



Maryland

DEPARTMENT OF HEALTH

Springfield Hospital Center

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Department of Psychology, Addiction Recovery, & Trauma Services

Doctoral Internship in Clinical Psychology

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

Training Year 2023-2024

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Springfield Hospital Center, as an agency of the Maryland Department of Health, prohibits discrimination on the basis of race, color, sex, national origin, religion or belief, marital status, sexual orientation, genetic testing, political affiliation, and mental and/or physical disability in the operation and administration of its services, facilities, programs, benefits, and employment opportunities.

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,
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Licensed Psychologist
Director of Intern Training
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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 on Accreditation of Healthcare Organizations (JCAHO). 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 240 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. The area has seen a recent expansion in development. Our proximity to major highways also 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 Psychology, Addiction Recovery, & Trauma Services (PsyARTS) and the Office of Forensic Services (OFS). Within PsyARTS, staff psychologists draw upon a range of theoretical orientations, including psychodynamic, cognitive-behavioral, humanistic, and integrative. Psychologists and interns conduct group therapy, crisis management, psychological assessment, individual psychotherapy, cognitive remediation, behavioral consultation, and provide other consultations with treatment teams. The Office of Forensic Services (OFS) conducts court-ordered assessments, providing feedback to treatment teams and acting as a liaison with the court system. The Addiction Recovery part of PsyARTS provides consultation to treatment units regarding screening, assessment, and treatment targeting substance use and trauma-related symptoms. The PsyARTS department also conducts violence risk and psychosexual assessments for referred patients as well as treat compulsive sexual behaviors.

Hospital units are organized by program.¹ The Acute Care Service provides shorter-term treatment for stabilization and consists of 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

¹ In response to Covid-19, adjustments were made to admissions processes. Prior to admission, detention centers attest that patients have not left cells for 14 days and are symptom-free or have a negative Covid test. Patients are re-tested and monitored for symptoms following admission to an admission unit. An additional unit in the hospital is designated for treatment and isolation of patients diagnosed with Covid.

several units that participate in a building-based Treatment Mall.²

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.

² Due to Covid-19 Outbreaks, interventions will shift, at times, to unit-based groups.

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 2023. The program is designed as a year-long, 40 hours per week clinical internship for the advanced doctoral psychology student. Interns are expected to gain 1750 on-site hours as part of the program requirements. However, interns may elect to complete additional training hours to meet program or licensing board requirements. We currently offer three funded, full-time psychology intern positions, which typically begin in early September. The typical scheduled week is 8:00 am – 4:30 pm Monday through Friday with a 30-minute lunch break. The current annual stipend is \$34,279³, 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), 13 state holidays, and optional partially subsidized insurance (including medical, dental, prescription drugs, and vision). Interns have been classified as intermittent mission-critical employees.

At SHC, interns support multi-disciplinary treatment teams and provide a variety of clinical services, including group and individual therapy, psychological assessments, intake assessments, annual assessments, consultation to treatment teams, assistance with crisis responses, and behavioral consultations and plans. Interns may 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 Psychology, Addiction Recovery, & Trauma 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. Interns receive individual State of Maryland email addresses. Interns are provided with a telephone, hospital extension, and access to voicemail. Clerical and administrative support is provided by our department secretary. Technical support is provided through the hospital’s Information Technology (IT) department.

SHC has an extensive library that contains psychiatric and psychological references, video series, and books of a general nature. Interns have free access to an array of professional journal articles through

³ Annual salary may be subject to change due to adjustments in salary schedules.

the Maryland Department of Health Online Library. The department's Internship Library also includes a number of texts, journal articles, and reference materials that have been selected to enhance competency development and to support clinical work during internship. Interns are encouraged to make use of these resources to expand their understanding of the current scientific knowledge to inform their 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. Due to the nature of inpatient psychiatric hospitalization, in-person services are preferred, or required, in most 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, some internship seminars provided by outside presenters were modified to accommodate a live webinar format though many were in conducted in person. 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 designated for use with patients who required isolation and treatment of Covid. Personal Protective Equipment (PPE) was made available. Specifically, staff and patients were provided with and expected to wear masks at the hospital. Additional PPE may be available for use when a unit is on quarantine precautions or when risks are elevated.

