

**DOCTORAL INTERNSHIP IN CLINICAL PSYCHOLOGY**

Training Year: 2025-2026

**APPIC Program Number: 1339**

Health Psychology Track: 133913

Serious Mental Illness Track: 133914

Health Psychology/Serious Mental Illness Track: 133915

Application Deadline: \_\_November 11, 2024\_\_\_\_\_\_\_\_\_\_\_\_\_

*Tewksbury Hospital’s Doctoral Internship in Clinical Psychology is accredited by the American Psychological Association*

Questions related to the program’s accreditation status should be directed to the Commission on Accreditation:

*Office of Program Consultation and Accreditation*

*American Psychological Association*

*750 First Street NE*

*Washington, DC 20002*

*202-336-5979*

*Email: apaaccred@apa.org*

Table of Contents

[History Of Tewksbury Hospital 3](#_Toc172722965)

[Tewksbury Hospital-Mission and Values 3](#_Toc172722966)

[Department of Public Health Medical Units 4](#_Toc172722967)

[Department of Mental Health Psychiatric Units 5](#_Toc172722968)

[Psychology Services 6](#_Toc172722969)

[Scope of Service for Psychiatric Service Patients 6](#_Toc172722970)

[Scope of Service for Chronic and Medical Patients 7](#_Toc172722971)

[Clinical Psychology Staff 7](#_Toc172722972)

[Credentialing 7](#_Toc172722973)

[Tewksbury Hospital’s Doctoral Internship Program in Clinical Psychology 8](#_Toc172722974)

[Statement Of Commitment to Diversity 8](#_Toc172722975)

[Program Philosophy 8](#_Toc172722976)

[Training Model 9](#_Toc172722977)

[Aims Of Professional Training 9](#_Toc172722978)

[Profession Wide Competencies and Learning Elements 10](#_Toc172722979)

[Didactic Training Plan 17](#_Toc172722980)

[Core Training Curriculum 18](#_Toc172722981)

[Policies and Procedures During Internship 20](#_Toc172722982)

[Professional and Clinical Expectations 20](#_Toc172722983)

[Requirements For Program Completion 20](#_Toc172722984)

[Evaluation Of Interns 21](#_Toc172722985)

[Intern Record Maintenance Procedures and Policy 22](#_Toc172722986)

[Internship Due Process Policy and Procedures 22](#_Toc172722987)

[Graduate Program Communication Policy 22](#_Toc172722988)

[Time Policy 22](#_Toc172722989)

[Stipend and Program Resources 23](#_Toc172722990)

[Training Faculty & Supervisors 25](#_Toc172722991)

[Internship Application Process 26](#_Toc172722992)

[General Information 27](#_Toc172722993)

[Internship Admissions, Support and Initial Placement Data - 2024 28](#_Toc172722994)

**INTRODUCTION**

Tewksbury Hospital is a large, multi-service, inpatient facility operated by the Massachusetts Department of Public Health. The hospital provides comprehensive treatment, care, and comfort to adults diagnosed with medical and/or severe mental illnesses. Tewksbury Hospital houses two state hospital programs for the Department of Public Health and the Department of Mental Health.

# History Of Tewksbury Hospital

Tewksbury Hospital is comprised of two departments operated by two separate state agencies: the Department of Public Health (DPH) and the Department of Mental Health (DMH). Tewksbury Hospital has a long history of serving patients. It has undergone several name changes over the course of its existence. The hospital was established in 1852 and opened on May 1, 1854, as one of three state almshouses needed to help care for the unprecedented influx of immigrants and patients with tuberculosis. It also served patients with other infectious diseases as well as mentally, acutely, and chronically ill patients. In 1874 the institution was divided into three classifications: Mental Wards, Hospital, and Almshouse. During this period, rehabilitation services were also offered to persons suffering from alcoholism. In 1887, an internship program for Harvard Medical School was approved. In 1894 the educational aspect of the hospital was also expanded for nursing. In 1900, the name of the institution was changed from the Tewksbury Almshouse to Tewksbury State Hospital, and additional wards were added for medical and surgical services. At that time, patients suffering from smallpox and typhoid fever were also treated by the hospital. In 1909, the hospital name was changed from Tewksbury State Hospital to the Massachusetts State Infirmary, and in 1938, the name was changed again to Tewksbury State Hospital and Infirmary. In 1959, the administration was transferred from the Department of Public Welfare to the Department of Public Health, and again the name was changed to the present-day name of Tewksbury Hospital. Two new wings with several hundred new beds were added to the hospital in 1973. In 1976, the main hospital building was designated the Thomas J. Saunders building in honor of the eponymous hospital administrator. The Hathorne Mental Health Units opened on June 22, 1992, at the Thomas J. Saunders building after the closure of Danvers State Hospital, and serve the Northeast Area (e.g., North Shore and Merrimack Valley areas) of the Massachusetts Department of Mental Health (see www.mass.gov/dmh). Department of Public Health and Department of Mental Health patients receive medical, psychiatric, and psychological treatment within the Thomas J. Saunders building.

