universities (i.e., Regent University) where didactic training is held on a weekly basis. The following represent typical schedules for interns:

Typical Weekly Schedule For Full-Intern	
Primary Care Services	16 hours per week (approximately 10 cases)
Child/Family Services	16 hours per week (approximately 10 cases)
Assessment/Testing	Minimum of 6 full batteries

Supervision	
Individual Supervision (1 hour with 2 different supervising psychologists)	2 hours per week
Group Supervision	1 hour per week
Peer Supervision	1 hour per week
Other Meetings	
Extern Supervision/Mentorship	1-3 hours per week
Therapy Case Conference	1 hour per week
Therapy Didactic	1 hour per week
Assessment Didactic	1 per month
Dissertation Completion	4 hours per week

Stipends and Benefits

CPS provides financial resources necessary for each intern to achieve their training goals. Additionally, intern stipends are fair based on the average of regional stipends. *Internship* is considered the calendar year of the first week in September to the end of August within the following year and carries a stipend of \$18,500. Expenses for professional training and travel may also be available.

Selection Process

We often are asked if candidates can visit CPS in person. Applicants being given serious consideration will be contacted for a telephone interview. Intern selection is based on a combination of the following factors:

1. Degree of fit between applicant's stated goals for training in cover letter and application forms with the CPS training mission/goals/philosophy.
2. Fulfillment of minimum eligibility and qualifications for candidates.
3. Degree of support for candidate qualifications and fit with internship training program from recommendation letters.
4. Fit with pre-set criteria for telephone interview with criteria to include previous training and continued interest in: individual, group, and couples counseling; crisis intervention; psycho-educational outreach programming; training and supervision; assessment; desire and ability to benefit from CPS training program.
5. Previous clinical and psychological experience.
6. Knowledge base of the research and theoretical underpinnings of counseling center practices.
7. Demonstrated sensitivity during interview to the unique needs of multicultural populations.

Send Application To:
Page M. Huff, Ed.D., Ph.D., LCP
Coordinator of Training
Christian Psychotherapy Services
281 Independence Blvd.
Virginia Beach, VA 233462

or

Email the Internship Training Director at: *hff4@aol.com*

To receive full consideration, the application must be received by the November 30.

***YOU MAY OBTAIN A COPY OF THE APPIC STANDARDIZED APPLICATION FOR
INTERNSHIP AND SPECIFIC INSTRUCTIONS FOR APPLYING TO CPS IF YOU GO TO
THE APPIC WEBSITE AT WWW.APPIC.ORG***

2. CHRISTIAN PSYCHOTHERAPY SERVICES (CPS)

The mission of Christian Psychotherapy Services is to work with adults, children, adolescents, and families to manage life's challenges. Christian Psychotherapy Services is licensed by the Commonwealth of Virginia and was founded in 1982 as a private agency of professionally trained male and female therapists. An ability to address individual needs develops from the training, experience, and education of the multidisciplinary staff composed of psychiatrists, clinical psychologists, clinical social workers, professional counselors, and marriage and family therapists. Offices are located in Virginia Beach, Chesapeake, Newport News, Norfolk, and Onancock, Virginia. Our services include the following:

- Outpatient counseling for adults, children, adolescents and families
- Psychological and educational assessments
- Abide - A Substance Abuse Program
- Forensic Psychological Services
- Pathways to Change - A program for ending violence in intimate relationships
- Elder Care
- Marital Enrichment Workshops
- The Center for Attention Deficit Disorders
- Groups for Parents of AD/HD Children
- Forensic Psychological Services
- Center for Sexual Offenders
- Integration of Theological/Spiritual resources when applicable to inform clinical practice
- Training for master's and doctoral level students in conjunction with area universities

** Each of these areas is described in fuller context below. Interns will be assigned to staff members in at least two of these areas in their internship year:*

- 1) *ABIDE* is a substance abuse program that deals with addictive behavior through discipline and empowerment for adults and adolescents. Abide is designed to treat addiction to mood altering chemical such as alcohol, marijuana, cocaine, or prescription medication. Abide combines sound clinical practices with spiritual direction to lead to recovery. Recovery from chemical dependency is a journey from despair to hope, from restraint to freedom. These longed-for goals are realistic for ABIDE participants. A caring staff trained to handle Christian and non-Christian clients aim at conquering the disabling results of chemical dependency to lead participants to health, wholeness, and renewed vision and joy in living. Abide offers group, individual and family therapy to address vital concerns of addiction.
- 2) *Pathways to Change* is a therapeutic treatment program for ending violence in intimate relationships. Encompassing the concept of anger management, dynamics of domestic violence, and relapse prevention, the goal of Christian Psychotherapy Services is to provide our community the most effective program to help eradicate domestic violence and bring health to intimate relationships. Our programs are offered in 4-, 8-, 12-, 24-, and 28-week curriculums. Group therapy format is prevalent, however, individual sessions as well as couples format is also available. Topics covered include: *Anger*

Management: identifying stressor situation and trigger thoughts, learning anger control techniques and appropriate expression of anger; *Perpetrator Treatment*: domestic violence, and the law, power and control in relationships, breaking the cycle of violence through communication and relapse prevention; and *Victim Issues*: understanding the cycle of violence, safety plans, effects of violence on children, community support, and forgiveness vs. reconciliation.

- 3) *Elder Care* developed to meet the physical, psychological and spiritual needs of senior adults who are experiencing difficulties coping with life and have one or more of the following symptoms: anxiety and agitation, depression and grief: unrealistic fears, mental confusion, memory loss, difficulty with concentration, rapid change in mood, easily fatigued, decreasing self-help skills, sleep disorders, eating disorders.
- 4) “*When Two Become One Marital Enrichment Workshops*” helps couples build exciting and successful marriages whether newly married, married for many years, or remarried. It is also suitable for premarital preparation. Topics include: why you chose your mate, your similarities and differences, effective communication skills, the role of emotions, resolving conflict, etc.
- 5) The *Center for Attention Deficit Disorders* is a comprehensive program developed by Christian Psychotherapy Services to diagnose and treat attentional difficulties and related disorders in children, adolescents, and adults. The Center for ADD has developed specific psychological evaluation techniques to determine the presence of AD/HD for individuals ages four through adult. Treatment includes individual therapy to help adjust and cope with the symptoms of AD/HD as well as improving self-image, group therapy to help the child, adolescent, or adult improve social skills, self-control strategies, and self-esteem, psycho-educational group therapy for parents to help them learn effective parenting strategies for dealing with an AD/HD child, family therapy to deal with behavior problems that are present, consultation with teachers, principals, and day care workers to help create the optimal educational environment, and psychopharmacological therapy prescribed by staff psychiatrists to reduce the symptoms of AD/HD when appropriate.
- 6) *Parents of AD/HD Children*: Parents of AD/HD children deal with unique issues that often leave them feeling bewildered and uncertain as to the effectiveness of their discipline and guidance. Five-week sessions are offered to accurately define and understand the diagnosis of AD/HD while proceeding with introducing effective behavior management techniques for parents to implement at home. Sessions provide a forum for parents to share their struggles and pose the difficult questions often raised by parents of AD/HD children.
- 7) *Forensic Psychological Services* deals with the aspect of psychology that interacts with the legal system, either criminal or civil. Various types of evaluation are done for legal purposes in the following areas: competencies, civil and criminal, of various nature, child abuse and neglect, civil and criminal, custody evaluation, impartial and partial, mental states at time of offense, pre-sentence evaluation, and commitments.

- 8) *Center for Sexual Offenders*: Christian Psychotherapy provides assessment, diagnosis, and individual and group treatment for adult and adolescent sexual offenders working in conjunction with community centers who care for these individuals.
- 9) Counseling techniques utilizing theological/spiritual resources when applicable to inform clinical practice in sexual abuse issues, rejections issues, false guilt issues, marital conflict needs, traumatic memories, post-traumatic stress syndrome, dissociative identity disorder, children's issues, and grief/loss.
- 10) Regent University is a CACREP-accredited program on the Master's level in counseling and APA accredited on the Doctoral level in clinical Psychology. Christian Psychotherapy Services supports and works in conjunction with Regent University and has trained many master and doctoral level practica students. Interns will interact with the university through colloquia and educational opportunities, and interact with trainees in group supervision and individual supervision, staff meetings, and training sessions.

Facilities

CPS maintains six main locations.

281 Independence Blvd.
Suite 326
Virginia Beach, VA 23462
(757) 490-0377

609 Independence Parkway
Chesapeake, VA 23320
(757) 312-8002

732 Thimble Shoals Blvd.
Suite 902
Newport News, VA
(757) 873-0735

3105 American Legion Road
Suite B
Chesapeake, VA 23321
(Western Branch / Churchland)
(757) 398-2881

142 West York St.
Suite 7
Norfolk, VA 23510

Interns will have access to furnished offices, as well as the use of office equipment at each office location where they choose to work. They also have access to all computers, testing equipment, assessments, and secretarial staff.

Program Interns

Interns who apply to Christian Psychotherapy Services can be characterized as having a primary interest in adult and child clinical practice. All interns would be in the process of completing a doctoral degree from regionally accredited, degree granting institution in the United States. All of the interns will be recruited from the APPIC Matching Program and will be given the title of "Intern" during their training year.

