



Maryland

DEPARTMENT OF HEALTH

Department of Psychological Services

Doctoral Internship
in Clinical Psychology

*Accredited by the
Commission on Accreditation of the
American Psychological Association*

Training Year 2022-2023

Brochure Updated 07/12/2021

Dear Prospective Applicant:

Thank you for your interest in the APA-Accredited Doctoral Clinical Psychology Internship at Springfield Hospital Center. This brochure describes the training program, the eligibility requirements, and the application procedures for our program. All application materials should be submitted using the online process and national match developed by the Association of Psychology Postdoctoral and Internship Centers (APPIC). Information about the online application process and registration for the national matching program can be found on the APPIC website (www.appic.org). All application materials for our program must be submitted by **11:59 PM (EST) on November 1st** for consideration.

We look forward to receiving your application. Please contact me if you have any questions or need additional information about our program.

Sincerely,

Dr. Murugi Mungai-Kamau
Licensed Psychologist
Director/ Director of Intern
Training

Email: murugi.mungai@maryland.gov

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The Hospital

Springfield Hospital Center (SHC) is a large state psychiatric hospital that has been in operation since 1896. The hospital strives to provide patient-centered psychiatric care through excellence in performance-driven, recovery-oriented mental health treatment. Values central to the hospital's mission include integrity, compassion, competency, and teamwork.

SHC is accredited by The Joint Commission. The hospital serves the state of Maryland with clients primarily referred from Baltimore City, as well as Montgomery, Howard, Anne Arundel, Prince George's, and Carroll counties, among others. Treatment is currently provided for approximately 230 patients. The patient population is ethnically and socioeconomically diverse. Most new admissions are court-ordered and forensically involved. The hospital provides acute care and long-term services on various inpatient units within three buildings. Located in a semi-rural area of Carroll County, the hospital's grounds afford an attractive work setting. Our proximity to major highways allows a convenient commute from a variety of urban, suburban, and rural areas, including the Baltimore and Washington, DC metropolitan areas.

Patient care is provided by multidisciplinary treatment teams composed of psychiatrists, psychologists, social workers, somatic physicians, nurses, occupational therapists, art therapists, music therapists, recreation therapists, dietitians, and activity therapists. Psychologists provide services through various departments and programs at the hospital, including the Department of Psychological Services, the Office of Forensic Services (OFS), and the Addictions, Co-Occurring, & Trauma Recovery Services (ACTRS) program. Within the Department of Psychological Services, staff psychologists draw upon a range of theoretical orientations, including psychodynamic, cognitive-behavioral, contextual, humanistic, and integrative. Psychologists and interns conduct group therapy, brief acute and non-acute interventions, individual psychotherapy, psychological assessment, cognitive remediation, behavioral short and long term interventions and plans, and also provide other consultations with treatment teams. The Office of Forensic Services conducts court-ordered assessments, providing feedback to treatment teams and acting as a liaison with the court system.

Hospital units are organized by program. The Acute Care Service provides shorter-term treatment for stabilization and comprises three admissions units and one step-down unit within the Salomon Building. The Recovery Program provides longer-term treatment for patients who require further hospital treatment and is housed in the Hitchman and McKeldin Buildings. The Recovery Program, which comprises six inpatient units across the two buildings, includes a unit with accommodations for Deaf patients and several units that participate in a building-based Treatment Mall.

Hospital staff and trainees also represent diverse individual, ethnic, and cultural

backgrounds. Diversity is valued at SHC and in the internship program. Considerations of diversity are expected to be included in assessment and treatment planning, and respect for differences is one of the overall hospital goals.

The majority of our patients have forensic involvement upon admission to our facility. Patients may be, for example, court-ordered for evaluation of competency to stand trial and/or criminal responsibility. If found Not Criminally Responsible (NCR) due to a mental illness, patients are remanded to the hospital for treatment. **While our internship remains a generalist clinical psychology training program, the majority of our patients have court involvement.** Interns at SHC have the opportunity to learn about forensic procedures and to receive training in offering specialized treatment to this population.

The Internship

General Information and Program Resources

The internship has been continuously accredited by the American Psychological Association since 1957. The next accreditation review is scheduled for 2022. The program is designed as a year-long, 40 hours per week clinical internship for the advanced doctoral psychology student. We currently offer three funded, full-time psychology intern positions, which typically begin in early September. The current annual stipend is \$32,304.00 though this is subject to change annually. Benefits include the accrual of 10 days of annual leave (available for use after six months of employment), 15 days of sick leave, 9 personal days (3 available during the first three months of internship, 6 more available starting in January), 11 state holidays, and optional partially subsidized insurance (including medical, dental, prescription drugs, and vision).

At SHC, interns support multi-disciplinary treatment teams and provide a variety of clinical services, including brief acute and non-acute crisis interventions, individual and group therapy, psychological assessments, admission and intake assessments, annual assessments, behavioral consultation and behavioral plans. Interns also assist with crisis responses and behavioral intervention plans. Interns also take part in our cognitive remediation program which is held in a computer lab designated for this purpose. In our hospital setting, group therapy is emphasized as a treatment modality. Rotation opportunities (described below; see “Program Structure” section) provide focused experiences in specific clinical work and/or populations.

