

**CLINICAL, COUNSELING,
& SCHOOL PSYCHOLOGY
PREDOCTORAL INTERNSHIP**

2001-2002

PSYCHOLOGY DEPARTMENT

**John Umstead Hospital
Butner, North Carolina**

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For more information about the John Umstead Hospital Internship Program, visit our website at
<http://www.unc.edu/~mcsteket>.

JOHN UMSTEAD HOSPITAL PSYCHOLOGY INTERNSHIP

POLICY ON NONDISCRIMINATION

The training program described in this brochure subscribes to the policy on nondiscrimination of the State of North Carolina. John Umstead Hospital is committed to the principle of equal opportunity. It is the policy of the hospital that no person will be excluded from being employed or receiving services because of race, creed, sex, national origin, sexual orientation, or physical handicap.

INTRODUCTION

John Umstead Hospital (JUH) is one of North Carolina's four state-operated regional psychiatric facilities. Located in Butner, North Carolina, it lies about 12 miles north of Durham, 22 miles northwest of Raleigh and about 29 miles northeast of Chapel Hill. Butner is sometimes referred to as "the city of institutions," because it is home to a state psychiatric facility, a residential facility for the developmentally disabled, several residential programs for emotionally and behaviorally disturbed youth, a Federal prison, a state prison, and a training school for juvenile offenders. While the area is relatively rural, the presence of these facilities as well as the proximity to three thriving urban areas and three major universities draws a large stream of professionals and students from around the nation. Among the disciplines represented in the area are psychology, medicine (psychiatry as well as a number of other specialties), social work, nursing, occupational therapy, physical therapy, speech therapy, art therapy, recreation therapy, substance abuse counseling, nutrition and dietetics, pharmacology, pastoral counseling, teaching, medical technical specialties, and dentistry.

The hospital is part of North Carolina's mental health delivery system, and provides services for the 15-county North Central catchment region. The mission of the hospital is "to provide an inpatient facility to diagnose and treat children, adolescents and adults with psychiatric disorders, with the outcome of restoring them to an optimal level of functioning and returning them to the community." The main services in the hospital consist of the Adult Admissions Unit (AAU), the Psychiatric Rehabilitation Unit (Rehab), the Geropsychiatry Institute (Gero), the Children's Psychiatric Institute (CPI), and the Alcohol and Drug Treatment Center (ADATC). Within most of these units or institutes are several subprograms that provide treatment for specialized populations (such as adolescents, Alzheimer's patients, and so forth).

JUH provides a wide spectrum of mental health services to residents in North Carolina. Our patient population reflects diversity in age and socioeconomic status, as well as educational and cultural experiences, which provides an opportunity to gain experience with the important issues surrounding patient-centered assessment and intervention. The inpatient population is comprised of urban and rural residents with a relatively high proportion of males and African-Americans for an inpatient population. The hospital is also the service provider for many individuals with the most acute and severe mental illnesses or neurological/behavioral disorders in our catchment area.

JUH is a major training site for both psychologists and psychiatrists. There are long-standing links with the University of North Carolina's Department of Psychology and Duke University's Department of Psychiatry and Behavioral Sciences. Practicum placements throughout JUH are available to graduate students in clinical psychology from both UNC and Duke each year. CPI offers a child psychiatry residency and Gero offers a geropsychiatry fellowship in collaboration with Duke's Department of Psychiatry and the hospital is a training site for Duke's residents in general psychiatry. Medical students from both UNC and Duke, nurses from a variety of programs, physician assistants from Hanneman University, and social work students from UNC all train at the hospital.

INTERNSHIP DESCRIPTION

John Umstead Hospital offers a predoctoral internship in clinical psychology. The program was started in 1997 and is an APPIC member. The program is not currently accredited by the American Psychological Association, but will be working toward full accreditation in the future. The internship is administered by the Psychology faculty of John Umstead Hospital, many of whom hold joint appointments with the Psychology Department of the University of North Carolina at Chapel Hill and the Department of Psychiatry and Behavioral Sciences at Duke University. Several inpatient settings provide a range of training experiences with children, adolescents and adults as well as training in outpatient assessment and treatment of children. There are also opportunities to gain outpatient community mental health experience with children and adults as well as limited outplacement training in evaluation and treatment among prison populations at a nearby Federal Correctional Complex.

TRAINING OBJECTIVES AND PHILOSOPHIES

It is our belief that the internship year is a critical growth period in the life of a professional psychologist; it is during this year that many psychologists further define or expand their career goals and begin to establish themselves as professionals. Challenging and rewarding experiences during the internship year are essential to the psychologist's professional and personal development. It is our aim to help the intern pursue those challenges and rewards by providing an exciting intellectual atmosphere, a broad range of clinical experiences, outstanding supervision, and stimulating didactic training.

Each service or rotation has objectives specific to its population and purpose. However, there are general goals, which apply to the internship across training experiences.

1. It is the first goal of the internship to continue and to enhance the training our interns have received previously, so that they may progress toward being well rounded, competent, and increasingly independent psychologists by the end of the internship year.
2. It is also a goal that the interns will be exposed to a wide array of patient populations and problems, theoretical approaches, assessment tools, supervisory styles, and didactic experiences.
3. Another goal is that all interns will gain further competence and independence in choosing, administering, scoring and interpreting assessment instruments as well as in writing assessment reports.
4. A fourth goal for the internship is that all interns will acquire or refine their knowledge of commonly used psychotropic medications, the psychiatric conditions for which they are indicated, their potential side effects, and their impact on various aspects of patient functioning.
5. Another important training goal is to assist interns in refining their case presentation skills and confidence by presenting at least two formal cases during the year.
6. Finally, it is a goal that interns will come to understand the role of psychology in a multidisciplinary setting and will learn to work cooperatively and collaboratively with individuals from a wide variety of professions.

INTERNSHIP STRUCTURE

The internship is designed to offer three training tracks: (1) Geropsychiatry, (2) Adult/Substance Abuse, and (3) Child. Each track has relevant and specific rotation options, which are described briefly later in this section and in more detail in the Training Opportunities section. The intern's choice of a track influences the structure and

choice of rotations over the course of the year. It is the intent of the faculty to help each intern design a training program that will best meet his/her needs and interests.