All applicants must be enrolled in a Ph.D., Psy.D., or Ed.D. program in counseling, clinical, or school psychology from an accredited university and have completed at least three years of graduate work. Applicants must have completed the required clinical practicum experiences provided by their doctoral program. Face-to-face clinical experience in the assessment and treatment of adults, children, adolescents, and families is a prerequisite. Applicants must have passed their comps exams, have finished their coursework, and have been accepted to doctoral candidacy for their degree.

Applicants are expected to have sufficient academic background in adult and child clinical psychology to be able to utilize the experiences offered. This includes theoretical and applied familiarity with various instruments used in psychodiagnostic evaluations, as well as an understanding of adult and children development and therapeutic modalities. By the beginning of the training year, interns are expected to have a good working knowledge of the following instruments. (This list is not exhaustive):

Domain

- *Intelligence:* WISC-IV, WPPSI-III, WAIS-IV, Stanford Binet, C-TONI
- *Achievement:* Woodcock Johnson-III, Kaufman Test of Educational Achievement, Peabody Individual Achievement Test-Revised
- *Projective:* CAT, TAT, Rorschach, Sentence Completion, House-Tree-Person
- *Personality:* MMPI-2, MMPI-A, MCMI-III, PAI, PIY
- *Behavior:* Child Behavior Check List, Vineland Adaptive Behavior Scales, Beck Depression Inventory, Child Depression Inventory, CMAS, BDI, BAI
- *Visuospatial:* Bender-Gestalt II
- *Attention Deficit:* Gordon Diagnostic System, Integrated Visual and Auditory Continuous Performance Test
- *Trauma:* TSCYC, TSCC, TSI

Christian Psychotherapy Clients

Interns work with clients who have experienced a variety of stressors including divorce, school failure, pregnancy, birth, accidents, foster care placement, death, sexual abuse, neglect, domestic violence, and illness. Interns work with clients with diverse diagnoses and presenting problems including AD/HD, disruptive behavior disorders, mood disorders, schizophrenia, anxiety disorders, PTSD, adjustment disorders, and learning disorders. Interns have the opportunity to learn and apply diverse theoretical approaches to treatment (e.g., cognitive, behavioral, family systems, solution focused, psycho-educational, psychodynamic). Treatment modalities include individual, group, family, parent guidance, and client advocacy. Practice settings include

outpatient offices, schools, the community at large, and client homes. Interns conduct psychological assessments to address a variety of referral questions including differential diagnosis, psychosis, lethality risk, mental retardation, and learning disabilities.

Interns are exposed to the integration of research and practice through individual and group supervision, assigned case presentations, didactic seminars, assigned readings in professional journals, continuing professional education, and the activities of their supervisors.

One-Year Full Time Requirement

The internship is a full-time (40-hour per week), one year program. To successfully complete the program, interns are required to complete 2000 hours of work (minus 5 agency holidays and 15 days of paid time off). Full-time equivalent interns are also expected to receive no less than two hours of individual supervision on a weekly basis. The program begins in the first week of September and ends the last week of August. If an intern is unable to complete the required program, termination or program amendment must be immediately amended. Interns are exposed to both a high level of scientific activity and practice innovation through their contact with the office(s).

The office has made a clear budgetary commitment to funding two paid internship slots. The budget also includes necessary supplies, time allotment for staff to supervise interns, time allotment for intern and supervisor training, and secretarial and administrative support. Christian Psychotherapy Services is also committed to providing the necessary financial support to obtain and maintain relevant accreditation status within the field of psychology.

CPS Diversity Statement

The offices of CPS operate in a diverse community that includes many groups of people. The staff of Christian Psychotherapy Services believes that prejudice and discrimination are detrimental to human development. Therefore, CPS has a strong commitment to meeting the needs of diverse people. In all clinical, assessment, training, psychiatric, program, and outreach services we strive to create an environment where all people feel welcome. As a staff, we attempt to facilitate mutual respect and understanding among people of diverse racial, ethnic, and national backgrounds, sexual/affective orientations, mental and physical abilities, languages, classes, ages, religion/spiritual beliefs, socioeconomic background, as well as other types of diversity. CPS states that it is an equal access and equal opportunity environment.

CPS also values the creation and maintenance of an atmosphere of openness and trust in which everyone is encouraged to explore and discuss their attitudes, values, beliefs, and behaviors. The staff at CPS continues to assess its progress in fostering an environment where everyone is respected, welcomed, and appreciated.

3. The Training Program

Training Model

The CPS Internship is a Practitioner/Scholar Model informed by theory and research. This model is principally accomplished in an intensive, supervised counseling center experience working with a culturally diverse group of interdisciplinary professionals. Imbued in this model are service provision, didactic and experiential training, and the use of psychological theory/research.

Internship is the culmination of training for entry-level professional practitioners. As such, CPS provides a setting in which interns strengthen their abilities to practice psychology through the demonstration of therapy and assessment skills with increasing independence. Initially, interns practice in conjunction with supervisors and then slowly begin to work alone that is supervised closely. Internship training in practice involves developing both core skills and positive professional identity essential for the work of an entry-level counseling or clinical psychologist providing services in:

- long- and short-term counseling
- assessment
- consultation
- training

Interns successfully complete internship when they reach a skill level of competent practice as defined by having sufficient ability to practice core skills independently without the necessity of ongoing supervision.

CPS recruits students from scientist-practitioner and scholar-practitioner departments so that they come with a foundation of theoretical and research-based knowledge, with the capacity to engage in theoretical and research-based inquiry, and with a readiness for intensive training in practice. CPS continues interns training in integrating practice and theory and research as these provide the underpinnings of the practice of psychology. A part of competent practice also includes being informed about the seminal and current theoretical and research-bases of psychology. CPS accomplishes integration through:

- 1) counseling, seminar, supervision, and rotation work
- 2) developing critical thinking to guide the use of research to inform clinical practice
- 3) generating clinical hypotheses to explore in supervision
- 4) learning the empirical bases that guide the use of comprehensive assessment
- 5) attending and presenting at professional conferences
- 6) participating in in-service training programs on best current practices in clinical practice (e.g., training, supervision, crisis response, clinical ethics, and so on).

The work environment in which this model occurs is equally valued. CPS provides a mentor/apprenticeship environment. This means that:

- 1) Interns are connected throughout the year in collaborative relationships with supervisors. Intern participation in selecting their supervisors assists in providing goodness-of-fit in this collaborative relationship thus encouraging growth of intern's professional identities. This also occurs so interns can learn through closely supervised practical experiences and through professional staff role modeling. Staff serve as role models through their own practice as well as through their pursuit of ongoing professional development;
- 2) all venues of CPS are involved with training and are available to intern participation so they can have experiences of being part of a staff; and
- 3) the entire staff is involved with training to assist in meeting the holistic needs of interns. Through this environment, CPS works to create a milieu that is respectful of the interns, honors their cultural differences, values their positive self-growth, and establishes a strong work ethic.

This is the basic model and setting for the CPS Internship. This model and setting are further guided by eight philosophical tenets, which describe in more detail the basic values of the CPS Internship.

Training Philosophy

Interns are Primarily in Training

It is central to the CPS Internship that interns spend a year intensively engaged in training. Service provision is the vehicle by which training is applied.

Internship Training Director

The internship is managed by Dr. Page Huff, a licensed clinical psychologist and founder and president of Christian Psychotherapy Services. He is responsible for preparing and managing the internship budget, chairing the internship committee, serving as liaison between the APPIC and the internship program, serving as a primary supervisor for interns, and managing all administrative functions related to the interns' training experience at Christian Psychotherapy Services.

Mentorship is the Cornerstone of Professional Development

Interns are always under the direct supervision and guidance of two or more members of the CPS staff. Interns are invited and encouraged to be full participating members of the staff. It is the belief of CPS that growth of a positive professional identity is the result of a process that takes time and experiences and that these experiences build on each other. Furthermore, the CPS Internship is founded on the belief that individuals grow primarily as the result of the impact of significant collaborative relationships. The intern-supervisor relationship provides the foundation for growth in core skill areas and in professional identity development.

Focus on Training

The primary focus of the internship-training program is to provide intensive, experiential, clinical training in professional psychology. Christian Psychotherapy Services is committed to the internship-training program as a service to the psychology community and not as a revenue source. While there are expectations on the interns of minimum levels of clinical service, these

are designed to provide the interns with a sufficiently intensive training experience. The director is charged with monitoring the interns' training experience to ensure that training considerations take priority over service delivery and revenue generation issues. The training committee also compares regularly the interns' actual educational and clinical experiences to the proposed goals and objectives of the intern program.

Didactic Training

Our psychology staff offers a broad range of experience and expertise within our internship program. All members are active clinicians who practice and/or teach from an evidence-based treatment models. Intensive training in clinical psychology is provided via direct clinical practice and structured didactic training. Interns will receive two hours of didactic seminars on a weekly basis. Interns will partake in true interdisciplinary training and will interact on a daily basis with CPS staff and residents. Interns interested in research will be encouraged to explore resources and opportunities outside the CPS training site.

The Growth of a Professional Identity Occurs Developmentally

The CPS Internship is created to have higher levels of direction and structure initially in the year with movement towards greater autonomy in latter stages. High levels of structure are initially present to transition graduate students into a new system by providing guidance and direction towards becoming competent professionals. As the year progresses, the interns are emerging as competent professionals and thus have the opportunity to be increasingly autonomous and self-directing in all aspects of their functioning at CPS.