Regarding screening and testing procedures, staff and patients routinely participate in Covid-19 testing as deemed necessary, such as when identified close contact with someone known to have Covid-19 occurs, or weekly if the staff member or intern chooses. Presently (July 2022), patients are tested prior to and/or 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 complete mandatory Covid-19 testing when directed by the Preventive Health and Infection Disease Control Department. Additionally, staff currently report any extended out-of-state travel to the infection control department and are expected to coordinate Covid-19 testing with their return to work. 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 utilized Springboard, a hospital-wide email communication, to notify staff of Covid-19 updates and procedures.

Regarding internship training, when temporarily restricted from in-person services due to Covid Protocols, interns may shift the focus of their training to program development, evaluation, and implementation. Samples of projects completed by the interns during this time included the development of a staff support hotline, development of resources for staff, and development and adaptation of group interventions for SHC's patients. Interns working remotely due to being on Covid Protocol, continued to provide tiered supervision, teleassessment, individual therapy, and group therapy, where appropriate and available. Finally, interns, at times, focused on providing services to their primary units, rather than

throughout the hospital, due to movement restrictions among units. This also limited opportunities for exposure for both patients and trainees.

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.

Training Model and Competency Goals

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. At least four hours of supervision are scheduled weekly with a minimum of two hours provided in an individual format. Interns are expected to be proactive in their use of supervision, reflecting 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 process and clinical decision-making with their supervisors.

Interns are expected to be aware of their strengths and weaknesses, 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 may have the opportunity to provide supervision to graduate-level psychology students who are completing their externships in the Psychology, Addiction Recovery, & Trauma Services Department at SHC. Any supervision provided by interns to externs will also be fully supervised by a licensed psychologist. Further, 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.

Clinical experiences become more complex as the year progresses. The overall goal of the internship is to produce graduating interns ready for practice as entry-level professionals who are ethical, sensitive to diversity, and aware of their competencies. By the completion of the internship year, interns should demonstrate intermediate to advanced skills and knowledge in the following areas detailed below.

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. Keeps scheduled appointments and meetings on time. Keeps supervisors aware of whereabouts as needed. Minimizes unplanned leave, whenever possible.

C. Uses Positive Coping Strategies

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

V. Goal: Competence in Communication and Interpersonal Skills

Objectives

A. Professional Interpersonal Behavior

Professional and appropriate interactions, including remaining sensitive to individual and cultural diversity, with treatment teams, peers, hospital staff, and supervisors. Seeks peer support as needed.

B. Documentation

Completes required documentation as directed by clinical need, policy, and/or supervisor. Documentation includes required and relevant information and is 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 psychiatric diagnostic nomenclature and DSM classification. Utilizes historical, interview, and psychometric data to diagnose accurately.

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

Proficiently selects, administers, scores, and interprets commonly used tests of intellectual functioning in their 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 selects, administers, scores, and interprets commonly used tests of personality/emotional functioning in their 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 evaluates, manages, and documents patient risk by assessing 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 Others

Consistently achieves a good rapport with recipients of services/assessment. Develops professional relationships with staff. Interacts appropriately in professional and clinical contacts. 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 major theoretical orientations and develops a solid conceptualization based on own preferred model(s). Integrates knowledge from research/the current literature regarding evidenced-based practices. Collaborates with patients to form appropriate treatment goals.

D. Therapeutic Interventions

Interventions are well-timed, effective, and, when appropriate, consistent with empirically-supported treatments.

E. Group Therapy Skills and Preparation

Intervenes in group skillfully and attends to member participation, group communication, safety, and confidentiality. If the group is psychoeducational, readies materials for group and understands each session's goals and tasks. Works 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

Demonstrates good knowledge of supervision techniques and can identify supervisory themes/issues in their own supervision and, when applicable, in group discussions with other trainees. 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.

