Commonwealth of Virginia

Department of Behavioral Health and Developmental Services

Central State Hospital

DOCTORAL PSYCHOLOGY INTERNSHIP HANDBOOK 2027 - 2028

DBHDS

A life of possibilities for all Virginians

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CENTRAL STATE HOSPITAL

Central State Hospital (CSH), located in Petersburg, Virginia, is a Joint Commission–accredited inpatient psychiatric hospital that provides comprehensive services to both civil and forensic populations. As the only maximum-security psychiatric facility within the Virginia Department of Behavioral Health and Developmental Services (DBHDS), CSH serves individuals requiring the highest level of forensic psychiatric care and supervision. The maximum-security building includes six treatment and evaluation units, including Admissions, a Women's unit, a Restoration unit, and an Honor's unit. These units provide assessment, treatment, and rehabilitation for individuals involved in the criminal justice system, with patients admitted from jurisdictions throughout Virginia.

CSH also operates minimum-security civil units that provide inpatient psychiatric services to adults (18 years and older) from the Central Virginia area. Individuals are referred through their local Community Services Board (CSB) and are typically admitted through involuntary, court-ordered hospitalization when they present a significant risk of harm to themselves or others, or are unable to care for themselves due to mental illness, and no less restrictive treatment alternative is appropriate. CSH also cares for individuals who have been civilly committed following a determination by the court that they are Unrestorable Incompetent to Stand Trial.

Accreditation

The psychology internship at Central State Hospital is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and is **Accredited on Contingency** by the American Psychological Association (APA). Our accreditation became effective on April 8, 2025. Our program will complete a second site visit three years from receiving contingency status with the goal of transitioning from "on contingency" to full accreditation.

Please direct questions related to the program's accredited status to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE; Washington DC20002-4242
Phone: (202) 336-5979; Fax: (202) 336-5978
Email: apaaccred@apa.org
www.apa.org/ed/accreditation

PROGRAM PHILOSOPHY AND TRAINING MODEL

The CSH internship program is designed to meet all internship training and supervision requirements for licensure as a clinical psychologist in the state of Virginia and comply with the standards set forth by APPIC and APA. The trainee is responsible for obtaining information on licensure requirements and ensuring that they file all necessary forms in a timely manner in order to obtain licensure.

The CSH internship training program offers education and supervision in the practice of clinical and forensic psychology, a primary goal of which is to prepare the intern for the practice of psychology with a seriously mentally ill population. The program advocates a practitioner-apprentice model, which helps interns develop competence through the use of experiential learning or "learning by doing." Our program believes learning occurs through exposure, mentoring, and supervised practice with incremental degrees of task complexity and trainee autonomy. Further, our supervisors advocate that training occur using evidence-based best practices and encourage exposure and discussion to emerging research in these areas. Through this process, interns are expected to gradually increase their clinical proficiency and knowledge of clinical psychology and the legal system, and to grow into their professional identity in the fields of forensic clinical psychology and public service.

Training occurs within a multidisciplinary framework. In both core rotations, interns practice and train with members of other professional disciplines. The program encourages interaction, cooperation, and sharing of knowledge and expertise as a multidisciplinary team. The internship is an integrated training experience. We place an emphasis on exposing interns to the breadth and variety of professional roles assumed by psychologists in an inpatient setting, while providing opportunity to obtain exposure to some specialized areas of practice, namely forensics. It is our belief that good forensic psychologists are outstanding clinical psychologists first and foremost; therefore, interns will be expected to demonstrate competence in the traditional core skills of clinical psychology, including psychodiagnostic testing, clinical interviewing, treatment planning, consultation, and psychotherapy, while concurrently acquiring a knowledge base of the preeminent research areas, legal issues and precedents that contribute to the competent practice of forensic psychology.

As noted above, the effective practice of forensic clinical psychology is strongly linked to foundational training and analysis of scientific inquiry, and therefore interns are encouraged to rely upon empirically supported assessment techniques, and to actively seek to link emerging clinical theory and contemporary research with established principles of assessment, and forensic treatment and evaluation.

DIVERSITY VALUE STATEMENT

Our training program is enriched by members' openness to learning about - and embracing - the diversity of all persons in an atmosphere of respect, trust, and safety. CSH's mission is to support the wellness and safety of all individuals and their communities throughout the Commonwealth. The program expects that interns and trainers be committed to the values of openness, respect, and integrity for diversity, equity, and inclusion. The program expects that interns and trainers are willing to examine their personal values, and to learn to work effectively with others.

No one is completely free of bias and prejudice. The interns and faculty members are expected to examine their own biases, model personal introspection, and to be committed to lifelong learning. Trainers are expected to be mindful and inclusive of interns' identities. Interns are expected to examine and attempt to resolve any attitudes, beliefs, opinions, or feelings that might affect their abilities to provide services to individuals different from themselves.

The program is committed to maintaining an atmosphere of education and training for all, and one in which bias and prejudice can be openly challenged. The program is committed to a supportive process that facilitates the development of knowledge and skills necessary for working effectively with individuals of diverse ethnicities, colors, socioeconomic statuses, ages, sexes, sexual orientations, gender identities and expressions, physical and mental disabilities, marital statuses, and national origins.

PSYCHOLOGY TRAINING PROGRAM GOALS

Aim I: To develop competence of interns to practice as entry level psychologists in independent delivery of clinical interventions.

- Interns will demonstrate current knowledge of diagnostic systems that consider clients' history, dysfunction, and personal/systemic strengths; contextualize human behavior and apply this knowledge in assessment and diagnosis; select assessment methods that draw from the best available empirical literature and assemble assessment data from a variety of sources to develop a comprehensive and individualized clinical conceptualization and make appropriate recommendations to assist recovery.
- Interns will establish and maintain effective relationships with those who receive psychological services; develop evidence-based intervention plans that are individualized, trauma-informed, goal-specific, and informed by the current scientific literature, diversity characteristics, and contextual factors; and evaluate intervention effectiveness and adapt as needed.
- Interns will demonstrate current theoretic and empirical knowledge as it relates to diversity in research, training, supervision/consultation, and provision of services; integrate awareness of individual and cultural difference in the conduct of professional roles across a wide variety of populations.

Aim II: To develop competence of interns to practice as entry level psychologists in the areas of forensic and psychological assessment, mental disorder diagnosis, and communication of psychopathology.

- Select from and administer multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals and contexts.
- Interpret, integrate, and conceptualize assessment results to accurately address the referral question.
- Communicate results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner.

Aim III: To develop professional competencies of interns to function as entry level psychologists in professional conduct and decision-making.

- Interns will understand and act in accordance with professional standards and guidelines (including laws and regulations at the organizational, state, and federal level) as well as the current version of the APA Ethical Principles of Psychologists and Code of Conduct; recognize ethical dilemmas should they arise and resolve the dilemmas in an ethically informed manner; conduct oneself in an ethical manner during all professional activities.
- Develop and maintain productive relationships with colleagues representing psychology and other disciplines (e.g., psychiatric, nursing, social work, etc.) as well as supervisors and supervisees, community organizations, clients and their families; communicate integrated findings in both oral and written formats that demonstrate proficiency with professional language and concepts; exhibit effective interpersonal skills.
- Develop familiarity with ethical standards and regulations pertaining to forensic psychological practice, including relevant state and federal case law; assess and conceptualize forensic issues to inform treatment recommendations and communication

with attorneys and other legal personnel; evidence knowledge of risk assessment procedures using both direct and collateral sources to develop appropriate risk management strategies.

- Conduct themselves in ways that reflect important values and attitudes of psychologists to include personal integrity, professional responsibility, a commitment to lifelong learning, and concern for the welfare and rights of others; engage in effective self-monitoring and self-care to enhance professional effectiveness; actively seek out and respond to supervisory feedback; manage increasingly complex clinical decisions and situations with independence and confidence.
- Congruent with Aims I and II, interns will utilize critical thinking to become informed consumers of relevant empirical literature, and to apply this knowledge to their emerging clinical and assessment praxis.

PROFESSION-WIDE COMPETENCIES

The interns are systematically guided to move from the role of intern to that of early career psychologist by developing required profession-wide competencies and practicing these competencies under the supervision of licensed psychology staff. The nine APA profession-wide competency areas are: 1) Research; 2) Ethical and Legal Standards; 3) Individual and Cultural Diversity; 4) Professional Values, Attitudes, and Behaviors; 5) Communication and Interpersonal Skills; 6) Assessment; 7) Intervention; 8) Supervision; and 9) Consultation and Interprofessional/ Interdisciplinary Skills.

Each Profession-Wide Competency Area is defined below:

I) Research: This competency is comprised of the demonstration of the integration of science and practice. This includes critically evaluating and using existing knowledge to solve problems and disseminate research. This area of competence requires substantial knowledge of scientific methods, procedures, and practices.

II) Ethical and Legal Standard: This competency is comprised of responding professionally in increasingly complex situations. This includes awareness of and the application of ethical and professional standards, guidelines, and practice and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

III) Individual and Cultural Diversity: This competency is comprised of the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high-quality services to an increasingly diverse population. This includes demonstrating knowledge, awareness, sensitivity, and skills when working with diverse individuals and /or communities who embody a variety of cultural and personal background and characteristics. "Diversity" includes, but is not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status.

IV) Professional Values, Attitudes, and Behaviors: This competency is comprised of the ability to respond professionally in increasingly complex situations with increasingly greater degrees of independence. This includes demonstrating honesty, personal responsibility, professional conduct, organization, and the development of a professional identity. Additionally, this competency reflects the ability to appropriately engage in supervision, including utilizing supervisor guidance/suggestions efficiently.