Intern's Desire for Training must be met Within the Boundaries of Staff Expertise

CPS provides exposure to a broad range of experiences during the year both internally and externally. This allows interns to seek out their own areas of interests within different venues such as clinical, programming, consultation, psychopharmacology, drug and alcohol work, assessment, career, cultural diversity, scholarly inquiry, and so on. Opportunity is provided for interns to work outside the confines of CPS by working with at various community rotations. This allows interns to achieve as good a fit as possible between their training goals and experiences.

Individuals Learn in Individual Ways

The CPS Internship uses variable learning methods including didactic, experiential, self guided, process-based, group, and practical experiences. CPS provides an environment that is supportive and challenging and is based, in part, on intern's self-assessments of their needs. Time is spent initially working with interns to assist them in defining their goals and desires for training. CPS provides an array of training experiences, venues, and modalities so that interns are provided opportunity to learn based on their idiographic nature.

Psychologists are informed through the Integration of Science and Practice

Theoretical and research-based knowledge and practice mutually inform each other. Interns are guided and encouraged in their pursuit of observing, inferring, formulating, and evaluating clinical hypotheses. Hypotheses are addressed by interns inquiring into and incorporating the literature in their practice. This includes theoretical and research-based literature about effective therapeutic techniques, therapy outcomes, and empirically supported treatments. Interns are

guided in using critical thinking about clinical cases to develop questions for further research and for generating preliminary answers.

Typical Intern Weekly Schedule

The week of the CPS intern is primarily a 40-hour week averaged over the course of a year. Full-time interns will receive no less than two hours of individual supervision on a weekly basis. Individual intern schedules will reflect a variability and range of time spent during both peak and off-times of internship in training, direct, and indirect services. Each intern's training schedule will be considered in an individualized and mutually agreed-upon manner. One of the important goals of internship is developing case and time management skills to address this typical ebb and flow work schedule.

3a. Direct Services

Individual Counseling Interns engage in individual counseling seeing clients in brief-and long-term psychotherapy providing between 10-19 individual contact hours a week. Individual counseling also involves interns assessing and conceptualizing from a theoretical frame-of-reference presenting problems, providing disposition on cases, and formalized treatment planning and implementation. The clinical Services Program of Christian Psychotherapy Services provides psychotherapy and psychological assessment services at three office locations in the greater Hampton Roads area. Interns will be placed in the outpatient office of the Independence Blvd office in Virginia Beach. However, they may also travel to the Newport News or Chesapeake offices. The target populations served are adults, children, adolescents, and families. Psychotherapy services are based on family's unique strengths, practical realities, and cultural background. A variety of theoretical orientations and treatment frameworks may be used in therapy depending on client needs. Therapy strives to achieve identified goals in the shortest time necessary; however, services may be extended when symptoms are severe, chronic, or when acute stressors persist.

Psychological assessments are performed to provide diagnostic information about adults, children, adolescents, and families to assist with treatment planning and interventions. A variety of psychological tests are used to measure different domains and levels of client functioning. These domains include intellectual functioning, academic achievement, adaptive behavior, emotional disturbance, personality structure, psychosis, and family systems. Interns will perform most psychological assessments with outpatient clients.

Intern Activities Include:

- Adult, child, adolescent, and family outpatient psychotherapy cases;
- Adult, child and adolescent psychological assessment and report writing;
- Assessment feedback to clients;
- Consultation with referral sources and professionals from treatment teams, other disciplines, and other involved systems; and
- Group therapy.

Couples Counseling/Family/Couples Co-Counseling

Interns engage in couples counseling for unmarried, partnered, and married clients and families. Interns also have the opportunity to engage in co-counseling with professional staff members when doing couples counseling.

Group Co-Counseling: Therapy, Support, and Workshop/Seminar

Interns are involved with leading or co-leading one or more of the various types of groups that are facilitated through CPS. Interns may be involved with therapy and/or support groups that are focused primarily on the more clinical aspects of client's presenting problems. Interns may also be involved with workshops and seminars, which can be single session or multiple sessions and are focused on the more psycho-educational aspects of clients' presenting problems. CPS primarily conducts General Therapy Process Groups and maintains the following specialized groups: Substance Abuse, Anger Management, Elder Care, Cognitive Neuroscience, Theophostic Counseling, Marital Workshops, AD/HD Children, Parents of AD/HD Children.

Emergency On-Call Services

Interns are provided training on responding to emergency calls including assessment, connecting clients to services, and responding specifically to crises situations. Interns have back-up and standby supervision when needed through the first semester of on-call work.

Assessment: LD/ AD-HD/Psychological

A major role of the CPS Assessment Teams has been evaluating children for the possible presence of learning disabilities (LD) and/or attention-deficit/hyperactivity disorder (AD/HD). The Assessment Team conducts these evaluations within the developmental philosophy of CPS. That is, in addition to the use of standardized instruments, the assessment includes a thorough history of the client, including the role of their learning/attention problems within their current life situation. Clients receive complete feedback about their test results, the conclusions, and recommendations. Personality evaluations are sometimes part of this process if the situation warrants it. Additionally, CPS staff occasionally refers their clients for neurological assessment to assist in treatment planning.

All interns have an assessment experience for at least two hours a week. This is didactic, and includes direct work with clients as well. In addition, one intern can instead elect to participate in a more intensive specialization rotation in assessment.

Observation and Training with Staff Psychiatrists

Christian Psychotherapy Services has two full-time Psychiatrists on staff. Interns will have the opportunity to observe, train, and conference with them regarding psycho-pharmacological assessment and treatment planning. Often interns will complete assessment batteries and then observe the implementation of pharmacological treatment that the psychiatrists would recommend.

Psycho-Educational Programming and Outreach

CPS engages in a wide range of programming and outreach. Regent University is an APA accredited local university that trains clinical Psychologists. Each intern will participate in the Doctor of Psychology Colloquia series meeting one afternoon a month and offering a variety of professional and doctoral level speakers and topics pertinent to ongoing training in the field of clinical psychology.

Typical topics are:

- 1) Ethical Issues in Working with Ethnic Minorities
- 2) Psychological Research on Homosexuality

- 3) Identity Issues in Religious Individuals who Experience Same Sex Attraction
- 4) Evolving Psychological Roles for Psychologists: Insights from Military Practice
- 5) Current Controversies in Clinical Science
- 6) Christian Perspectives on Family Psychology
- 7) The Study of Prejudice and Bias; Beyond Self-Report and;
- 8) The Future of Psychology as a Healthcare Profession

Rorschach Tutorial Program

Doctoral interns will be sponsored to attend the Rorschach Tutorial Workshop offered in October and June in Ashville, North Carolina during their intern year. This 5-day program provides a careful review of the test fundamental including administration, scoring and the principles of interpretation. Special emphasis is given to the tactics of cluster interpretation. Six cases are presented, scored, and interpreted by participants. Data is analyzed to derive personality descriptions and formulate diagnosis and/or treatment recommendation. Participants are sent copies of *A Rorschach Workbook* for the Comprehensive System, 5th edition, and a primer for Rorschach Interpretation prior to the workshop. This intensive workshop is staffed by five Doctoral level experts in the Rorschach including Dr. John E. Exner, Jr. who has authored more than fourteen books and more than sixty articles that focus on issues in personality assessment.

Supervision of Masters/Doctoral Level Practicum Students

Interns can gain experience in the one-to-one supervision of masters practicum students who are in the clinical or counseling psychology programs at Christian Psychotherapy Services. Interns will also receive didactic and experiential training in supervision before providing a semester of supervised-supervision.

Individual One-to-One Supervision

Full-time equivalent interns are also expected to receive no less than two hours of individual supervision on a weekly basis. Supervision of interns is conducted on a regularly scheduled, individual basis by licensed, psychologists. Each intern has a primary supervisor and two secondary supervisors during the year. Interns are with their primary supervisor for the entirety of the year. Interns are with their first secondary supervisor from August to December and with their second secondary supervisor from January to July. Interns interview permanent clinical staff to choose their supervisors for the year. Formal supervision occurs two hours each week with additional supervision provided on an as decided basis. Interns are expected to be prepared each week for two hours of supervision.

Interns are encouraged to attend one or more conferences during their internship year and funding may be available to assist in this. Interns are also encouraged to develop a program and present it at one or more of these conferences. Time is available for interns to pursue this.

3b. Specialization Rotations

At the beginning of the training year, interns are asked to choose two rotations. Rotations are 6-8 hour periods a week where interns work to develop expertise in a specialized area. Rotations run the entire training year. Rotations are listed below:

Assessment

Instead of the two-hour commitment to assessment instruction and delivery of services, an intern may select their specialization rotation to be with the Assessment Team. In addition to didactic work around assessment instruments and conceptualization in the areas of LD and AD/HD, the intern in this more intensive experience works more directly with clients and participates in the weekly Assessment Team Meetings. These meetings provide exposure to in-depth interpretation of results, as well as more opportunities to discuss diversity issues, ethics in assessment, legal issues regarding disabilities, and professional development in assessment.

The intern will receive supervision from the members of the Assessment Team and also attend the required two hour, weekly Assessment Team case staff meeting.

Specific Clinical Focus

This specialization offers the intern the opportunity to develop specialized training in a specific clinical area. These specializations are either within the CPS offices or take place within the community as described below:

Within Office Training

These areas are: AD/HD counseling, forensic psychological services, marital counseling, elder care, anger management, substance abuse, and assessment/treatment of adolescent and adult sex offenders. At the beginning of the year, the intern will choose which area to work in. The intern receives weekly supervision by the licensed psychologist who oversees this rotation.

