

**EMORY UNIVERSITY SCHOOL OF MEDICINE  
CHILD, ADOLESCENT AND YOUNG ADULT PSYCHIATRY  
CLINICAL PSYCHOLOGY DOCTORAL INTERNSHIP**

Exclusively affiliated with the  
Emory University Clinical Psychology Program

**Internship Training Handbook  
2018-2019**

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## OVERVIEW

This training handbook describes the training program at the Emory University School of Medicine Child, Adolescent & Young Adult Psychiatry Clinical Psychology Doctoral Internship. Questions about the program are encouraged. This information is current and accurate at the time of printing but may be subject to revision.

### **Accredited on Contingency by**

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Emory University does not discriminate in admissions, educational programs, or employment on the basis of race, sex, color, religion, ethnic or national origin, gender, age, disability, sexual orientation, gender identity, gender expression, veteran's status, or any factor that is a prohibited consideration under applicable law and prohibits such discrimination by its students, faculty, and staff. Students, faculty, and staff are assured of participation in University programs and in use of facilities without such discrimination. The University also complies with all applicable federal and Georgia statutes and regulations prohibiting unlawful discrimination. All members of the student body, faculty, and staff are expected to assist in making this policy valid in fact. Any inquiries regarding this policy should be directed to the Emory University Office of Equal Opportunity Programs, 1599 Clifton Road 5th Floor, Atlanta, GA 30322. Telephone 404-727-9867 (V) 404-712-2049 (TDD). <http://eop.emory.edu>

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## **ACKNOWLEDGEMENTS**

Appreciation is due to the University of Denver GSPP Internship Consortium who generously allowed us to use their training manual as a model.

## **INTRODUCTION**

Founded in 1836, Emory University is located in Atlanta, GA, and is recognized for its undergraduate, graduate, and professional programs. The clinical psychology graduate program is in the Department of Psychology and administered within Emory University Laney Graduate School. The program is accredited on contingency by the American Psychological Association. This internship is housed in the Child, Adolescent, and Young Adult Division of the Department of Psychiatry and Behavioral Sciences in the Emory University School of Medicine. The Department of Psychiatry and Behavioral Sciences, part of Emory University School of Medicine, is one of the top federally funded departments of psychiatry in the country and consists of faculty with extensive research and clinical expertise. The department also provides comprehensive psychiatric services for all of Emory Healthcare Systems, Inc., Grady Healthcare, and the Atlanta VA Medical Center. The doctoral psychology internship program was recently established in 2014 and is in the process of seeking APA accreditation.

The site of the psychology internship program is the Child and Adolescent Mood Program (CAMP). CAMP, within the Child, Adolescent and Young Adult Division of the Department of Psychiatry and Behavioral Sciences, was founded by W. Edward Craighead, Ph.D., ABPP, in 2007. Noriel Lim, Ph.D. is the Internship Training Director. CAMP is an interdisciplinary clinical research program that aims to provide and improve best practices for children, adolescents, and young adults with mental health difficulties. The CAMP team includes psychologists, psychiatrists, psychology interns, practicum students, and psychiatry residents who work collaboratively to provide exceptional treatment for its patients. CAMP provides outpatient clinical services including diagnostic assessment, intelligence and achievement testing, individual therapy, group therapy, family therapy, parent skills training, and psychopharmacological evaluations and medication management. CAMP provides services to families in the Metro Atlanta area and beyond. Blacks and non-Hispanic Whites make up 82% of Metro Atlanta with the rest of the population made up of quickly growing Hispanic and Asian American communities.

CAMP maintains a strong focus on translational and clinical research studies in addition to its regular clinical work. We are strongly committed to the model that science should inform practice, and clinical practice should inform science. Faculty and all trainees are strongly encouraged to participate in ongoing research projects at CAMP.

In summary, our mission at CAMP is:

- To offer the most effective evidence-based assessments and interventions for children, adolescents, and young adults with mood, anxiety, ADHD, school difficulties, and eating disorders. Divisional services also include an autism center, a program for children of substance abusing moms, a family therapy program, and a center for neurodevelopmental disorders as well as a working relationship with a prodromal schizophrenia clinic.
- To provide the most effective evidence-based psychosocial assessment and interventions for children, adolescents, and young adults with mood, anxiety, ADHD, school difficulties, and eating disorders.
- To conduct basic, translational, and clinical research that provides increased understanding of the nature of mood, anxiety and related disorders.
- To translate the preceding research into clinical practice.
- To educate others in both our research findings and clinical experiences.

<http://www.camp-emory.com>

## **INTERNSHIP SITE**

CAMP offers a two-year, part time exclusively affiliated internship. Psychology interns have several clinical responsibilities, including providing individual therapy, group therapy, parent training, and assessment for a variety of patients. CAMP specializes in the treatment of children, adolescents, and young adults with a primary diagnosis of a mood, anxiety, ADHD, or eating disorder; individual therapy for these patients consists primarily of Cognitive Behavior Therapy (CBT) and Behavioral Activation (BA). Many of our young patients also struggle with behavioral difficulties related to concurrent diagnoses of externalizing disorders. To address these issues, we also offer Parent Child Interactive Therapy (PCIT) for younger children and their caregivers and parent skills training sessions for parents of older children and adolescents. Parent training assists parents in developing effective contingency management strategies and improving effective communication skills with their child/adolescent.

Psychology interns will also provide services in the following sub-specialties:

Skills Training Group for Children with Anxiety Disorders. This skills group, which uses a Cognitive-Behavioral Therapy (CBT) approach, is designed primarily for children ages 8 to 11 with symptoms of Generalized Anxiety Disorder, Social Phobia, and/or Separation Anxiety Disorder. The program also encourages parental involvement through psycho-educational parent group sessions and individual parent consultations.

Dialectical Behavior Therapy (DBT) Clinic. The Adult Outpatient Clinic (in the

Adult Psychiatry Division) offers a Dialectical Behavior Therapy (DBT) program for adolescents and young adults. The program includes both individual therapy and group therapy (skills training) for teens and young adults age 18 to 25. As part of the CAMP internship program, interns have the opportunity to take on individual therapy cases, as well as take a lead role in running DBT-YA groups.

Incredible Years Parenting Program. CAMP offers a weekly parent group modeled after the Incredible Years Program. This 10-week program is founded on the principles of behaviorism and is designed to help parents of school age children (ages 7 to 13) learn strategies to improve their children's behavior through structures, routines, contingencies and rewards.

Healthy Eating and Weight Services (HEWS). This program provides specialist services for eating and weight concerns. Treatment is informed by CBT and DBT as well as AAT (Appetite Awareness Training). Individuals age 7-25 are offered outpatient Individual therapy for excessive restriction, compensatory behavior, binge- and overeating, and over-concern with weight/shape. Additional services include weight management and family-based therapy approaches to eating and weight concerns as well as consultation with community agencies and schools.

Mood Regulation Skills Group. The Mood Regulation Skills Group is a module-based skills group for adolescents (14-18 years old) who have difficulties managing their mood. Based on the core concepts of DBT and CBT, this group focuses on building skills in the following areas: emotion regulation, distress tolerance, interpersonal effectiveness, and stress management.