Three intern slots are filled each year. Due to the sources of funding, one intern is chosen each year to fill the Geropsychiatry Track and at least one intern is selected to fulfill a minimum of one three-month, intensive ADATC rotation in the Adult/Substance Abuse Track. A typical schedule would include two rotations requiring two days each per week. Finally, each intern will spend one day a week at an outplacement setting, where s/he will provide a variety of different services at an area mental health program or nearby Butner Federal Correctional Complex. Both of these institutions have been involved in training predoctoral interns for many years.

Geropsychiatry Track: One intern will be selected to complete a half-time (20 hours a week), year-long rotation in the Geropsychiatry Institute at the hospital. The intern will develop assessment and treatment skills with patients who have multiple chronic medical illnesses complicating or contributing to their psychiatric and neurological difficulties. The first 5 weeks of the internship year consists of 24 hours a week on Gero to provide the training needed to function as an essential member of the unit. In addition to this year-long rotation, the intern chooses two consecutive six-month, 12-hour-a-week secondary rotations from other training opportunities. Mandatory didactic meetings will also be scheduled during these secondary rotations to maximize time on the Geropsychiatry service. The time demands of the Gero Track make it difficult to arrange rotations on CPI and ADATC.

Adult/Substance Abuse Track: One or two interns will be accepted into this track with at least one intern chosen to provide services to ADATC where rotations are designed to provide intensive training four days a week for a minimum of three months. A variety of other rotations on the Adult Admissions Unit and Rehabilitation Unit that involve assessment, individual and group treatment, and consultation are available to round out the intern's skills. The MI/SA program on Rehab may hold particular interest for interns wishing additional substance abuse program experience. These experiences are generally structured as six-month, two-day-per-week rotations or, in the case of the ADATC intern, several two-day-per-week rotations and one three-month intensive rotation. These rotations are chosen from adult and/or child offerings to compliment an intern's interests, although an adult emphasis is expected. The intern may choose from other options for adult experience that fit into the remaining time. This track offers the most flexibility for those seeking a variety of adult and/or child experiences.

Child Track: The intern(s) accepted into this track will have an opportunity for an intensive, child-focused major rotation on CPI, which is composed of the child and adolescent units. Opportunities exist for inpatient assessment and treatment with young and latency age children as well as outpatient therapy and coordination of an anger management group in a local school. Rotations may be arranged for six to nine months with varying time commitments. The intern may also supplement the CPI experience with adult rotations, as time is available.

SUPERVISION AND EVALUATION

Intensive supervision is a critical component of the training experience. Each intern will have a number of supervisors throughout the year (one or more on each rotation). Individual, group and case conference supervision will provide at least two hours of supervision per week. Interns will receive additional training through at least two hours of didactic sessions per week.

Feedback regarding each intern's progress is important to the interns, the supervisors, and the program. Goals will be formulated early in each rotation and written in the form of a Rotation Agreement, which is a collaboration between the intern and supervisor. For rotations that are six months or longer, there is an evaluation completed every three months. At the end of the rotation, a summary of activities and performance is documented on the Rotation Agreement, which is filed with the Director of Training. It provides a summary of the training activities, a description of the strengths and weaknesses of the intern during each rotation, and feedback about training and supervision. This formal written evaluation is also used to provide feedback on a semi-annual basis to the intern's

graduate institution. In the course of this formal process, it is expected that interns and supervisors will have numerous informal discussions with each other over the course of the year. Each intern will also identify a Training Advisor early in the internship year who will meet with the intern as needed and fill an advisory and supportive role as issues arise. The Director of Training will also be readily available and act as a resource to the interns should more serious problems arise. Procedures to be followed if problems should arise are described in the Internship Policy Handbook

APPIC COMPLIANCE

The internship currently meets all criteria for APPIC membership and will adhere to APPIC guidelines for all intern-related training activities. APPIC membership has been granted for the 2000-2001 training year and is expected to continue. Application for the internship will include use of the APPIC application (APPI) and adherence to the APPIC Matching Policy.

TRAINING OPPORTUNITIES

ADULT ADMISSIONS UNIT

The Adult Admissions Unit (AAU) is a 150-bed acute inpatient psychiatric facility that serves patients from 14 North Carolina counties. The reasons for admission are varied; the diagnoses of patients include the full spectrum of affective, personality, psychotic, organic, and substance-related disorders. The interventions employed reflect a number of different disciplines, and include psychotropic medication, psychoeducation groups, skills training groups, individual crisis and supportive interventions, milieu therapy, individual behavioral contracting and plans, rehabilitation and music therapy, art therapy, and case management. Treatment typically emphasizes rapid diagnosis and stabilization with the goal of making a referral to the community mental health system for longer-term follow-up care.

AAU is organized into five separate wards, each with 30 beds. Each ward has 2-3 psychiatrists, 2-3 social workers, a rehabilitation therapist, a program manager, and a full nursing staff. Although the wards operate similarly in a number of ways, each ward has developed its own unique multidisciplinary treatment program to best meet the needs of its patients. Psychology plays a number of roles on AAU. There are currently five doctoral-level psychologists who function in different capacities on the Unit. Drs. Doris Ryan (Chief Psychologist on AAU) and Jennifer Snyder are Program Managers for specific wards and are responsible for the development and implementation of therapeutic programming. They also act as assessment and behavior management consultants to the Unit. Dr. Mareah Steketee coordinates the assessment and management of patients who require neuropsychological services on AAU, ADATC, Medical Services Unit, and the Rehabilitation Unit. Dr. Nancy Laney is involved in coordinating and providing a number of services for patients with mental retardation.

Interns on AAU have an opportunity to experience the multi-faceted role that psychologists typically play in an inpatient setting. Several options exist for training on AAU. One of these involves the intern in an integrated fashion with the functioning of a specific ward, while two others provide the opportunity to act as a consultant to all five wards on the Unit. In addition to clinical duties, students typically participate in regularly held training seminars, case conferences, and Grand Rounds.