# Tewksbury Hospital-Mission and Values

The primary mission of Tewksbury Hospital is to provide comprehensive treatment, care and comfort to adults with medical and/or mental illness. The Hospital is operated by the Department of Public Health; it serves patients whose care is under the auspices of the Department of Public Health and/or the Department of Mental Health. Tewksbury Hospital serves its patients with dignity and respect, emphasizing active treatment in the least restrictive setting, with the goal of assisting the patient in reaching the highest level of independent functioning possible. Its services reflect the different needs of its patients. Tewksbury hospital values are-

1. Patient Focus
2. Quality of Care
3. Community of Caring
4. Collaboration & Dialogue
5. Continuous Learning & Improving

Tewksbury Hospital operates a 370 bed Joint Commission accredited hospital. Approximately 220 complex chronic medical adult patients reside on seven inpatient units and more than 150 psychiatric clients reside on six inpatient units. The hospital provides comprehensive treatment, care, and comfort to adults with medical and/or mental illnesses. A full range of ancillary services is available at the site, including 24/7 nursing, medicine, and psychiatry as well as clinical laboratory, psychology, radiology, respiratory care, speech pathology, occupational therapy, physical therapy, clinical dieticians, clinical social workers and pharmacy, and on-site dialysis clinic. The Thomas J. Saunders building is where patients from the Department of Public Health and the Department of Mental Health currently receive their services.

The socioeconomic and cultural composition of the patients on the medical and Hathorne Mental Health Units is diverse. This reflects the fact that the region surrounding the hospital spans old industrial centers, seaports, and suburban communities with immigrant population centers of Spanish, Portuguese, Cambodian, Vietnamese, Polish, Italian, German, and Irish descent, as well as Jewish and African American enclaves. Interns may have opportunities to gain experience working with interpreters and/or professionals with experience serving individuals from various communities.

# Department of Public Health Medical Units

The Department of Public Health medical units at Tewksbury Hospital services patients with a varied and complex array of medical and psychiatric illnesses. Units vary in terms of the medical diagnoses of the patient populations they serve. The medical units admit adult patients aged 19 and over. Many of the patients at Tewksbury Hospital are wheelchair dependent. The patients are admitted for subacute rehabilitation with a plan for discharge. The units offer a collaborative, patient centered, multidisciplinary team approach designed to care for and help patients and their families achieve realistic and attainable goals. A biopsychosocial treatment model for care is utilized.

Units vary in terms of the physical health and medical diagnoses of the patient populations. One unit is designated to provide medical care and long-term rehabilitation to patients with traumatic brain injury. Another specialized unit consists of Huntington’s disease patients who are in the middle and advanced stages of the disease. These patients receive extended care for cognitive, movement, and mood disorders. Another unit specializes in treating individuals with intellectual disabilities who are being served by the Department of Developmental Services (DDS) and are admitted for short-term rehabilitation for medical illnesses/complications before returning to the community. More recently, a unit was created to address the public health need of individuals who require medical treatment with conditions related to chronic substance use disorders. Additionally, this unit provides a substance use disorder program for those interested in such services. Another specialized unit is the Men’s behavior unit. This unit emphasizes the treatment of adult and geriatric males with an additional sex offender treatment program for those requiring such services. Other medical units at Tewksbury Hospital serve patients with a variety of medical conditions including multiple sclerosis, medical and neurological conditions related to alcohol and drug abuse, end stage renal failure, chronic diabetes, stroke, dementia, cardiac disorders, and other acute and chronic diseases.