The Department of Psychological Services houses a wide range of testing instruments, including the WAIS-IV, MMPI-2/MMPI-2-RF, PAI, WMS-IV, Rorschach Inkblot Test (Exner’s Comprehensive System), D-KEFS, CVLT-3, MCMI-IV, TAT, WIAT-III, WRAT5, TOMM, and numerous other tests. Interns have access to these materials and are provided supervision in their administration, scoring, and interpretation. Interns also have access to software that assists with scoring and interpretation of select assessment instruments.

Each intern has access to computers with word processing and spreadsheet capabilities, as well as access to the internet and the Springfield Hospital Center intranet. Clerical and administrative support is provided by our department secretary.

Springfield Hospital Center also has an extensive library that contains psychiatric and psychological references, video series, and books of a general nature. Additionally, interns have free access to a vast array of professional journal articles through the Maryland Department of Health Online Library. The department’s Internship Library also includes a number of texts, journal articles, and other reference materials that have been carefully selected to enhance competency development and to support clinical work during internship. Interns are encouraged to make use of all of these resources throughout the training year to expand their understanding of the current scientific

knowledge to inform their clinical work.

Covid-19 Updates

As a 24/7 psychiatric inpatient facility in the State of Maryland, Springfield Hospital Center continued to operate throughout the pandemic as the majority of employees are designated as emergency essential in order to provide necessary care to patients. Although not emergency essential employees, psychology interns were re-designated as intermittent mission critical during the pandemic, which allowed them to telework, at least partially, during a portion of the pandemic. Due to the nature of inpatient psychiatric hospitalization, in-person services are preferred, or required, in most circumstances. The expectation is for all staff, including interns, to provide services on-site moving forward. However, adjustments are possible (as was evident during Covid-19) and will depend on fluctuating circumstances.

In response to Covid-19, a number of precautions were implemented. Social distancing was employed, restricting the use of shared spaces, reducing group sizes, limiting movement between hospital units, and encouraging the use of virtual platforms for meetings or group contact. Visitors were restricted from accessing hospital buildings. As a result, internship seminars that were provided by outside presenters were modified to accommodate a live webinar format. The hospital implemented telehealth practices where available, feasible, and appropriate for patients. Several cell phones and webcams were purchased to support the remote delivery of services to patients. A specific unit was developed and subdivided for use with new admissions and patients who tested positive for Covid-19. Personal Protective Equipment (PPE) was made available. Specifically, staff and patients were provided with and expected to wear masks at the hospital. Additional PPE is available for use when a unit is on quarantine precautions.

Regarding screening and testing procedures, staff and patients participated in an initial round of Covid-19 testing during the pandemic. Presently patients are tested prior to and after admission. Additionally, patients displaying symptoms of Covid-19 are tested. Staff complete daily screening questions before reporting to their assigned units or offices, and staff, who are not fully vaccinated complete mandatory Covid-19 testing on a monthly basis. Additionally, staff currently report any extended out-of-state travel to infection control. The frequency, availability, and methods used for screening and testing may change.

Hospital administration increased communication to address Covid-19, implementing strategies for timely and well-disseminated communication throughout the hospital. The hospital utilizes Springboard, a hospital-wide email communication, to notify staff of Covid-19 updates and procedures.

The current situation calls for ongoing flexibility and, at times, quick adjustments. This summary details some of the current practices. However, depending on outbreaks or other developments, future changes are possible and not unexpected.

Training Model

The psychology internship at Springfield Hospital Center implements the practitioner-scholar model. The curriculum integrates psychological knowledge with clinical practice to develop the interns' skills as well as their ability to evaluate the effectiveness of interventions. Development of competencies is facilitated through supervised practice, application of scientific knowledge and models of practice, didactic experiences, and consuming the professional literature in keeping with the practitioner-scholar model.

We work with interns, incorporating individual goals, interests, and training needs, to design a learning experience that develops critical competencies and fosters their development as psychologists. Within the practitioner-scholar model, the internship training program has a developmental teaching approach that emphasizes a mentorship supervisory relationship and allows for a gradual development of increased autonomy as the training year progresses. Supervisors act as professional role models for interns. In addition to co-leading groups, interns accompany supervisors to team meetings, community meetings, and consultations. By working closely with their supervisor, interns have opportunities to observe their supervisors in various clinical and professional situations and to further develop their own professional identity. Over the course of the training year, interns develop increased autonomy, moving from student towards early career professional.

Interns receive ongoing supervision for all of their clinical work. Each week the interns will receive at least four hours of required supervision, which will be scheduled and provided in an individual format. Interns are expected to prepare for supervision with questions and insight of how their supervision is progressing regarding both self-awareness and an understanding that each person influences the therapeutic process in a unique way. Interns are also expected to discuss the supervision and clinical decision-making with their supervisors. In addition, interns also receive a one hour weekly group supervision where they have an opportunity to present their difficult cases to each other and get both peer and supervisor's feedback.

Interns are expected to be aware of their areas that they need to grow in as well those specialties that they are becoming more familiar and comfortable to provide effective patient care, as well as when to seek out additional supervision, further learning, and/or personal psychotherapy if clinical functioning might be compromised. Interns are expected to be open in supervision, sharing their successes and difficulties with their supervisors. In addition, interns must be willing to consider constructive feedback in supervision.