Ward Staff Psychologist

The ward staff rotation integrates the intern into the multi-disciplinary treatment team on one ward of the Unit, with the goal of working closely with other disciplines to evaluate, treat, and manage patient difficulties. Responsibilities will include a variety of tasks, including psychological assessment, diagnostic clarification, risk and violence assessment, treatment planning, behavior planning, co-leading skills groups, and brief supportive individual therapy. Depending on the nature of the question and the assessment procedures used, either a full test-based report or a brief consultation note is required, in addition to verbal feedback to the referring psychiatrist. On the ward, the intern will participate in both daily staff meetings and weekly treatment team meetings as well as and co-lead a therapy group. In addition, the staff occasionally request assistance with the management of patients who are disruptive or dangerous to the ward. The intern will participate in a collaborative effort to conduct a functional analysis of problematic behaviors, develop a behavior plan to modify them, and work with the nursing staff to implement, evaluate, and modify the plan, as needed. Additional opportunities will be provided in program and staff development. The amount of time spent in each of the above areas is flexible, depending upon the needs and interests of the intern, but direct involvement with the ward activities provides broad exposure to the issues of inpatient treatment.

Specific Goals - Ward Staff Psychologist

1. Gain an understanding of the role of the psychologist in an inpatient setting.
2. Improve assessment and differential diagnosis skills.
3. Learn how to conduct therapy (individual and group) with low-functioning patients.
4. Make an educational and clinical contribution to a team of mental health professionals.

General Psychology Consultant

In this rotation, the intern functions as a general consultant to all five AAU wards. Referral questions usually involve issues such as diagnostic clarification, relative contribution of Axis I and Axis II disorders, or the possibility of malingering. The main focus of this rotation will be on improvement of general assessment skills with some exposure to neuropsychological assessment. The intern will function in the role of consultant to the treatment team and work closely with a supervisor to refine referral questions, conduct the assessment effectively (including administration, scoring, and interpretation of psychological tests, if warranted), and provide timely feedback to the referral source. The intern, in collaboration with the supervisor, will also generate a written report, which will become part of the patient's medical record. Training in neuropsychology will be designed to provide an understanding of the conditions and situations that warrant a neuropsychological screening or more in-depth evaluation. The primary goal for the neuropsychological component of this rotation is to gain skill in conducting thorough screening evaluations, including chart review, interviewing, testing, case conceptualization, and a written report.

The intern will also have the opportunity for exposure to other experiences available in the Adult Admissions Unit. These include opportunities to lead groups for patients with a variety of diagnoses, including substance abuse, personality disorders, or psychotic disorders; to work collaboratively with a staff psychologist on behavior plans for patients exhibiting problematic behaviors; and to provide brief, problem-focused individual therapy to selected AAU patients.

Specific Objectives - General Psychology Consultant

1. Gain understanding of many psychopathological conditions and their manifestation over time from the acute phase to remission.
2. Conduct a variety of psychological and neuropsychological assessments with increasing independence and skill in integration of complex material.
3. Acquire experience with behavioral, skills-focused intervention in group and/or individual treatment.

Neuropsychology Rotation

The neuropsychology rotation can be designed to gain some introductory exposure to the usefulness of screening in neuropsychology or to further previous training in neuropsychological assessment. This rotation is a rich opportunity to learn about the conceptualization and process of neuropsychological assessment in an inpatient psychiatric setting that provides exposure to a broad range of concomitant psychopathological and neuropsychological dysfunction. Interns will gain specialized training in neurocognitive assessment of individuals with mental disorders who also have some type of neurological condition resulting from substance abuse, cerebral vascular accident, traumatic brain injury, dementia, HIV disease, or some other condition. Depending on the entry

level of the intern, appropriate training will be provided in administration, scoring, and interpretation of neuropsychological measures. In undertaking neuropsychological assessment, the intern will also function in the role of consultant to the treatment team. Referrals primarily involve questions of neuropsychological functioning, but also may include requests for general intelligence testing and assistance with differential diagnosis such as dementia/depression. The intern and supervisor will clarify the referral question and discuss the most appropriate assessment methods to address the identified issues. The intern will then conduct a thorough clinical interview, complete neuropsychological testing, and score the results. Intensive supervision and discussion and interpretation of the results will occur before feedback is provided. Oral and brief written feedback is given to the attending physician before a written report is generated. The neuropsychological report becomes part of the medical record and is a valuable treatment resource, both while the patient resides at the hospital and also for care providers after discharge.

The treatment opportunities for the neuropsychologist on AAU typically involve making recommendations that are implemented on the ward or after the patient is discharged. There will be some opportunity to participate in implementation of treatment recommendations as a consultant to the multi-disciplinary treatment team. Periodic requests for behavior planning are also directed to neuropsychology when neurologic/organic factors are identified.

Specific Objectives - Neuropsychology

1. Observe a wide range of psychopathological conditions with neuropsychological components from the acute psychiatric stage to remission and discharge.
2. Gain experience in neuropsychological assessment of a broad range of presenting problems and referral questions with emphasis on skill development in interviewing and writing, in selection and use of neuropsychological measures, in generating practical recommendations that have ecological validity, and in differential diagnosis of neurological and psychiatric disorders.

GEROPSYCHIATRY INSTITUTE

The Geropsychiatry Institute is an 87-bed, acute and chronic inpatient psychiatric unit divided into the Affective Disorders Unit, the Dementia Evaluation and Treatment Unit (DETU), and the General Psychiatric Unit. Patients are usually admitted on an involuntary commitment. Their presenting problems include dementia (including Alzheimer's Disease, vascular dementias, substance abuse-related dementias, or mixed etiologies), chronic schizophrenia, recurrent affective and schizoaffective disorders, and late onset psychosis and depression, among others. An increasing number of substance abuse/dependence patients are admitted, with alcohol the most common substance. Many patients have multiple chronic medical illnesses complicating or contributing to their psychiatric and neurological difficulties.

Length of stay varies by diagnosis and chronicity of mental illness, although the goal is always stabilization of the behavioral problems requiring inpatient care, and discharge to a less restrictive community setting (e.g., home, family, rest home, nursing home). For the bulk of patients, length of stay is between 60 and 180 days. Other patients may require significantly more time, from several months to over a year. Nineteen of the unit beds are intermediate care facility (ICF) "nursing home" beds for patients needing longer-term stabilization, (primarily dementia patients or patients with chronic, persistent mental illness leading to cognitive and self-care deficits and persistent behavioral problems). Some patients, particularly those on ICF, may have been institutionalized for years.