Community Training/School Based Therapy and Consultation

Christian Psychotherapy Services places independently licensed therapists in elementary and middle schools in the surrounding community to provide group services. These schools have been enthusiastic about the services provided to children by Christian Psychotherapy therapists and the need for these services has been growing. Each intern will be teamed with an experienced Christian Psychotherapy therapist to provide individual therapy, group therapy, parent training, and teacher/administrator consultation in one of these local schools. This rotation provides an excellent opportunity to develop collaboration skills, better understand the school milieu, and better understand the manner in which mental health problems impact school performance and school behavior. Typical presenting problems seen in these clients are similar to those seen in outpatient clinical settings and include: attention problems and hyperactivity, acting out and aggressive behavior, depression, anxiety, socialization problems, and learning problems.

Intern Activities Include:

- Child or adolescent individual psychotherapy cases
- Group psychotherapy with children or adolescents
- Providing parent training and psycho-educational feedback to parents
- Development of behavioral interventions for the classroom and home
- Consultation and psycho-educational training provided to classroom teachers and school administrators
- Consultation with referral sources and professionals from treatment teams, other disciplines, and other involved systems

- Crisis intervention for students, teachers, and administrators if necessary

3c. Administrative Activities

Case Management Interns are responsible for managing their own caseloads so that they continually and consistently have a full caseload. In addition to this, administrative time is provided each week so that interns can also write up client reports and case notes, write business/professional letters and e-mails, return telephone calls, consult with other staff, and do general planning.

Committee/Team Meetings

From the onset of the intern year, interns are viewed as administratively responsible individuals whose opinions are highly valued. As a result, interns can participate as members of one of the various teams that make up the working groups of CPS (usually one intern per team). Current and past teams at CPS include: training team, intern selection team, paperwork team, assessment team, and clinical team.

Staff Meetings

A staff meeting is held once a month for two hours. The purpose of the staff meeting is for staff to have a set time each week to share office and clinic-wide information, to experience scheduled learning situations together, process through various staff issues as they arise, and to create a collegial network, which becomes especially important when the schedule becomes very busy. All staff attend these meetings. Interns are strongly encouraged to participate in these meetings as full staff members.

3d. Evaluation Procedures

Evaluations are conducted formally using pencil and paper evaluation forms and through discussion. Evaluations occur at several levels among interns and professional staff. Interns are evaluated for all experiences including clinical work, outreach and programming, assessment, seminars, diversity work, and rotations.

The interns are evaluated on the objectives and goals as listed on page 4 of this handbook. The ratings are on the following four-point scale:

- Unacceptable (U) = this rating will be given for problematic behavior (as described in Section I of the Due Process Procedure) that has not shown progress through remediation
- Developing Proficiency (DP) = this rating will be given for behaviors that prevent the intern from working independently but that are actively being developed during supervision
- Proficient (P) = this rating is for behaviors that allow the intern to work independently
- Exceptional (E) = this rating is for behaviors that allow the intern to work independently and can be considered a strength for this intern.

Interns are also given opportunity to evaluate all individuals with whom they interact and from whom they receive evaluation. Interns are provided with formal opportunity to respond to any evaluation they receive. Interns provide evaluation on their experiences at CPS and on the overall CPS Internship experience.

Evaluation occurs formally four times during the course of the internship year once during:

October: Set baseline for each intern's skill level and to decide goals for the first half of the internship year. This occurs with the Coordinator of Training and the intern's primary and secondary supervisors.

December: Mid-way point of the internship year. This is a group evaluation with all of the intern's supervisors and Coordinator of Training. The intern receives feedback and is assisted in generating methods by which to meet the ongoing training goals.

May: Assess progress at the end of the regular academic year and to set any final goals. This is a group evaluation with all of the intern's supervisors and Coordinator of Training. The intern receives feedback and is assisted in generating methods by which to meet final training goals. The goal for this evaluation is to attain all ratings of Proficiency. If a rating of DP is received for any behavior at the third evaluation, intensive focus will be required on that behavior, including remediation if necessary.

July: End of the internship year. Interns have their final evaluation through informal individualized meetings with each of their supervisors. Interns also have a group meeting with permanent staff to provide staff with feedback on their overall internship experience.

See **Appendix A** for a copy of the Intern Evaluation Form

3e. Due Process and Fair Treatment of Interns

In all matters relevant to the evaluation of intern's performance, Christian Psychotherapy Services provides interns with due process and fair treatment in accordance with agency, local, state, and federal statutes. The intern evaluation form is designed for handling the internship evaluation process, as described in Appendix A, and is specifically designed to meet or exceed those standards. In addition, an extra level of fairness and due process is built into the interns' evaluation process. If an intern is not satisfied with the results of their evaluation or grievance process, they may follow the agency's policies on grievance procedures which also conform to local, state, and federal statutes.

Due Process relates to:

- 1) Academic decisions that are related to the evaluation of professional performance in the domains of intake, treatment, testing, supervision, interpersonal Behavior, and professional ethics.
- 2) Disciplinary decisions that are related to non-academic matters regarding a violation of agency or internship conduct rules, such as dress, parking, damage to property, or attendance.

Complete Due Process Procedures can be found in Appendix B.

4. Professional Staff Backgrounds and Interest Areas

***PAGE MARTIN HUFF, II, ED.D., Ph.D.** Founder and President, Licensed Clinical Psychologist, Christian Counselor; Works with Children, Adolescents, Adults, Singles, Families, Couples; Specialty Issues: Anxiety, AD/HD, Depression, Learning Problems, Marital Issues, Panic Disorders, Sexual Problems, Psychological Evaluations, Military Issues, Women's Issues, OCD, PTSD, DID, Theophostic Prayer Ministry, Developmental Disabilities, Asperger's, Autism, EMDR, Bipolar Treatment and Sexual Abuse; Virginia Beach and Churchland/Western Branch office

LAURIE ANDERSON-BRUCATO, M.A., LPC, Licensed Professional Counselor, Christian Counselor; Works with Adolescents, Adults, Families, Couples, Singles, Groups ; Specialty Issues: Anxiety, Depression, Step-parenting Issues, Family Issues, Women's Issues, AD/HD, Theophostic Prayer Ministry; Virginia Beach office

MARY DEMYER, M.DIV., ED.S., Clinical Director Virginia Beach: Licensed Professional Counselor, Christian Counselor; Works with Adolescents, Adults, Singles, Couples, Families, Singles; Specialty Issues: Single's Issues, Adult Children of Alcoholics, Anxiety, Co-Dependency, Depression, Family Issues, Women's Issues, Military Issues; Virginia Beach office

SANFORD MARTIN, ED.D., Clinical Director at the Center for AD/HD in Chesapeake, VA, Licensed Professional Counselor, Christian Counselor; Works with Children (ages 3 and up), Adolescents, Adults, Families, Couples, Singles; Specialty Issues: Vocational Rehabilitation, Depression, Anxiety, AD/HD, Chronic Illness, Marital Issues, Panic Disorders, Military Issues, Co-Dependency, Sexual Abuse, Adult Children of Alcoholics, Recovery Issues, Spouse Abuse, Men's Issues, Sexual Addiction, Post Traumatic Stress Disorder, Grief and Loss, Dissociative Disorder, Sexual Identity Issues, Learning Disabilities, School Testing, Neuropsychological Disorders, Theophostic Prayer Ministry (TP); Chesapeake and Newport News offices

FRANK MEADOWS, LCSW, Clinical Director Chesapeake, Licensed Clinical Social Worker, Christian Counselor; Works with Children (ages 3 and up), Adolescents, Adults, Families, Singles, Couples; Specialty Issues: Depression, Anxiety, AD/HD, Chronic Illness, Panic Disorders, Military Issues, Co-Dependency, Recovery Issues, Sexual Abuse, Spouse Abuse, Adult Children of Alcoholics, Sexual Identity Issues, Men's Issues, Sexual Addiction, Dissociative Disorder, Post Traumatic Stress Disorder, Grief and Loss, Trained in Advanced Theophostic Prayer Ministry; Chesapeake and Virginia Beach offices

CHERI GARR, Ph.D.; Director of Training, Licensed Professional Counselor, Licensed Marriage and Family Therapist, Christian Counselor - Works with Children, Adolescents, and Adults. Specialty Issues: Depression, Women's Issues, Panic Disorder, Sport Psychology, Anxiety, Marital Issues, PTSD, and Military Issues Chesapeake and Virginia Beach offices

GARY BOGGUS, M.D., Psychiatrist; Works with Children, Adolescents and Adults, Christian Counselor; Specialty Issues: AD/HD, Post Traumatic Stress Disorder, Psychiatric Evaluation, Psychiatric Medication, Anxiety, Depression, Head Trauma, Substance Abuse, Panic Disorders, Eating Disorders, Chemical Deficiencies; Newport News and Virginia Beach offices

ALICIA HURDLE, M.A., LPC, LMFT, CSAC; Clinical Director of ABIDE; works with children, adolescents, and adults at Churchland and Western Branch locations.