V) Communication and Interpersonal Skills: This competency is comprised of the ability to provide expert guidance or professional assistance in response to a patient's or group's needs or goals as they relate to provision of service. Additionally, this competency involves the capacity to relate effectively and meaningfully with individuals, groups, and/or communities, including peers. This includes knowledge of key issues and concepts in related disciplines and the ability to interact with the professionals in them.

VI) Assessment: This competency is comprised of the assessment and diagnosis of problems and issues associated with individuals and/or groups with emphasis on the seriously mentally ill. This includes important components such as selecting assessment measures with the application of scientific/critical thinking with attention to issues of reliability and validity, cultural and age

specific issues, and also considering testing factors/confounds including cooperation, exaggeration of symptoms, medication, and ability to attend.

VII) Intervention: This competency is comprised of interventions designed to alleviate suffering and to promote health and well-being of individuals, and/or groups, particularly with the seriously mentally ill, along with consideration for evidence based/empirical factors, culturally issues, age considerations, or any other factors affecting the success of the intervention.

VIII) Supervision: This competency is comprised of the knowledge and application of various supervisory models or philosophies, and the understanding of the complexities of supervision, including the ethical and contextual issues in various supervisory roles. Interns apply this knowledge in direct or simulated practice with psychology trainees and other health professionals.

IX) Consultation and Interprofessional/ Interdisciplinary Skills: This competency is comprised of the skills reflected in the intentional collaboration of psychology professionals with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities.

These profession-wide competencies are developed through the integration of: 1) a variety of training seminars, didactics and lectures (including a broad-based approach to individual and cultural diversity, evidence-based practices, theories and methods of supervision, professional development issues and topics, and psychological testing methods and practice; 2) the apprenticeship with practicing, professional psychologists and other credentialed/licensed mental health professional (re:, psychological assessments, individual and group therapy, consultations, etc.); 3) through opportunities to learn to become effective supervisors via peer supervising and mentoring psychology externs; and 4) a consumer of research related to and contribute to health service psychology and evaluation practices overall.

TRAINING PLAN

Interns will complete two, separate six-month major rotations, described in detail below. They will also complete two minor rotations, each consuming one day per week. The 2000-hour internship must be completed in 12 months and comprise at least 500 direct hours.

MAJOR ROTATIONS

Both **Maximum**- and **Minimum-Security** major rotations allow for a variety of group and individual therapy experiences, interdisciplinary team collaboration, consultation, and opportunities for conducting assessments (e.g., mood, personality, intellectual, cognitive and risk evaluations and neuropsychological screenings). Interns are assigned to a multidisciplinary treatment team and follow assigned patients conducting initial assessments, treatment planning, brief therapy and/or psychoeducational sessions (e.g., competency restoration or crisis stabilization).

Interns will conduct two hours of group therapy per week. Interns will be responsible for the provision of a specific group modality, such as restoration to competency, DBT, ACT, CBTp, or a treatment modality that fills a specific treatment need for patients. Finally, interns complete risk assessments and provide diagnostic/treatment consultation, treatment of incompetent defendants with lower-level offenses, and long-term treatment of civilly transferred patients adjudicated Not Guilty by Reason of Insanity (NGRI).

Each six-month rotation will allow interns to gain experience both in a maximum-security forensic inpatient setting as well as the civil inpatient setting. This format allows for a wider range of clinical and training experiences as well as supervisory experiences. Interns will spend approximately 24 to 32 hours a week in their primary rotation.

Maximum Security Rotation CSH houses the only maximum-security forensic units in the state. Adults in this building highlight the rare intersection of serious mental illness and risk of harm to self or others. The vast majority of these individuals comprise two distinct categories: treatment of defendants adjudicated incompetent to proceed; and patients adjudicated NGRI who are remanded to the custody of DBHDS during the temporary custody and/or conditional release process. Individuals in this building are most likely to be charged with serious or high-profile offenses.

Minimum Security Rotation These units offer psychiatric care for patients who require less restrictive supervision than maximum security, while still providing structured therapy and treatment opportunities in a secure, recovery-oriented environment. Patients in these buildings generally comprise a mixture of acute civil admissions and pre-trial forensic status patients (i.e., in need of competence restoration). During this rotation, interns participate in treatment plan meetings and develop privilege packets to identify interventions, treatment goals, and services that address and mitigate patients' risk factors while promoting continued recovery and increased privileges.

During both Maximum- and Minimum-Security Rotations, interns have one day per week dedicated to participating with the Forensic Evaluation Team.

MINOR ROTATIONS

Forensic Evaluation Team Interns will spend one day a week working with the Forensic Evaluation Team and will be provided additional training and education related to the field of forensic psychology and forensic evaluation (e.g., pretrial evaluations). Interns will be encouraged to shadow each FET member, but will be assigned a primary supervisor, with whom they will conduct clinical interviews with adjunct in-vivo supervision. Each intern will also participate in a mock trial activity where the role of an expert witness will be assumed. Over time, interns will be expected to maintain their own caseload of evaluation cases, which will continue through to the conclusion of the internship year. An additional expectation will be that interns become increasingly autonomous in the performance of their job duties, with the goal of achieving readiness for independent practice by the end of the training year. All reports written by the intern during the training year will be reviewed and co-signed by the licensed psychology supervisor.

Research The training program recognizes the importance of research in the context of an effective and best-practices focused training program. To that end, interns are encouraged to seek out various opportunities to become a more informed consumer of research, and to contribute to research that can answer pressing questions held by CSH Administration and various departments, as well as research questions that benefit forensic psychology and evaluation practices overall. These research opportunities have a decidedly applied bent: assisting Dr. Banks with manuscript revisions on a number of journals for which she is a reviewer; assisting the Research & Review Committee on monthly meetings and Journal Club offerings; updating assessment briefs that can be used for expert testimony; and engaging in original research. CSH has a Research & Review Committee, as well as an IRB that vets proposals and ongoing research programs at CSH, both at the internal and external level. Dr. Banks is the primary supervisor for any research opportunity the intern wishes to engage in.

Patient Population Generally: Across both major rotations, and within the forensic evaluation rotation, the interns will gain exposure to a variety of clinical presentations. Certain patients present with relatively straightforward diagnoses and courses of treatment. However, the vast majority of the individuals receiving treatment or evaluation at CSH carry complex co-morbidities. It is not uncommon for any given patient to have an intersection of serious mental illness, personality pathology, intellectual deficits, substance use, and/or protracted history of self-harm or other-harm behaviors. These also may be overlaid upon other, broader areas of clinical importance, such as gender identity or community reintegration obstacles, etc. While these individuals' cases can be challenging, the primary supervisors see these as invaluable training experiences, and the intern will gain increasing exposure and guidance on how to tackle them. Of note, interns will likely get minimal exposure to geriatric (65+) populations as Virginia has other facilities designated to address the unique care needs of individuals of advanced age.

ADDITIONAL TRAINING ACTIVITIES

The offered additional trainings for internship are sequential and cumulative to their learning over the course of the year. The didactic, conference, and seminar schedules are created in complexity to provide interns with the foundational knowledge that is relevant to their understanding of their current role and progresses to expose them to relevant skills to prepare for licensure and independent practice in the field of psychology. These additional training activities are also used to inform intern training goals.

Institute of Law, Psychiatry, and Public Policy (ILPPP) at the University of Virginia

In late the Fall of the training year, the Intern attends the Basic Forensic Evaluation training offered by the ILPPP, a one-week intensive workshop covering the basic principles of forensic evaluation. The cost of this program is covered by the hospital. Interns must complete the training and submit the final writing assignment to the ILPPP. In addition to this training, a number of other training seminars may be offered by the ILPPP during the Intern's training year. Examples from previous years include Risk Assessment, Evaluating Individuals Found NGRI, Assessing Individuals Charged with Sexual Crimes, Conducting Mental Health Evaluations for Capital Sentencing Proceedings, and other advanced seminars or symposia.

Landmark Case Law Series

CSH's Forensic Evaluation Team hosts a weekly virtual landmark case law series during the training year, typically beginning in October. The cases discussed are drawn from the recommended reading list provided by the American Board of Forensic Psychology (ABFP) for preparation for board certification in Forensic Psychology. In the beginning of the year, depending on the Intern's prior familiarity with case law, the Intern may be provided guidance and mentoring with regard to the structure of the seminar and preparation of legal briefs. The Intern will have the opportunity to prepare case briefs and to lead the discussion over the course of the year. The case law series is open to other CSH staff and is often attended by a number of psychology practicum students, doctoral psychology interns, physician's assistant students, and psychiatry residents.

Forensic Seminar Series

In conjunction with Eastern State Hospital, the forensic seminar series is a didactic series specifically meant to cover the areas that fall under forensic psychology to include (but not limited to) pretrial criminal evaluations (CST, MSO), violence risk assessment, post-adjudication evaluations (NGRI), civil commitment, sex offender evaluation and treatment, juvenile justice, other civil matters, malingering, psychopathy, probation, other criminal competencies, child custody, workers comp, death penalty, and treatment in forensic contexts. The coordinators of the didactic series have designed the series to closely parallel the required readings and areas of competence typically covered on the ABPP Forensic written exam. It is held every Thursday from 11am to 1pm. The Intern is to attend virtually on a weekly basis.

Didactic Trainings

The Department of Psychology holds a series of didactic trainings throughout the year, covering such topics as risk assessment, the NGRI graduated release process, suicide risk assessment, cultural competency, substance use assessment and treatment, sex offender evaluations, testimony, assessment of malingering, trauma-informed care, ethics, etc. The didactic structure also includes

professional development seminars and case conferences related to topics of diversity. CSH also offers a variety of trainings throughout the year that are available to all staff members.