On the Department of Public Health medical units, clinical training activities take place on seven inpatient units. Patients often present with medical and behavioral needs. DPH Psychology Services provide a wide array of interventions for patients experiencing psychological distress and/or disorders in combination with traumatic brain injury, stroke, seizure disorders, Huntington’s disease, multiple sclerosis, cerebral palsy, dementia, substance use disorders, and other chronic neurological and physical diseases. Patients on the medical units are served by a multidisciplinary treatment team, including a unit attending physician, nursing staff, consultant psychiatrist, consultant psychologist, social worker, recreation staff and rehabilitation staff. Weekly mental health rounds occur on all medical units, which provide treatment teams with opportunities to formulate diagnoses, develop treatment plans, monitor patient progress, and discuss discharge planning.

# Department of Mental Health Psychiatric Units

The Hathorne Mental Health Units at Tewksbury Hospital are comprised of six DMH units, five of which predominantly serve individuals who are committed for forensic evaluations (competency to stand trial, criminal responsibility) or are for treatment following such an evaluation. In addition, units may also serve individuals without forensic involvement with needs for intermediate or long-term psychiatric hospitalization. The remaining unit is the first and only medically enhanced psychiatric care unit in the state, serving adults with serious mental illness and complex medical needs.

The Hathorne Units admit patients aged 19 and over who are referred either: a) upon order of the Courts for forensic evaluation, or b) after acute hospitalization (generally up to 30 days) at community-based hospital has been insufficient to support safe return to the community. The patient population includes patients with complex psychiatric and behavioral challenges, challenging differential diagnostics, and individuals with active legal issues. Common psychiatric diagnoses include schizophrenia, schizoaffective disorder, bipolar disorder, major depression, eating disorders, complex PTSD, personality disorders, severe alcohol or substance use disorders, and dementias at varying degrees of symptom severity. Patients committed for care must meet criteria of likelihood of imminent harm to self or others or inability to care for self by reason of mental illness. Patients sent by the courts may be committed for the purpose of evaluation of competency to stand trial, criminal responsibility, aid in sentencing or other relevant psycho-legal questions.

Many patients served on psychiatric units present with a history of complex risk issues and often require assessment of specific risk areas including suicide, violence, fire setting, substance use and problematic sexual behavior. These assessments aim to identify contributors to risk, formulate a conceptualization of risk related behaviors and their functions, and offer clinical recommendations for risk mitigation in the hospital and upon return to the community.

The Hathorne Units are served by a multidisciplinary team including psychology, psychiatry, social work, occupational therapy, nursing, and peer support. Interns are integrated as part of this team and attend daily rounds, treatment team meetings, staff meetings and community meetings that consist of both staff and persons served. Psychiatric patients on DMH units may be referred to off-unit activities including a social club, therapeutic and vocational programs at the Psychosocial Rehabilitation Center, and off-ground trips into the community. DMH treatment programs embrace the recovery model which emphasizes person-centered planning and trauma-informed care.

# Psychology Services

Psychology diagnostic and treatment services are provided to adult patients diagnosed with chronic medical and mental illness based on the need and conditions of the patients. The statement of purpose and rationale for the scope of services, consistent with the hospital’s values, are- Patient Focus, Quality of Care, Community of Caring, Collaboration & Dialogue, and Continuous Learning & Improving.

## Scope of Service for Psychiatric Service Patients

The clinical assessment and treatment services provided by the Psychology Service include psychological and neuropsychological screening and testing; individual, group and family therapy; psychodynamic, psychoeducational, psychosocial and behavioral approaches to treatment; rehabilitation psychology; substance use disorder counseling; consultation, supervision, teaching and conducting or assistance in the conduct of research. Any needed criminal court forensic evaluations and forensic risk management consultations are now performed by Designated Forensic Psychologists who are contracted by the Department of Mental Health to provide these evaluations on an as needed basis at Tewksbury Hospital and at other facilities with psychiatric service patients. The psychological services on the psychiatric floors are provided by the staff psychologists, one assigned to each floor. The Director of Psychology on the psychiatric units reports to the Director of Mental Health Services for Tewksbury Hospital.

Psychiatric unit psychology internship responsibilities include attending daily morning rounds on assigned units, attending and participating in select patient treatment team meetings, attending staff and community meetings, completing risk assessments, participating in risk review meetings, and conducting individual and group psychotherapy.