This year-long rotation will provide interns with specialty training working with a geropsychiatric population and the special considerations in assessment and treatment raised by aging and lifespan issues (e.g., importance of age-corrected test norms). Assessment, including clinical interview, review of patients' history, chart review, testing, report writing, and feedback to the treatment team will be the intern's largest responsibility. A heavy emphasis will be on cognitive assessment, including initial cognitive screening of most patients and some opportunity for more in-depth intellectual and neuropsychological assessment. Personality assessment including MMPI or MMPI-2 (often short forms) and depression inventories will be required on occasion. Treatment activities will include membership on a multidisciplinary treatment team and co-leadership of a resocialization therapy group. There are occasional opportunities for behavioral management plans or individual supportive therapy. Another available training opportunity is participation in weekly geropsychiatry case conferences on Monday afternoons. Interns who are interested in research may be able to participate in on-going research on the DETU.

One intern will complete a half-time (20 hours a week), year-long rotation in the Geropsychiatry Institute at the hospital. For the first 5 weeks of the internship year, during orientation, the intern will spend 24 hours a week on Gero in order to facilitate the initial training needed to function as an important member of the unit.

Specific Objectives - Geropsychiatry Institute

1. Gain experience in administering and interpreting neuropsychological screening measures used with a geriatric population.
2. Gain experience with treatment modalities useful with this population, such as behavioral management plans and resocialization groups.
3. Gain familiarity with medical terminology and the interface of chronic medical illnesses with psychiatric presentations.

PSYCHIATRIC REHABILITATION UNIT

The Psychiatric Rehabilitation Unit provides treatment and rehabilitation services to adults with severe and persistent psychiatric illness. All three programs within the Rehabilitation Unit offer an alternative to the custodial atmosphere prevalent in traditional psychiatric institutions. Instead, the Unit offers a social environment where patients are treated as responsible adults. Rehabilitation efforts are aimed at reducing symptoms and helping patients to develop the cognitive, interpersonal, and self-management skills needed to achieve the highest level of independent functioning possible. The unit currently treats approximately 160 patients with a variety of diagnoses, including personality disorders, mood disorders, and schizophrenia. In addition, the unit treats several mentally ill/mentally retarded patients. Most of the patients on the Unit are involuntarily committed and length of stay varies from three months to years.

There are three living environments within the Rehabilitation Unit: **1) Community Living, 2) Day Treatment, and 3) Management.** Each program emphasizes the importance of the milieu, the need for clearly communicated behavioral expectations, appropriate medication management, and opportunities for patients to acquire new skills that improve their level of independent functioning.

The *Community Living Program* consists of three open wards. This program emphasizes the development of self-determined goals and the skills necessary for meeting these goals, according to the psychiatric rehabilitation process developed at the Boston University Center for Rehabilitation. Patients follow their own schedules and take responsibility for developing independent living skills (ADLs, laundry, shopping, and money management).

The *Day Treatment Program* works with patients who require the structure of a token economy. Within this structure, the program attempts to normalize daily activities and to provide each patient the opportunity to learn the symptom management, social, interpersonal, independent living, and work skills necessary to live in a less restrictive environment.

The *Management Program* works with individuals who, due to aggressive behavior toward self or others, need a highly structured milieu. Clear and consistent reinforcement for appropriate behaviors is a critical aspect of this program. Many patients have individualized behavior plans that address their particular problematic behavior.

Other Specialized Unit Programming

Patients from all three Rehabilitation living environments are eligible to participate in specialized treatment modules. These interventions include:

1. **Dialectical Behavior Therapy (DBT):** Individuals who meet the diagnostic criteria for Borderline Personality Disorder are referred to DBT, which is based on the work of Marsha Linehan, Ph.D., from the University of Washington. The primary focus of inpatient DBT is management of suicidal and parasuicidal behaviors that result in continuing hospitalization so that patients can be discharged to community treatment. Interventions include crisis intervention planning, skills classes, study groups, and individual therapy based on the DBT model. Opportunities exist for interns to serve on the DBT Consult Team, to co-lead skills training groups, and to serve as an individual DBT therapist.
2. **MI/SA Program:** Patients dually diagnosed with mental illness and substance abuse/dependence are referred to the MI/SA program. This program integrates cognitive behavioral substance abuse treatment with psychiatric rehabilitation (Boston Model) to simultaneously encourage abstinence and provide skills training to help patients build a substance free lifestyle in the community. In addition to substance awareness and relapse prevention programming, patients receive training in communication skills, interpersonal skills, life skills, and managing free time. Each patient has a MI/SA coach who assists him or her with motivation issues and behavioral analysis of relapse behavior. Opportunities exist for interns to lead educational and skills groups on a variety of topics (e.g., 12 steps, substance awareness, spirituality, leisure education, DBT skills), to co-lead process therapy groups, to serve as a coach and mentor, to present at MI/SA Grand Rounds, and to serve on the MI/SA Treatment Team.
3. **Psychiatric Rehabilitation Skills Center:** The skills center serves as an on-campus learning environment. Patients are scheduled for a variety of skills classes, including topics such as leisure awareness, requesting assistance, hygiene, and identifying barriers (to successful community living). Classes are taught in a didactic style, with patients responsible for taking notes, participating actively, and passing exams.
4. **Psychosocial Clubhouse:** The clubhouse follows the Fountainhouse model of community psychosocial clubhouses. The clubhouse belongs to its participants. Members make daily and long-term decisions, and each client exercises the maximum level of control and responsibility that he or she is comfortable with and able to handle. The clubhouse has developed programming to support vocational development (clerical, fund-raising, operation of a store and breakfast bar) and general living skills (cooking, maintenance). Leisure education is emphasized through a variety of social and recreational activities.
5. **Day Treatment Center:** Patients who have difficulty following a schedule and actively participating in their environments are referred to the Day Treatment Center. With the structure of a token economy, patients earn points for attending skills classes, participating in community activities, and following ward routines. Points are exchanged for a variety of reinforcers.
6. **Community Re-entry Program:** Currently under development, this program is designed to provide patients with a systematic, holistic, and normalizing transition from institution-based care to community care. Patients will be assisted in developing community skills and locating community supports to facilitate successful transition to and satisfaction with the preferred community environment.

In addition to these program modules, patients are referred to any of an array of skill and therapy groups offered across the unit. These include groups such as Problem Solving, Anger Management, and various process groups.