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. Interns can expect to participate in two different rotation assignments over the course of the training year, although continuation in one rotation may be approved in circumstances that support individual training goals. Rotation assignments will be determined based upon supervisory availability and intern preferences and training goals. Rotations are scheduled to coincide with the treatment group cycles offered at the hospital, with the rotations beginning in October and late March. This schedule allows interns to experience approximately two treatment cycles per rotation. Rotation supervisors oversee the interns' intervention work and other unit and departmental responsibilities; they also co-lead group therapy with interns. Interns have an opportunity to complete rotations in the Psychology, Addiction Recovery, & Trauma Services Department in the Acute Care or the Recovery Programs with an emphasis in trauma and/or addictions if desired. Interns also have the opportunity for a rotation in the Office of Forensic Services.

In addition to the rotation assignments, throughout the year interns conduct comprehensive assessments, provide behavioral consultations and management plans as needed, provide individual therapy, and cognitive remediation. Interns will receive high-quality training and individual supervision with a licensed psychologist within their assigned rotations. Interns may have separate assessment and therapy supervisors assigned. Supervisors and interns will meet at least weekly. Efforts will be made to ensure a variety of assessment and therapy cases, both in terms of referral questions as well as functional level of the patient. Types of assessments may include forensic evaluations, risk assessments, or psychosexual evaluations in addition to standard psychological comprehensive assessments. Further, interns will complete a program evaluation project, develop and implement their own therapy groups during the second half of a rotation during the internship year, and will present on a psychological topic for staff towards the end of their training year.

During the training year, interns can expect to spend approximately 16 hours per week devoted to their rotation assignment, 8 hours per week in assessment, 8 hours a week in individual therapy and cognitive remediation (Springfield Counseling Center), and 8 hours a week in didactics, supervision, and flex time. The following are descriptions of experiences which are currently anticipated to be offered throughout the training year but are subject to change depending on supervisor availability.

Acute Care Unit

Upon admission to the hospital, patients are assigned to an acute care unit. 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 groups), providing milieu and crisis intervention services, and providing individual therapy. Initial psychological assessments are completed following admission to the hospital. Interns will work with their primary supervisor on a designated unit within their rotation program.

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 milieu and crisis intervention, and providing individual therapy. Group interventions may be provided through a treatment mall.⁴ Additionally, interns will participate in conducting annual assessments for assigned patients. Interns will work with their primary supervisor on a designated unit within their rotation program.

Trauma & Addiction Emphasis

Approximately two-thirds of the patients admitted to SHC have a substance use disorder and quarter of them have significant trauma-related symptoms though most have experienced trauma in some fashion. PsyARTS provides assessment and treatment in the areas of trauma and addiction in both Acute and Recovery Programs. Services include addiction assessments, trauma assessments, addiction therapy groups, trauma therapy groups, treatment team consultation, and individual therapy. Interns are encouraged to participate in these activities but may choose to do so to a greater extent to support their training goals.

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. Interns will also conduct a forensic oriented psychoeducation group. Supervision is provided by licensed psychologists in the SHC Office of Forensic Services.

Assessments

Patients from the hospital are referred for cognitive, intellectual, personality, behavioral, and emotional assessments and, at times, specialty assessments including violence risk assessments and psychosexual evaluations. These assessments and evaluations are to aid in the development of individualized treatment plans and support discharge planning. Interns will gain experience and training in measures specific to these varied referral questions. Interns will participate in administering psychological tests, record reviews, comprehensive clinical interviews, report writing, and providing feedback.