BA, CT and CBT Treatment Studies for Depression. Interns are also assigned some psychotherapy cases through the Emory's ongoing depression research studies. One study focuses on Behavioral Activation vs. Cognitive Therapy for adolescents with depression, while another study uses Cognitive Behavioral Therapy to treat adults with depression. This affords interns the opportunity to get training and supervision in manualized approaches to empirically supported treatments for depression.

Assessment Clinic. CAMP offers comprehensive, multidisciplinary clinical evaluations for children, adolescents, and young adults ages 6 - 25, including diagnostic evaluations and psycho-educational testing. Patients and families are provided a comprehensive written report including treatment and academic recommendations. Psychology interns will be involved in assessment and report writing for the duration of their internship experience.

In addition to clinical responsibilities, psychology interns will be present on Thursdays for the following activities. They will attend a weekly, one-hour case-disposition meeting at 10:00 a.m. wherein faculty and trainees discuss new cases, discuss ongoing cases requiring care by multiple providers, and present challenging clinical cases for consultation. Interns also attend a one hour of didactics at 1:00 p.m., as well as a bi-weekly hour-long research meeting and a bi-weekly hour-long consultation team meeting at 11:00 a.m.

Each intern has one hour of individual supervision per week and three hours of group supervision. Group supervision comprises one hour of assessment supervision, one hour of therapy supervision, and one hour of supervision on cases interns see for the ongoing research studies. Supervisors and interns coordinate individual and group supervision times during the orientation period. Second-year interns will also have an opportunity to supervise a first-year intern on one case for three months; the second-year intern will be supervised and guided by the internship training director, who will be ultimately responsible for the case, during this three-month period.

Interns are expected to spend a total of 20 hours per week in these activities.

### **TRAINING PHILOSOPHY, OBJECTIVES, GOALS, COMPETENCIES, PROCESSES, AND THRESHOLDS/EXIT CRITERIA**

The CAMP internship seeks to build on the skills developed during the doctoral education and training in order to graduate competent entry-level clinical psychologists who can function in a variety of settings and continue to develop professionally throughout their careers. The philosophy of the internship program is consistent with the doctoral program model, the clinical science model. As part of our approach as a clinical science program, interns are trained to be both scientists and practitioners in a reciprocal fashion such that their clinical experiences help them formulate research questions and research informs clinical practice. Over the two-year period, psychology interns will be trained in evidenced based assessments and treatments.

The internship experience also espouses and models a developmental philosophy (training that is sequential, cumulative, and graded in complexity). Interns begin each of the two years by completing the Initial Assessment of Intern Competencies form; with the guidance of their supervisors, they are encouraged to set individual goals that form their training plan. The Initial Assessment of Intern Competencies form is based on the overall form developed by the Benchmarks Evaluation System. This form is included in this training manual in Appendix A.

“For ease of use, the Benchmarks Evaluation System offers the option of an overall form that applies to all levels of training, and as a set of three forms, one for each developmental level. The overall form takes a wide developmental perspective, assuming the possibility that a given individual may be considerably above or below the level generally expected at their level of training. The overall form offers an unconstrained range of rating levels, allowing description of competence at levels below and above those assigned to the student’s level of training... In this case use of the overall form may be indicated for initial competence assessment prior to entering a new training level, or in cases where particular strengths or weaknesses are detected and need to be tracked.” (from Campbell et al., 2012, p. 3)

Didactics begin with an introduction to diagnostic assessment and clinical interviewing. The didactics then focuses on various the assessment and treatment of various psychological disorders relevant to the treatment population at CAMP. In addition to psychotherapeutic approaches to treating these disorders, didactics also include coverage of pharmacological treatments; the goal is not only to educate Interns about psychiatric medications commonly used with children, adolescents and young adults but also to enhance communication and consultation with psychiatrists on staff and in the community. As the year progresses, didactic training covers more specialized clinical and professional topics. Likewise, interns begin their work by being assigned patients with less severe and complex clinical presentations; as their clinical competencies, experiences, and confidence increase, they are assigned more challenging cases. As part of their assessment training, interns will begin by conducting psycho-educational assessments; all interns have had prior training in psycho-educational assessments in formal course work and a practicum. Towards the end of the first year and during the second year, interns will be expected to conduct more complex evaluations and master the use of semi-structured interviews (e.g., K-SADS, A-LIFE, CDRS).

The CAMP internship has 4 goals, 12 objectives, 12 competencies, and related outcomes and threshold/exit criteria. The competencies described below are based on the Revised Competency Benchmarks in Professional Psychology [2012]. These competencies are consistent with those in the Emory University doctoral program in clinical psychology.

Goal #1: To produce entry-level clinical psychologists whose behaviors, attitudes, and values are consistent with those of professional psychology.

Objectives:

To produce entry-level clinical psychologists who are exhibit *professionalism* via behaviors and attitudes consistent with the values and ethics of psychology.

To produce entry-level clinical psychologists who are competent in *individual and cultural diversity* behaviors that demonstrate awareness, sensitivity, and skills in working professionally with diverse individuals, groups, and communities who represent various cultural and personal backgrounds and characteristics defined broadly and consistent with APA policy.

To produce entry-level clinical psychologists who are competent in *ethical legal standards and policy* and can apply ethical and legal concepts in professional activities with individuals, groups, and organizations.

To produce entry-level clinical psychologists who are competent in *reflective practice/self-assessment/self-care* and thereby can practice with personal and professional self-awareness and reflection including awareness of competencies and engagement in appropriate self-care.

To produce entry-level clinical psychologists who are competent in communication and interpersonal skills, and effectively and respectfully communicate ideas to diverse groups of individuals (including clients, families, colleagues and the public in general) in a variety of settings (such as clinical settings, schools, and other professional settings).

### Competencies:

#### *Professionalism*

*Integrity:* Monitors and independently resolves situations that challenge professional values and integrity.

*Deportment:* Consistently conducts self in a professional manner across settings and situations.

*Accountability:* Independently accepts personal responsibility across settings and contexts.

*Concern for the welfare of others:* Independently acts to safeguard the welfare of others.

*Professional identity:* Displays consolidation of professional identity as a psychologist; demonstrates knowledgeable about issues central to the field; integrates science and practice.

#### *Individual and Cultural Diversity*

*Self as shaped by individual and cultural diversity and context:* Independently articulates, understands, and monitors own cultural identity in relation to work with others.

*Others as shaped by individual and cultural diversity and context:* Independently monitors and applies knowledge of others as cultural beings (i.e. individuals who develop and function in the context of a cultural system) in assessment, treatment, and consultation.

*Interaction of self and others as shaped by individual and cultural diversity and context:* Independently monitors and applies knowledge of diversity in others as cultural beings in assessment, treatment, and consultation.

*Applications based on individual and cultural context:* Applies knowledge, skills, and attitudes regarding dimensions of diversity to professional work.