AMY ANTONELLI, M.A., Resident in Professional Counseling; works with children, adolescents and adults at the Chesapeake office

CHEVETTE ALSTON, M.Ed., Psy.D., NCC, LPC, ABD; Licensed Professional Counselor, Christian Counselor; Works with Children, Adolescents and Adults. Specialty Issues: AD/HD, Depression, Anxiety, Marital Issues, Stress, Grief, Parenting. Virginia Beach office

SUSAN BARNUM, LPC, Licensed Professional Counselor, Christian Counselor; Works with Adolescents and Adults, Specialty Issues: Marital Issues, Family Therapy, Anger Management, Depression, Anxiety, Panic Attacks, Bipolar, Women's Issues, Military Issues; Virginia Beach, Norfolk offices

SANDRA BISSON, M.A., LPC, Licensed Professional Counselor, Christian Counselor; Works with Children, Adolescents and Adults, Specialty Issues: AD/HD, Depression, Anxiety, Marital Issues, Stress, Grief, Parenting. Virginia Beach, Norfolk offices

JANE BROWN, Ph.D., Licensed Clinical Psychologist, Christian Counselor; Works with Adolescents and Adults. Specialty Issues: Depression, Anxiety, PTSD, Grief, Couples, Family Issues, Women's Issues, Military Issues, and Anger Management Virginia Beach office

BARRY BURIJON, Ph.D.; Licensed Clinical Psychologist, Christian Counselor; Works with Children, Adolescents, and Adults. Specialty Issues: Depression, AD/HD, Anxiety, Psychological Evaluations, PTSD, Marital, Adoption, Court Evaluations; Newport News and Virginia Beach offices

ELIZABETH "BETTY" BIMSON, LCSW, Licensed Clinical Social Worker; works with children, adolescents and adults at the Virginia Beach office

BYRON BRANHEM, Resident in Professional Counseling; works with children, adolescents and adults at the Virginia Beach office

+JAYNE CARRELS-ZELLER, MA, LPC Licensed Professional Counselor; works with children, adolescents and adults at the Onancock office

DR. CARLA CASTOR, Ph.D.; Licensed Clinical Psychologist, Christian Counselor, Works with Children, Adolescents and Adults, Specialty Issues: Adolescent Girls, Sexual Abuse, PTSD, ADHD, Depression, Anxiety, Marital Issues, Stress, Grief, Parenting; Norfolk and Virginia Beach locations

KELLY CHUN, M.D., Psychiatrist; works with adolescents through the geriatric population at the Virginia Beach, Chesapeake, and Newport News offices

SHERYL CLARKE, LNP; Licensed Nurse Practitioner; works with children, adolescents, and adults on medication management at the Churchland and Chesapeake locations

CHRIS CONLEY, M.A.; Licensed Professional Counselor, works with children, adults, couples and families at the Virginia Beach office

CAROLYN DAVIS, ED.S; LICENSED SCHOOL PSYCHOLOGIST, Christian Counselor; Works with Children, Adolescents, and Adults. Specialty Issues: AD/HD, Learning Disorders, Psychological Testing, Depression, Anxiety, PTSD, Sexual Abuse, Women's Issues; Virginia Beach office

JANET CONNER, M.A.; Licensed Professional Counselor; works with adults, children, and couples and families at the Chesapeake location

KIM DOWNING, Ph.D., LCSW; Licensed Clinical Social Worker, Christian Counselor; Works with Adolescents, Adults and Families; Specialty Issues: Depression, Anxiety, PTSD, Sexual Abuse, African-American Issues, Stress, Marital Issues, Women's Issues, Military Issues; Churchland and Chesapeake office

CYNTHIA ELLISON, M.A., Intern and Professional Counseling, Christian Counselor. Works with Children, Adolescents and Adults, Specialty Issues: AD/HD, Psychological Testing, Marital Issues, Anxiety, Grief and Parenting. Virginia Beach office

KAREN ELSEROAD, LCSW; Licensed Clinical Social Worker, works with children, adolescents and adults at the Virginia Beach location

LACONDA FANNING, Psy.D., M.A., LPC; Licensed Professional Counselor, Christian Counselor. Works with Children, Adolescents and Adults. Specialty Issues: AD/HD, Psychological Testing, Marital Issues, Depression, Panic Disorder, Anger Management, African-American Issues, Women's Issues, Anxiety, PTSD, Grief, Parenting and Learning Problems. Chesapeake office

TAMMY GEORGE , LPC; Licensed Professional Counselor; Christian Counselor - Works with Adolescents, Couples and Family. Specialty Issues: Anxiety, Depression, PTSD, AD/HD, Marital Issues, Women's Issues, Military Issues, Grief, Eating Disorders, Stress. Churchland/WesternBranch, Greenbrier offices

ANGELINA GUANZON, MD; Medical Director, Psychiatrist, Christian Counselor; Works with ages 3 through Geriatric; Specialty Issues: Anxiety, Depression, Geriatric Issues, Sexual Abuse, AD/HD, PTSD, DID, Head Trauma and Bi-Polar, Asian Issues, Psychopharmacology; Virginia Beach, Chesapeake and Newport News offices

KATHY FROEDE, M.A.; Licensed Professional Counselor; works with children and adolescents at the Virginia Beach and Chesapeake office

Laurie Greene, M.A., Psy.D.; Licensed Clinical Psychologist; works with children, adolescents, and adults in the Virginia Beach office

MICHELE HAMILTON, M.A., LPC; Licensed Professional Counselor, Christian Counselor; Works with Children, Adolescents and Adults, Specialty Issues: AD/HD, Depression, Anxiety, Marital Issues, Stress, Grief, Parenting. Virginia Beach office

LYNNETTE HARRELL, LCSW; Licensed Clinical Social Worker; works with children, adolescents, and adults in the Newport News office

RENNIE HITCHCOCK, MBA, M.A., LPC; Licensed Professional Counselor, Christian Counselor; Works Adults, Singles and Couples; Specialty Issues: Depression, Anxiety, Anger Management, Marital Issues, Codependency, PTSD, Men's Issues, Addiction Issues, Stress Management, Grief, Sexual Abuse, and Theophostic Prayer Ministry; Virginia Beach office

ANGELA JOHNSON, Intern of Professional Counseling; works with children, adolescents and adults in the Virginia Beach office

BARRY JONES, M.A., Resident of Professional Counseling; works with children, adolescents and adults in Virginia Beach

ALICIA HURDLE, LPC, CSAC; Licensed Professional Counselor, Certified Substance Abuse Counselor, Christian Counselor: Works with Children, Adolescents, and Adults. Specialty Issues: Depression, Anxiety, PTSD, Drug Abuse, Marital Issues, Women's Issues, AD/HD, Domestic Violence, Military Issues. Virginia Beach and Chesapeake offices

TRAVIS JORDAN, Psy.D., Licensed Clinical Psychologist; works with children, adolescents, and adults in the Churchland, Western Branch and Newport News locations

DENISE LOZANO-KNOBLE, MSW, LCSW; Works with Children, Adolescents, and Adults. Licensed Professional Counselor. Specialty Issues: AD/HD, Depression, Anxiety, PTSD, Military and Marital Issues, Stress and Panic Disorders. Virginia Beach location.

MAUREEN KELLY, M.A., Psy.D.; Licensed Professional Counselor; Christian Counselor, Works with Children, Adolescents and Adults, Specialty Issues: ADHD, Depression, Anxiety, Stress, Grief, Codependency, Woman's Issues, Adolescent Issues & Parenting, Virginia Beach location

SHANNON KNOWLTON, M.A., LPC; Licensed in Professional Counseling, Christian Counselor ; Works with Children, Adolescents and Adults. Specialty Issues: AD/HD, Depression, Anxiety, Marital Issues, Stress, and Parenting. Virginia Beach office

ELIZABETH "BETTE" LAWRENCE, M.A., LPC; Licensed Professional Counselor, Christian Counselor; Works with Children, Adolescents, Families and Adults. Specialty issues: Depression, Anxiety, Anger Management, Stress, Women's Issues, PTSD, Sexual Abuse, Codependency, Theophostic Prayer Ministry, and Marital Issues; Virginia Beach offices

BENJAMIN KEYES, Ph.D., Ed.D., LPC; Licensed Clinical Psychologist and Professional Counselor; Specializes in Trauma and Dissociation; works with adolescents and adults; Supervises Master's and Doctoral Level Interns and Residents in Virginia Beach

CAROLYN T. LONG, D. Min., LCSW; Licensed Clinical Social Worker and Licensed Minister, Christian Counselor, Works with Adolescents, Adults, Couples, and Families. Specialty Issues: Depression, Anxiety, PTSD, Sexual Abuse, Spiritual Abuse, African American Issues, Stress, Women's Issues, Military issues, Loss and Grief, Divorce, Blended Family Issues, Addictions, Theophostic Prayer Ministry.

SAM LEE, M.A., LPC; Licensed Professional Counselor, works with children, adolescents and adults in the Virginia Beach office

JOHN NOBLE, M.A., LPC, LMFT; Licensed Professional Counselor and Licensed Marriage and Family Therapist, works with children, adolescents, and adults as well as couples and families at the Norfolk, Chesapeake, and Virginia Beach locations

J. KEITH LOWRY, M.A., LPC; Licensed Professional Counselor, works with children, adolescents and adults in Chesapeake and Churchland/Western Branch offices

NOELLE LOWRY, M.A.; Licensed Professional Counselor, works with adults, couples and families in Chesapeake and Virginia Beach

JAMES LOOMIS, MA, LPC; Licensed Professional Counselor, Christian Counselor; Works with Children, Adolescents, and Adults. Specialty Issues: AD/HD, Depression, Anxiety, PTSD, Marital Issues, Military Issues, Parenting, Men's Issues; Virginia Beach, Newport News, and Churchland/Western Branch offices

CHERYL LUDVIK, LCSW; Licensed Clinical Social Worker, Christian Counselor; Works with Children, Adolescents, Adults, Families; Specialty Issues: AD/HD, Anxiety, Depression, PTSD, Women's Issues; Chesapeake office.