Springfield Counseling Center (SCC)

Patients are referred for individual therapy through the Springfield Counseling Center. Individual therapy referrals are for a variety of presenting problems and may include behavioral interventions, increased reality-orientation, anger management, social skills development, trauma symptoms, or

⁴ The use of the treatment mall for group interventions was restricted during Covid-19. In place of treatment malls, unit-based group interventions were provided with limitations on the number of group members to promote social distancing.

individual competency restoration, among others. Depending on the patient's presentation and level of functioning, the length and frequency of individual therapy sessions may vary. Sessions may be held on or off the units.⁵ Both short-term and long-term referrals are available, and clients may be referred from the intern's assigned unit, as well as from other units throughout the hospital.⁶ This experience affords opportunity to focus on greater development or mastery of individual therapy skills.

Cognitive Remediation

Patients are referred for cognitive remediation to address cognitive deficits that are related to psychosis and resistant to available pharmacological interventions. Upon referral, interns will administer 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 the opportunity to participate in further program evaluation and development. This experience is suitable for an intern who is looking to gain experience with this evidence-based intervention and opportunities for programmatic level services (e.g., program evaluation, program development, policy development).

Behavioral Consultations & Plans

Patients are referred for behavioral consultations and plans by 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). Interns will work with their assessment or therapy supervisor to complete interviews of treatment providers and the patient, complete thorough chart reviews, develop treatment recommendations or formal behavior plans, provide feedback, and write behavior plan reports. Follow-up may be requested by treatment teams, and interns may have the opportunity to provide further consultation when questions or concerns regarding the implementation of a behavior plan arise.

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, participate in research, 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.

⁵ Location of therapy session may depend on the patient's support level, availability of appropriate spaces, and Covid-19 restrictions or precautions. Additionally, teletherapy may be available for certain patients.

⁶ If patients are referred from other units, interns may be restricted from entering unassigned units due to Covid-19 precautions. In these situations, staff have assisted by facilitating teletherapy or bringing the client to the unit exit so that therapy can be completed off the unit.

Training Seminars

An extensive series of training seminars is offered to further facilitate learning.⁷ 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; a specific series is offered to increase awareness and sensitivity to diversity and culture. Additionally, seminars may focus on 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.

The following seminar topics were offered during the 2021-2022 internship year:

- Cognitive Remediation
- Short Term Assessment of Risk & Treatability (START)
- Motivational Interviewing
- There & Back Again: The Path Into and Out of Addiction
- Abridged Psychopharmacology
- Clinical Supervision: Theory and Practice
- Telepsychology Best Practices 101
- Acceptance and Commitment Therapy (three-part series)
- Understanding & Treating Compulsive Sexual Behavior Disorder: An Overview
- Mandated Reporting and Guardianships: What's a Therapist to Do?
- The Body Keeps the Score: Insights from Bessel van der Kolk
- Polyvagal Theory: An Introduction
- Psychology Internship Presentations
- Specialized Early Intervention Services for First Episode of Psychosis
- Cognitive Behavioral Therapy for Psychosis

Seminar Series:

Assessment Series

- Assessment of Malingering
- Risk Assessment: Development & Background
- Risk Assessment: Application
- Using the MCMI-4

⁷ Seminars are typically structured as in-person learning experiences. However, adjustments were made to accommodate remote learning due to Covid-19. When appropriate or necessary, live or recorded didactic webinars may be offered as part of the training series.

- WAIS-IV Advanced Interpretation
- Using the MMPI in Clinical Practice: Focus on Interpretation
- Using the PAI: Focus on Interpretation

Professional Development

- Professional Development Series
- Professional Well-Being for Clinicians: From Knowledge to Action
- Deciding on a Post-Doc

Program Evaluation Workshop Series

- Introduction to Program Evaluation
- Program Development
- Project Implementation
- Communicating Results

Forensic Series

- Introduction to Forensic Psychology
- Problematic Communities and Competency Restoration
- Brief Introduction to Online Child Sex Offending
- Extended Discussion of Pathways of Online Sex Offending

Diversity Series

- Culturally Affirmative Practice (CAP) Series
- Ethics and Diversity Considerations in Assessment
- Biopsychosocial Perspectives on Working with Deaf and Hard of Hearing Adults
- Women Who Sexually Abuse: A Gender Informed Approach
- Beyond Pronouns: Gender-Affirming Mental Healthcare
- Queer Care: Mental Health Considerations and Treatment Needs

The hospital also hosts a regular Psychiatric Grand Rounds⁸ 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 have attended a three-day forensic psychology training symposium offered through the Behavioral Health Administration (BHA).