Intern Committee Assignments

The Psychology Interns shall have a representative who actively participates in the Psychology Internship Workgroup to represent the views and perspectives of the Interns on all matters of program evaluation and planning, with the exception of reviews of individual interns' performance. The Psychology Interns are also encouraged to participate in other committees throughout the hospital including but not limited to the Recovery/Trauma Informed Care Committee, Behavior Management Committee, and the Employee Appreciation Committee.

Supervision

The minimum number of supervision hours is four hours per week, with a minimum of two of those hours being face-to-face individual supervision (Core Supervisor, Research Program Supervisor, and Forensic Evaluation Team). Interns also participate in group supervision facilitated by a licensed clinical psychologist along with practicum students every other week, as well as weekly group supervision with the Forensic Evaluation Team. The group supervision is designed to provide an opportunity to connect with peers, provide peer supervision and social support for trainees. This has proved to be highly successful in building cohesion and interconnectedness amongst our Interns and practicum students. Supervision methods will reflect and promote growth in ethical principles and professional conduct standards. Over the course of the training year, interns are provided the opportunity to supervise the intervention and assessments of practicum students, as available based on the number of practicum students participating in the program. Additionally, interns will facilitate group supervision including practicum students during the last three months of the internship.

PROGRAM ADMINISTRATION AND SUPERVISORS

Throughout the year, interns receive a minimum of four hours of face-to-face supervision per week with a licensed clinical psychologist, and they will have at least two different supervisors during the training year. Given the complex nature of the work, interns are likely to receive considerably more supervision, both formally scheduled as well as through less formal interactions, than the aforementioned minimum amount. The interns' developmental needs will also be taken into consideration when allotting time for additional supervision. A brief biography of current psychology staff members has been provided for you to reference.

Psychology Internship Workgroup

The major administrative body for the CSH Clinical Psychology Internship is the Psychology Internship Workgroup. The committee meets quarterly to review the policies and procedures of the internship program, to make necessary and appropriate modifications and develop new policies as needed, and to review Intern progress and performance.

Minimum Security Staff

Barbara Hernandez, Ph.D., CSOTP – Psychology Supervisor – Dr. Hernandez obtained a Ph.D. in health psychology with a clinical concentration in 2014 and a master's degree in clinical psychology in 2003 from Virginia State University. She is a licensed clinical psychologist and certified sex offender treatment provider with 20 years of experience providing mental health and substance abuse services and 14 years of experience working with individuals with problematic sexual behaviors. Dr. Hernandez is a psychology supervisor at CSH and a former CSH practicum student. Throughout her career, Dr. Hernandez has worked primarily with adolescents and adults with diverse cultural backgrounds in community, hospital, and correctional settings. She has an extensive background in psychological and psychosexual assessment. Her primary research interests include disordered eating behaviors and body dissatisfaction, and she provides assessment and therapy targeting these issues. Dr. Hernandez's is an avid advocate of self-care and encourages others to honor their mind and body daily.

Jessica Raasch, Psy.D. – Psychology Supervisor – Dr. Raasch completed her Master of Clinical Psychology at the American School of Professional Psychology and her Doctor of Clinical Psychology at the Chicago School of Professional Psychology. She completed her internship with the Federal Bureau of Prisons at the Federal Correctional Complex in Petersburg, VA. Dr. Raasch began working as a treatment team psychologist at CSH in the maximum-security building in the spring of 2023, specializing in working with those who were adjudicated NGRI. She recently transitioned to the role of Psychology Supervisor for two of the civil buildings at CSH. Dr. Raasch spends much of her time traveling and is known to take a last-minute trip to a foreign country. Her free time is spent in the gym and with her two pups.

Sarah Netzky, Psy.D. – Treatment Team Psychologist – Dr. Sarah Netzky has a Master of Arts in Clinical Counselling Psychology from Roosevelt University and earned her PsyD in Clinical Psychology in 2022 from the Illinois School of Professional Psychology at National Louis University. She completed her doctoral internship at Central State Hospital where she started a research project on malingering which she presented at the Annual Convention of the American Psychological Association. Following her internship, Dr. Netzky spent a year in Mississippi conducting forensic evaluations and providing restoration treatment. In addition, she presented on malingering in January 2023 for the CSH Continuing Medical Education Series and returned as a Treatment Team Psychologist in the Fall of 2023. Dr. Netzky's research interests include group psychotherapy, malingering, and other forensic topics. She takes a developmental and feminist approach to supervision and in treatment she tends to conceptualize from a psychodynamic lens.

Maximum Security Staff

Marissa Jarrett, Psy.D. – Psychology Supervisor – Dr. Jarrett is a New Jersey native who has been residing in Virginia since 2010. After earning a master's degree in forensic psychology from John Jay College of Criminal Justice in NYC, she obtained her doctorate in clinical psychology with a forensic concentration from Nova Southeastern University in Ft. Lauderdale, FL in 2010. She completed her internship at Florida State Hospital where she discovered her passion for inpatient forensic work. After 5 years of living in Florida, she wanted to move further up the east coast, so she completed her postdoctoral training at Central State Hospital and chose to remain as a treatment team psychologist. During her time at Central State Hospital, she has worked as a treatment team psychologist on a women's unit, admissions unit, and honors unit, and in 2017, she was promoted to psychology supervisor in the maximum-security building. Dr. Jarrett has worked with forensic populations throughout her training and career, providing both assessment and treatment in correctional and hospital settings. Outside of work, she enjoys spending time with her family and dogs, crafting, spending time outdoors, and reading. She also enjoys Halloween significantly more than the average person.

Jacquelyn Harris, Psy.D. – **Treatment Team Psychologist** – Dr. Harris earned her B.S. in Psychology with a minor in Neuroscience from George Mason University and her Master of Clinical Psychology and Doctor of Clinical Psychology degrees from National Louis University. Her clinical training has focused on individuals with severe mental illness and involvement in the legal system. She completed her doctoral internship with the Federal Bureau of Prisons, providing services within the Residential Drug Abuse Program, Sex Offender Treatment Program, and Special Housing Unit. At CSH, Dr. Harris has served as a treatment team psychologist on both the admissions and pre-trial units in maximum-security. She also serves as Forensic Section Chief, oversees the development of psychoeducational treatment resources, and provides individual restoration services, crisis intervention, and psychotherapy for pretrial patients. Her clinical interests include complex trauma, SMI, personality disorders, substance use disorders, and the mental health needs of racial and gender minorities. Outside of her professional work, she enjoys traveling, spending time at the beach, and exploring diverse cuisines and cultures.

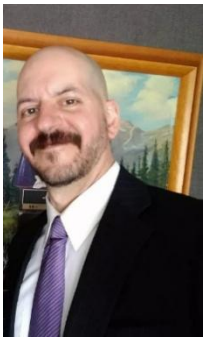
Melissa Raby, Psy.D., LCSW, CSOTP – Treatment Team Psychologist – Dr. Raby graduated from the American School of Professional Psychology at Argosy University, Arlington Virginia Campus in 2015. She completed her internship at Prince William Family Counseling in Woodbridge, Virginia. Currently, Dr. Raby works as a treatment team psychologist on an admissions ward. Her interests include working with adult and juvenile sex offenders, personality assessment, and working with individuals diagnosed with a SMI. In her free time, she enjoys spending with her dogs, being outside, and going to see Dead & Company in concert. *Dr. Raby also serves as the* ***assessment tutor*** *for psychology practicum students and interns.*

Jonathan Torres, Psy.D. – Treatment Team Psychologist – Dr. Torres received his doctorate degree in Clinical Psychology from Nova Southeastern University and completed his doctoral internship at the Western State Hospital in Kentucky. He returned to his roots in Kansas City and completed his post-doctoral residency at Center for Behavioral Medicine. There, he served as a unit psychologist and was a member of the DBT program. Dr. Torres later oversaw the Illness Management and Recovery program, became involved in competency restoration, and was the Training Director of CBM's Doctoral Internship program for several years. Dr. Torres seized an opportunity and moved to Virginia in 2024 and joined the staff at CSH. Currently, Dr. Torres serves as the unit psychologist for NGRI acquittees. He provides group and individual therapy, competency restoration, and completes violence risk assessments. His professional interests include treatment of SMI, as well as mood and personality disorders. *Dr. Torres serves as the **Assistant Training Director** for practicum students and doctoral interns.* When Dr. Torres isn't working, he enjoys traveling to exotic locations and exploring everything along the East Coast. He is an avid professional and college sports fan -- Go Jayhawks!

Kara Adams, Psy.D. – Treatment Team Psychologist – Dr. Kara Adams (she/her) graduated from the University of Virginia with a B.A. in Psychology and subsequently earned the degrees of Master of Arts in Forensic Psychology, Master of Psychology, and Doctor of Psychology (clinical) at The George Washington University. She completed her predoctoral internship with the Federal Bureau of Prisons at FCI/FDC Tallahassee in Florida, where she provided short- and long-term individual therapy, group therapy, and crisis intervention services to inmates. At CSH, Dr. Adams is the treatment team psychologist for Ward 8 (the Women's unit) in the maximum-security building. She takes an integrative approach to clinical work but primarily conceptualizes cases from a psychodynamic perspective, while remaining mindful of how oppressive systems inevitably enter the therapeutic and supervisory spaces. In her free time, Dr. Adams enjoys making art, exercising, traveling, cuddling her two cats, and trying new restaurants with her husband.