- Interns at Springfield Hospital Center provide supervision to graduate-level psychology students who are completing their externship at SHC. A licensed psychologist will also supervise any supervision provided by interns to externs. Interns will receive didactic training in supervision and will be encouraged to discuss the supervisory process and decision-making during weekly supervision. Interns will also have the opportunity to practice their consultation and supervisory skills during case conceptualizations and seminars.

Program Structure

Intern rotations will be determined with input from the interns and program faculty. Interns will begin the year by attending hospital, department, and internship orientations. Interns will then complete rotations on hospital units and/or in specialized areas of practice with psychologists as supervisors. Rotations are scheduled to coincide with the treatment group cycles offered at the hospital, with the rotations beginning in October and April. This schedule allows interns to experience the treatment cycle rotation. Rotation supervisors oversee the intern's intervention work and other unit and departmental responsibilities; they also co-lead group therapy with interns. Interns will also be assigned an assessment supervisor with whom they will meet at least weekly during the rotation. Efforts will be made to ensure a variety of assessment cases, both in terms of referral questions as well as functional level of the patient. Interns will have the opportunity to treat patients in our cognitive remediation lab, carry a psychological caseload that consist the five different interventions offered (Brief acute, brief, individual, group, and assessment). They are also expected to develop and implement their own therapy groups during the second half of a rotation during the internship year.

Interns have an opportunity to complete rotations throughout the year in the Department of Psychological Services and/or in Consultative Services. Interns will receive high-quality training and individual supervision with a licensed psychologist within their assigned rotations. The following are descriptions of experiences which are currently anticipated to be offered on rotations (subject to change depending on supervisor availability):

Department of Psychological Services Rotations

During the major rotation, interns will be assigned to the Department of Psychological Services in either the Recovery or Acute Care Programs. During the training year, interns can expect to spend approximately three days per week devoted to their major rotation assignments. Interns can expect to participate in two different major rotation assignments over the course of the training year, although continuation in one rotation may be approved in circumstances that support individual training goals. Major rotations typically involve working with multidisciplinary teams; conducting admission, annual, behavioral interventions & plans, and comprehensive psychological assessments; providing brief acute, brief non-acute, individual, intake/transfer, and group interventions. It also include collaboration with the treatment team in the development and implementation of treatment and discharge plans. They participate in clinical documentation; and weekly supervision. Interns will work with their major rotation supervisor on a designated unit within their rotation period. They will also be expected to carry a case load that is reflective of all the interventions provided on the unit.

Major Rotations Units

- *Acute Care Unit*

Upon admission to the hospital, patients are assigned to one of three acute care units. Initially, treatment focuses on stabilization of psychiatric symptoms and engagement in the treatment process. The majority of patients admitted to acute care units are court-ordered, primarily for competency restoration and evaluation. During this rotation, interns gain experience participating in treatment team meetings, community meetings, developing and implementing individual plans of care, co-facilitating treatment groups (including competency restoration and NCR group), providing brief acute and non-acute brief interventions, individual and group therapy. Admission or intake assessments are completed following admission to the hospital. Psychological assessments are completed for referred patients and in collaboration with Forensic department.

- *Recovery Program Unit*

Once patients have been stabilized on an acute care unit, they may be transferred to a recovery program unit where they will continue to receive treatment toward attaining discharge readiness. During this rotation, interns gain experience participating in treatment team meetings, community meetings, contributing to individual plans of care, co-facilitating treatment groups, providing brief acute and non-acute brief interventions, specialized individual and group therapy including IST and NCR groups. Additionally, interns will participate in conducting annual assessments for assigned patients and Admission & reception/transfer interviews.

Minor Rotations

Interns will be assigned to a minor rotation placement. Interns should expect to spend one day per week working with their minor rotation supervisor on assigned minor rotation duties. This placement will last for six months and will be re-evaluated prior to the start of the second rotation to determine continued placement in the minor rotation or assignment to another to gain experience with differing opportunities. Minor rotations focus on the development of skills in specialized areas or on focused and more in-depth experiences within a given service. Preferences and goals for the internship, as well as supervisor availability, will be considered when determining these rotations. A sample of possible minor rotations are described below.

- *Office of Forensic Services (OFS)*

During this rotation, interns focus on learning how to conduct court-ordered evaluations of competency to stand trial and criminal responsibility. Interns may have the opportunity to attend weekly Forensic Review Board meetings and accompany psychologists to court and observe legal proceedings and expert testimony. Supervision is provided by licensed psychologists in the SHC Office of Forensic Services

- *Addictions, Co-Occurring, and Trauma Recovery Services (ACTRS)*

ACTRS provides assessment and treatment in areas of trauma and addiction. Services include addictions assessments, trauma assessments, addictions therapy groups, trauma therapy groups, treatment team consultation, and individual therapy. Additionally, the department provides risk

assessments, and psychosexual evaluations to the hospital. Interns will have the opportunity to participate in these activities. This program will have doctoral-level externs, and interns may gain supervised experience in providing supervision of students.