#### *Ethical Legal Standards and Policy*

*Knowledge of ethical, legal, and professional standards and guidelines:* Demonstrates advanced knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant and ethical, legal, and professional standards and guidelines of the profession including current law, rules and regulations, and general provisions that apply to licensed psychologists in the state of Georgia.

*Awareness and application of ethical decision-making:*

Independently utilizes an ethical decision-making model in professional work.

*Ethical conduct:* Independently and consistently integrates ethical and legal standards with all competencies

#### *Reflective Practice/Self-Assessment/Self Care*

*Reflective practice:* Demonstrates reflectivity in context of professional practice [reflection-in-action]; acts upon reflection; uses self as therapeutic tool.

*Self-assessment:* Accurately self-assesses competence in all competency domains; Integrate self-assessment in practice; recognizes limits of knowledge/skills and acts to address them; has extended plan to enhance knowledge/skills.

*Self care:* Self-monitors issues related to self-care and promptly intervenes when disruptions occur.

*Participation in Supervision Process:* Independently seeks supervision when needed.

#### Communication and Interpersonal Skills

Verbal Communication: Communicates effectively verbally; uses appropriate language depending upon the audience (e.g., chooses developmentally-appropriate words when communicating to children, teens or parents).

Written Communication: Communicates effectively in writing; writes clearly, accurately, and cohesively; uses appropriate amount of detail in progress notes; and uses professional language in written reports.

Professional Relationships: Develops and maintains effective professional relationships; uses appropriate boundaries; and works collaboratively with supervisors, colleagues, and peers.

Clear and Respectful Communication: Communicates clearly, seeks clarification to prevent misunderstanding, recognizes diverse perspectives and considers others; suggestions, and engages in respectful and courteous manner in interpersonal interactions across settings and situations.

Conflict Management: Manages difficult conversations in clear, sensitive and non-defensive manner; takes responsibility for mistakes and inappropriate behaviors; apologizes when indicated and takes corrective actions; and employs effective conflict prevention/ management strategies.

#### Processes:

Interns receive training in these areas via their supervised clinical experience and in didactic seminar.

#### Outcomes:

### *Proximal*

Outcomes for interns are measured by written evaluations two times/year for each half-time year. Both primary and secondary supervisors complete these evaluations with input from didactic leaders. During the second year, evaluating supervisors also obtain separate evaluations completed by practicum student supervisees.

Program outcomes are measured by anonymous training evaluations completed by the interns, site supervisors, and didactic leaders at the end of each training year.

### *Distal*

Outcomes for interns are measured by licensure rates and employment data.

Program outcomes are conducted via anonymous training evaluations completed by alumni and in preparation of each self-study.

### Threshold/Exit Criteria:

For interns to graduate from the internship, they must complete 2000 hours, and receive a “3” (“demonstrates readiness for entry to practice”) on the four competency areas on the final written evaluation by their primary and secondary supervisors (with input from didactic leaders and, as appropriate, supervisee evaluations). In addition, completion of the requirements in any developmental or probation plan must be met prior to graduation.

Goal #2: To produce entry-level clinical psychologists who exhibit functional competencies in multiple areas of applied psychology.

### Objectives:

To produce entry-level clinical psychologists who are competent in *evidence-based practice* as evidenced by the ability to integrate research and clinical expertise in the context of patient factors.

To produce entry-level clinical psychologists who are competent in *evidence-based assessment* as associated with individuals, groups, and/or organizations.

To produce entry-level clinical psychologists who are competent in *evidence-based interventions*, specifically Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.

To produce entry-level clinical psychologists who are competent in *consultation* as demonstrated by the ability to provide expert guidance or professional assistance in response to a client's needs or goals.

Competencies:

*Evidence-based practice*

*Knowledge and application of evidence-based practice:* Independently applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological application, clinical expertise, and client preferences.

*Evidence-based assessment*

*Knowledge of measurement and psychometrics:* Independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups and context.

*Knowledge of Assessment Methods:* Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning.

*Application of assessment methods:* Independently selects and administers a variety of assessment tools and integrates the results to accurately evaluate presenting question/s appropriate to the practice site and broad area of practice.

*Diagnosis:* Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity.

*Conceptualization and recommendations:* Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment.

*Communication of assessment findings:* Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner.

*Intervention*

*Intervention planning:* Independently plans interventions; case conceptualization and intervention plans are specific to case and context.

*Skills:* Displays clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations.

*Intervention implementation:* Implements treatments with fidelity to evidence-based models and interventions and with flexibility to adapt where appropriate.

*Progress evaluation:* Independently evaluates treatment progress and modifies planning as indicated.

*Consultation*

*Role of Consultant:* Determines situations that require different role functions and shifts roles accordingly to meet referral needs.

*Addressing referral question:* Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessments/data gathering that answers consultation referral question.

*Communication of Findings:* Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations.

*Application of consultation methods:* Provides effective consultative services (assessment and intervention) in most routine and some complex cases.

#### Processes:

Interns receive training in these areas via their supervised clinical experience and in didactic seminar.

#### Outcomes:

##### *Proximal*

Outcomes for interns are measured by written evaluations two times/year for each half-time year. Both primary and secondary supervisors complete these evaluations with input from didactic leaders. During the second year, evaluating supervisors also obtain separate evaluations completed by practicum student supervisees.

Program outcomes are measured by anonymous training evaluations completed by the interns, site supervisors, and didactic leaders at the end of each training year.

##### *Distal*

Outcomes for interns are measured by licensure rates and employment data.

Program outcomes are conducted via anonymous training evaluations completed by alumni and in preparation of each self-study.

#### Threshold/Exit Criteria:

For interns to graduate from the internship, they must complete 2000 hours, and receive a “3” (“demonstrates readiness for entry to practice”) on the four competency areas on the final written evaluation by their primary and secondary supervisors (with input from didactic leaders and, as appropriate, supervisee evaluations). In addition, completion of the requirements in any developmental or probation plan must be met prior to graduation.

Goal #3: To produce entry-level clinical psychologists who have a respect for scientifically derived knowledge and apply such knowledge in all professional areas.

Objectives:

To produce entry-level clinical psychologists who are scientifically-minded and competent in *Scientific Knowledge and Methods* as it applies to research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan, with the ultimate goal of developing a respect for scientifically derived knowledge.

To produce entry-level clinical psychologist who are competent in *Research/Evaluation* as indicated by generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.

Competencies:

*Scientific Knowledge and Methods*

*Scientific mindedness:* Independently applies scientific methods to practice.

*Scientific foundation of psychology:* Demonstrates advanced level of knowledge of core science (i.e., scientific bases of behavior).

*Scientific foundation of professional practice:* Independently applies knowledge and understanding of scientific foundations to practice.

*Research/Evaluation*

*Scientific approach to knowledge generation:* Participates in research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.

*Application of scientific method to practice:* Applies scientific methods of evaluating practices, interventions, and programs.

Processes:

Interns receive training in these areas through supervised clinical experience, Thursday didactics, and the research meeting. More importantly, psychology interns are strongly encouraged to participate in ongoing research projects at CAMP on multiple levels. On the most minimal level, interns are expected to gather baseline data via validated clinical measures and continue gathering clinical data for the duration of each clinical case.