Forensic Services

Steven Barron, Ph.D. – **Chief Forensic Coordinator** – Dr. Barron obtained his Ph.D. in clinical psychology from Palo Alto University in 2000. However, he began his career in mental health when he was an undergrad, working as a psychiatric technician providing care to children and adolescents. His forensic work began in 2001 as a staff psychologist at a maximum-security state hospital in California, where he was a treatment team psychologist, treatment provider, and forensic mental health evaluator all on the same unit (back when dual roles were accepted practice). Afterwards, discovering a passion for forensic mental health assessment he worked for a variety of California agencies, and as an alienist for California Superior Courts, conducting evaluations of criminal defendants and inmates nearing parole, regarding adjudicative competency, mental state at the time of the offense, risk of violence, and assessing criteria for initial and annual commitment as a sexually violent predator. Dr. Barron has been retained by Public Defender and District Attorney Offices in the San Francisco Bay Area as well as Standford Law School and private defense counsel. He testified throughout California as an expert witness, including in San Francisco, Los Angeles, the Central Coast, and Central Valley. Additionally, Dr. Barron continued his work with adolescents, conducting assessments for juvenile courts regarding psychological functioning, risk of violence/sexual violence, and adjudicative competence. Prior to working at CSH, he served as a mentor, clinical supervisor, and was the Forensic Director for a state hospital in Georgia. At home, Dr. Barron enjoys making cocktails for his wife and spinning vinyl while watching their tuxie taunt their Frenchie.



Brandon Riley, Ph.D. – Assistant Forensic Coordinator – Brandon Riley is a native to the Commonwealth who did his undergrad studies at Virginia Tech before hoofing it all the way to Texas to pursue his doctorate in clinical psychology at Sam Houston State University. He then interned at the Wyoming State Hospital and completed his post-doc residency at the University of California – Davis in Sacramento. He joined Central State Hospital as a treatment team psychologist in 2008 and for several years held a supervisory role that included the selection and training of practicum students and interns. In 2019, he switched sides and joined forensic services as the Assistant Forensic Coordinator (NGRI) and is the current chair for the Internal Forensic Privileging Committee. He resides in Richmond with his husband and their two evil cats.

Helen Greenbacker, Psy.D. – Forensic Evaluation Team Supervisor – Dr. Greenbacker chose to pursue a career in psychology after deciding it was the more practical of her two undergraduate majors, the other being history. She obtained her graduate degree from Florida Institute of Technology. Dr. Greenbacker completed an APA-accredited internship with Southeast Human Service Center in Fargo, North Dakota, where she gained experience in pre-trial sex offender evaluations, parental capacity evaluations, and driving in snow. She then moved to Kansas City, Missouri, where she completed her post-doctoral residency as a member of the forensic evaluation team at Center for Behavioral Medicine, completing evaluations regarding competency, responsibility, and sexually violent predator determination. Following her residency year, she returned to her home state of Virginia to work as a treatment team psychologist at CSH. During her time in this position, she was placed on a ward predominantly housing NGRI acquittees and subsequently completed risk assessment evaluations. Dr. Greenbacker also briefly spent time as the Director of Psychology at CSH before choosing to pursue her passion for forensic evaluation. She has been appointed by the Commissioner to the Forensic Evaluation Oversight Review Panel, providing review and quality assurance of competency to stand trial and sanity at the time of the alleged offense evaluations completed by evaluators on the state-wide approved evaluator list. In her spare time, Dr. Greenbacker enjoys weightlifting, volunteering, and running with her dog, who is, of course, a good boy.

Amanda Banks-Goodwyn, Ph.D. – Assistant Forensic Coordinator – Dr. Banks-Goodwyn earned a B.A. in Criminal Justice with a Minor in Psychology at Sam Houston State University and her M.A. in Counseling from Prairie View A&M University. She completed her Ph.D. in Clinical Adolescent Psychology at Prairie View A&M University. Dr. Banks-Goodwyn completed her predoctoral internship at CSH. She remained on staff, working as a treating psychologist on the women's unit before transitioning to a forensic evaluator role. Presently, she works in clinical administration as the Assistant Forensic Coordinator for CSH's pretrial population. She also serves as the Research and Review Committee Chair and conducts research on clinical intervention for competency restoration. *She is the supervisor for the psychology internship research minor rotation.* Dr. Banks-Goodwyn enjoys cooking, cuddling with her cat Bonnie, traveling, hiking, painting, and watching true crime or reality TV in her free time.

Jennifer Mackowski, Ph.D. – Forensic Evaluator – Dr. Mackowski received her doctoral degree in clinical psychology from Montclair State University in New Jersey. During her doctoral training, Dr. Mackowski worked in a correctional setting, a private practice focused on dialectical behavioral therapy and forensic services, and in a state psychiatric hospital that served forensic populations. Through these experiences, she formed a passion for providing evidence-based treatments and objective assessments to these underserved and diverse populations. As such, Dr. Mackowski completed an APA-accredited internship at Trenton Psychiatric Hospital and Ann Klein Forensic Center in New Jersey. There, she conducted psychological and

forensic assessments and provided individual and group therapy to adults diagnosed with severe mental illness.

Following internship, Dr. Mackowksi completed her postdoctoral forensic fellowship here at Central State Hospital, where she had the opportunity to hone her skills in the evaluation of competency to stand trial and mental status at the time of offense. She also led a weekly mental health case law seminar, partook in specialized training through the Institute of Law, Psychiatry and Public Policy (ILPPP), and served as the chair of the research committee. Dr. Mackowski enjoyed her fellowship so much, that she decided to apply to the full-time evaluator position at the hospital, where she continues to happily be a part of the forensic evaluation team. In her free time, she enjoys CrossFit, petting her furbabies, and reading psychological thrillers.

Kathia Bonilla Amaya, Psy.D. – Forensic Evaluator – Dr. Bonilla Amaya received her clinical psychology doctoral degree from Indiana State University and received training providing services to individuals with severe mental illness within a maximum-security prison. She completed an APA-accredited internship with Wellpath-South Florida State Hospital in Pembroke Pines, Florida, where she gained experience in conducting competency to stand trial evaluations, violence risk assessments. Additionally, she provided competency restoration services to defendants as well as treatment to individuals adjudicated NGRI. Following completion of her internship, Dr. Bonilla Amaya moved back to her home state of Virginia and completed her post-doctoral residency as a member of the Forensic Evaluation Team at Central State Hospital. While completing her post-doctoral training, she conducted competency and sanity at the time of the alleged offense evaluations and assisted with providing group supervision to trainees. Dr. Bonilla Amaya enjoys traveling, hiking, weightlifting, baking, and cuddling with her dog Olaf in her spare time.

ADMINISTRATIVE DETAILS

Calendar
The internship begins on August 10th and concludes on August 9th of the following year. The granting of educational leave (beyond the required training workshops to be attended at the Institute for Law, Psychiatry, and Public Policy) shall be at the discretion of the Training Director.

Stipend
The stipend for the internship is $68,641.

Professional Liability Insurance
Professional liability insurance covering clinical activities clearly defined within the scope of the internship training program is provided by the hospital at no cost to the intern.

Health Insurance and Leave Time
The intern will receive health, dental, and disability insurance as offered to all Virginia state employees. The intern receives four (4) days per year of family/personal leave, eight (8) days per year of sick leave, and he or she also earns four (4) hours of general leave time per pay period (1 day per month). This is in addition to annual paid holidays.

Pay Periods and Pay Days
The intern will receive two monthly paychecks for a total of 24 paychecks per year. Direct deposit is required.

Offices
Interns will be assigned office space with individual telephone and computer access.

Maintenance of Intern Records
All records of interns' training experiences, evaluations, certificates of internship completion, and/or formal complaints and grievances will be retained permanently by the Psychology Department (as overseen by the Director of Psychology) in secure digital and physical formats. These records will be maintained and made available for onsite review by site visitors.

Outside Employment
The program understands that interns may be interested in seeking employment outside their internship position during the course of the year. Please be advised that hospital employees (including interns) seeking outside employment are required to obtain prior written approval from the Hospital Chief Executive Officer (CEO) or designee as outlined in CSH Outside Employment policy (JI 8-18b) to ensure there is no conflict of interest.

HOW TO APPLY

To apply to the CSH Psychology Internship Program, applicants are asked to complete the online application (AAPI) that can be accessed from APPIC at the link below. The deadline for acceptance of the completed electronic materials is **December 1**, and according to APPIC requirements, the following information should be included in each candidate's application package:

- Completed General Application Form (accessed at http://www.appic.org/)
- Cover Letter
- Curriculum Vitae
- At least three letters of recommendation from persons familiar with applicant's professional skills and development
- Official transcripts of applicant's graduate work
- Sample Assessment Report

APPLICATION DEADLINE: December 1

Academic/Practicum Preparation and Selection Process: All application materials are due by December 1, so that the process of scheduling interviews can begin. Interviews are not scheduled until applications are complete. Thus, in order to be eligible for an interview, all application materials must be submitted by the established deadline.

Selection of interns is based on comparative evaluation. In keeping with Equal Opportunity guidelines, the Internship Selection Committee will ensure equal employment opportunity to internship applicants with respect to all employment practices, including recruitment, and that such practices shall be administered without regard to race, color, religion, national origin, political affiliation, disability, age or sex.

Academic preparation required of applicants includes 500 Intervention hours and 100 Assessment hours as well as the completion of a minimum of three years of graduate training. Only applicants from APA accredited clinical or counseling psychology training programs are accepted. Applicants' dissertation proposals must be approved by the start of their internship training, and applicants must have successfully completed applicable comprehensive exams in their graduate training programs.