KELLY MACDONALD, LPC; Professional Counselor, Christian Counselor; Works with Children, Adolescents and Adults; Specialty Issues: Depression, Anxiety, Grief, Couples Therapy, AD/HD, Women's Issues, Military Issues; Virginia Beach and Chesapeake Offices

DON MACKAY, LCSW; Licensed Professional Counselor, Christian Counselor: Works with Children, Adolescents and Adults - Specialty Issues: Marital, Family, AD/HD, LD, Depression, Military Issues, and Anxiety; Virginia Beach office

JESSICA MALONE, M.A.; Licensed Professional Counselor, works with children and adolescents in Virginia Beach

JODI MATOS, M.A., Licensed Professional Counselor, works with children and adults in Virginia Beach

MARSHA MAYO, Resident in Clinical Social Work, works with children, adolescents and adults and couples and families in Chesapeake

JENINNE McNEILL, Ph.D., Licensed Clinical Psychologist; works with children, adolescents and adults in Virginia Beach and Chesapeake

E. ANNETTE McPHATTER, Ph.D.; Licensed Clinical Psychologist, Christian Counselor, Works with Children, Adolescents, and Adults, Specialty Issues: ADHD, Psychological Testing, Depression, Anxiety, Marital Issues, PTSD, Parenting, Military Issues, Grief, Men's Issues, Sexual Abuse and Women Issues; Norfolk and Virginia Beach, locations

THERESA MURCH, M.A., LPC; Licensed Professional Counselor, works with adolescents, couples, and adults in Norfolk

LORETTA MUELLER, M.DIV., ED.D.; Licensed Professional Counselor, Christian Counselor; Works with Adolescents, Adults, Singles, Couples, Families, Singles; Specialty Issues: Single's Issues, Adult Children of Alcoholics, Anxiety, Co-Dependency, Depression, Family Issues, Women's Issues, Military Issues. Newport News and Virginia Beach offices

REBECCA NIELSEN, M.S.Ed, LPC; Licensed Professional Counseling. Works with Children, Adolescents and Adults. Specialty Issues: AD/HD, Depression, Anxiety, Marital Issues, Stress, Grief, Parenting; Virginia Beach office

MICHELLE PHILLIPS, Intern in Professional Counseling, works in the Chesapeake office

DAN POLLARD, Intern in Professional Counseling, works with children, adolescents and adults in Chesapeake

JERRY QUALLS, M.Div.; Pastoral Counselor, works in marriage and family counseling in Virginia Beach

LISA RIVERA, Ph.D., LNP; Licensed Nurse Practitioner works with adolescents and children in Virginia Beach

LOUISE PEDERSEN, RN, MSN, LNP; Licensed Nurse Practitioner, Christian Counselor; Works with Children, Adolescents and Adults. Specialty Issues: Medication Evaluation and treatment of AD/HD, Depression, Anxiety, PTSD, Bipolar Disorder, and other nervous and mental disorders. Virginia Beach office.

DONNA SILLER, LCSW; Licensed Clinical Social Worker, Licensed Professional counseling for children, adults and family. Specialties Issues: Military and women issues, PTSD, depression, anxiety and grief counseling. Virginia Beach office

CAROLINE SLONE, LCSW; Licensed Clinical Social Worker; Provides Individual and Family Therapy for Children, Adolescents and Adults; Specialty Issues: Anxiety, Depression, Substance Abuse, Grief, PTSD, Marital Therapy, Anger Management, Women's Issues, Military Issues; Western Branch/Churchland Office

DONNA SILLER, LCSW; Licensed Clinical Social Worker, works with children, adolescents, and adults as well as families at the Chesapeake office

KASHINA SIMMS, LCSW; Licensed Clinical Social Worker, works with children, adolescents, and adults as well as families at the Virginia Beach office

LAWRENCE SMITH, LPC, Licensed Marriage and Family Therapist, Christian Counselor. Works with Children, Adolescents, and Adults. Specialty issues: Anxiety, Anger Management, Stress, Depression, Grief & Loss, PTSD, Men's Issues, Marital Issues, Divorce Issues, Family Issues, Family Violence & Abuse, Recovery Issues, AD/HD, OCD, and Other Learning and Development Disorders; Virginia Beach office

TRACI SMITH, LCSW; Licensed Clinical Social Worker, Christian Counselor. Works with Children, Adolescents, and Adults. Specialty Issues: Depression, Anxiety, Women's Issues, Military Issues, Sexual Abuse, Anger Management, Parenting, PTSD. Western Branch and Newport News offices

WAYNE SMITH, Psy.D.; Licensed Clinical Psychologist, Forensic Psychologist, Christian Counselor; Works with Children, Adolescents, Adults, Couples, Families; Specialty Issues: Clinical and Forensic Assessment, AD/HD, Child and Adult Anxiety, Depression, Family Violence, Divorce Issues, Parenting Expert Testimony, Theophostic Prayer Ministry; Chesapeake offices

KENDALL SPARKS, Licensed Professional Counselor, works with adolescents, couples and families at the Virginia Beach and Chesapeake offices

JOY SPRENKLE, LPC, Licensed Professional Counseling, works with children, adolescents and adults in Chesapeake

RICH TAVOLACCI, M.A., LPC, LMFT; Licensed Marriage and Family Therapist, Christian Counselor. Works with Children, Adolescents and Adults. Specialty issues: Anxiety, Anger Management, Stress, Depression, Grief & Loss, PTSD, Men's Issues, Marital Issues, Divorce Issues, Family Issues, Family Violence & Abuse, Recovery Issues, AD/HD, OCD, and Other Learning and Development Disorders; Virginia Beach, Chesapeake and Churchland/Western Branch offices

TUESDAY TAUCHEN, Psy.D., Licensed Clinical Psychologist, works with children, adolescents, adults and families in the Virginia Beach office

TIM TJERSLAND, Psy.D., Licensed Clinical Psychologist, Christian Counselor; Works with Children, Adolescents, and Adults. Specialty Issues: AD/HD, Psychological Testing, Depression, Anxiety, Marital Issues, PTSD, Parenting, Military Issues, Grief, Men's Issues, Sexual Abuse and Women Issues Virginia Beach office

NATASSIA TOXEY, CSAC, Resident in LSAT, works with children, adolescents and adults in the Churchland and Greenbrier offices

SHANNON TREWARTHA, M.A., LPC; Licensed Professional Counselor, works in Norfolk as an Art Therapist

THOMISINA VALENTINE, M.A., LPC; Licensed Professional Counseling. Works with Children, Adolescents, and Adults. Specialty Issues: Depression, Anxiety, AD/HD, PTSD, Marriage Issues, Military Issues, Anger Management, African-American Issues; Virginia Beach office

MICHELLE VAN EXEL, M.A., LPC; Licensed Professional Counseling, Christian Counselor; Works with Adults, Couples and Families,; Specialty Issues: Depression, Anxiety, Sexual Abuse, PTSD, Women's Issues, Marital Issues, Codependency, Theophostic Prayer Ministry; Chesapeake and Virginia Beach Office

JEFF WARD, Ph.D.; Licensed Clinical Psychologist, Christian Counselor. Works with Children, Adolescents and Adults. Specialty Issues: Forensic psychological evaluations, Psychological Testing, Group Counseling, Sexual Offender Evaluation and Treatment, Depression, Anxiety, PTSD, Sexual Abuse, AD/HD, Stress, Compulsive Behavior. Onancock office

MARY WALLACE, M.A., Licensed Professional Counselor, works in Virginia Beach and Norfolk

TEHARIAN WARREN, M.A., Doctoral Intern in Clinical Psychology, works with children, adolescents and adults in the Virginia Beach and Chesapeake locations

GWEN WALTESE, Intern in Professional Counseling, works in Churchland and Newport News

ASHLEY WHITE, Intern in Professional Counseling, works with adults, couples and families at the Virginia Beach office

NICOLE WYNDER, Ed.D., LPC; Doctorate in Education and Licensed Professional Counselor, works with children, adolescents, and adults in the Onancock office

APPENDIX A

INTERN QUARTERLY EVALUATION

Rate the intern's performance by circling the label on the provided scale with regard to the following objectives and goals. Please use the following scale:

U = Unacceptable
P = Proficient

DP = Developing Proficiency
E = Exceptional

1. Application of knowledge and skill in relational therapeutics both as necessary and sufficient means of engaging and helping others.

d. Demonstrate the ability to build rapport with patients as measured by a minimum of six therapy sessions with at least 3 patients.

U DP P E

e. Utilize the use of video tape of patient sessions in supervision (at the start, mid-term, and end of internship) to identify strengths and weaknesses in work with the client.

U DP P E

f. Illustrate effective rapport building through the use of Outcome Questionnaires completed by the patients at initial visit and at every fourth visit and discussed with the supervisor.

U DP P E

Please note any strengths or weaknesses noted for this objective:

2. Application of knowledge and skill in a range of intervention theories and methods

d. Demonstrate the ability to choose appropriate therapy techniques as evidenced by discussion of cases during Grand Rounds.

U DP P E

e. Utilize the use of video tape of patient sessions in supervision (at the start, mid-term, and end of internship) to identify appropriate use of therapy techniques.

U DP P E

- f. Illustrate client symptom improvement through the use of Outcome Questionnaires completed by the patients at initial visit and at every fourth visit and discussed with the supervisor.