Outcomes:

*Proximal*

Outcomes for interns are measured by written evaluations two times per year for each half-time year. Both primary and secondary supervisors complete these evaluations with input from didactic leaders, the research-meeting leader (Dr.W. E.. Craighead). During the second year, evaluating supervisors also obtain separate evaluations completed by practicum student supervisees.

Program outcomes are measured by anonymous training evaluations completed by the interns, site supervisors, and didactic leaders at the end of each training year.

### *Distal*

Outcomes for interns are measured by licensure rates and employment data.

Program outcomes are conducted via anonymous training evaluations completed by alumni and in preparation of each self-study.

### Threshold/Exit Criteria:

For interns to graduate from the internship, they must complete 2000 hours, and receive a “3” (“demonstrates readiness for entry to practice”) on the two competency areas on the final written evaluation by their primary and secondary supervisors (with input from didactic leaders, research leader and, as appropriate, supervisee evaluations). In addition, completion of the requirements in any developmental or probation plan must be met prior to graduation.

Goal #4: To produce entry-level clinical psychologists who are competent in supervision and training in the professional clinical knowledge base.

### Objectives:

To produce entry-level clinical psychologists who are competent in *Supervision* and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.

### Competencies:

#### *Supervision*

*Expectations and roles:* Understands the ethical, legal, and contextual issues of the supervisor role.

*Processes and procedures:* Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and effectively addresses limits of competency to supervise.

*Skills development:* Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients.

*Supervisory practices:* Provides effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting.

#### Processes:

Interns receive training in these areas via their supervised clinical experience and in didactic seminar.

#### Outcomes:

##### *Proximal*

Outcomes for interns are measured by written evaluations two times during the second half-time year. Both primary and secondary supervisors complete these evaluations with input from didactic leaders and evaluations completed by practicum student supervisees.

Program outcomes are measured by anonymous training evaluations completed by the interns, site supervisors, and didactic leaders at the end of each training year.

##### *Distal*

Outcomes for interns are measured by licensure rates and employment data.

Program outcomes are conducted via anonymous training evaluations completed by alumni and in preparation of each self-study.

#### Threshold/Exit Criteria:

For interns to graduate from the internship, they must complete 2000 hours, and receive a "3" ("demonstrates readiness for entry to practice") on the competency area on the final written evaluation by their primary and secondary supervisors (with input supervisee evaluation and didactic leaders). In addition, completion of the requirements in any developmental or probation plan must be met prior to graduation.

## **STIPEND AND BENEFITS**

During the first year of the Internship, the interns **ARE STUDENTS IN THE DOCTORAL TRAINING PROGRAM WHOSE STIPENDS ARE PROVIDED BY**

**FELLOWSHIPS FROM THE LANEY GRADUATE SCHOOL, NOT EMPLOYEES OF THE PSYCHIATRY DEPARTMENT.** During the second year of the internship, interns will be paid through a grant from a private donor, for which students will be named scholar recipients.

### Stipend

The stipend for interns is \$24,324.00 for the first 12 months and a slight increase in stipend for the second 12 months contingent upon university policies; stipends are paid at the end of each month. Each intern is formally titled "Psychology Intern." Positions require a minimum of 20 hours per week and include the benefits listed below:

### Benefits

*Vacation:* Interns receive 10 annual vacation days. The Internship Training Director must be notified in advance of vacation plans. A leave form needs to be submitted to and approved by the primary individual supervisor with a copy given to the Internship Training Director.

*Sick Leave:* Sick leave is accrued at the rate of 8 hours per month, resulting in 12 sick days during a year. Sick leave may be used as it is accrued. A leave form will need to be completed indicating number of hours used for sick time, signed by the primary supervisor, and turned in to the Internship Training Director. Interns may not use their sick leave in lieu of vacation leave; however, it is appropriate to use sick leave for bereavement leave. In addition, sick leave may be used for the intern, and/or when the intern is caring for sick family members/significant others.

*Holidays:* Interns have 10 holidays consistent with those of the Emory University School of Medicine Calendar: Labor Day, Thanksgiving (2), Christmas (2), New Year's Eve/Day (2), Martin Luther King Jr. Day, Memorial Day, and Independence Day. Consideration is given to interns who wish to take leave for religious observances not recognized as Emory University holidays. This time off can be taken as vacation leave.

*Parental Leave of Absence:* Consistent with Laney Graduate School policy, interns can take paid parental leave of absence for up to 8 weeks. Interns are required to make up the missed hours in order to successfully complete the internship program.

*Professional Leave:* Two days of professional leave are provided for interns as approved by their primary supervisors. During professional leave interns may attend conventions, workshops, job interviews, doctoral paper defenses, or appropriate professional development activities. A leave form needs to be signed by the primary supervisor with a copy given to the Internship Training Director.

*Workshop/professional development reimbursement:* An intern is allowed \$500 to attend and present at a professional conference if he/she is first author on poster/paper/symposium presentations.

*Research:* Interns attend the bi-weekly Research Meeting.

*Health Care and Health Insurance:* All students at Emory University, including Psychology Interns, must have health insurance coverage. Students are required to either enroll in the Emory University Student Health Insurance Policy (EUSHIP), or have health insurance that meets specific waiver criteria. EUSHIP is offered by Aetna Student Health of Boston, MA. For more information on plan design and benefit summary, please go to the following link:

[http://studenthealth.emory.edu/hs/insurance\\_fees/aetna/brochure.html](http://studenthealth.emory.edu/hs/insurance_fees/aetna/brochure.html)

The Laney Graduate School provides health insurance for Ph.D. students for up to five years in the Ph.D. program, including their internship year(s).

Emory University Student Health Services (EUSHS) is located at 1525 Clifton Road and provides a wide variety of outpatient clinical and health education services designed to meet the needs of Emory students. EUSHS services include primary outpatient health care; physical examinations; confidential HIV testing; women's health and contraception services; mental health counseling and referral; preventive health; substance abuse counseling and referrals; allergy injections and immunizations; on-site specialty clinic in dermatology and referrals to off-site specialists; health education and wellness programming and individual consultation; international travel clinic and immunizations; nutrition counseling; and laboratory testing.

*Photo ID Cards:* Photo ID cards for the Emory Psychiatry Department are provided for interns when they begin their graduate student program. Interns are expected to wear their photo ID while at the internship site.

## **FACILITIES**

CAMP is part of an off campus location housing the Department of Psychiatry and Behavioral Sciences and all affiliated outpatient services. The building has recently been remodeled and includes multiple patient care rooms and research space. Psychology interns will share a common space furnished with multiple computers, phones, and space to read and write reports or notes. Patient care offices, testing offices, and group rooms are signed out and reserved as needed for treatment services. All offices are professionally and tastefully furnished with a desk, desk chair, telephone, couches, and other typical office accessories. Two clinic personnel are designated to assist interns with administrative and clerical assistance; these include helping interns with room scheduling, scoring standardized assessment protocols, signing up for malpractice insurance, coordinating research activities, billing for services, etc. All psychology interns have access to computers and Internet services.