- *Cognitive Remediation*

Patients are referred for cognitive remediation to address cognitive deficits that are related to psychosis and resistant to current, available pharmacological interventions. Upon referral, interns will complete a cognitive screener and determine whether the patient meets criteria for participation in the program.

Interns will be trained in the cognitive remediation program, conduct screeners and follow-up assessments, and deliver the intervention. If interested, interns may have an opportunity to participate in further program evaluation and development.

- *Behavioral Consultations & Plans*

Patients are referred for behavioral consultations by the treatment teams, when the use of behavioral or learning theory-based techniques may be beneficial to address a targeted behavior (e.g., aggression, self-injurious behavior, poor attendance in treatment programs). The psychology department offers two Behavioral types of Intervention. The first is behavioral Intervention which are initiated by the unit psychologist and under the control of the unit treatment team. The second is the behavioral plan which is a formalized plan initiated by the psychology department and requires that the treatment team staff follow it as it is prescribed. Interns will work with supervisors to complete interviews with treatment providers, review patient chart, identify specific targeted behaviors, develop data collection and progress monitoring schedule, make recommendations regarding data collection and staff training, formulate the behavioral intervention or plan, provide weekly feedback to staff and make necessary adjustments to improve data collection for behavioral intervention. They will also provide weekly consultation to the team regarding the implementation of the behavior intervention or plan.

Specific experiences can be added during the training year to provide interns with additional training opportunities in a particular area of interest or to provide additional cross-program training. For example, an intern who is primarily interested in forensic work may complete one six-month consultative rotation in OFS and then complete a six-month rotation in the Department of Psychological Services with assignments in Psychological Assessment and Acute Care, where they will have the opportunity to co-lead competency restoration groups, offer individual competency restoration services, and NCR groups.

Interns may gain exposure to additional professional roles within the hospital in which psychologists serve. For example, interns may attend and participate in various administrative committees, develop and present at grand rounds, present at hospital-wide case conferences, and develop and evaluate programs and policies. These opportunities are subject to availability of supervision by a licensed psychologist for that particular service. We strive to offer a training program that builds upon each intern's skills and goals; therefore there may be some flexibility in the selection and structure of rotations and placements.

Internship Training Activities: Target Goals and Requirements: These are the targeted goals and requirements for successful completion of the internship. These are individualized to meet the needs of the intern in accordance of their individual training plan and rotation placements.

Two Major Rotations: Recovery and Admissions

- Initial Psychological assessments- 7-9
- Focused Brief Psychological Assessments: 3-4
- Focused Brief Neuropsychological Assessments: 1 Optional
- Comprehensive Psychological Assessment Batteries: 4-6
- Comprehensive Brief Neuropsychological Assessments: 1 Optional
- Annual Assessments: at least 3
- Individual Psychotherapy: at least 3 at all times
- Group Psychotherapy- 2 on-going groups at all times Beginning at 8 week period)
- Behavioral Consultation (plan or intervention): at least 2
- Extern Peer Mentoring: 1 extern
- Case Presentation: Diversity, Supervision
- Research Presentation
- Performance Improvement Project: Done with treatment team
- Departmental Administrative Projects/ Assignments: Assists with administrative or other programmatic tasks

Intern Evaluation Process

Interns are evaluated based on nine profession wide competency areas throughout their training year. Successful completion of the internship program requires demonstration of expected competencies as well as meeting the minimum specific internship targeted goals. Competencies are done at the 3, 6, 9, and 12 month mark.

In addition, all Maryland State employees receive Performance Evaluations (PEP). These are done in December and June. Ratings are based on review of interns' caseloads and supervisions' performance rating. Caseloads are based on the number of brief crisis interventions, brief interventions, individual psychotherapy, group therapy, and assessments carried during each rotation.

Intern Competency Goals and Objectives

I. Goal: Competence in Research

Objectives

A. Seeks and Applies Current Scientific Knowledge

Displays necessary self-direction in gathering clinical and research information, including information of relevant diversity factors, to support clinical practice independently and competently. Seeks out current scientific knowledge as needed to enhance clinical practice.

B. Critically Evaluates and Disseminates Research

Demonstrates the ability to critically review research and literature and disseminates the research orally or in writing.

C. Program Evaluation Knowledge and Skills

Demonstrates good knowledge of theory and techniques for program evaluation.

II. Goal: Competence in Ethical and Legal Standards

Objectives

A. Knowledge and Application of Ethics and Law

Demonstrates good knowledge of APA Ethical Principles and Code of Conduct and relevant professional standards and guidelines. Demonstrates knowledge of and acts in accordance with relevant laws, regulations, rules, and policies at the organizational, local, state, regional, and federal levels. Consistently applies these appropriately, factoring in issues of diversity, seeking consultation as needed. Adheres to principles and laws regarding confidentiality.

III. Goal: Competence in Individual and Cultural Diversity

Objectives

A. Awareness of Cultural Factors and Sensitivity to Diversity

Sensitive to cultural and individual diversity of clients/patients and staff in the work setting. Aware of own background and its potential impact on others. Committed to providing culturally-sensitive services.