Following review of completed applications, the selection committee will contact selected applicants to schedule interviews. Interviews will be conducted in January. Interviews will be offered in a virtual format, unless otherwise requested by the applicant. Once all interviews have been completed, the selection committee will rank order all candidates under consideration. The current number of funded **internship slots is three**.

The Psychology Internship Program abides by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any Internship applicant.

Once matched, the Training Director will contact the intern by phone or email on Match Day. A letter will be sent to the intern and their Program Coordinator within seven days of the Match date. All interns must successfully complete the pre-employment requirements as scheduled by CSH Human Resources, which includes an in-person criminal background check and drug screening prior to beginning internship.

LIFE IN THE AREA

While CSH is located in Petersburg, many staff members choose to reside in Richmond or surrounding areas, such as Chesterfield, Midlothian, and Colonial Heights. An economically progressive city and Virginia's capital, Richmond offers a wealth of amenities not easily found among other East Coast municipalities. Richmond's livability can be measured in numerous ways:

- beautiful neighborhoods with striking architecture and an abundance of rental options
- a vast cultural and educational heritage befitting its more than 200,000 citizens
- noted historic prestige tracing back to the early English settlers

Nationally recognized for its vitality and New Economy embrace, Richmond's diversified employment base extends from chemical, food and tobacco manufacturing to biotechnology, semiconductors and high-tech fibers. The city consistently ranks among "Best Places to Live and Work in America" in several national publications.

Richmond is among a handful of mid-sized cities to offer a flourishing cultural community enhanced by several first-class museums and prominent universities, its own symphony, professional ballet and opera, and numerous theater companies and art galleries. While offering easy access to the Atlantic Ocean, Appalachian Mountains, the Blue Hills and Washington, D.C., Richmond features countless pastimes at home. The city is home to many trendy boutiques and independent restaurants, breweries/wineries, numerous sports and entertainment attractions, outdoor pursuits among one of the nation's largest river park systems, and a treasure trove of historic landmarks provide fun times galore. This area of Central Virginia is particularly known for its spectacular Fall foliage displays, agrotourism, and support of independent businesses.

Petersburg is a historic small city with a wealth of Civil War sites in the near vicinity and a newly burgeoning downtown area. It is located just 21 miles south of Richmond, offering additional residential options.

EVALUATION

Below is a template of the rating form used by the core supervisors to determine an intern's current performance and competencies at predetermined points throughout the training year. Interns should be expected to maintain or improve their performance in these areas over time. Should an intern not meet the appropriate expectation for performance, a strengths-based approach will be implemented to ensure the intern can achieve the requisite competencies in the area(s) of need. The Training Director will provide quarterly written progress evaluations to the Intern and the DCT of their academic institution.

Central State Hospital
Doctoral Psychology Intern
Evaluation of Competencies

At the beginning of each rotation, all supervisors are to review this evaluation with the intern, clarifying expectations for workload and planned rotation activities and identifying competencies expected to be evaluated during the rotation or activity. At mid-rotation, all supervisors are to use this form as a guide for feedback regarding performance towards attainment of competency goals and areas for development. At the conclusion of the rotation or training activity, all supervisors are to complete and review this evaluation with the intern, then submit the completed evaluation with signatures and dates to the Student Training Coordinator and Psychology Director.

Intern Name:

_____

Evaluating Supervisor(s):

_____

_____

_____

_____

Rotation or Activity Evaluated:

☐ Major Rotation (Primary) ☐ Research
☐ Forensic Eval Team ☐ Other: _____

Purpose of Evaluation:

☐ Progress Review ☐ Other: _____
☐ Final Evaluation

Minimum Levels of Achievement:

At the conclusion of the <u>first rotation (progress review)</u>, an intern must achieve ratings of "3" or higher on all competency items in all competency areas. Any ratings of "2" or lower will result in modifications to the training plan to address the area and improve performance.

By the <u>conclusion of the training year (final evaluation)</u>, an intern must achieve a rating of "4" or higher in all rated skills in each competency area, indicating that the intern is exhibiting competency at a level expected at the conclusion of the training year (prepared to begin post-doctoral fellowship or entry-level independent practice).

Competency Ratings Descriptions:

**Per APA requirements, each assessment must include, in part, direct observation (either live or electronic)

1	**Needs remedial work:** Requires remediation and intensive supervision.
2	**Entry-Level for Internship/Continued intensive supervision needed**: Requires frequent observation and close supervision of identified areas.
3	**Intermediate/Should remain a focus of supervision**: Continuation of routine supervision and training of identified areas.
4	**Advanced/Skills comparable to autonomous practice prepared for licensure**: Rating expected for entry-level independent practice and licensure. Possesses the ability to independently function in a broad range of clinical and professional activities. Demonstrates the ability to generalize skills and knowledge to new situations and to self-assess when to seek additional training, supervision, and/or consultation.
5	**Superior/Skills comparable to an above entry-level clinician**: Functions at the level of an independent, experienced psychology staff member.
N/O	No opportunity to observe this skill or not assessed during training experience.

Instructions: *For each competency skill item observed, place an (X) in the box next to each item designating the intern's level of competency with each skill item, according to the rating key above. Only place one (X) per competency item. It is understood that not all training activities will allow supervisors the opportunity to observe, and, therefore, evaluate each skill or competency. Only score those items for which you have direct knowledge of the intern's abilities.*

Competency Area I: Research and Scholarship

Evaluation of this area based on the following methods of supervision (select all that apply):

- ☐ Direct Observation (including co-facilitation of clinical interventions)
- ☐ Case Presentation
- ☐ Report/Documentation Review
- ☐ Review of Raw Data/Testing Materials
- ☐ Discussion in Individual Supervision
- ☐ Reports by Other Colleagues Who Interacted with the Intern

I.	***Research and Scholarship***	**1**	**2**	**3**	**4**	**5**	**N/O**
a.	Demonstrates understanding of empirical literature with regard to diagnostic conceptualization.						
b.	Proactively reviews and uses the empirical literature to inform interventions and treatment.						
c.	If involved in research, demonstrates proficiency in design, ethics, statistical methodologies, communication of findings.						
d.	Integrates current and relevant research and literature into clinical practice.						
e.	Demonstrates critical thinking skills when discussing research relevant to clinical practice.						

Optional Comments:

Competency Area II: Ethical and Legal Standards

Evaluation of this area based on the following methods of supervision (select all that apply):

- ☐ Direct Observation (including co-facilitation of clinical interventions)
- ☐ Case Presentation
- ☐ Report/Documentation Review
- ☐ Review of Raw Data/Testing Materials
- ☐ Discussion in Individual Supervision
- ☐ Reports by Other Colleagues Who Interacted with the Intern

II. Ethical and Legal Standards	**1**	**2**	**3**	**4**	**5**	**N/O**
a. Understands and applies APA Ethical Principles of Psychologists and Code of Conduct, seeking consultation as needed.						
b. Clarifies roles, expectations, and limits of confidentiality with patients and collateral sources of information.						
c. Demonstrates awareness of regulations (e.g. patient rights, ROI, informed consent, risk assessment, abuse reporting).						
d. Identifies ethical dilemmas and applies ethical decision making processes to resolve, seeking consultation where appropriate.						
e. Conducts self in an ethical manner in all professional activities during the internship year.						

Optional Comments:

Competency Area III: Individual and Cultural Diversity

Evaluation of this area based on the following methods of supervision (select all that apply):

- ☐ Direct Observation (including co-facilitation of clinical interventions)
- ☐ Case Presentation
- ☐ Report/Documentation Review
- ☐ Review of Raw Data/Testing Materials
- ☐ Discussion in Individual Supervision
- ☐ Reports by Other Colleagues Who Interacted with the Intern

III. Individual and Cultural Diversity	**1**	**2**	**3**	**4**	**5**	**N/O**
a. Appropriately addresses own cultural and individual differences that affect how they interact with patients and others.						
b. Identifies and appropriately addresses cultural and individual differences in the patient's background relevant to treatment.						
c. Recognizes cultural themes and sensitivities in populations of focus (e.g. rural, LGBTQIA+, younger/older adults, etc.)						
d. Able to independently apply knowledge and approach in working effectively with range of diverse individuals.						
e. Aware of and responses appropriately to cultural issues in assessment, diagnosis, conceptualization, and treatment						
f. Aware of personal biases that may affect the fairness or accuracy of final work product, addresses in supervision.						

Optional Comments:

Competency Area IV: Professional Values, Attitudes, and Behaviors

Evaluation of this area based on the following methods of supervision (select all that apply):

- ☐ Direct Observation (including co-facilitation of clinical interventions)
- ☐ Case Presentation
- ☐ Report/Documentation Review
- ☐ Review of Raw Data/Testing Materials
- ☐ Discussion in Individual Supervision
- ☐ Reports by Other Colleagues Who Interacted with the Intern

IV. Professional Values, Attitudes, and Behaviors	**1**	**2**	**3**	**4**	**5**	**N/O**
a. Behavior demonstrates integrity, accountability, desire to learn, and concern for welfare of others.						
b. Demonstrates professional demeanor and appearance in accordance with professional standards and hospital policy.						
c. Displays professional behavior and responsibility in use of leave and authorized absences.						
d. Exhibits professionalism in clinical setting and adheres to agency policies (i.e. Standards of Conduct, Civility).						
e. Manages assignments within given timeframes without while maintaining quality of work product.						
f. Demonstrates preparation for and appropriate use of supervision time.						
g. Demonstrates self-reflection and awareness of professional limitations, seeking consultation when appropriate.						
h. Maintains and improves performance, well-being, and professional effectiveness.						
i. Fosters respectful relationships with patients and staff to further goals of the case; manages interpersonal issues						
j. Demonstrates maturity of judgment in clinical and professional matters.						
k. Displays increasing autonomy commensurate with increasing competency development.						
l. Demonstrates commitment to client recovery and trauma-informed care.						