## **TRAINING STAFF**

### Primary Supervisors

*Jordan Cattie, Ph.D.*

Licensed Psychologist

Assistant Professor, Emory University School of Medicine Department of Psychiatry and Behavioral Sciences

Theoretical Orientation: CBT

Interests: Obsessive-Compulsive Disorder

*Erin Jones, Ph.D.*

Director, Healthy Eating and Weight Services

Licensed clinical psychologist, Child and Adolescent Mood Program

Assistant Professor, Emory University Department of Psychiatry and Behavioral Sciences

Theoretical orientation: CBT, AAT, DBT

Interests: adolescents and young adults who are struggling with eating disorders, overweight, and/or body image concerns; development, implementation, and dissemination of evidence-based practices

*Noriel Lim, Ph.D.*

Director of Clinical Psychology Internship Training

Licensed clinical psychologist, Child and Adolescent Mood Program

Assistant Professor, Emory University Department of Psychiatry and Behavioral Sciences

Theoretical orientation: CBT, BA, DBT

Interests: child/adolescent development, depression and anxiety disorders; parenting practices and family functioning; and cross-cultural psychology, with a particular focus on Asian and Latino immigrant mental health.

*Devon LoParo, Ph.D.*

Licensed clinical psychologist, Child and Adolescent Mood Program

Assistant Professor, Emory University Department of Psychiatry and Behavioral Sciences

Theoretical orientation: CBT, DBT

Interests: assessment, PTSD/trauma, emotion dysregulation, depression and suicidality.

*Allison Macdonald LoPilato, Ph.D.*

Assistant Professor, Child and Adolescent Mood Program

Theoretical Orientation: CBT, BA, IPT, DBT

Interests: Interpersonal Psychotherapy, behavioral activation, stress and environmental experiences as they relate to neural, emotional, and behavioral aspects of adolescent depression and anxiety

*Abigail Powers-Lott, Ph.D.*

Licensed clinical psychologist, Adult Psychiatry Division

Assistant Professor, Emory University Department of Psychiatry and Behavioral Sciences

Theoretical orientation: CBT, DBT

Interests: adolescents, young adults, and adults with anxiety, depression, mood regulation problems, and difficulties with behavioral self-control.

*Lindsay Stewart, Ph.D.*

Licensed clinical psychologist, Child and Adolescent Mood Program

Assistant Professor, Emory University Department of Psychiatry and Behavioral Sciences

Theoretical orientation: CBT, BA, DBT, and PCIT

Interests: empirically supported treatments of anxious and/or depressed children and adolescents; PCIT for families with oppositional children.

### Group Supervisors

*W. Edward Craighead, Ph.D., ABPP*

Director, Child and Adolescent Mood Program

Vice Chair for Child, Adolescent, and Transition Age Youth in the Department of Psychiatry and Behavioral Sciences

J. Rex Fuqua Professor, Emory University Department of Psychiatry and Behavioral Sciences

Interests: behavioral and cognitive behavioral models of Major Depression and Bipolar Disorders; prevention of the first episode of depression

*Erin Jones, Ph.D.*

Director, Healthy Eating and Weight Services

Licensed clinical psychologist, Child and Adolescent Mood Program

Assistant Professor, Emory University Department of Psychiatry and Behavioral Sciences

Theoretical orientation: CBT, AAT, DBT

Interests: adolescents and young adults who are struggling with eating disorders, overweight, and/or body image concerns; development, implementation, and dissemination of evidence-based practices

*Devon LoParo, Ph.D.*

Licensed clinical psychologist, Child and Adolescent Mood Program

Assistant Professor, Emory University Department of Psychiatry and Behavioral Sciences

Theoretical orientation: CBT, DBT

Interests: assessment, PTSD/trauma, emotion dysregulation, depression and suicidality.

*Julie Pace, Ph.D.*

Director, Assessment Services

Licensed clinical psychologist, Child and Adolescent Mood Program

Assistant Professor, Emory University Department of Psychiatry and Behavioral Sciences

Theoretical orientation: CBT, BA

Interests: psychological/psycho-educational assessment, learning disabilities and ADHD, emotional and academic concerns of gifted students, and child/adolescent anxiety disorders.

*J. Steven Snow, Ph.D.*

Licensed clinical psychologist, Child and Adolescent Mood Program  
Staff Associate Faculty, Department of Psychiatry and Behavioral Sciences  
Clinical supervisor in the Psychological Center in the Department of Psychology at Emory University

Theoretical orientation: CBT, DBT

Interests: children and adolescents with anxiety, depression, mood regulation problems, and difficulties with behavioral self-control.

*Lindsay Stewart, Ph.D.*

Licensed clinical psychologist, Child and Adolescent Mood Program and Autism Center

Assistant Professor, Emory University Department of Psychiatry and Behavioral Sciences

Theoretical orientation: CBT, BA, DBT, and PCIT

Interests: empirically supported treatments of anxious and/or depressed children and adolescents; PCIT for families with oppositional children.

#### Thursday Didactic Seminar Presenters

*Peter Ash, M.D.*

Professor, Emory University Department of Psychiatry and Behavioral Sciences  
Director, Psychiatry and Law Service

Interests: forensic child and adolescent psychiatry, consultation in civil and criminal cases, issues of competency restoration, juvenile delinquency

*Jordan Cattie, Ph.D.*

*Licensed Psychologist*

*Assistant Professor, Emory University School of Medicine Department of Psychiatry and Behavioral Sciences*

*Interests: Obsessive-Compulsive Disorder*

*Marianne Celano, Ph.D., ABPP*

Licensed clinical psychologist, Child, Adolescent, and Young Adult Psychiatry  
Professor, Emory University Department of Psychiatry and Behavioral Sciences

Interests: couple and family therapy, TF-CBT, PCIT, culturally competent family therapy

*Claire Coles, Ph.D.*

Professor, Emory University Department of Psychiatry and Behavioral Sciences  
Director, Maternal Substance Abuse and Child Development Program (MSACD)

Interests: Effects of teratogens on behavior and development from infancy through young adulthood.

*Marietta Collins, Ph.D.*

Associate Professor, Licensed Psychologist and Director of Behavioral Medicine,  
Morehouse School of Medicine

Interests: mental health interventions for ethnic minorities, pediatric sickle cell disease, adolescent substance abuse, adolescent reproductive health, and childhood depression..

*W. Edward Craighead, Ph.D., ABPP*

Licensed clinical psychologist, Child, Adolescent, and Young Adult Psychiatry  
Director, Child and Adolescent Mood Program

Vice Chair for Child, Adolescent, and Transition Age Youth in the Department of  
Psychiatry and Behavioral Sciences

J. Rex Fuqua Professor, Emory University Department of Psychiatry and  
Behavioral Sciences

Interests: behavioral and cognitive behavioral models of Major Depression and  
Bipolar Disorders; prevention of the first episode of depression

*Charles Gillespie, M.D., Ph.D.*

Psychiatrist, Child and Adolescent Mood Program

Associate Director of Medical Student Education, Emory University School of  
Medicine

Assistant professor, Emory University Department of Psychiatry and Behavioral  
Sciences

Interests: Trauma exposure and genetic and environmental influences on stress  
responses.

