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Springfield Hospital Center

Department of Psychology, Addiction Recovery, & Trauma Services (PsyARTS)

Doctoral Internship in Clinical Psychology

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

Training Year 2025-2026

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MATCH #135411

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.

Brochure Updated 8/20/2024

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,

Rachel Ladysh, Psy.D. (she/her)

Internship Training Director

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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.

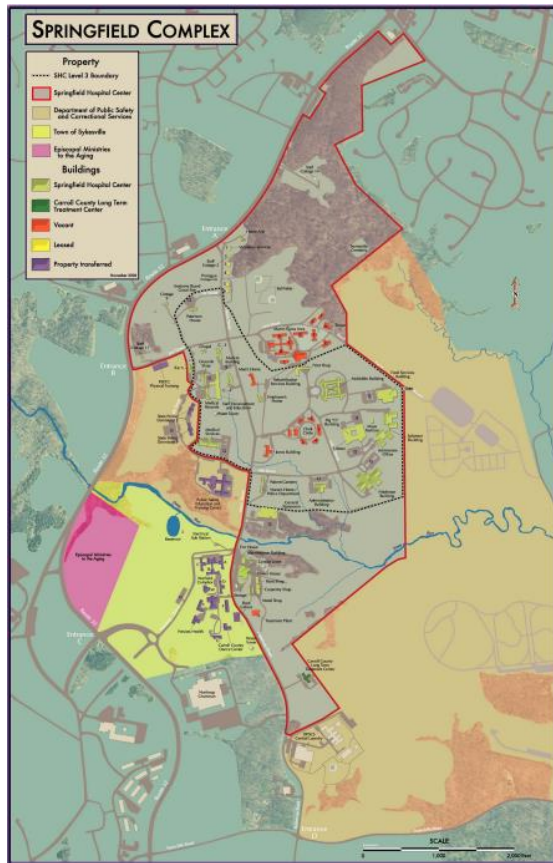
Patient care is provided by multidisciplinary treatment teams composed of psychiatrists, psychologists, social workers, somatic physicians, nurses, occupational therapists, art therapists, music therapists, recreation therapists, dietitians, and activity therapists. Psychologists provide services through 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.



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.



Springfield Campus Drawn November 2006

Hospital staff and trainees also represent diverse individual, ethnic, and cultural backgrounds. Diversity is valued at SHC and in the internship program. Considerations of diversity are expected to be included in assessment and treatment planning, and respect for differences is one of the overall hospital goals.

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

at SHC have the opportunity to learn about forensic procedures and to receive training in offering specialized treatment to this population.

The Internship

General Information and Program Resources

The internship has been continuously accredited by the American Psychological Association since 1957. The next accreditation review is scheduled for 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 \$39,113, 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 multidisciplinary 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 the Maryland Department of Health Online Library as well as PubMed and EBSCO platforms. 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.

Commitment to Justice, Equity, Diversity, & Inclusion

Training and experience with Justice, Equity, Diversity, and Inclusion (JEDI) skills are integral to the SHC psychology internship program. We believe that the delivery of services which affirm and embrace diverse identities and experiences is an issue of Justice in mental health care. This begins with hiring, developing, and uplifting diverse clinicians in both staff and trainee positions.

PsyARTS Department

The PsyARTS department is dedicated to the principles of JEDI in clinical practice as well as the workplace at large. As part of a state hospital set in a semi-rural area, PsyARTS plays a key role in modeling, providing consultation for, and the delivery of JEDI standards at SHC. PsyARTS staff comprise a diverse body of clinicians holding various intersecting cultural and personal identities. Clinicians are encouraged to present authentically in their identities and the department promotes multiple avenues for dialogue on JEDI-related issues. PsyARTS continues to grow and develop in its practice of Justice, Equity, Diversity, & Inclusion values.

PsyARTS Internship Training

In addition to the department's Diversity Series curriculum, interns and practicum students take part in a Culturally Affirming Practices (CAP) Series that is tailored for the personal and professional development of student-level clinicians. The CAP Series begins by introducing foundational concepts of culturally affirming practice

within health and mental health care and engaging students in self-reflection to understand themselves as cultural beings. As the series progresses, interns can expect to advance their insight into their own practices, learn and apply cultural theoretical frameworks, develop clinical skills specific to working with various diverse populations, and examine how systems of power and privilege encumber culturally affirmative clinical practice. The CAP Series is designed as part psychoeducation, part process group. As such, it is limited to PsyARTS students (interns and advanced practicum) to foster a space that facilitates personal growth, separate from supervising clinicians.