Interns present to the Psychology, Addiction Recovery, & Trauma Services department and the psychologists in the Office of Forensic Services on a psychological topic of their choice near the end of the training year to share their own expertise and to further their professional development.

⁸ Grand Rounds and case conference presentations were placed on hold due to Covid-19 restrictions.

Evaluations and Successful Completion of the Program

The progress of interns is closely monitored during the internship year. Feedback is continuously provided by supervisors to interns through discussion in supervision sessions. The Director of Intern Training discusses progress with each intern on at least a monthly basis. Interns complete a self-evaluation of their goals and progress at several points during the internship. Formal written evaluations of interns' competencies are completed by supervisors at the end of each rotation. Interns have the opportunity to read, discuss, and provide written comments on their supervisors' evaluations. The interns also complete an evaluation of each supervisor at the end of each rotation. The Director of Intern Training provides a summary of the intern's progress to the intern's doctoral program after six months and at the end of the year, as well as completing any additional evaluation requirements of the intern's doctoral 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: 8/12/2022

Internship Admissions, Support, and Initial Placement Data

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 forensic interest, clinical experience in inpatient settings or working with individuals diagnosed with a serious mental illness, be able to function as part of a multi-disciplinary framework, and provide a variety of clinical services, including group and individual therapy, psychological assessments, intake assessments, consultation to treatment teams, and assistance with crisis responses. Strong applicants will have taken courses in assessment, personality theory, psychopathology, and principles of psychotherapy/intervention; have had 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; group therapy experience; and training/clinical experience with and the ability to independently administer 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	No	Preferred Minimum: 300
Total Direct Contact Assessment Hours	No	Preferred 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.
- A combined total of 500 hours in direct contact intervention and assessment hours is preferred. Hours accrued during terminal Master's study will be considered if certified by your DCT.⁹
- Dissertation proposal (or equivalent requirement) approved by application deadline.
- Comprehensive exams passed by application deadline.

⁹ Reductions in direct contact hours are anticipated due to the impact of Covid-19. Although a minimum of 500 total direct contact hours with at least 75 assessment and 300 intervention hours is typically a requirement for our program, this requirement has been waived in light of social distancing and limited opportunities for direct contact.

SHC ***does not*** require students, trainees, and/or staff to comply with specific policies or practices related to the institution’s affiliation or purpose. This includes, but is not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns: \$34,279 (subject to change annually)¹⁰

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), 13 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.

¹⁰ Annual salary may be subject to change due to adjustments in salary schedules. Due to Covid-19, the State of Maryland is currently considering several plans to address financial constraints. Proposals have included percentage reductions across salary schedules, among other possibilities.

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

2018-2021

Total # of interns who were in the 3 cohorts: 9

Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree: 0

Position Setting	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 Health Care System/Medical Center	0	0
Military Health Center	0	0
Other Hospital or Medical Center	0	0
Psychiatric Hospital	5	0
Academic University/Department	0	0
Community College or Other Teaching Setting	0	0
Independent Research Institution	0	0
Correctional Facility	1	2
School District/System	0	0
Independent Practice Setting	1	0
Consortium	0	0
Health Maintenance Organization	0	0
Not Currently Employed	0	0
Changed to Another Field	0	0
Other	0	0
Unknown	0	0

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.