B. Knowledge of Current Theories and Research Regarding Diversity across Professional Activities

Aware of and implements theoretical and empirical knowledge of diversity in professional activities such as training, supervision, and service to patients.

C. Cultural Competence with Current Client Population(s)

Demonstrates and applies understanding of cultural factors likely to apply to current client population(s) and/or clinical setting. Integrates this knowledge into clinical work. Uses supervision, consultation, and other learning resources appropriately to increase knowledge base in this area.

IV. Goal: Competence in Professional Values and Attitudes

Objectives

A. Professional Behaviors and Professional Growth

Behaves in ways that align with values and attitudes of psychology, remaining sensitive to individual and cultural differences and needs. Engages in self-reflection regarding personal and professional functioning, actively working to maintain and improve performance, well-being, and professional effectiveness.

B. Efficiency and Time Management

Responsibly performs patient care tasks and documentation within appropriate timeframe as well as keeps scheduled appointments and meetings on time. Keeps supervisors informed of your whereabouts as needed. Minimizes unplanned leave, whenever possible.

C. Uses Positive Coping Strategies

Demonstrates positive coping strategies with personal and professional stressors. Maintains professional functioning and quality patient care.

V. Goal: Competence in Communication and Interpersonal Skills

Objectives

A. Professional Interpersonal Behavior

Professional and appropriate interactions, which includes been sensitive to individuals and having an awareness of cultural diversity, with treatment teams, peers, hospital staff, and supervisors. Always ask for additional guidance when needed, to foster a healthy and professional conversation.

B. Documentation

Completes required documentation as directed by clinical staff. All documentation must be consistent with relevant policies and guidelines regarding content, format, legibility, and frequency.

VI. Goal: Competence in Assessment

Objectives

A. Diagnostic Skill

Demonstrates a thorough working knowledge of the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, in addition, also utilizes historical, interview, and psychometric data to diagnose accurately.

B. Psychological Test Administration, Scoring, and Interpretation – Intellectual Functioning

Proficiently identify, administer, scores, and interprets tests of intellectual functioning in his/her area of practice. Factors that might affect data interpretation (cultural factors, education, medical issues, etc.) are considered and integrated into conclusions.

C. Psychological Test Administration, Scoring, and Interpretation – Personality/Emotional Functioning

Proficiently identify, administer, scores, and interprets tests of personality/emotional functioning in his/her area of practice. Factors that might affect data interpretation (cultural factors, education, medical issues, etc.) are considered and integrated into conclusions.

D. Assessment Writing Skills

Writes a well-organized psychological report that answers the referral question(s) clearly and provides recommendations as appropriate.

E. Feedback to Client and Others Regarding Assessment

Plans and carries out a useful feedback session. Explains the test results in terms appropriate to the target audience. Provides suitable recommendations and responds to issues raised by recipients of feedback.

VII. Goal: Competence in Intervention

Objectives

A. Risk Management

Effectively assess, manages, and documents patient risk by evaluating immediate concerns such as suicidality, homicidality, and any other safety issues. Collaborates with patients in crisis to make appropriate, short-term safety plans and intensify treatment as needed.

B. Rapport Building with Clients, Colleagues and Other Staff

Develops professional relationships with staff. Interacts appropriately in professional and clinical settings Maintains sensitivity and awareness of diversity factors when interacting with patients and colleagues. Seeks consultation/supervision when own emotional reactions might affect these interactions.

C. Case Conceptualization and Treatment Goals

Demonstrates understanding of theoretical orientations and develops a solid conceptualization based on your own preferred model(s). Integrates knowledge from research and current literature regarding evidenced-based practices. Collaborates with patient to form appropriate treatment goals.

D. Therapeutic Interventions

Interventions should be effective, and, when appropriate, consistent with empirically-supported treatments.

E. Group Therapy Skills and Preparation

Prepare psychoeducational reading materials, and lead group effectively, safely and confidentially as well as work well with group co-leaders.

F. Intervention Outcome Evaluation Knowledge and Skills

Demonstrates good knowledge and application of treatment outcome evaluation.

VIII. Goal: Competence in Supervision

Objectives

A. Supervisory Knowledge

Demonstrate the knowledge of what supervision should cover and identify concerns and any challenges that their own supervision sessions need to address on an ongoing basis. Appropriately provides other trainees with feedback during case presentations and other group training activities.

B. Use of Consultation/Supervision

Seeks consultation or supervision as needed and uses it productively. Good awareness of own strengths and weaknesses as well as own cultural and diversity factors that may be impacting work.

IX. Goal: Competence in Consultation and Interprofessional/Interdisciplinary Skills

Objectives

A. Consultation Knowledge and Skills

Gives the appropriate level of input when providing consultation to other disciplines and services, taking into account their level of knowledge about psychological theories, methods, and principles. Incorporates appropriate information about the patient/client, including cultural and diversity factors, into conceptualization and recommendations.

Training Seminars

An extensive series of training seminars is offered to further facilitate learning. Interns attend formal seminars throughout the training year. An example of seminar series offered in past years include extended seminar series, didactic and practical experience in program evaluation, and seminars relating to psychological assessment and intervention. These seminars are designed to enhance the competency development of interns. Attention to factors of diversity and recent findings from the clinical/scientific literature is integrated into seminars offered; several seminars are also designed specifically to increase awareness and sensitivity to diversity as well as competence in working with special populations. Several of our seminar leaders have established a national reputation or written major texts in their areas of expertise. Others have served in leadership roles in professional organizations.