The Psychiatric Rehabilitation Rotation

This rotation will provide interns with specialty training in the Psychiatric Rehabilitation model. Interns will be assigned to one or more treatment teams to provide psychological consultation, including individual psychotherapy, psychological assessment, and treatment planning. The intern will also have the opportunity to provide behavioral assessment and intervention with a variety of problems behaviors (e.g., aggression, polydipsia, and social skills deficits). The intern will have the opportunity to either co-lead existing therapy or skill groups, or to develop and implement additional groups that address specific client needs. Interns will also have the opportunity to gain or expand specialty skills working with dual diagnosis and substance abuse through participation in the MI/SA program. The role of the intern will be to lead psychoeducation and therapy groups, perform individual psychotherapy, and participate as a member of the interdisciplinary MI/SA treatment team under the guidance of the unit's MI/SA psychologist. Interns may also gain specific experience with Dialectical Behavior Therapy by serving as a member of the DBT consultation team, a DBS group co-leader, and an individual therapist. Interns on the Psychiatric Rehabilitation Unit rotation are expected to progress from working "side-by-side" with unit psychologists to working autonomously with specific clients and treatment teams.

Specific Objectives - Rehabilitation Unit

1. Gain an understanding of the Psychiatric Rehabilitation Model.
2. Develop skills in behavioral analysis and treatment planning for a variety of problematic behaviors (e.g., aggression, polydipsia, and self-injurious behavior).
3. Better understand the complexities of working with patients who are severely and persistently mentally ill (SPMI); gain specific skills and experience working with patients who are dually diagnosed (including mentally ill/mentally retarded and mentally ill/substance abusing).
4. Become skillful in working with multidisciplinary treatment teams.
5. Become familiar with and/or gain basic skills in the use/implementation of Dialectical Behavior Therapy for Borderline Personality Disorder.

CHILDREN'S PSYCHIATRIC INSTITUTE

The Children's Psychiatric Institute (CPI) offers a variety of outpatient and inpatient services to psychiatrically disturbed children, adolescents, and their families. There are three major programs within the Institute: Adolescent Services (AS), the Children's Psychiatric Unit (CPU), and the Outpatient Clinic (OPC).

Adolescent Services

Adolescent Services is an integrated, multi-faceted, inpatient treatment facility for adolescents (ages 12 through 17) with serious psychiatric disorders requiring treatment in closed settings. The original adolescent program was established at JUH in 1964 as a long-term unit, while a short-term unit was established in 1972. These units were merged into a single Adolescent Services in 1995. The program offers services ranging from brief stabilization of patients with acute psychiatric problems to long-term evaluation (up to four months) and treatment of adolescents

with more complex or chronic difficulties. A total of 44 beds are available; adolescents are assigned to one of six wards depending on age, gender, treatment needs, and anticipated length of stay.

Multidisciplinary teams plan and provide evaluation and treatment services. These include diagnostic evaluation and treatment planning; individual, group and family therapy; parent counseling; pharmacotherapy; a complete school program (including psychoeducational remediation); a structured therapeutic milieu; behavioral programming; rehabilitative services (occupational therapy, recreational therapy, and vocational rehabilitation); community liaison; and discharge planning. Presenting problems of patients span the whole realm of childhood and adolescent psychiatric disorders and many patients have more than one diagnosis.

Adolescent Services supports a wide variety of therapeutic orientations and approaches. Psychodynamic, cognitive-behavioral, behavioral, client-centered, psychoeducational, and experiential are among the approaches used by staff and students. Interns are actively encouraged to use their initiative and creativity in developing and customizing therapeutic interventions to meet the needs of patients.

Training in group and individual therapy, psychological assessment, diagnosis, and treatment team consultation provides the core of the internship experience on Adolescent Services. Interns have opportunities to provide individual therapy to patients whose admissions generally range from six weeks to six months in length. Available group therapy experiences consist of traditional “process” groups as well as more specialized groups for adolescents who abuse substances, who have been traumatized, or who have committed sexual offenses. Interns, in consultation with their supervisors, may also design additional training experiences to meet their training needs and interests. For example, a student might arrange to participate in family therapy or a psychoeducational group.

Psychological assessments on Adolescent Services range from single tests which target a specific referral question (WISC-III or MMPI-A, for example) to in-depth, full-battery evaluations. Projective tests such as the Rorschach, TAT, and Sentence Completion Tests, are used extensively, as are personality inventories (such as the MMPI-A), behavior checklists (such as the Achenbach Youth Self Report), and behavioral observations. In addition to performing formal assessments, interns gain experience with the diagnostic process through active participation in team meetings, where information gathered by staff members from a variety of disciplines is shared for the purposes of diagnostic conceptualization and treatment planning.

Children’s Psychiatric Unit

The Children’s Psychiatric Unit (CPU) was established at the Murdoch Center in 1957 as the first inpatient unit in North Carolina serving children with emotional and behavioral problems. The unit provides diagnostic evaluation and intensive treatment for emotionally disturbed children between the ages of five and twelve. The unit serves the entire state of North Carolina and has a maximum census of twenty-one children. Under the direction of a child psychiatrist, multidisciplinary teams of professionals determine diagnostic and treatment needs. The average length of stay is ninety days, although children may have needs that require extended treatment or may be ready for discharge prior to ninety days. The treatment program provides a structured group living experience (therapeutic milieu), group and individual academic instruction, group and individual psychotherapy, medical care, parent/family therapy, and therapeutic recreation. The children’s days are scheduled from breakfast to bedtime and include school, therapy, free play, “snack” periods, and recreation activities. The physical and interpersonal environment is designed to provide safety, security, and predictability as well as to facilitate positive growth and development.

The internship experience on CPU may consist of training in individual and group psychotherapy, psychological assessment, and consultation to and participation on treatment teams. The individual therapy experience is typically quite intensive, involving twice-weekly sessions and regular interface with unit staff to determine treatment needs and facilitate treatment progress. The intern also may become involved in family therapy with

their individual treatment cases, in collaboration with the social worker who is working with the child's parent(s). Group therapy experiences available to the intern typically involve co-leading a twice-weekly cognitive-behavioral group focused on anger management. Additional groups may be initiated if an intern has a particular training interest. The intern also has the opportunity to attend weekly multidisciplinary treatment team meetings and is expected to participate in diagnostic and treatment planning. Lastly, the intern gains experience in psychological assessment by conducting intellectual assessments to aid in academic placement, as well as by administering more traditional projective tests, such as the Rorschach, TAT, and Sentence Completion Test. Interns are expected to present assessment results to the treatment teams to aid in diagnostic and treatment planning, thereby gaining experience serving in a consultation role.