Optional Comments:

Competency Area V: Communication and Interpersonal Skills

Evaluation of this area based on the following methods of supervision (select all that apply):

- ☐ Direct Observation (including co-facilitation of clinical interventions)
- ☐ Case Presentation
- ☐ Report/Documentation Review
- ☐ Review of Raw Data/Testing Materials
- ☐ Discussion in Individual Supervision
- ☐ Reports by Other Colleagues Who Interacted with the Intern

V. Communication and Interpersonal Skills	**1**	**2**	**3**	**4**	**5**	**N/O**
a. Communicates with patients and families in a respectful, clear, effective, and collaborative manner.						
b. Communicates with other professionals and staff in a respectful, clear, effective, and collaborative manner.						
c. Documentation demonstrates thorough grasp of professional language and concepts, as well as sensitivity to patient info.						
d. Presents assessments, treatment cases, and sessions in an organized, clear, and effective manner.						
e. Demonstrates effective interpersonal skills and ability to respectfully manage difficult or sensitive communications.						

Optional Comments:

Competency Area VI: Assessment and Psychological Diagnostic Skills

Evaluation of this area based on the following methods of supervision (select all that apply):

- ☐ Direct Observation (including co-facilitation of clinical interventions)
- ☐ Case Presentation
- ☐ Report/Documentation Review
- ☐ Review of Raw Data/Testing Materials
- ☐ Discussion in Individual Supervision
- ☐ Reports by Other Colleagues Who Interacted with the Intern
- ☐ **Successful mock administration of WAIS and MSE (required)**
- ☐ **Successful mock interpretation, scoring, and report of WAIS (required)**

VI. Assessment and Psychological Diagnostic Skills	**1**	**2**	**3**	**4**	**5**	**N/O**
a. Clarifies referral question or presenting problem in an appropriate manner when indicated.						
b. Gathers a complete and relevant history, integrating information obtained from all relevant sources.						
c. Conducts and communicates a comprehensive and accurate mental status examination.						
d. Selects appropriate instruments/measures with consideration of relevance to referral question and patient culture/diversity.						
e. Demonstrates accurate administration and scoring of tests with proper use of norms and population base rates.						
f. Accurately interprets and conceptualizes results based on integration of relevant data and testing.						
g. Guards against decision-making biases, distinguishing between objective and subject aspects of the assessment.						
h. Formulates an accurate diagnosis consistent with current DSM criteria						
i. Reports clear and organized, integrating history, observations, and assessment data to meet standards of professional writing.						
j. Conclusions are supported by integration of data/sources of information, with inclusion of appropriate recommendations.						

List all tests administered *and any additional comments*:

Competency Area VII: Intervention and Individual/Group Therapy

Evaluation of this area based on the following methods of supervision (select all that apply):

- ☐ Direct Observation (including co-facilitation of clinical interventions)
- ☐ Case Presentation
- ☐ Report/Documentation Review
- ☐ Review of Raw Data/Testing Materials
- ☐ Discussion in Individual Supervision
- ☐ Reports by Other Colleagues Who Interacted with the Intern

VII. Intervention and Individual/Group Therapy	**1**	**2**	**3**	**4**	**5**	**N/O**
a. Demonstrates ability to develop and maintain therapeutic rapport with patients.						
b. Conceptualizes presenting problem(s) within a theoretical framework appropriate to the patient population.						
c. Develops individualized treatment plans and patient-centered treatment goals.						
d. Uses literature, assessments, diversity characteristics, and contextual variables in clinical decision making.						
e. Implements evidence-based interventions with fidelity to treatment protocols and models.						
f. Uses self-report and other measures to evaluate outcomes of interventions.						
g. Selects and administers empirically supported interventions and uses the literature to guide treatment decisions.						
h. Adapts intervention goals and methods in a manner consistent with ongoing outcome evaluation.						
i. Demonstrates skill in differential diagnosis using current DSM criteria, integrates into treatment decisions.						
j. Identifies and addresses process/relationship issues within the therapeutic relationship.						
k. Able to adapt interventions when clinically indicated and/or when a clear evidence base is lacking.						
l. Demonstrates case management skills relevant to making referrals, planning for follow-up, etc.)						
m. Displays awareness of group dynamics and process, with appropriate intervention and management.						
n. Able to effectively maintain group engagement and focus on goals of the session.						

Describe groups led by intern *with any additional comments*:

Competency Area VIII: Supervision

Evaluation of this area based on the following methods of supervision (select all that apply):

- ☐ Direct Observation (including co-facilitation of clinical interventions)
- ☐ Case Presentation
- ☐ Report/Documentation Review
- ☐ Review of Raw Data/Testing Materials
- ☐ Discussion in Individual Supervision
- ☐ Reports by Other Colleagues Who Interacted with the Intern

VIII. Supervision	**1**	**2**	**3**	**4**	**5**	**N/O**
a. Applies knowledge of supervision models and practices in direct or simulated practice with psychology trainees/others.						
b. Demonstrates the ability to provide oversight and feedback in the supervisee's clinical and professional interactions/writing.						
c. Demonstrates the ability to seek and integrate feedback from their supervisee.						
d. Builds good rapport with supervisee and seeks consultation as needed and appropriate.						

Optional Comments:

Competency Area IX: Consultation and Interprofessional Skills

Evaluation of this area based on the following methods of supervision (select all that apply):

- ☐ Direct Observation (including co-facilitation of clinical interventions)
- ☐ Case Presentation
- ☐ Report/Documentation Review
- ☐ Review of Raw Data/Testing Materials
- ☐ Discussion in Individual Supervision
- ☐ Reports by Other Colleagues Who Interacted with the Intern

IX. Consultation and Interprofessional Skills	**1**	**2**	**3**	**4**	**5**	**N/O**
a. Independently consults with psychologists and other professionals relevant to the care of their patients.						
b. Contributes to treatment team planning and to the team's implementation of interventions.						
c. Demonstrates knowledge of and respect for the roles of other professionals in a collaborative treatment approach.						
d. Interacts effectively with other disciplines on treatment teams						

Optional Comments:

Competency Area X: Forensic Practices

Evaluation of this area based on the following methods of supervision (select all that apply):

- ☐ Direct Observation (including co-facilitation of clinical interventions)
- ☐ Case Presentation
- ☐ Report/Documentation Review
- ☐ Review of Raw Data/Testing Materials
- ☐ Discussion in Individual Supervision
- ☐ Reports by Other Colleagues Who Interacted with the Intern

X. Forensic Practices	**1**	**2**	**3**	**4**	**5**	**N/O**
a. Demonstrates knowledge of legal statutes as it relates to clinical assessment.						
b. Demonstrates knowledge of and adherence to best practice guidelines for forensic psychologists.						
c. Demonstrates knowledge of ethical practices within the area of forensic psychology.						
d. Conducts interviews and assessments that facilitate treatment planning and/or respond to the psycholegal question.						
e. Demonstrates interview skills using appropriate language with patients from diverse cultural backgrounds.						
f. Forensic reports are written in an organized manner, integrating history, observation, and assessment data.						

Optional Comments:

General Comments:

COMPETENCY GOALS/MINIMUM LEVELS OF ACHIEVEMENT

☐ The trainee HAS successfully completed the minimum level of achievement.

☐The trainee HAS NOT successfully completed the minimum level of achievement. We have made modifications to the training plan to address the area and improve performance and/or a joint written remedial plan is attached, with specific dates indicated for completion. Once completed, the rotation will be re-evaluated using another evaluation form, or on this form, clearly marked with a different color ink.

This evaluation form has been read and reviewed by both the intern and supervisor(s), and we have done so before the intern rated the supervisor.

Reviewed by:

_____
Intern

_____ _____
Primary Supervisor Training Director

_____ _____
Research Supervisor Assistant Training Director

_____
FET Supervisor

CENTRAL STATE HOSPITAL
DEPARTMENT OF PSYCHOLOGY
INTERN RATINGS

Training Year:
Training Setting (Rotation or Supervisor):
Trainee:
Supervisor:
Rate the degree to which your supervisor performed the following and the rotation fulfilled your expectations in accordance with your training needs:

1. **Training needs not met**
2. **Training needs somewhat met**
3. **Training needs adequately met**
4. **Training needs exceeded**
5. **N/O (Not Observed)**

1. Established clear training goals and expectations ___
2. Addressed your needs and concerns ___
3. Showed respect for your professional style and previous training ___
4. Provided guidance appropriate to your level ___
5. Addressed legal and ethical issues as they emerged ___
6. Provided adequate time for supervision ___
7. Was available as needed ___
8. Provided feedback about areas in which you were doing well ___
9. Provided feedback about areas in which further development was needed ___
10. Provided opportunities for learning new skills ___
11. Exposed you to relevant reading material/research ___
12. Provided a reasonable workload ___
13. My training goals for this experience were met ___
14. My skill level in intervention increased ___
15. My skill level in assessment increased ___
16. My ability to manage the workload increased ___
17. My ability to function as a professional psychologist increased ___
18. My professional identity as a competent psychologist increased ___
19. My sense of myself as a competent professional increased ___
20. My supervisory and/or consultation skills increased ___
21. My sensitivity to cultural/diversity issues increased ___
22. My understanding of relevant ethical issues increased ___
23. My awareness and understanding of relevant scholarly work increased ___

Comments (use additional space as needed):

Please indicate your preference regarding the release of this information to your supervisor(s):

In accordance with CSH policy, this information may only be shared with your supervisor(s) if you wish. Please indicate below if this is to be shared (the default is to keep all feedback private).