*Jennifer Holton, M.D.*

Psychiatrist, Child and Adolescent Mood Program

Program Director, Child and Adolescent Psychiatry Fellowship

Assistant professor, Emory University Department of Psychiatry and Behavioral  
Sciences

Interests: psychiatry fellowship education; treatment of children and adolescents  
with internalizing and externalizing symptoms of mental illness.

*Erin Jones, Ph.D.*

Licensed clinical psychologist, Child and Adolescent Mood Program

Director, Healthy Eating and Weight Services

Assistant Professor, Emory University Department of Psychiatry and Behavioral  
Sciences

Interests: adolescents and young adults who are struggling with eating disorders,  
overweight, and/or body image concerns; development, implementation, and  
dissemination of evidence-based practices

*Julie Kable, Ph.D.*

Assistant Professor, Emory University Department of Psychiatry and Behavioral  
Sciences

Assistant Director, Emory Neurodevelopmental Exposure Clinic (ENEC)

Interests: impact of exogenous and endogenous teratogens in child neurodevelopment; fetal alcohol syndrome

*Scott Lilienfeld, Ph.D.*

Professor, Emory University Department of Psychology

Interests: causes and assessments of personality disorders; pseudoscience and clinical psychology; evidence-based clinical practice

*Noriel Lim, Ph.D.*

Director of Clinical Psychology Internship Training

Licensed clinical psychologist, Child and Adolescent Mood Program

Assistant Professor, Emory University Department of Psychiatry and Behavioral Sciences

Interests: child/adolescent development, depression and anxiety disorders; parenting practices and family functioning; and cross-cultural psychology, with a particular focus on Asian and Latino immigrant mental health.

*Allison Macdonald LoPilato, Ph.D.*

Assistant Professor, Child and Adolescent Mood Program

Interests: Interpersonal Psychotherapy, behavioral activation, stress and environmental experiences as they relate to neural, emotional, and behavioral aspects of adolescent depression and anxiety

*Molly Millians, D.Ed.*

Education Specialist, Maternal Substance Abuse and Child Development Program (MSACD)

Interests: assessing children for the effects from prenatal exposures to toxins; educational testing and consultations to families, schools, healthcare providers, and social service organizations.

*Julie Pace, Ph.D.*

Licensed clinical psychologist, Child and Adolescent Mood Program

Director, Assessment Services at CAMP

Assistant Professor, Emory University Department of Psychiatry and Behavioral Sciences

Interests: psychological/psycho-educational assessment, learning disabilities and ADHD, emotional and academic concerns of gifted students, and child/adolescent anxiety disorders.

*Abigail Powers-Lott, Ph.D.*

Licensed clinical psychologist, Adult Psychiatry Division

Assistant Professor, Emory University Department of Psychiatry and Behavioral Sciences

Theoretical orientation: CBT, DBT

Interests: adolescents, young adults, and adults with anxiety, depression, mood regulation problems, and difficulties with behavioral self-control.

*Hal Rogers, Ph.D.*

Director of Psychology Clinic

Georgia State University  
Interests: supervision, psychotherapy.

*Lawrence Scahill, Ph.D., MSN*  
Marcus Autism Center  
Professor, Emory University Department of Pediatrics  
Interests: autism spectrum disorders, Tourette syndrome, treatment research, assessment.

*Lindsay Stewart, Ph.D.*  
Licensed clinical psychologist, Child and Adolescent Mood Program and Autism Center  
Assistant Professor, Emory University Department of Psychiatry and Behavioral Sciences  
Interests: empirically supported treatments of anxious and/or depressed children and adolescents; PCIT for families with oppositional children.

*Akilah N'Kenge Thomas, MPH*  
Senior Training Specialist, National SafeCare Training and Research Center  
Interests: child abuse prevention, mandated reporting

*Elaine Walker, Ph.D.*  
Samuel Candler Dobbs Professor of Psychology and Neuroscience, Emory University Department of Psychology  
Director, Development and Mental Health Research Program  
Interests: early indicators of risk for psychotic disorders in adolescence and early adulthood

*Justine Welsh, M.D.*  
Psychiatrist, Child and Adolescent Mood Program  
Assistant professor, Emory University Department of Psychiatry and Behavioral Sciences  
Interests: adolescent substance use, prevention, treatment, and research.

*Jennifer Woolard, MSW*  
Licensed Clinical Social Worker  
Emory Adolescent Substance Abuse Treatment Services (EAST)  
Emory University Department of Psychiatry and Behavioral Sciences  
Interests: adolescent substance use, prevention, and treatment

## **SELECTION SELECTION CRITERIA**

As the CAMP internship is an exclusively affiliated internship site, we only accept child-clinical graduate students from the doctoral program in clinical psychology at Emory University. All applicants must be in good academic standing with the program and completed all coursework in personality and psychopathology, clinical assessment, and clinical intervention. Clinically, applicants must have completed the assessment practicum, the required internal practicum at the Psychological Center in Emory University Department of Psychology and at least one externship experience at a secondary practicum site in Atlanta, all with satisfactory ratings on their practicum evaluations. Consistent with the clinical science model, the student's doctoral proposal must be accepted by March 1<sup>st</sup> of the first year of the internship.

CAMP provides services to a large, diverse metropolitan area. Our patients come from different cultural backgrounds, racial and ethnic groups, religions, sexual orientations, gender identities, and SES status. For that reason, we strongly prefer applicants who have demonstrated clinical or research interests in working with diverse populations. The ability to speak a second language, especially Spanish, is highly valued as we often have patients and families who have recently immigrated to the U.S.

All qualifying applicants will be interviewed in March and must show evidence of desire to train at CAMP (not just a need to stay in Atlanta). Interviews assess for previous related experience, especially in cognitive, behavioral, and mindfulness based therapies and exposure to intervention with child/adolescent populations. In addition, interviews will assess flexibility, willingness to be a team player, maturity, and openness to feedback.

## **SELECTION PROCEDURES**

### Overall selection procedures for the CAMP internship site

Because CAMP is an affiliated internship site, we do not participate in the Association of Psychology Postdoctoral and Internship Centers (APPIC) national match (using National Matching Services).

Interested applicants should submit a cover letter outlining her/his interest in the internship. Please address the letter to Dr. Noriel Lim, Internship Training Director, Interim. In addition, each candidate must provide two letters of recommendation from supervisors with direct knowledge of the candidate's clinical work experience in a prior practicum site. We strongly encourage interested applicants to obtain external practicum experience in sites outside of CAMP and to look for experiences that offer exposure to child/adolescent patient populations.

The selection committee consists of the primary and secondary supervisors at the site. The selection committee will interview all candidates who appear to be a

fit for the program. Applicants will also be encouraged to talk with current interns about their training experiences on an “off the record” basis, and they will not be part of the selection committee and will have no selection authority. When interviews are concluded, the selection committee will meet to determine whether or not the applicant is a good fit for the internship site and will rank order the applicants if there are more applicants than slots available.