Outpatient Clinic (OPC)

The OPC clinical population includes children from age 3 through 17 who are being evaluated either for possible admission to inpatient units or for outpatient, community-based services. Their problems may include mood disorders, disruptive behavior disorders, eating disorders, anxiety disorders, learning problems, school refusal, a history of sexual abuse, and so on, often in a complex multi-problem family context.

Interns can expect a variety of experiences: Individual and group therapy; interviewing and testing children, often with complete "batteries" of intellectual and personality tests; interviewing parents and families; observing classroom behavior; and interpreting results and recommendations to parents and children. There is also an opportunity to participate in descriptive or evaluative clinical research, using instruments such as the Child Depression Inventory (CDI) and the Achenbach Child Behavior Checklist (CBCL).

The OPC clinical orientation typically integrates psychodynamic, developmental, behavioral, family systems, and cognitive approaches. There are opportunities to carry both short- and long-term child therapy cases. Parents usually are seen in counseling by another therapist with whom the intern collaborates. There is an opportunity to work in family therapy as well, either in place of or in coordination with individual psychotherapy. Given interest and initiative, interns can sometimes arrange additional clinical experiences (e.g., school-based or clinic-based anger/coping group therapy or sex offender group treatment). Student therapists have considerable case management responsibility, usually in a collaborative relationship with a parent therapist or family co-therapist. Consultation with school and other community agency personnel is a common aspect of treatment cases.

CPI Internship Structure

Within the larger context of a JUH internship, two types of rotations are available to interns who have an interest in child psychology.

1. Major rotation - This rotation is available to interns who wish to pursue a child-track in their pre-doctoral training. The intern's time may be split between Adolescent Services, CPU, and OPC or an intern may choose to spend all or the majority of his/her time on Adolescent Services or CPU. Up to two interns may choose a major child rotation, depending on the availability of supervision.
2. Minor rotation - This minor rotation is available for interns who are following a predominantly adult track, but who wish to pursue some child training. There are three slots available in Adolescent Services, in CPU, or in the OPC, again depending on the availability of supervision. In any slot, the intern carries one treatment case and occasionally performs cognitive and personality assessments.

Specific Objectives - CPI

1. Become familiar with a wide variety of psychopathological presentations in children and adolescents, allowing accurate use of current diagnostic systems and developing skill in differential diagnosis.
2. Conduct individual, group, and/or family therapy sessions effectively and independently (or collaboratively, when a cotherapist is involved).

ALCOHOL AND DRUG ADDICTION TREATMENT CENTER

The Alcohol and Drug Addiction Treatment Center (ADATC) is an inpatient substance abuse treatment program for adults, some of whom are hospitalized involuntarily. The Center is a treatment facility located on the JUH campus, which provides a small intensive detoxification program and inpatient treatment for up to 80 patients for 7-14 days. The patient population represents the spectrum of individuals with substance abuse problems; psychosocial problems and co-existing psychiatric and/or medical conditions are frequent and motivation for treatment varies. The social support system and resources of patients also varies widely. The philosophy of treatment is multi-faceted and compatible with the 12-Step Program, but also emphasizes personal responsibility and power for change. The goal of treatment is lifestyle change that results in sustained and total abstinence from all abuse of drugs. Initial assessment of the strengths and weaknesses of the individual is used to design an intensive, patient-based program of group and individual therapy. Interventions are designed to directly address the pertinent issues relevant to each patient. In addition to more conventional therapies, patients are involved in daily community meetings that are integral to the operation of the program. Multi-disciplinary teams led by a psychiatrist meet regularly with patients to plan and discuss treatment and progress. Teams are comprised of mental health professionals with specialized training in treatment of substance abuse from the disciplines of psychiatry, social work, counseling, rehabilitation therapy, and nursing. A special program has been developed to meet the needs of women in recovery. Neuropsychological services are provided to the Center on a consultation basis.

Training opportunities for the psychology intern focus on developing an understanding of the nature of the addiction process and the central role that use of substances plays in the life of the individual. This foundation is linked to the issues of successful treatment in a multi-disciplinary, individualized treatment setting utilizing the community milieu in conjunction with group and individual therapy. Interns will have broad flexibility in participating in treatment activities according to their areas of interest. Interns may be assigned to a specific treatment team, participate in community meetings, and co-lead treatment groups. Generally, the intern will work closely with the team to learn first-hand the strategies and to meet the challenges in the field of substance recovery. In addition, interns will have exposure to the neuropsychological issues related to substance use and dependence and may be trained to complete screening evaluations intended to identify functional brain changes associated with long-term or severe abuse. Opportunities exist for leading educational groups on a wide variety of topics (e.g., substance awareness, DBT skills, 12-step, HIV prevention, relapse prevention, stress management, relaxation training, parent training, trauma issues, spirituality, women's issues), conducting team and trust-building group activities, discharge planning, and participation in an ongoing psychodrama program. This rotation is structured as a four-day per week commitment for a minimum of three months in order to maintain continuity of treatment and a consistent learning atmosphere.

Specific Objectives - ADATC

1. Expand familiarity with the issues related to treatment of substance dependence and the demands of recovery in adults as it is addressed by a patient-based model utilizing multi-disciplinary treatment teams and intensive group work.
2. Gain intensive experience in co-leading groups and in participating in a multi-disciplinary team trained and certified in the field treatment of chemical dependency.
3. Develop skills in neuropsychological screening of individuals with a history of substance dependence and other potential neurological factors affecting daily functioning.

VGFW AREA MENTAL HEALTH PROGRAM – Community Rotation

The Vance-Granville-Franklin-Warren (VGFW) Program provides mental health, substance abuse and developmental disability services to residents of a rural four-county area. Client problems are varied, but often include issues of poverty and multiple areas of dysfunction. A wide range of services is available including outpatient, case management, intensive outpatient, in-home and in-community therapy, day treatment, group living and family-based residential treatments, crisis stabilization, and vocational and therapeutic recreational services. The Area Program has a reputation for developing creative solutions to meet the needs of clients and for providing comprehensive, well-integrated services. Additionally, public sector managed care models are affecting many service areas, and the intern would have the opportunity to observe the agency's response to these changing demands.