Interns also take part in a bi-weekly (i.e., every other week) process group which is facilitated by a clinician outside of the PsyARTS department. The group is facilitated by a clinician not otherwise affiliated with the PsyARTS department or internship program. As people holding marginalized identities can often feel isolated from organizations, the process group creates a space where interns can connect and discuss their experiences in a safe environment, separate from any supervisory or evaluative dynamics.

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.

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 (August 2024), patients are tested prior to and/or after admission. Additionally, patients displaying symptoms of Covid-19 are tested. 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 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

Practitioner-Scholar Model

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

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 professionals.

Supervision

Interns receive ongoing supervision for all clinical work. At least four hours of supervision are scheduled weekly with a minimum of two hours provided in an individual format. All supervision is provided by licensed psychologists with additional opportunities for mentorship from mental health clinicians in the PsyARTS department. Interns are expected to be proactive in their use of supervision, reflecting both self-awareness and an understanding that each person uniquely influences the therapeutic process. 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.

Supervision of Graduate Students

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 intern competency goals and objectives

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; 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 September and 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 facilitate 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, may 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, and 8 hours a week in didactics, supervision, and flex time.

Weekly Internship Hours

<i>Training Experience</i>	<i>Hours</i>	<i>Duration</i>	<i>Major Rotations</i>
Major Rotations (includes Group Therapy)	16	6 months	Acute Care* Recovery Program* Office of Forensic Services
Assessments	8	12 months	
1:1 Therapy, Program Evaluation, & Cognitive Remediation	8	12 months	
Didactics, Supervision, & Flex Time	8	12 months	

** Eligible for Trauma & Addiction Emphasis*

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. 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 Services / 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 and trauma assessments, addiction and trauma therapy groups, individual therapy, and treatment team consultation. Interns are encouraged to participate in these activities but may choose to do so to a greater extent to support their training goals.

Assessments

Patients from the hospital are referred for cognitive, intellectual, personality, behavioral, and emotional assessments and, at times, specialty assessments (e.g., violence risk assessments, 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.

² 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.

³³ If patients are referred from other units, interns may

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.

Individual Therapy

Patients are referred for individual therapy for a variety of presenting problems and may include behavioral interventions, social skills development, anger management, increased reality-orientation, trauma symptoms, individual competency restoration, and 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.² 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.³ This experience affords the opportunity develop greater mastery of individual therapy skills.

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.

Cognitive Remediation

Patients are referred for cognitive remediation to address cognitive deficits related to psychosis that are 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.

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.

Other Learning Experiences

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., policy development, program development, program evaluation).

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.

Training Seminars

An extensive series of training seminars is offered to further facilitate learning.⁴ Interns attend formal seminars throughout the training year including 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 2023-2024 internship year:

- Short Term Assessment of Risk & Treatability (START)
- Motivational Interviewing
- There & Back Again: The Path Into and Out of Addiction
- Specialized Early Intervention Services for First Episode of Psychosis
- Brief Psychopharmacology
- Cognitive Behavioral Therapy for Psychosis
- Understanding & Treating Compulsive Sexual Behavior Disorder: An Overview
- Polyvagal Theory: An Introduction
- Psychology Internship Presentations
- Psychosis: Cognitive & Behavioral Theories
- Cognitive Behavioral Therapy for Psychosis: Assessment & Treatment

Assessment Series

- WAIS-IV: Advanced Interpretation
- PAI: Advanced Interpretation
- Ethics & Diversity Considerations in Assessment

⁴ 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.

Culturally Affirming Practices (CAP) Series (students only)

- Introduction to Culturally Affirming Practices
- The Pathologizing of Culturally Diverse People
- Intersectionality & Clinical Practice
- Deconstructing Biases
- Repairing Cultural Ruptures
- Social Justice Advocacy in Mental Healthcare

Diversity Series

- Cultural Lenses
- Working with Religion & Spirituality as a Psychologist
- Queer Care: Mental Health Considerations and Treatment Needs
- Beyond Pronouns: Gender-Affirming Mental Healthcare
- Turning on your Diversity Lens as a Clinician
- Communicating Across & About Difference
- Cultural Awareness & Sensitivity in Clinical Practice

Forensic Series

- Introduction to Forensic Psychology (*3-part series*)
- Inpatient Admissions: Where Law & Mental Health Collide
- Problematic Communities and Competency Restoration
- Malingering
- Brief Introduction to Online Child Sex Offending
- Extended Discussion of Pathways of Online Sex Offending

Professional Development Series (interns only)

- Professional Development Series (*quarterly*)
- Clinical Supervision: Theory and Practice
- Assisting Discovery: Becoming an Early-Career Supervisor
- Life After your Degree (Post-Doc or Not)

Program Evaluation Workshop Series (interns only)

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

Additional Didactic Opportunities

The hospital also hosts a regular Psychiatric Grand Rounds that has featured speakers from prestigious institutions such as The Johns Hopkins University, The National Institute of Mental Health, and Sheppard and Enoch Pratt Hospital. Each program within the hospital holds a monthly case conference to discuss clinical challenges, multidisciplinary evidence-based treatment options for patients with severe and persistent mental illness, discharge planning, and treatment recommendations.