Didactic Training and Case Presentations Didactic Training typically occurs on Wednesdays. Attendance and participation is mandatory. A. Continuous: The following seminars last most of the internship year, across rotations, and include a group supervision component primarily with case presentations.

Diversity Training Seminar and Case Presentation (2.0 hrs/ month)

The focus of the seminar will be to, first, develop a clear understanding of the role that socio-historical context plays on biases and then to practically apply this understanding along with theoretical knowledge to clinical work within the current setting. Sessions will meet each month and include a didactic presentation. Interns will also rotate presenting cases and highlighting the diversity issues.

Clinical Supervision Training Seminar and Case Review (2.0 hrs/ month) As a means to achieve the profession-wide competency on Supervision, the didactic portion of this seminar places emphasis on preparing interns to become effective clinical supervisors via teaching various supervisory models and skills. As an experiential component of this seminar, with focus on skill development and implementation, the interns work with junior colleagues (externs) both individually. Regarding the individual relationship, interns are paired with an extern with whom they will work over the course of the training year.

Evidence-Based Treatment Seminar and Case Supervision (2.0 hrs/month). The didactic portion of this seminar is meant to overview the scientific literature regarding evidence-based interventions and treatment planning, particularly with the SMI population. The emphasis throughout this seminar is to cultivate interns' critical thinking skills and clinical decision making to result in treatment plans and clinical practice that is grounded in empirically based information and methods. Accordingly, the seminar also involves presentation of active therapy cases carried by the interns on their assigned units. Emphasis on the appropriate and practical application of specific evidenced-based methods and procedures will be reviewed.

Professional Development Issues and Topics ("Brown Bags"). This is continuous across rotations meeting periodically on an informal basis (typically during a lunch hour), covering topics of interest to current interns. Seminar format may be live or via webinars. Topics include Early Career Issues for Psychologists and Finding a Post- Doc.

Specific Competency Development and Updates: This area is meant to insure basic competency regarding recently updated, revised or new psychological instruments

The hospital also hosts a regular Psychiatric Grand Rounds that has featured speakers from prestigious institutions such as The Johns Hopkins University, The National Institute of Mental Health, and Sheppard and Enoch Pratt Hospital. Each program within the hospital holds a monthly case conference to discuss clinical challenges, multidisciplinary evidence-based treatment options for patients with severe and persistent mental illness, discharge planning, and treatment recommendations. In past years, interns have also had the opportunity to join with interns at Spring Grove Hospital Center for seminars. Additionally, interns typically attend a three-day forensic psychology training symposium offered through the Behavioral Health Administration (BHA).

Interns present to the Department of Psychological Services on a topic of their choice near the end of the training year to share their own expertise and to further their professional development.

Successful Completion of the Program

Successful completion of the internship requires demonstration of expected competencies as well as completion of at least 1750 internship hours. Upon successful completion of the internship, the intern receives a Certificate of Completion.

Internship Program Tables

Date Program Tables are updated: 8/12/2021

Internship Program Admissions

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

Springfield Hospital Center is a state psychiatric hospital that treats primarily forensically involved patients. Ideal applicants would have a strong interest in working with individuals diagnosed with a serious mental illness within an inpatient settings. Their interest should include working comfortably with a forensic population, in administering psychological assessments, and in working within a multi-disciplinary team framework. They should also be able to provide a variety of clinical services, including short & longer term crisis interventions, individual therapy, group therapy and behavioral interventions and consultations, admission and intake assessments, provide the treatment team with updates as well as consult with the team on how to best care for the patient. The Intern is required to have at least one semester of supervised practicum experience in conducting psychological testing as well as two semesters of supervised practicum experience in psychotherapy, experience and training with administering Wechsler scales of intelligence and major objective personality tests.

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

Total Direct Contact Intervention Hours	Yes	Minimum: 300
Total Direct Contact Assessment Hours	Yes	Minimum: 75

Describe any other required minimum criteria used to screen applicants:

- Matriculation in an APA- or CPA-accredited doctoral program in Clinical or Counseling Psychology (or a combined program that includes one of these areas of emphasis).
- Minimum of three years completed in graduate study of psychology. Time spent in terminal Master's programs in psychology will be considered.
- Minimum 500 hours total documented supervised face-to-face intervention and assessment hours during doctoral study. Hours accrued during terminal Master's study will be considered if certified by your DCT.
- Dissertation proposal (or equivalent requirement) approved by application deadline.
- Comprehensive exams passed by application deadline.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns: \$32,304.00 (subject to change annually)

Annual Stipend/Salary for Half-time Interns: N/A

Program provides access to medical insurance for intern? Yes

If access to medical insurance is provided:

Trainee contribution to cost required? Yes

Coverage of family member(s) available? Yes

Coverage of legally married partner available? Yes

Coverage of domestic partner available? No

Hours of Annual Paid Personal Time Off (PTO and/or Vacation):

Accrual of 10 days of annual leave (available for use after six months of employment), 9 personal days (3 available during the first three months of internship, 6 more available starting in January), 11 state holidays

Hours of Annual Paid Sick Leave: Accrual of 15 days of sick leave

In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave? Yes

Other Benefits (please describe): Interns are eligible to participate in an optional leave bank program. Additionally, interns may request approval for educational leave or paid leave to attend seminars or defend their dissertation (not guaranteed).