The intern would develop, in consultation with the supervising psychologist, an individualized program that matches his or her interests, experience, and needs. The overall time commitment at the site is one day per week, typically Friday. The intern can develop a rotation that provides selected experiences in different areas including geriatric/adult mental health, substance abuse treatment, and child/family treatment. Involvement in a total of three or four activities over the course of the year will allow for both breadth and depth of the training experience. A training contract for this site, which specifies training activities and learning objectives, is developed at the beginning of the year and is updated at midyear.

Risk assessment of adults and children is a significant and relevant role of community mental health programs. VGFW provides ongoing risk assessment services that entail skills basic to doctoral psychologists. VGFW also provides unique experience in treatment of adult sex offenders in a well-established outpatient program that welcomes interns.

An intern wishing to concentrate training on substance abuse treatment might choose to dedicate some time to traditional substance abuse (SA) services and treatment for the dually diagnosed (SA/MH). Individual therapy is generally an option and the intern may also serve as co-therapist for one of a number of groups. More intensive involvement as a therapist in the Intensive Outpatient Program (Tuesday and Thursday) is dependent on the day the intern is at the site.

Experience in family interventions may be provided by work with both adults and children, with families, or court-referred youth in treatment. Such family-oriented activities include co-leading groups and may involve some therapeutic home program activities.

The intern will receive one hour per week of individual supervision with the onsite supervising psychologist. In addition, s/he may receive supplemental supervision from the psychologist regarding co-therapy casework or from other staff who have expertise in particular skill or program areas. There is also an opportunity for use of videotape or "live" (one-way mirror) supervision to supplement case presentations and discussion. All supervisory staff at VGFW have received formal training in supervision.

Specific Objectives - VGFW Community Site:

1. Acquire familiarity with a community-based model of service delivery as well as an appreciation for the types of client problems that can be effectively addressed in a community setting.
2. Develop skills in engaging, assessing, and treating clients in a community setting.
3. Identify specific areas of interest within the field and acquire experience in this practice domain.

FEDERAL CORRECTIONAL INSTITUTION – Community Rotation

The Federal Correctional Complex is situated about five minutes from JUH. At this site, the Federal Bureau of Prisons will operate a 550-bed, JCAHO-accredited hospital for Federal detainees consisting of over 300 medical/surgical beds and over 200 inpatient psychiatric beds beginning in October, 2000. The psychiatric mission at the medical center will include forensic evaluation services for the federal courts and acute psychiatric care. Other facilities include a correctional population of about 400 inmates, a 100 bed residential Drug Treatment Program, a 120 bed transitional/chronic psychiatric care program, a 65 bed Sex Offender Treatment Program, and a 20 bed secure unit for sexually predatory inmates. The complex also includes a 1000 bed low-security institution and two 300 bed minimum-security camps. The Federal Correctional Complex is best known for involvement in high-publicity cases referred for forensic evaluation from around the country. Famous former inmates include John Hinckley, Larry Flynt, and Vincent "Chin" Gigante.

A one-day-per-week rotation is available with various programs in the correctional complex. Specific activities depend upon the area of involvement and the intern's level of experience and competence. Students interested in one or more of the FCC programs should consult with the JUH Training Director and the Director of Training at the FCC for more details. In general, training objectives at FCC programs would include:

1. Acquisition of experience and understanding in the application of psychological science and applied techniques to legal, correctional, and public policy issues such as court-ordered evaluations or treatment of criminal deviance.
2. Development of skills in applying psychological assessment techniques to non-traditional questions such as competency to stand trial, criminal responsibility, or risk management in community placement of offenders and psychiatric patients.
3. Ability to function as part of a multidisciplinary team involving both other professionals and para-professionals.
4. Proficiency in managing extreme forms of both Axis I and Axis II psychopathology.

DIDACTIC EXPERIENCES

Each intern will participate in at least two hours of didactic training per week. There are many possibilities in this realm; emphasis is placed on topics relevant to the internship setting, including special populations (cultural issues, severe mental illness, and public sector mental health).

1. The hospital conducts a weekly Grand Rounds seminar on a variety of topics pertinent to psychiatry and psychology. Speakers at Grand Rounds are often affiliated with Duke University Medical Center or UNC-Chapel Hill; they may also be nationally known professionals who have been invited to present at Duke and JUH Grand Rounds.
2. The JUH Psychology Department conducts a didactic seminar series for interns on special topics pertinent to psychologists-in-training, which meets weekly for 1.5 hours throughout the internship.
3. Seminars offered that are specific to the various units and institutes of the hospital. For example, there is a weekly case conference at the Geropsychiatry Institute and monthly case conferences occur on Rehab and AAU. There are also opportunities for training in Dialectical Behavior Therapy and psychiatric rehabilitation on the Rehabilitation Unit. The Child Psychiatry Institute has a weekly seminar on issues related to child and adolescent psychiatry.
4. VGFW Area Mental Health Program offers monthly training on issues of interest to clinicians.
5. There are a number of other relevant didactic opportunities available that interns can arrange to attend periodically at Duke University and UNC-CH.

TERMS OF APPOINTMENT

Interns accepted to the JUH internship will be undertaking a one-year, full-time training commitment. The internship year begins on September 1 and ends on August 31. Some aspects of employment (TB test and Personnel interview) require the interns to be available at least a week before the official start date. It is expected that interns will be on site throughout the internship from 8:00 a.m. to 5:00 p.m. each day.

A stipend of \$16,000 will be paid to each intern. As employees of the state of North Carolina, interns are provided with liability insurance for the work they do at the hospital, at no cost to them. There are limited benefits associated with the position because interns are considered contract rather than permanent employees. There are no health care benefits available. It is recommended that interns maintain their student status so that they may acquire health insurance from their universities. Interns have 11 days of unpaid holiday leave when professional staff are out of the hospital. In addition, 20 days of personal leave are made available, including sick leave, vacation leave, and academic obligations.

APPLICATION PROCEDURES

ELIGIBILITY

Applicants for the JUH Internship in Clinical, Counseling, or School Psychology must be Ph.D. or Psy.D. candidates, preferably from APA-approved programs in Clinical, Counseling, or School Psychology who have completed all of their course requirements except the dissertation. Conditions of appointment include successful completion of the state employment application and a negative drug screen.