CAMP will make consistent and sincere efforts to recruit, select, and retain diverse intern candidates. In all selection activities, attempts will be made to support the principles of diversity.

The Internship retains full responsibility for selection and evaluation of the interns and will submit final evaluations to the doctoral program when a student has satisfied all the requirements for the internship. The Internship Director does not answer to the Director of Clinical Training of the doctoral program although the DCT and Internship Director will work closely to coordinate resources to enrich the didactic seminars and to informally resolve concerns that may arise, particularly as the program is getting established. The internship site will avoid multiple roles that result in conflicts of interests that might be to the detriment of the student. The internship site is committed to upholding the APA Ethical Principles and Code of Conduct.

The internship lasts two full calendar years on a half-time basis, beginning in mid August, and ending in mid August the following year.

## **TRAINING AND SUPERVISION**

### **ORIENTATION**

Orientation will occur during the first week of the internship. Interns will have the opportunity to meet with staff, supervisors and the Internship Training Director, will be instructed on all CAMP clinical procedures, and will set up meeting times with supervisors.

### **SUPERVISION**

The CAMP psychology Internship takes a developmental approach to training and supervision. The primary supervisor for each intern is a licensed psychologist who is responsible for insuring the quality of patient care. The primary supervisor provides at least one hour of supervision per week. All areas of the interns' work are discussed in supervision, including intakes, psychotherapy, consultation, crisis intervention, ethics, work with diverse populations, applied research, and paperwork. The supervisor also guides and supports the intern regarding professional development. In addition to individual supervision, interns receive two hours of group supervision each week (i.e., one for parent guidance/PCIT cases or additional psychotherapy cases and one for assessment cases). Psychology interns will change individual and group supervisors for the second year of the part time internship in order to assure exposure to a range of theoretical perspectives and clinical styles.

It is also expected that interns will interact with the other training staff members at CAMP on a regular basis. For instance, all interns are expected to co-lead at least one therapy group (i.e., anxiety group or DBT group) with a licensed faculty member. Faculty, staff, and interns are all expected to attend the Thursday morning CAMP case disposition meetings. Likewise, interns, staff, and faculty attend a bi-weekly, 1 hour, consultation team meeting. This team meeting serves to provide support for therapists working with high-risk patients. As part of this meeting, all members of the team must be willing to show video of group/individual therapy sessions and present case conceptualizations of new patients. Finally, psychology interns will interact with a variety of faculty from both the psychiatry and psychology department as part of their participation in didactic and research seminars.

#### Ongoing Supervisory Responsibilities

Supervisors are responsible for monitoring scheduling on a weekly basis. Based on our graduated model of training, interns will slowly increase the number of patients on their caseload over the course of the first three months. Likewise, the complexity and disorder severity of the cases will increase as the intern gains experience and confidence in his/her capabilities. Supervisors must assure that interns are completing all paperwork in a timely fashion and co-sign all chart notes, intake evaluations, case closing summaries, psychological testing reports, etc. Because we strongly believe that both supervisors and interns learn a great deal from watching live therapy and assessment sessions, the supervisor is

expected to review an intern's DVDs or participate in live observation via one-way mirror at least twice a month. With regard to administrative matters, primary supervisors are responsible for monitoring use of vacation time, sick days, and professional leave, making sure that all appropriate paperwork has been submitted to the internship training director. Likewise, supervisors must ensure that all intern, supervisor, and site evaluations are completed in a timely manner. All internship documentations, evaluations, and other intern records are submitted to, maintained, and kept confidentially and securely by the internship training director.

## **RESEARCH**

CAMP subscribes to the clinical science model of clinical psychology and thus encourages and supports interns in their research efforts. Interns attend a bi-weekly research meeting (i.e., one hour every other week on Thursdays) in which faculty, graduate students, and research coordinators discuss ongoing research projects at CAMP. Interns are encouraged to participate in these research projects as clinicians (e.g., assessors, therapists) and/or in research design, data collection, and data analysis in collaboration with faculty members or independently. Likewise interns are also encouraged to attend at least one conference per year in which they present findings from CAMP research projects and/or independent research. Interns will regularly report on their individual research activities and projects during the weekly research meeting.

## **EVALUATION**

Evaluations at CAMP are a collaborative process and are designed to identify areas of strength and difficulties and promote change and growth. Interns complete the "Initial Assessment of Intern Competencies" form at the beginning of the first training year; this form helps supervisors identify specific needs of each intern. Interns are formally evaluated two times per year by primary individual supervisors, group supervisors, and assessment supervisors.

Interns also formally evaluate their supervisors two times each year. The Internship Training Director will review these evaluations unless she is the primary supervisor of the intern; in that case, Dr. E. W. Craighead, Director of CAMP, will review the evaluation to help identify significant difficulties in the supervision or supervisory relationship. Interns give verbal feedback to the Internship Training Director at the end of each evaluation period (i.e., two times each year). Interns also participate in an exit interview with the Internship Training Director and complete the anonymous "Evaluation of Training Program" form at the conclusion of the second internship year. After graduating from the internship, former interns will be asked to complete the "Evaluation of Training Program" form again every seven years to see if their perspectives have changed after graduation. Revisions to the training program will be made on the basis of this feedback.

Serious deficiencies in an intern's skill development and/or professional progress are communicated to the intern orally and in writing as soon as the deficiencies

come to the attention of the training staff. The internship director of the site is notified of the problem(s). The Internship Training Director and the primary supervisor jointly establish a remediation plan with recommendations for skills enhancement. This manual contains a section on Grievance Procedures for further details.

## **ETHICS, DUE PROCESS, AND GRIEVANCE PROCEDURES**

### **ETHICAL STANDARDS**

CAMP adheres to ethical and legal standards in all areas including clinical services, training, and research. All site staff members are expected to be thoroughly familiar with the APA Ethical Principles of Psychologists and Code of Conduct as well as all relevant Georgia and Federal Statutes. In addition, staff participating in research must undergo CITI training and complete certification requirements. The Emory University Institutional Review Board (IRB) must approve any research conducted by faculty and interns at CAMP. Ethical issues and Georgia statutes are directly addressed continuously and in various settings during the internship including orientation, didactic training, staff and research meetings, and supervision as they relate to caseload.

Interns are expected to form an awareness and understanding of the following codes of ethics and professional guidelines:

APA Ethical Principles and Code of Conduct (2002, Amended June 1, 2010)  
<http://www.apa.org/ethics/code/index.aspx>

APA Practice Guidelines  
<http://www.apa.org/practice/guidelines/index.aspx>

In addition, interns will be given a document with a list and description of all relevant Georgia statutes as identified by the Georgia Board of Psychology.  
<http://www.lexisnexis.com/hottopics/gacode/default.asp>

### **POLICY ON SOCIAL MEDIA**

The social media policy at CAMP is consistent with that of Emory University School of Medicine.  
<https://med.emory.edu/handbook/#223>

Each intern is responsible for his or her postings on the internet and in social media. In all communications, interns are expected to be courteous, respectful, and considerate of others. Inappropriate postings on the internet or social media will be considered lapses in the standards of professionalism expected of interns.