Psychologists

There are currently 5 full-time and 1 half-time psychologists and 2 Psychology Associates in the Psychology, Addiction Recovery, & Trauma Services (PsyARTS) department. Staff psychologists are assigned to various units or programs and are administratively responsible to the Director of PsyARTS. 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, and consultation for assessment referrals). Psychologists also work within other departments at the hospital, including the Office of Forensic Services (OFS). OFS currently employs 5 full-time psychologists. The following is a list of current psychologists at SHC:

Psychology, Addiction Recovery, & Trauma Services

Director of PsyARTS/ Director of Intern Training

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

Primary Theoretical Orientation: Cognitive-Relational

Areas of Interest: Trauma, Compulsive Sexual Behaviors (Certified Sexual Addictions Therapist, CSAT), Addiction, Forensic (Risk Assessment), Culture & Diversity, Impact of Microaggressions

Tracy Bloom, Psy.D., The Chicago School of Professional Psychology at Washington, DC, 2019

Primary Theoretical Orientation: : Cognitive-Behavioral

Areas of Interest: Trauma, Assessment, and Culture & Diversity

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

Primary Theoretical Orientation: Integrative- Psychodynamic, Object Relations, CBT

Areas of Interest: Severe and Chronic Mental Illness, Cultural Diversity, Incorporation of Family Systems to treatment of SMI

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

Primary Theoretical Orientation: Cultural/Contextual; CPT; Mindfulness, & CBT

Areas of Interest: Forensics, Trauma, Empowerment, Rehabilitation, and Research

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

Aldith Campbell, Ed.D., American School of Professional Psychology at Argosy University, Phoenix, Arizona, 2012

Psychology Associate

Primary Theoretical Orientation: Cognitive-Behavioral

Areas of Interest: SMI population, Cultural Diversity, Teaching in Higher Education, Group Counseling, Risk Assessment

Rita Mercer, Psy.D., The Chicago School of Professional Psychology, Los Angeles Campus, 2019

Psychology Associate

Primary Theoretical Orientation: Cognitive-Behavioral

Areas of Interest: Racial Battle Fatigue, Culture, Diversity, Forensic (Risk Assessment), Transitional life issues

Office of Forensic Services

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

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

Gizelle Carr, Ph.D., Howard University, 2014

Primary Theoretical Orientation: Psychodynamic

Areas of Interest: Therapeutic Jurisprudence, Forensic and Personality Assessment, Cultural issues in Forensic Assessment; Adolescents in the juvenile justice system

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

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

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. Direct Contact Hour Preferences¹¹
 - a. A minimum of 300 of face-to-face intervention hours is preferred
 - b. A minimum of 75 of face-to-face assessment hours is preferred
 - c. A total of 500 hours of direct contact (e.g., combined total for face-to-face intervention and assessment hours) during doctoral study is preferred but not required. Hours accrued during terminal Master's study will be considered if certified by your DCT.
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
- ✓ 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.

¹¹ Typically SHC's Doctoral Internship Program requires a minimum of 500 total direct contact hours for further consideration for the program with at least 75 assessment and 300 intervention hours. Due to Covid-19, this requirement has been relaxed. Applicants who do not meet these absolute thresholds direct contact hours will remain under consideration.

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
Please note: 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 9th). Remote video interviews will be offered to all candidates invited to interview and will be the preferred method of interviews. Telephone interviews will be available as an alternative, when needed. Interviews will be scheduled for January 11th, 12th, 13th, 26th, or 27th. Interviews typically include an individual interview with the Director of Intern Training and an individual interview with another psychologist, as well as the completion of a writing sample. Applicants will be provided an opportunity to speak with current interns regarding their experiences. Applicants not invited for an interview will be informed by December 9th and will no longer be considered for the upcoming internship year. Notification and scheduling of interviews will be via email.

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. Charles Zeitler by phone at 410-970-7333 or e-mail: charles.zeitler@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

6655 Sykesville Road

Sykesville, Maryland 21784-7564

TTY: 1-800-249-4347

Jordan Butler, Chief Executive Officer

Jo Hall, M.D., Clinical Director

Charles Zeitler, Psy.D.

Director of Intern Training

charles.zeitler@maryland.gov

410-970-7333

State of Maryland

Larry Hogan, Governor

Department of Health

Dennis R. Schrader, Secretary

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