In past years, interns have also had the opportunity to join with interns at Spring Grove Hospital Center for seminars. Additionally, interns 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. They also present findings from their Program Evaluation research and provide recommendations for improving patient care secondary to their findings.

MATCH #135411

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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 Internship Training Director 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 Internship Training Director 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.

Intern Competency Goals and Objectives

I. Aim: Competence in Research

Competencies

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. Aim: Competence in Ethical and Legal Standards

Competencies

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. Aim: Competence in Individual and Cultural Diversity

Competencies

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. Aim: Competence in Professional Values and Attitudes

Competencies

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. Aim: Competence in Communication and Interpersonal Skills

Competencies

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. Aim: Competence in Assessment

Competencies

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. Aim: Competence in Intervention

Competencies

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. Aim: Competence in Supervision

Competence

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. Aim: Competence in Consultation & Interprofessional/Interdisciplinary Skills

Competencies

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.

Internship Program Tables

Date Program Tables are updated: 8/1/2024

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.
- Dissertation proposal (or equivalent requirement) approved by application deadline.
- Comprehensive exams passed by application deadline.

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: \$39,113⁵

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), 12 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.

⁵ Annual salary may be subject to change due to adjustments in salary schedules.

Initial Post-Internship Positions

(Aggregated Tally for the Preceding 3 Cohorts)

2020-2023

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	2	2
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	0	0
Consortium	1	1
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 8 full-time and 1 half-time psychologists and 3 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

Internship Training Director

Rachel Ladysh, Psy.D. (she/her) The Chicago School of Professional Psychology, Washington, DC, 2023

Primary Theoretical Orientation: Cognitive-Behavioral

Areas of Interest: Trauma, Culturally Affirming Practice, Sexual & Gender Minority (SGM) Populations, Social Justice Advocacy

Tracy Bloom, Psy.D. (she/her) 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. (she/her) 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

Trever Dangel, Ph.D. (he/him) East Tennessee State University, 2019

Primary Theoretical Orientation: Cognitive-Behavioral

Areas of Interest: Forensic Psychology (Competency, Criminal Responsibility), Serious & Persistent Mental Illness, Personality & Malingering Assessment, Addiction, Spirituality

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

Kate Schrumpf, Psy.D., (she/her) Loyola University Maryland, 2013

Primary Theoretical Orientation: Integrative – Interpersonal Process, CBT

Areas of Interest: Severe & Chronic Mental Illness; Forensic Issues (particularly Violence Risk Assessment); Cultural Diversity

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

Primary Theoretical Orientation: Integrative including Psychodynamic & Cognitive Behavioral

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

Charles Zeitler, Psy. D. (he/him) 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

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

Primary Theoretical Orientation: Integrative – Psychodynamic & Cognitive-Behavioral

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

Ruel R. Billones, Ph.D., Ed.D. (he/him) Ateneo de Davao University, Philippines, 2017

Psychology Associate

Primary Theoretical Orientation: Object Relations, Relational

Areas of Interest: Trauma (Cult and Religious Abuse), Substance Abuse (Sexualized Poly Drug Use or Chemsex), Health Psychology (HIV, Trans-Health), Equitable Delivery & Implementation of Global Mental Health

Taylor Rae Loftus, Psy.D. (she/her), The Chicago School of Professional Psychology, Washington, DC 2024

Psychology Associate

Primary Theoretical Orientation: Integrative: Cognitive-Behavioral, Humanistic, Family Systems

Areas of Interest: Forensic Psychology, Serious & Persistent Mental Illness, Trauma, Personality Disorders, Assessment, Non-suicidal Self-injury

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 Preferences⁶
 - 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.

⁶ 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 November 29th). 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 December 12th, 13th, 16th, or 17th. Interviews typically include an individual interview with the Internship Training Director 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 an 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. Rachel Ladysh by phone at 410-970-7143 or e-mail: rachel.ladysh@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

Rachel Ladysh, Psy.D. (she/her)

Internship Training Director

rachel.ladysh@maryland.gov

410-970-7143

State of Maryland

Wes Moore, Governor

Department of Health

Laura Herrera Scott, M.D., 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