Please share the feedback above: _____

DISMISSAL, REMEDIATION POLICIES, DUE PROCESS, & GRIEVANCE PROCEDURES:

Dismissal, Remediation Policies, Due Process and Grievance Procedures

All staff, including interns and supervisors, are expected to adhere to the standards of conduct outlined by the Department of Human Resource Management. DHRM Policy 1.60 explains the Commonwealth's Standards of Conduct (SOC). Employees are expected to fulfill their duties and to conduct themselves in a manner deserving of public trust. The policy provides a list that is not all-inclusive but is intended to illustrate the minimum expectation for acceptable workplace conduct and performance.

While an intern is only employed for one year, they are still treated as a new employee serving a one-year probationary period. As a probationary employee, the disciplinary actions outlined in the SOC are not applicable. DHRM Policy 1.45; Probationary Period reminds the probationary employee that if at any time during the probationary period an employee is not suited for the job, the employee should be terminated or allowed to resign. A probationary employee does not have access to the Grievance Procedure.

http://www.dhrm.virginia.gov/docs/default-source/hrpolicy/pol1_60.pdf?sfvrsn=2

Interns will receive regular, on-going informal feedback regarding their performance and progress from their supervisors throughout the internship year. In addition to initial test-outs, interns will receive two formal, written performance evaluations by their primary supervisor and minor rotation supervisors. Additionally, the program will provide an overall rating of competencies collectively scored by the panel of supervisors working with each intern. This is in addition to those required by the intern's academic institution's requirements.

Policy Number: 1.40 Performance Planning and Evaluation (virginia.gov)

Due Process and Feedback

It is our expectation that interns will successfully complete the internship program, and we commit to working with our interns to maximize the probability of attaining that goal. To ensure that decisions about interns are not arbitrary or personal, the program has developed due process procedures. Interns are informed of expectations related to professional functioning and behavior both verbally and in written format (via an Intern Brochure and Handbook) during the orientation process.

In addition to regular verbal feedback provided during weekly supervision, interns will be provided with six-month evaluations which will be shared with the Director of Clinical Training (DCT) at the intern's graduate program. If issues arise which necessitate due process procedure, the Training Director and/or Primary Supervisor will ensure that all concerned parties, especially the intern, are aware of the relevant issues and of the likelihood that disciplinary action will be taken. Input from the intern's DCT will be sought when indicated about how best to address unsatisfactory progress or problematic behavior. As indicated, the intern's Primary Supervisor will institute a remediation plan for identified skill deficiencies and/or problematic behaviors, including a time frame for

expected remediation (e.g., 90 days) and consequences of not rectifying the areas of concern. Interns will be provided written notice prior to the initiation of a remediation plan, or any other formal notification of unsatisfactory performance, as well as a written procedure describing how to appeal the program's action. Such procedures will be made available to the intern at the beginning of the training year. Interns will be granted sufficient time (i.e., ten days) to respond to any action taken by the program. An appeal document should explain the reasons for the appeal and include any documentation or evidence that would warrant reconsideration for the decision. The program will solicit and consider input from multiple professional sources (e.g., training staff, graduate program DCT, and available literature) when making decisions or recommendations regarding the trainee's performance. Actions taken by the training program and rationale for said actions will be provided in writing to the intern and the graduate program DCT.

Definition of Problem Behavior

Behaviors are identified as problem behaviors if they include one or more of the following characteristics:

1. The intern does not acknowledge, understand, or address the problem when it is identified.

2. The problem is not merely a reflection of a skill deficit that can be rectified by academic or didactic training.

3. The quality of services delivered by the trainee is sufficiently negatively affected.

4. The problem is not restricted to one area of professional functioning.

5. A disproportionate amount of attention by training personnel is required.

6. The intern's behavior does not change as a function of feedback, remediation efforts, and/or time.

PROCEDURES FOR RESPONDING TO SKILL DEFICIENCY OR PROBLEM BEHAVIOR

If a staff member judges an intern's performance as constituting a skill deficiency or problem behavior, the following procedure will be followed.

1. The staff member notifies the Assistant Training Director that there is a concern about the trainee's skills or professional functioning.

2. The Assistant Training Director initially consults with the primary supervisor, other directly involved CSH clinical staff, and the CSH Training Director if the problem pertains to clinical practice.

3. The Assistant Training Director and Training Director may also choose to consult with the trainee's academic department.

If it is determined that the concern needs further review, the following procedure will be initiated.

1. The Assistant Training Director will write a letter to the intern outlining the concern, providing notice that a review will occur, and informing the intern that she/he may provide a written statement to the Assistant Training Director if desired.

2. The Intern Training Workgroup will meet to discuss the concern and possible follow-up action. With this input, the Assistant Training Director will determine what follow-up action is needed.

3. These steps will be appropriately documented and implemented according to due process procedures.

POSSIBLE INTERVENTIONS IN RESPONSE TO SKILL DEFICIENCY OR PROBLEM BEHAVIOR

The Assistant Training Director - in consultation with the Primary Supervisor, Intern Training Workgroup, and CSH Training Director - may determine that one or more of the following responses will be made:

Verbal Counseling – the intern is given feedback regarding unsatisfactory behavior or performance

Written Counseling – provides:

a. Notification to the intern that there is unsatisfactory behavior

b. Description of the unsatisfactory behavior

c. Actions required to remedy the behavior

d. Statement that more serious action is not deemed necessary

Notice of Improvement Needed/Substandard Performance Form – directs the intern to discontinue unsatisfactory action(s) or behavior(s). The intern will be given a letter specifying the following:

a. Description of the unsatisfactory behavior

b. Actions required to correct the unsatisfactory behavior

c. Timeline for correction

d. Possible consequences if the problem is not corrected

Schedule Modification – the intern's schedule is modified to allow the intern to focus on remediation of the area of concern. Examples of possible modifications include:

a. Increasing the amount of supervision, either with the same or other supervisors

b. Changing the format, emphasis, or focus of supervision

c. Recommending personal therapy

d. Reducing the trainee's clinical or other workload

Clinical Privileges Suspension – if it is determined that the intern's problem behavior might impact client welfare, the trainee's clinical privileges will be suspended. The trainee will be given a letter specifying the following:

a. Description of the unsatisfactory behavior

b. If applicable, 1) Actions required to correct the unsatisfactory behavior 2) Timeline for correction 3) Explanation of the procedure that will be used to determine whether satisfactory progress has been made 4) Possible consequences if the problem is not corrected

Guidelines for Implementing Decisions

1. Once the final decisions have been made by the Assistant Training Director, after evaluating the review panel findings, the Assistant Training Director, CSH Training Director, and Primary Supervisor meet with the intern to review the decisions made and specify the remediation procedures.

2. Any formal action taken by the Training Program is communicated in writing to both the trainee and the trainee's academic program. This notification indicates the nature of the problem, a rationale for the implementation of the remediation procedures and the specific steps that are to be taken.

3. When necessary, the status of the intern's remediation efforts is reviewed within a designated time period, but no later than the next formal evaluation period. This review is made by the Assistant Training Director, the CSH Training Director, and the trainee's Primary Supervisor.

4. The outcome of the review is communicated in writing to the intern, the intern's academic program, and to the CSH Training Director.

Formal Complaint Procedures/Complaint Appeal Procedures

Procedures for Complaint with Written Evaluation or with Intern Training Workgroup Decision:

If an intern does not agree with a written evaluation and discussion with the supervisor does not resolve the issue, or if an intern does not agree with the decision of the Intern Training Workgroup, the intern may submit a letter of appeal to be attached to the specific supervisor's evaluation or Committee recommendation, then to be forwarded to the Assistant Training Director. In this letter, the intern may request an appeal based on:

1. Denial of due process in the evaluation/complaint procedure (e.g., evaluation criteria not presented prior to evaluation or opportunity to demonstrate proficiency not provided prior to evaluation) or

2. Denial of opportunity to present data to refute criticisms in the evaluation/complaint process.

The request must be submitted no later than ten (10) calendar days after the evaluation or workgroup decision notice is received by the intern, must identify the specific aspect of the

evaluation with which the intern disagrees, and must suggest what form of modification is requested.

If an appeal is appropriately requested, the following steps will be taken:

A. An Appeals Panel, made up of two staff members, will be formed within 14 calendar days of receipt of the appeal. The intern may designate one member of the Appeals Panel from the psychology department staff (who have not had prior evaluative authority of the intern, and did not participate in Internship Workgroup decisions related to the decision with which the intern is appealing). The Assistant Training Director, or designee, will designate the other member. The Assistant Training Director and Primary Supervisor are prohibited from serving on the Appeals Panel.

B. The Assistant Training Director, or designee, is responsible for convening the committee and the CSH Training Director, or designee, presides. Both review the appeal procedures and make sure that no committee member has a conflict of interest in the case presented.

a. The intern and the supervisor(s) involved will be notified when the appeal meeting will be held.

b. The Appeals Panel may request the presence of a written statement from the individuals involved, as deemed appropriate.

c. The intern may submit to the panel any written statements deemed appropriate, may request a personal interview or may request that the panel interview other individuals with relevant information. The involved supervisor also has these same privileges.

d. The panel will meet within 14 calendar days of receipt of the appeal and will present a written summary of the committee's findings and any recommendations to the Assistant Training Director.