Interns are urged to consider the following before posting any comments, videos, pictures, or essays to the internet or a social media site (from <https://med.emory.edu/handbook/#223>):

1. There is no such thing as an “anonymous” post. Furthermore, any posts or comments submitted for others to read should be posted with full identification. Where the connection to Emory is apparent, it must be made clear that you are speaking for yourself and not on behalf of Emory. A disclaimer, such as, "The views expressed on this [blog; website] are my own and do not reflect the views of my University or the School of Medicine" are required.
2. Internet activities may be permanently linked to the author, so that all future employment may be hampered by inappropriate behavior on the internet.
3. Making postings “private” does not preclude others copying and pasting comments on public websites.
4. Do not share information in violation of any laws or regulations. Disclosing information about patients without written permission of the patient and the School of Medicine, including photographs or potentially identifiable information is strictly prohibited. This rule applies to deceased patients also.
5. For Emory’s protection as well as your own, it is critical that you show proper respect for the laws governing intellectual property, copyright and fair use of copyrighted material owned by others, including Emory’s own copyrights and brands. Curricular materials developed by Emory faculty and staff or faculty/staff of other medical schools or educational institutions should not be used, distributed, or redistributed inappropriately. When in doubt, please seek guidance regarding appropriate use of such materials.
6. Do not share confidential or proprietary information that may compromise Emory’s research efforts, business practices or security.

Interns may consult the American Psychological Association’s Social Media/Forum Policy for additional guidance: <http://www.apa.org/about/social-media.aspx>

## **DUE PROCESS**

As psychology interns at CAMP are all graduate students of Emory University, they must comply with the Laney Graduate School Honor Code, Laney Graduate School Conduct Code, Involuntary Withdrawal Policy and Procedure, and Laney Graduate School Grievance Procedure. Please see [http://gs.emory.edu/uploads/LGS-Handbook\\_2013-14.pdf](http://gs.emory.edu/uploads/LGS-Handbook_2013-14.pdf) for details.

In addition, at any time during the year a supervisor, didactic leader, or the research leader may identify aspects of an intern's performance or behavior as inadequate or problematic. Likewise, an intern may identify a problem with staff members or internship policy or procedure. We encourage complainants to first take the issue directly to the person(s) with whom they are having the problem with the goal that all individuals involved will work to informally resolve the issue.

In the event that the individual feels unable to raise the issue with the other individual directly or is dissatisfied with the outcome, the following grievance procedures are established to aid in the resolution of problems.

### Grievance procedures initiated by an intern:

Psychology interns who have a problem or concern related to some aspect of their training should discuss the issue with either their Internship Director or the Vice-chair of Child, Adolescent, and Young Adult Program, who will attempt to resolve the issue in conversation with the student. All possible precautions will be taken to ensure student confidentiality. If the issue remains unresolved, the student has the option of bringing a formal grievance. The student should describe the grievance and relevant specifics in a letter to the Vice-Chair of Child, Adolescent, and Young Adult Program and the Chair of the Department of Psychiatry and Behavioral Sciences. The Vice-chair will consult with the Department Chair and other Vice Chairs, and will appoint a committee of three faculty drawn from full professors who are psychologists in the Department of Psychiatry and Behavioral Sciences. This appointed committee will review the grievance and propose an appropriate response. If the issue is with the Internship Director or the Vice-chair, the student should contact the Chair directly.

### Grievance initiated by a staff member toward an intern:

Should a site staff person feel that an intern is not performing in an appropriate/professional manner, it is the staff person's responsibility to provide that feedback to the intern. If the problem is not resolved, the clinical supervisor shall be informed and shall discuss the concern with the intern in a supervisory session. The intern will be provided a time frame for problem remediation as well as potential consequences if unresolved. Should the problem persist, the Internship Training Director will work with the supervisor to develop a written (developmental or probation) plan, using the template developed by the Council of Chairs of Training Councils. Written documentation of unprofessional behaviors will be provided, as well as conditions that must be met for the intern to resume normal status. A time period for further remediation will be given, as well as the date for future review by the staff, and consequences for failure to remediate. The intern, supervisor, and the Internship Training Director will sign and date the document, with copies given to the intern. The graduate doctoral program will also be given a copy of any written complaint and developmental or probation plan. Should an intern commit a felony, have sexual contact with a client, or perform any other serious violation of ethical conduct, s/he will be placed on suspension immediately, with further disposition determined by Internship Director and the Vice-chair of Child, Adolescent, and Young Adult Program, which may include reporting the incident to outside agencies and/or termination action.

### Policies for intern termination:

If the Internship Training Director and the Vice-chair of Child, Adolescent, and Young Adult Program determine that a serious violation of ethical conduct has occurred warranting termination, the Vice-chair will give the Intern a written notification of the termination action by certified or registered mail. Conduct that

would warrant termination include any behavior that threatened the safety of patients, visitors or staff at the internship site, conviction of a felony, and sexual contact with a patient. The Internship Training Director will notify the intern's Director of Clinical Training of the termination action.

### *Appeal Process*

The intern has the right to appeal a termination action. An intern who appeals a termination action has the right to a hearing before an Internship Review Committee. The Internship Review Committee will be an ad hoc committee appointed by the Vice-chair of Child, Adolescent, and Young Adult Program and will consist of the Chair of the Department of Psychiatry and Behavioral Sciences and two additional faculty members with full professor status of the Department of Psychiatry and Behavioral Sciences.

### *Appeal Procedures*

- a. Following the receipt of written notification of the termination action, the intern will have no more than thirty calendar days to file a written request for hearing. The request must be delivered to the Vice-chair of Child, Adolescent, and Young Adult Program by certified or registered mail. If an intern fails to request a hearing within the specified time period, he/she will have waived the right to a hearing and to appellate review of the matter. The appeal should include a statement of the reasons the intern is filing the appeal.
- b. Within seven calendar days after receipt of a timely hearing request from an intern entitled to a hearing, the Vice-chair of Child, Adolescent, and Young Adult Program shall schedule a hearing and give written notice to the intern of the time, place and date scheduled.
- c. The Vice-chair is empowered to secure any and all material related to the decision to terminate and to question individuals who may have information helpful to the deliberations of the Internship Review Committee. In addition to the written appeal, the intern may make a personal appearance before the Committee to present oral and/or written testimony. A simple majority will decide all appeal decisions.
- d. Within five working days of the adjournment of the Internship Review Committee, the Vice-chair of Child, Adolescent, and Young Adult Program will advise the intern and the Internship Training director of the final decision.

## REFERENCES

Campbell, L., Fouad, N., Grus, C., Hatcher, R., Leahy, K., & McCutcheon, S. (July 2012). *A Practical Guidebook for the Competency Benchmarks*. Retrieved from <http://www.apa.org/ed/graduate/benchmarks-guide.aspx>

American Psychological Association (July 2012). *Revised Competency Benchmarks for Professional Psychology*. Retrieved from <http://www.apa.org/ed/graduate/benchmarks-evaluation-system.aspx>