HOW TO APPLY

All formal application materials should be submitted no later than November 15, 2000 and should include:

1. A completed APPIC Application for Psychology Internship (AAPIC). The AAPIC is available from the APPIC Web Site: <http://www.appic.org> or by requesting an email copy from the Training Director.
2. A completed JUH Application Form (one page) which, along with basic identifying information, asks for the applicant to indicate 1st and 2nd choices for internship track and the names of three (3) references and the interview preference dates.
3. A cover letter stating why the applicant is interested in the JUH Internship Program.
4. One test report that has been carefully purged of identifying information.
5. A transcript of graduate work to date.
6. Three letters of recommendation.
7. A self-addressed, stamped postcard that will be returned to the applicant upon receipt of all application materials. Please mark this postcard with "JUH Internship".

Applicants may be invited to interview on-site after all materials are received and reviewed. Interview days will occur on two consecutive Thursdays, January 11 and 18, 2001. The interview process is intended to provide an opportunity for applicants to learn more about the program and meet with faculty and interns as well as to become familiar with the rich opportunities in this geographic area. Telephone interviews are also acceptable and can be arranged with one or more faculty members. Alternate times for interviews may be arranged in special circumstances, but the availability of current interns and faculty cannot be guaranteed.

We will make every effort to inform applicants of their status in a timely fashion throughout the application process; we will notify applicants who are no longer being considered as soon as possible at every juncture. Not every applicant will be offered an interview. Applicants who are invited to interview will be notified no later than January 3, 2001.

This training program observes the guidelines regarding timing of internship offers and acceptances adopted by the Association of Psychology Postdoctoral and Internship Centers and the Councils of the University Director of Clinical and Counseling Programs. A copy of the current guidelines is enclosed or available on the APPIC website if this text is accessed on-line. In applying to this internship facility, you are also agreeing to adhere to these guidelines.

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

Please submit all application materials to:

Mareah C. Steketee, Ph.D.
Director of Internship Training
Adult Admissions Unit
John Umstead Hospital
Butner, North Carolina 27509-1626
mcsteket@email.unc.edu

For more information about the John Umstead Hospital Internship Program, visit our website at
<http://www.unc.edu/~mcsteket/>

For more information about the Chapel Hill, Durham, Raleigh area, <http://www.triangle.citysearch.com/>

INTERNSHIP FACULTY

- Ann Louise Barrick Clinical Associate Professor, University of North Carolina at Chapel Hill. Director of Psychology, John Umstead Hospital. Ph.D., Ball State University, 1986.
- Paul Brinich Clinical Professor, University of North Carolina at Chapel Hill. Consulting Professor, Department of Psychiatry, Duke University. Director of Psychological Services for the Children's Psychiatric Institute, John Umstead Hospital. Ph.D., University of Chicago, 1974.
- Michael Bridges Clinical Assistant Professor, University of North Carolina at Chapel Hill. Psychologist, Psychiatric Rehabilitation Unit, John Umstead Hospital. Ph.D., University of Wyoming, 1992.
- Peter R. Burch Psychological Program Manager, Children's Psychiatric Institute, John Umstead Hospital. Ph.D., Duke University, 1978.
- Laura M. Clark Clinical Assistant Professor, University of North Carolina at Chapel Hill. Chief Psychologist, Geropsychiatry Institute, John Umstead Hospital. Ph.D., University of North Carolina at Chapel Hill, 1992.
- Madeleine Crockett Senior Psychologist, Psychiatric Rehabilitation Unit. Ph.D., University of Minnesota, 1994.
- Sue Dunn Adjunct Assistant Professor, University of North Carolina at Chapel Hill. Consulting Associate, Duke University. Psychologist, Child Psychiatric Institute, John Umstead Hospital. Ph.D., Duke University, 1991.
- Pam Epperson Psychologist, Adolescent Services, John Umstead Hospital. Ed.D., Duke University, 1982.
- Stephen G. Flanagan Clinical Associate Professor, University of North Carolina at Chapel Hill. Psychologist, Psychiatric Rehabilitation Unit, John Umstead Hospital. Ph.D., Syracuse University, 1975.
- Michael Glen Clinical Assistant Professor, University of North Carolina at Chapel Hill. Psychologist, Adolescent Unit, John Umstead Hospital. Ph.D., University of North Carolina at Chapel Hill, 1995.
- Tom Guthrie Adjunct Assistant Professor, University of North Carolina at Chapel Hill. Chief Psychologist, Psychiatric Rehabilitation Unit. Ph.D., Duke University, 1982.
- Patricia Kerig Clinical Associate Professor, University of North Carolina at Chapel Hill, Psychologist, Children's Psychiatric Institute Outpatient Clinic, John Umstead Hospital, Ph.D. University of California at Berkeley, 1989.
- Nancy E. Laney Psychologist, Adult Admissions Unit, John Umstead Hospital. Ph.D., Temple University, 1997.

- Rhett Landis Adjunct Assistant Professor, University of North Carolina at Chapel Hill. Director of Psychology Training-Federal Correctional Complex. Ph.D., University of Louisville, 1989.
- Arlane (Laney) Margolis Clinical Associate Professor, University of North Carolina at Chapel Hill. Chief Psychologist, Adolescent Services, John Umstead Hospital. Ph.D., Ohio University, 1985.
- Clare Mundell Clinical Assistant Professor, University of North Carolina at Chapel Hill. Psychologist, Rehabilitation Unit, John Umstead Hospital. Ph.D., George Mason University, 2000.
- Raymond D. Newnam Clinical Instructor. Director, Outpatient Child and Family Services for the Area Mental Health Program of Vance, Granville, Franklin, and Warren Counties. Ph.D., University of North Carolina, 1979.
- Doris Ryan Adjunct Assistant Professor, University of North Carolina at Chapel Hill. Chief Psychologist, Adult Admissions Unit, John Umstead Hospital. Ph.D., University of South Carolina, 1988.
- Jennifer Snyder Clinical Assistant Professor, University of North Carolina at Chapel Hill. Psychologist, Adult Admissions Unit, John Umstead Hospital. Ph.D., University of Iowa, 1998.
- Mareah C. Steketee Clinical Assistant Professor, University of North Carolina at Chapel Hill. Neuropsychologist, Adult Admissions Unit, John Umstead Hospital. Adjunct Assistant Professor in Medical Psychology in the Department of Psychiatry and Behavioral Sciences, Duke University. Ph.D., California School of Professional Psychology-Alameda, 1992.
- Jane Stevens Adjunct Assistant Professor, University of North Carolina at Chapel Hill. Psychologist, Children's Psychiatric Institute, John Umstead Hospital. Ph.D., Duke University, 1975.