C. The Assistant Training Director will take action based on the Appeals Committee's findings.

Examples of outcomes might include (but are not limited to):

1. Accept the original evaluation report and recommend a plan of remediation;

2. Request that the supervisor write a new report to include specific changes;

3. Revise the evaluation or add an addendum to the original evaluation;

4. Recommend another remediation plan be implemented.

The recommendation of the Appeals Panel is to be communicated in writing to the intern in a timely manner.

D. If the intern is dissatisfied with the decision of the Appeals Panel, they may request that a second and final review be made by the Clinical Director, or designee at a level above the CSH Training Director. The request must be submitted to the Clinical Director or

designee within five (5) calendar days after receiving the Assistant Training Director's written decision.

The Clinical Director or designee will make the final recommendation about the intern's appeal.

Procedures for Formal Complaint with Training, Supervision, and All other Concerns:

Informal Problem Resolution Procedure: If a trainee experiences a problem with a CSH clinical or support staff member, the trainee is encouraged to proceed by taking the following actions. If a step is not successful, the trainee should proceed to the next step. We recognize that, in some situations, the trainee may feel uncomfortable about talking directly with a staff member about an issue. If that is the case, the trainee is advised to consult with the Assistant Training Director and/or Intern Representative.

Step 1: First, attempt to address and resolve the problem with the individual as soon as possible.

Step 2: If addressing the issue with the staff member is not successful, or the trainee prefers not to first address the issue with the individual, they may consult with the Assistant Training Director.

The Assistant Training Director will assist by using one or more of the following actions.

a. Serving as a consultant to assist in deciding how best to communicate with the individual

b. Facilitating a mediation session between the staff person and the trainee

c. Taking the issue to relevant CSH Leadership Team members, Human Resources, and/or the Intern Training Workgroup for consultation and problem solving

d. Consulting with the Clinical Director.

e. In the case of an issue with the Assistant Training Director, the trainee should consult with the CSH Training Director. In the case of an issue in which neither the Assistant Training Director or CSH Training Director can be consulted, the trainee should consult with the Clinical Director and/or Intern Representative.

Step 3: If satisfactory resolution is still not attained, the trainee may file a formal complaint.

Formal Complaint

Step 1: The trainee will provide a letter to the Assistant Training Director documenting the nature of the complaint and what attempts have been made to resolve the issue.

Step 2: The Assistant Training Director will write a letter to the trainee outlining the grievance procedure, including the trainee's right to select one of the CSH staff members

on a review panel and the opportunity to dispute information and/or explain their position. The letter will also document the timeline for responding to the grievance.

Step 3: The Assistant Training Director will then convene a review panel that includes two staff members. The intern may designate one member of the Review Panel from the psychology department staff. The Assistant Training Director, or designee, will designate the other member.

a. The Assistant Training Director, or designee, is responsible for convening the Review Panel and the CSH Training Director, or designee, presides. Both parties involved (trainee and staff member trainee is filing a complaint against) review the complaint review procedures and make sure that no review panel member has a conflict of interest in the case presented. If the complaint is against the Assistant Training Director and/or CSH Training Director, designees will be appointed to coordinate and/or preside over the review panel meeting.

b. The intern and the supervisor(s) involved will be notified when the review meeting will be held.

c. The Review Panel may request the presence of a written statement from the individuals involved, as deemed appropriate.

d. The intern may submit to the panel any written statements deemed appropriate, may request a personal interview or may request that the panel interview other individuals with relevant information. The involved supervisor also has these same privileges.

e. The panel will meet within 21 calendar days of the receipt of the formal complaint submission. The review panel will hear all information and, within five working days of the completion of the review hearing, the review panel will, by majority vote, prepare a recommended written response to the complaint.

Step 4: The Assistant Training Director and/or CSH Training Director (or designee) will provide the panel's written recommendations to the CSH Clinical Director or designee. Within five working days of receipt of the review panel's recommendation, the Clinical Director or designee will accept the recommendation, reject the recommendations and provide an alternative, or refer the matter back to the review panel for further deliberation. The Clinical Director or designee will then make the final decision regarding the appropriate response to the grievance.

Step 5: Once a decision has been made, the trainee, sponsoring university, and other appropriate individuals will be informed in writing of the action taken.

It is the policy of the Commonwealth to provide its employees with a workplace free from harassment and/or retaliation against employees who either complain of harassment or aide in the investigation of such a complaint.

https://www.dhrm.virginia.gov/hrpolicies

Leave Requests: Opportunities for scheduled or unscheduled leave are recognized when an Intern is absent for an assignment or educational activity. Leave, depending upon circumstances, may be granted as the discretion of the Training Directors, with or without pay. The Training Directors will notify the Human Resources Department of extended leaves of absence and conditions relative thereto. Taking of leave without prior notification to and approval from the Training Directors is grounds for immediate dismissal. Interns must notify and receive approval from their Primary Supervisor well in advance of any anticipated leave needs in order to allow time for adequate coverage of the clinical care responsibilities. Interns should consult their Primary Supervisor for information regarding the length of leave and potential effects on the duration of the Training Program. If use of leave extends the Training Program beyond the normal time period, the necessary time to complete the Program may be without additional pay. Additional information about the process to request leave time will be provided during the onboarding process

Vacation, Sick and Family/Personal Leave Policies: On date of hire, interns are authorized four days (36 hours) of family personal leave and eight days (64 hours) of sick leave. This is in addition annual paid holidays. Annual leave is earned at a rate of 4 hours per pay period. Vacations must be scheduled sufficiently in advance to allow for adequate planning for clinical coverage of the Intern's responsibilities. The amount of vacation that can be taken at any one time shall be determined by the Intern's primary supervisor.

Staff/Faculty Evaluations: Hospital staff are evaluated annually by their direct supervisors as part of their employee performance evaluations. The CSH training department routinely solicits evaluations of all guest speakers and lectures to assess their knowledge and ability to convey information effectively. Performance evaluations are reviewed with staff members and signed by the staff member and their supervisor. These evaluations are kept in the Department's own staff files as well as the individual staff members file in Human Resources.

Program Evaluation: The Psychology Intern Training Workgroup is responsible for evaluating the goals and objectives of the Internship Program along with the effectiveness of the program in meeting these goals and objectives. The Psychology Intern Training Workgroup shall conduct a formal review of the Program on an annual basis and the process will be documented in the minutes of that meeting. At the end of each rotation or at a specified period, Interns will complete confidential evaluations of their educational experiences. At the end of each academic year, the Interns and Core Supervisors will complete confidential evaluations of the Program. The information contained in these evaluations is confidential, and only summary material will be made available to the Workgroup members. The Assistant Training Director will summarize the periodic evaluations and guarantee the anonymity of the responses. Summaries of these evaluations along with Internal Review (when applicable) and other sources of information as provided will be used by the Psychology Intern Training Workgroup in their review of the program. The results of this annual assessment will be used to devise and implement improvements to the program. The workgroup will also provide ongoing monitoring of the program through the scheduled quarterly meetings. Records of evaluations will be stored securely and permanently in physical and digital formats by the Psychology Director. Interns are informed of record retention policies during hospital orientation and internship onboarding. Interns are also made aware of the agency's Code of Conduct during the orientation process. They are provided a copy of the APA Code of Ethics in their intern resources (via Microsoft Teams). For the purpose of evaluating the

interns' competency in this area, ongoing discussion is an element of formal and informal supervision. Interns are also invited to attend continuing education events discussing ethics.

Social Media: The Virginia Department of Human Resource Management (DHRM) has issued the following policy for state agencies. Please review the policy at: https://www.dhrm.virginia.gov/docs/default-source/hrpolicy/pol175useofinternet.pdf

Outside Employment: The program understands that interns may be interested in seeking employment outside their internship position during the course of the year. Please be advised that hospital employees (including interns) seeking outside employment are required to obtain prior written approval from the Hospital Chief Executive Officer (CEO) or designee as outlined in CSH Outside Employment policy (JI 8-18b) to ensure there is no conflict of interest.

Internship Program Admissions, Support, and Outcome Data

Date Program Tables are updated: (08/28/2026)

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	**__X__Yes** **_____No**
If yes, provide website link (or content from brochure) where this specific information is presented:	
https://www.dhrm.virginia.gov/hrpolicies/policies-alpha-order	

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:
The internship is structured to balance the main intern responsibilities of being a treatment team psychologist at a state psychiatric hospital, minor rotations in research and forensic evaluations, and supervision/didactic training. It is expected that applicants have some level of experience or interest in working with forensic or SMI populations.

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	N	**Y**	Amount: 500
Total Direct Contact Assessment Hours	N	**Y**	Amount: 100

Describe any other required minimum criteria used to screen applicants:
Supervision will be provided to ensure proper administration and scoring of assessment measures; however, basic knowledge of the administration and scoring procedures is expected.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	$68,641	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	**Yes**	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	**Yes**	No
Coverage of family member(s) available?	**Yes**	No
Coverage of legally married partner available?	**Yes**	No
Coverage of domestic partner available?	**Yes**	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	*see below	
Hours of Annual Paid Sick Leave	*see below	
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**	No
Other Benefits (please describe): The intern will receive health, dental, and disability insurance as offered to all Virginia state employees. The intern receives four days per year of family/personal leave, eight days per year of sick leave, and they also earn four hours of general leave time per pay period (8 hours per month). This is in addition to 12 annual paid holidays.		

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

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2023-2025	
Total # of interns who were in the 3 cohorts	6	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1	
	PD	**EP**
Community mental health center	1	
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center		
Military health center		
Academic health center		
Other medical center or hospital		1
Psychiatric hospital	1	2
Academic university/department		
Community college or other teaching setting		
Independent research institution		

Correctional facility		
School district/system		
Independent practice setting		
Not currently employed		
Changed to another field		
Other		
Unknown		1

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.