U DP P E

Please note any strengths or weaknesses noted for this objective:

3. Application of knowledge and skill in psychological assessment

- c. Demonstrate accurate selection, administration, and scoring of the psychological assessments as evidenced by Grand Rounds and discussion with the Supervisor.

U DP P E

- d. Demonstrate accurate interpretation and report-writing as evidenced by review and feedback from the supervisor

U DP P E

Please note any strengths or weaknesses noted for this objective:

4. Ability to integrate science and practice using the local clinical scientist model

- a. Employ the appropriate use of science and evidence-based practice when completing case conceptualizations as evidenced through presenting cases at Ground Rounds

U DP P E

Please note any strengths or weaknesses noted for this objective:

5. Application of knowledge and skill in consultation and community education

- d. Attend in-house seminar in consultation

Not completed Completed

e. Observe consultation or community presentation with Direct Supervisor, serving as an assistant.

Not completed Completed

f. Plan and conduct one consultation or presentation

U DP P E

Please note any strengths or weaknesses noted for this objective:

6. Application of knowledge and skill in administrative and peer clinical supervision as well as peer mentorship

c. Attend in-house seminar in supervision and mentorship.

Not completed Completed

d. Demonstrate ability to supervise and mentor one practicum student as evidenced by feedback from the student and the student's ability to complete a skill that the intern taught.

U DP P E

Please note any strengths or weaknesses noted for this objective:

7. Application of knowledge and sensitivity to individual and cultural diversity

c. Attend in-house seminars on multi-cultural sensitivity in therapy and assessment.

Not completed Completed

d. Demonstrate the ability to discuss cultural issues with sensitivity during supervision and Grand Rounds as measured by feedback from the Training Staff.

U DP P E

Please note any strengths or weaknesses noted for this objective:

8. Application of knowledge appreciation of treating a person holistically and in his or her context

d. Attend in-house seminar on the use of religion and spirituality in therapy and assessment.

Not completed Completed

e. Demonstrate the ability to incorporate the patient's religious or spiritual beliefs as measured by the discussion during case presentations in Grand Rounds.

U DP P E

f. Utilize the use of video tape of patient sessions in supervision (at the start, mid-term, and end of internship) to identify strengths and weaknesses in addressing religious concerns with the patient.

U DP P E

Please note any strengths or weaknesses noted for this objective:

9. Application of the knowledge of appropriate administrative duties for the clinician

c. Demonstrate the ability to write accurate progress notes as measured by feedback from the supervisor.

U DP P E

d. Demonstrate the ability to complete reports accurately and quickly as measured by feedback from the supervisor.

U DP P E

Please note any strengths or weaknesses noted for this objective:

Intern signature

Supervisor signature

Date

Supervisor signature

APPENDIX B

***DUE PROCESS IN ACTION:
THE IDENTIFICATION AND MANAGEMENT OF INTERN PROBLEMS/CONCERNS***

This document provides interns and staff a definition of performance problems, a listing of possible sanctions and an explicit discussion of the due process procedures. It should be noted the intern, the agency, or the Training Director may pursue conflict resolution through the Association of Psychology Postdoctoral and Internship Centers, as well as within the agency. In some instances, a report to the appropriate licensing board may be appropriate. Also included are important considerations in the remediation of performance problems.

I. Definition of Problematic Behavior

Problematic Behavior is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: 1) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; 2) an inability to acquire professional skills in order to reach an acceptable level of competency; and/or 3) an inability to control personal stress, strong emotional reactions, and/or psychological dysfunction which interfere with professional functioning.

It is a professional judgment as to when an intern's behavior becomes problematic rather than of concern. Trainees may exhibit behaviors, attitudes, or characteristics, which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Problems typically become identified as performance problems when 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 which can be rectified by academic or didactic training;
3. the quality of services delivered by the intern 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; and/or
6. the trainee's behavior does not change as a function of feedback, remediation efforts, and/or time

The presence of any of these problematic behaviors will result in an Unacceptable rating on the Intern Evaluation for the appropriate goal behavior (from the Objectives and Goals beginning on page 4 of the Intern Handbook).

II. Remediation and Sanction Alternatives

It is important to have meaningful ways to address problematic behavior once it has been identified. In implementing remediation or sanction interventions, the training staff must be Mindful and balance the needs of the performance problem intern, the clients involved, members of the intern training group, the Training Committee (i.e., the Licensed Clinical psychologists on staff), and other agency personnel. The following steps will be followed to insure successful remediation. If one step is unsuccessful, the next step will be taken.

1. *Notification* refers to an early disciplinary action in an attempt for the intern to address the issue without further help.

- a. *Verbal warning* to the intern emphasizes the need to discontinue the inappropriate behavior under discussion. No record of this action is kept. This acknowledgement addresses the following:
 - i. that the Training Director is aware of and concerned with the performance rating;
 - ii. that the concern has been brought to the attention of the intern;
 - iii. that the Training Director will work with the intern to rectify the problem or skill deficits;
 - iv. that the behaviors associated with the rating are not significant enough to warrant more serious action.
- b. *Written warning* to the intern indicates the need to discontinue an inappropriate action or behavior. This letter will contain:
 - i. a description of the intern's unsatisfactory performance;
 - ii. actions needed by the intern to correct the unsatisfactory behavior;
 - iii. the time line for correcting the problem;
 - iv. what action will be taken if the problem is not corrected; and
 - v. notification that the intern has the right to request a review of this action.

A copy of this letter will be kept in the intern's file. Consideration may be given to removing this letter at the end of the internship by the Training Director in consultation with the intern's supervisor. If the letter is to remain in the file, documentation should contain the position statements of the parties involved in the dispute.

2. *Remediation* refers to a formal plan designed to provide more structure for the intern in order to address the deficiency. The Training Director, a review committee chosen from the Training Committee, and the intern's Direct Supervisor will meet to develop a plan of action designed to improve performance. This plan of action will include a timeline for the action and measurable outcomes.
 - a. *Schedule Modification* is a time-limited remediation oriented closely to a supervised period of training designed to return the intern to a more fully functioning state. Modifying an intern's schedule is an accommodation made to assist the intern in responding to personal reactions to environmental stress, with the full expectation that the intern will complete the internship. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the Training Director. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:
 - i. increasing the amount of supervision, either with the same or other supervisors;
 - ii. change in the format, emphasis, and/or focus of supervision;
 - iii. recommending personal therapy;
 - iv. reducing the intern's clinical or other workload;
 - v. requiring specific academic coursework.

The length of a schedule modification period will be determined by the Training Director in consultation with the primary supervisor. The termination of the schedule modification period will be determined, after discussions with the intern, by the Training Director in consultation with the primary supervisor.

- b. Suspension of *Direct Service Activities* requires a determination that the welfare of the intern's client or consult has been jeopardized. Therefore, direct service activities will be suspended for a specified period as determined by the Training Director in consultation with

intern supervisor. At the end of the suspension period, the intern's supervisor in consultation with the Training Director will assess the intern's capacity for effective functioning and determine when direct service can be resumed.

- c. *Administrative Leave* involves the temporary withdrawal of all responsibilities and privileges in the agency. If the probation period, suspension of Direct Service Activities, or administrative leave interferes with the successful completion of the training hours needed for completion of the internship, this will be noted in the intern's file and the intern's academic program will be informed. The Training Director will inform the intern of the effects the administrative leave will have on the intern's stipend and accrual of benefits.
3. *Probation* is also a time limited, remediation-oriented, more closely supervised period of training. Its purpose is to assess the ability of the intern to complete the internship and to return the intern to a more fully functioning state. Probation defines a relationship that the Training Director systematically monitors for a specific length of time the degree to which the intern addresses, changes and/or otherwise improves the behavior associated with the inadequate rating. The intern is informed of the probation in a written statement which includes:
- a. the specific behaviors associated with the unacceptable rating;
 - b. the recommendations for rectifying the problem;
 - c. the time frame for the probation during which the problem is expected to be ameliorated, and
 - d. the procedures to ascertain whether the problem has been appropriately rectified.

If the Training Director determines that there has not been sufficient improvement in the intern's behavior to remove the Probation or modified schedule, then the Training Director will discuss with the primary supervisor and a Review Committee possible courses of action to be taken. The Review Committee will be made up of three Licensed Clinical Psychologists from the Training Committee. The Training Director will communicate in writing to the intern that the conditions for revoking the probation or modified schedule have not been met.

This notice will include the course of action the Training Director has decided to implement. These may include continuation of the remediation efforts for a specified period or implementation of another alternative. Additionally, the Training Director will communicate to the Direct Supervisor that if the intern's behavior does not change, the intern will not successfully complete the internship.

4. *Dismissal from the Internship* involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable period, rectify the impairment and the trainee seems unable or unwilling to alter his/her behavior, the Training Director will discuss with the Intern's Supervisor and the Training Committee the possibility of termination from the training program or dismissal from the agency. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or the intern is unable to complete the internship due to physical, mental, or emotional illness. When an intern has been dismissed, the Training Director will communicate to the intern's academic department that the intern has not successfully completed the internship.