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

Initial Post-Internship Positions
(Aggregated Tally for the Preceding 3 Cohorts)

2017-2020

Total # of interns who were in the 3 cohorts:	8
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Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree:	1
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	PD	EP
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	1	0
Military health center	0	0
Other medical center or hospital	0	0
Psychiatric hospital	3	3
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	0	0
Not currently employed	0	0
Changed to another field	0	0
Other	0	0
Unknown	0	2

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

Staff Psychologists

There are currently 3 full-time and 2 half-time psychologists and 3 full-time psychology associates in the Department of Psychological Services. Staff psychologists are assigned to various units or programs and are administratively responsible to the Director of Psychological Services. There exists a wide range of theoretical orientations and interests among the staff. While not all staff psychologists are available to provide supervision throughout the entire internship training year, interns interact with psychology staff in a number of ways during the internship year (e.g., staff meetings, seminars, consulting for assessment referrals).

Psychologists also work within other departments at the hospital, including the Office of Forensic Services (OFS). OFS currently employs 3 full-time psychologists. Psychologists are recruited for open positions as they become available within the departments of Psychological Services, OFS, and ACTRS. The following is a list of current psychologists at SHC:

Department of Psychological Services

Director of Psychological Services

Murugi Mungai-Kamau, Ph.D., Howard University, 1997

Primary Theoretical Orientation: Contextual/CPT/CBT/Mindfulness.

Areas of Interest: SMI, Complex Trauma, Cultural Impact, Assessment & Research

The Acute Program

Bethziada Felix , Psy.D., William James College, Boston MA. Psy. D. 2019

Primary Theoretical Orientation: Integrative (Psychodynamic/ CBT/DBT)

Areas of Interest: Psychosis/ Borderline Personality Disorder, Group Psychotherapy, Psychological Assessment

Izant, Kristen , Ph.D., Clark University. Ph. D. 2019

Primary Theoretical Orientation: CBT

Areas of Interest: Psychosis & CBT

The Recovery Program

Carly Pranger, Psy.D., Florida Institute of Technology, 2002

Primary Theoretical Orientation: CBT/ACT

Areas of Interest: Functional Behavioral Analysis, Addictions, Forensics

Karina Zanko, Psy.D., American School of Professional Psychology at Argosy University, Washington D.C., 2015

Primary Theoretical Orientation: Integrative including Psychodynamic and Cognitive Behavioral

Areas of Interest: Individual and Group Therapy, Trauma, and Severe Mental Illness

Cheryl Zwart, Ph.D., State University of New York at Binghamton, 1981

Primary Theoretical Orientation: Integrative with primary focus on Psychodynamic and Cognitive-Behavioral

Areas of Interest: Long-term Therapy with Individuals Diagnosed with a Serious Mental Illness

Office of Forensic Services

Andrew Good, Psy.D., University of Denver Graduate School of Professional Psychology, 2002

Primary Theoretical Orientation: Integrative: person-centered, CBT, dynamic/object relations

Areas of Interest: Juvenile Pre-Disposition and Transfer of Jurisdiction Evaluations, Adult Competency to Stand Trial and Criminal Responsibility Evaluations

Julie Beasman, Psy.D., Loyola University Maryland, 2007

Primary Theoretical Orientation: CBT, DBT, Psychodynamic

Areas of Interest: Forensic Mental Health Assessment, Mindfulness Practices, Mood and Anxiety Disorders

Barbara Allgood-Hill, Ph.D., Howard University, 1987

Primary Theoretical Orientation: Cognitive-Behavioral

Areas of Interest: Dually Diagnosed (intellectual disability and mental illness), Positive Behavioral Intervention, Intersection of Mental Health and the Legal System, Forensic Evaluation/Assessment, Learning Modalities for Persons with Mental Health and/or Intellectual Impairments

Katelin Witzke, Psy.D., The Chicago School of Professional Psychology, 2019

Primary Theoretical Orientation: Cognitive-Behavioral, Interpersonal

Areas of Interest: Mental Health Law, Forensic Assessment, Violence and Sexual Risk Assessment, Populations with Serious Mental Illness

Addictions, Co-Occurring, & Trauma Recovery Services (ACTRS)

Director - ACTRS

Charles N. Zeitler, Psy. D., CSAT, American School of Professional Psychology at Argosy University, Washington, D.C., 2010

Primary Theoretical Orientation: Cognitive-Relational

Areas of interest: individual therapy, risk assessment, supervision of students

ACTRS Clinical Coordinator

Jessica Turrall, Psy.D., Loyola University Maryland, 2017

Primary Theoretical Orientation: Psychodynamic

Areas of Interest: Cultural Affirmation and Diversity, Racial Identity Development, Complex Trauma, Impact of Microaggressions, Substance Use, Black Men and Boys.

ACTRS Training and Assessment Coordinator

Tatiana Chakko, Psy.D., American School of Professional Psychology at Argosy University, Orange County, 2018

Psychologist II

Primary Theoretical Orientation: Integrative- Psychodynamic, Object Relations, CBT Areas of
Areas of Interest: Severe and Chronic Mental Illness, Cultural Diversity, Incorporation of Family Systems to treatment of SMI

Application Procedures

All application materials for our program must be submitted by 11:59 PM (EST) on November 1st for consideration.

A. The following are the minimum requirements that MUST be met for consideration of an applicant for the SHC internship program:

1. Matriculation in an APA- or CPA-accredited doctoral program in Clinical or Counseling Psychology (or a combined program that includes one of these areas of emphasis).
2. Minimum of three years completed in graduate study of psychology. Time spent in terminal Master's programs in psychology will be considered.
3. Minimum 500 hours total documented supervised face-to-face intervention and assessment hours during doctoral study. Hours accrued during terminal Master's study will be considered if certified by your DCT.
 - a. A minimum of 300 of these hours must be face-to-face intervention
 - b. A minimum of 75 of these hours must be face-to-face assessment work
4. Dissertation proposal (or equivalent requirement) approved by application deadline.
5. Comprehensive exams passed by application deadline.

In addition, strong applicants will have:

- ✓ Courses in the following areas:
 - Assessment
 - Personality Theory
 - Psychopathology
 - Principles of Psychotherapy/Intervention
 - People with Severe Mental Illness
- ✓ At least one semester of supervised practicum experience in psychological testing and two semesters of supervised practicum experience in psychotherapy.
- ✓ Substantial clinical experience working with an adult population
- ✓ Experience working with serious mental illness or in inpatient or forensic settings
- ✓ Training/clinical experience with and the ability to independently administer Wechsler scales of intelligence and major objective personality tests.

B. Application:

Springfield Hospital Center uses the online application process developed by Association of Psychology Postdoctoral and Internship Centers (APPIC):

1. AAPI Online (Available at <http://www.appic.org/>), including:
 - Cover letter
 - Curriculum Vitae
 - Application (including Director of Training's verification)
 - Official graduate school transcripts
 - Three letters of reference from psychologists acquainted with the applicant's clinical work.

2. Springfield Hospital Center also requires supplemental material that should be submitted online with the application:
 - A recent comprehensive psychological test report
The preferred work sample would be a report for a comprehensive adult evaluation that includes intellectual assessment and personality measures. *All potentially identifying client information must be completely removed from reports before submission.* This report should represent actual clinical work completed by the applicant (e.g., not based on testing activities for coursework). While it is expected that a clinical supervisor will have had input on the report, the work sample should be one completed primarily by the individual applicant as a representative work sample.

C. Selection Process:

Applicants are strongly advised to complete the application process as early as possible. **Final deadline for receipt of all materials is 11:59 PM (EST) on November 1st.**

Based on an initial review of applicants' credentials and application materials, selected candidates will be invited for an interview (invitations will go out on or before December 10th). Interviewing in person is strongly preferred, but telephone interviews will be conducted when necessary. Interviews are expected to be scheduled for morning or afternoon sessions in early January. Applicants not invited for an interview will be informed by December 10th and will no longer be considered for the upcoming internship year.

The Maryland Department of Health (MDH) does not discriminate on the basis of race, color, sex, national origin or disability in the operation and administration of its services, facilities, programs, benefits, and employment opportunities. Our program is committed to providing an inclusive and welcoming environment for all members of our staff, trainees, and clients.

The internship program is committed to providing access for all people with disabilities and will provide reasonable accommodations with sufficient advanced notice. If invited for interview, please notify the program of requests for accommodations when you schedule your interview.

If you have questions about the application process, please contact Dr. Murugi Mungai by phone at 410-970-7141 or e-mail: Murugi.mungai@maryland.gov.

D. Notification and Acceptance Procedures:

Springfield Hospital Center is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and adheres to all APPIC guidelines for notification and acceptance procedures, as published annually by APPIC. We participate in the national match program. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

After matching to the program and prior to beginning the internship, incoming interns are required to complete an application for employment with the State of Maryland and are required to have a pre-employment physical, TB testing, and a criminal background check.

Interns are required to maintain their own malpractice insurance during the internship year. Some graduate programs provide malpractice insurance for their students. Please check with your school to determine their policy. You will need to provide a copy of your Certificate of Liability Insurance prior to beginning the internship.

Springfield Hospital Center

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Sykesville, Maryland 21784-7564
TTY: 1-800-249-4347

Yvette Valiente, Acting Chief Executive Officer

Olga Rossello, M.D., Clinical Director

Murugi Mungai- Kamau, Ph.D.
Director of Psychology & Acting
Director of Intern Training
murugi.mungai@maryland.gov
410-970-7141

State of Maryland

Larry Hogan, Governor

Department of Health

Dennis Schrader, Secretary

Behavioral Health Administration

Lisa Burgess, M.D., (Acting) Deputy Secretary/Executive Director

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

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, N.E.
Washington, DC 20002
Phone: 202-336-5979/Email: apaaccred@apa.org
www.apa.org/ed/accreditation