III. Procedures for Responding to Inadequate Performance by an Intern

If an intern receives an "unacceptable rating" from any of the evaluation sources in any of the major categories of evaluation, or if a staff member has concerns about an intern's behavior (ethical or legal violations, professional incompetence) the following procedures will be initiated:

1. The staff member will consult with the Training Director to determine if there is reason to proceed and/or if the behavior in question is being rectified.
2. If the staff member who brings the concern to the Training Director is not the intern's primary supervisor, the Training Director will discuss the concern with the intern's primary supervisor.
3. If the Training Director and primary supervisor determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the Training Director will inform the staff member who initially brought the complaint.
4. The Training Director will meet with the Intern Supervisor to discuss the performance rating or the concern.
5. The Training Director and primary supervisor may also discuss a need for possible course of actions.
6. Whenever a decision has been made by the Training Director about an intern's training program or status in the agency, the Training Director will inform the intern in writing and will meet with the intern to review the decision. This meeting may include the intern's primary supervisor. If the intern accepts the decision, any formal action taken by the Training Program may be communicated in writing to the intern's academic department. This notification indicates the nature of the concern and the specific alternatives implemented to address the concern.
7. The intern may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are presented below

IV. Due Process: General Guidelines

Due process ensures that decisions about interns are not arbitrary or personally based. It requires that the Training Program identify specific evaluative procedures, which are applied to all trainees, and provide appropriate appeal procedures available to the intern. All steps need to be appropriately documented and implemented. General due process guidelines include:

1. During the orientation period, presenting to the interns, in writing, the program's expectations related to professional functioning. Discussing these expectations in both group and individual settings.
2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals.
3. Articulating the various procedures and actions involved in making decisions regarding impairment.
4. Communicating, early and often, with graduate programs about any suspected difficulties with interns and when necessary, seeking input from these academic programs about how to address such difficulties.
5. Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
6. Providing a written procedure to the intern that describes how the intern may appeal the program's action. Such procedures are included in the intern handbook. The Intern Handbook is provided to interns and reviewed during orientation.

7. Ensuring that interns have sufficient time to respond to any action taken by the program.
8. Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance.
9. Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

V. Due Process: Procedures

The basic meaning of due process is to inform and to provide a framework to respond, act, or dispute. When a matter cannot be resolved between the Training Director and intern or staff. The steps to be taken are listed below.

A. Grievance Procedure

There are two situations in which grievance procedures can be initiated:

1. In the event an intern encounters any difficulties or problems (e.g. poor supervision, unavailability of supervisor, evaluations perceived as unfair, workload issues, personality clashes, other staff conflict) during his/her training experiences, an intern can:
 - a. Discuss the issue with the staff member(s) involved;
 - b. If the issue cannot be resolved informally, the intern should discuss the concern with the Training Director or member of the management team;
 - c. If the Training Director or member of the committee cannot resolve the issue, the intern can formally challenge any action or decision taken by the Training Director, the supervisor or any member of the training staff by following this procedure:
 - i. The intern should file a formal complaint, in writing and all supporting documents, with the Training Director. If the intern is challenging a formal evaluation, the intern must do so within five days of receipt of the evaluation.
 - ii. Within three days of a formal complaint, the Training Director must consult with the Intern's Supervisor and implement a Review Committee as described below.
2. If a training staff member has a specific concern about an intern, the staff member should:
 - a. Discuss the issue with the item(s) involved;
 - b. Consult with the Training Director.
 - c. If the issue is not resolved informally, the staff member may seek resolution of the concern by written request, with all supporting documents, to the Training Director for a review of the situation. When this occurs, the Training Director will:
 - i. Within three days of a formal complaint, the Training Director must consult with the Director and implement Review Committee procedures as described below;

B. Review Committee and Process

1. When needed, a review committee will be convened by the Training Director. The panel will consist of three licensed clinical psychologists selected by the Training Director and the intern

involved in the dispute. The intern has the right to hear all facts with the opportunity to dispute or explain the behavior of concern.

2. Within five workdays, a hearing will be conducted in which the challenge is heard and relevant material presented. Within three workdays of the completion of the review, the Review Committee submits a written report to the Director, including any recommendations for further action. Recommendations made by the Review Committee will be made by majority vote
3. Within three workdays of receipt of the recommendation, the Training Director will either accept or reject the Review Committee's recommendations. If the Training Director rejects the Committee's recommendations, due to an incomplete or inadequate evaluation of the dispute, the matter may be referred back to the Review Committee for further deliberation and revised recommendations.
4. If referred back to the Committee, they will report to the Training Director within five workdays of the receipt of the Director's request of further deliberation. The Training Director then makes a final decision regarding what action is to be taken.
5. The Training Director informs the intern, and any staff members involved of the decision and any action taken or to be taken.
6. If the intern disputes the Training Director's final decision, the intern has the right to contact the Department of Human Resources to discuss this situation.

VI. Due Process: Intern Grievance Procedures

If the intern believes the supervisor may have violated legal, ethical, or professional standards, he or she may pursue direct conflict resolution through a number of avenues.

1. *Mediation*: Most problems are best resolved through face-to-face interaction between intern and staff, as part of an ongoing working relationship. If these interactions do not produce a satisfactory resolution of the concern, an intern may seek mediation.
 - a. Either party may ask any of the Licensed Clinical Psychologists to act as a mediator. The mediation may facilitate a resolution through continued discussion or recommended changes in the learning environment.
2. *Grievance*: If mediation was not successful, an intern may file a grievance if he or she believes that a supervisor or the internship has violated ethical, legal, or professional standards aspect of the training program is unfair, biased, or unprofessional. To do so the intern must follow these procedures:
 - a. The intern will present a written grievance to the Training Director. The written document should include the intern's perception of the grievance, time and place, and other applicable data.
 - b. Within ten days of the receipt of the grievance, the intern, the Training Director, the intern's clinical supervisor, and one additional member of the Training Committee (chosen by the intern) will schedule an informal hearing to address the concern. The intern's sponsoring institution will be notified of the grievance in writing and kept apprised of the review process.

- c. The intern may request to have a representative from their sponsoring institution present at this hearing.
 - d. Within fifteen days of the meeting, the written findings of the meeting and the recommendations will be reported to all relevant parties.
 - e. The intern has five days to file an appeal for further review of his or her grievance by submitting a written request to the Training Director.
 - f. The Training Director will review the information and present the findings in writing to the relevant parties.
3. *Appeal one-step beyond the Training Director:* If after these processes, an intern, supervisor, or the Training Director disagrees with a finding extended after a hearing of the Training Committee, and maintains there has been a violation of legal, ethical, or professional standards, each may appeal the Training Committee's decision. Each must present a written challenge and documentation to the the intern's school advisor/mentor within five working days of the committee's decision, with a copy also sent to the Training Director. The Training Director is obligated to notify the Training Committee, the intern, the clinical supervisor, and the intern's sponsoring institution in writing. At this point, it may be necessary to pursue informal/formal conflict resolution through the APPIC and in some instances, a report and consultation with the Virginia licensing board may be necessary.

APPENDIX C



Christian Psychotherapy Services

281 Independence Boulevard, Suite 326
Virginia Beach, Virginia

This is to certify that

has successfully completed a
DOCTORAL INTERNSHIP

Member Code #1392

has completed 2000 doctoral internship Hours
in Professional Psychology

beginning September 1, 2016 ending September 1, 2017

Page M. Huff, II, EdD, PhD, LCP
Internship Director/Supervisor

APPENDIX D

CPS Revised Didactic Training Schedule, 2016 - 2017

<i>Date</i>	<i>Topic</i>	<i>Time</i>	<i>Location</i>
Tuesday	Dr. Keyes <i>Grand Rounds</i>	11am – 12pm	Virginia Beach office
Wednesday	<i>Clinical Training</i> Dr. Huff *Schedule is below	12pm – 1pm	Virginia Beach office
Friday/Saturday Approx 1/month	<i>Trauma Training</i> Regent University	8:30am – 5pm	Regent University
Friday, Optional	<i>Colloquia Series</i> Regent University Topic TBA	2pm – 4pm	Regent University

Schedule of Topics*

Clinical Notes, Charting - Sept 2
 Psychological Assessment - Sept 9, 16, 23, 30
 Trauma training - Sept 11, 12

Psychotherapy: CBT - Oct 7, 14
 Psychotherapy: DBT - 21, 28
 Trauma training - Oct 2, 3
 Trauma training - Oct 30, 31

Clinical Interviewing and Developing Rapport - Nov 4, 11
 Treatment Planning - Nov 18, 25
 Trauma training - Nov 13, 14

Consultation and Supervision - Dec 2, 9
 Differential Diagnosis - Dec 16, 23

Forensic Assessment - Jan 6, 13, 20, 27
 Trauma training - Jan 22, 23

Psychopharmacology - Feb 3, 10, 17, 24
 Trauma training - Feb 19, 20

Working with suicidal and/or homicidal patients - Mar 2, 9
 Ethically reporting child abuse - Mar 16
 Domestic Abuse/Anger Management - Mar 23, 30
 Trauma training - Mar 25, 26

Autism Spectrum Disorder: Issues related to Assessment and Diagnosis - Apr 6, 13
 Autism Spectrum Disorder: Issues related to Therapy - Apr 20, 27
 Trauma training - Apr 8, 9

Interns Teach a Therapeutic Technique - May 4, 11
Working with Clients who have Personality Disorders - May 18, 25
CPS Retreat (Ethics, Spirituality in Therapy) - May 13

Interns Teach a New Assessment - June 1, 8
Multi-cultural Sensitivity in Therapy - June 15, 22, 29

Multi-cultural Sensitivity in Assessment - July 6, 13, 20, 27

Incorporating Religion into Therapy and Assessment - Aug 3, 10
Military Issues in Therapy and Assessment - Aug 17, 24, 31
**Dates are subject to change*