## Scope of Service for Chronic and Medical Patients

Psychology Services at Tewksbury Hospital provides clinical assessment and psychological intervention and treatment based upon current scientific knowledge as it relates to clinical practice These services include crisis prevention and intervention, risk assessment and management, neuropsychological and psychological assessments, evaluation of medical decision making and guardianship, design and implementation of individualized behavior support plans, as well as evidence based individual and group psychotherapy. On the medical units, psychological services are provided by the Psychology Department as part of the Behavioral Health Services, consulting on all seven medical floors. Additionally, Psychology Service staff members are part of the interdisciplinary treatment teams and provide psychoeducation to the staff through informal and formal presentations. The Director of Psychology on the medical units reports directly to the Chief Medical Officer of Tewksbury Hospital.

The medical unit psychology internship responsibilities include attending weekly rounds to 2-3 units per week; providing individual and group therapy services, cognitive evaluations, attending Patient Care conference, serving as an on-call clinician for the Rapid Response Team, which involves periodically carrying the pager; and responding to behavioral crises.

## Clinical Psychology Staff

All clinical psychology staff are Allied Health Service Providers of the Medical Staff Organization of Tewksbury Hospital. These individuals: 1) are currently licensed for independent practice in the Commonwealth of Massachusetts as “Licensed Psychologists, Health Service Provider” by the Board of Registration for Psychology; 2) are required to have psychologist’s malpractice insurance; and 3) are credentialed and privileged by the Medical Staff Credentialing and Privileges Committee.

## Credentialing

As above, all staff Psychologists are fully credentialed by the Medical Staff Credentialing and Privileges Committee. The credentialing process begins with an initial application submitted to the Credentialing Committee and reviewed by the Director of Psychology. The standards for Providers of Psychological Services are - Psychologists hold a doctorate in Psychology from an accredited program at an institution of higher education; be currently licensed as a Psychologist and Health Service Provider by the Massachusetts Board of Registration in Psychology; be capable of performing the duties and discharge the responsibilities of the position, and meet the standards put forth for this position by professional and accrediting agencies.

If all the requirements are met, the applicant's file is submitted to the committee. If granted clinical privileges by the committee, the applicant is given temporary privileges for six months. During this time the Psychologist's notes are reviewed monthly by the Director of Psychology, and they return to the committee for review and a determination to be fully credentialled. This medical appointment is valid for two years. Each Psychologist is required to apply for re-credentialing. The clinical competency of the Psychologist is evaluated during this period and the Medical Staff Credentialing and Privileges Committee reviews their application every two years.

# Tewksbury Hospital’s Doctoral Internship Program in Clinical Psychology

Tewksbury Hospital’s Doctoral Internship Program in Clinical Psychology focuses on providing comprehensive training enabling interns to become professional psychologists who can function effectively as clinicians, consultants, and multidisciplinary team members. The primary goal of the internship is to prepare interns to transition towards more independent professional functioning. Accordingly, our aims are to provide training, supervision, and experiential learning experiences to assist interns to develop the necessary profession-wide competencies to be able to function as an entry level professional by the end of internship.

The primary emphasis of this internship is the critical and flexible application of psychological concepts and current scientific knowledge, principles, and theories to the delivery of professional psychological services. The program aims to strengthen interns’ knowledge of and skills in theoretical conceptualization and clinical practice and to provide specialized training in the application of these clinical skills and knowledge with individuals diagnosed with serious medical, neurological, and persistent severe mental illness in an inpatient facility.

## Statement Of Commitment to Diversity

Tewksbury Hospital is part of the Bureau of Public Health Hospitals system of four multi-specialty hospitals overseen by the Massachusetts Department of Public Health. Throughout the fabric of the Commonwealth, diversity and inclusion are the threads with which we weave the tapestry of cultural inclusion for our employees and the citizens of Massachusetts to see and experience. Equal Employment Opportunity (EEO), Affirmative Action (AA) and Diversity are critical components in creating an inclusive work environment. As part of The Executive Office of Health and Human Services (EOHHS) Tewksbury Hospital is an Equal Opportunity Employer and does not discriminate on basis of race, religion, color, sex, gender identity or expression, sexual orientation, age, disability, national origin, veteran status, or any other basis covered by appropriate law. Research suggests that qualified women, Black, Indigenous, and Persons of Color (BIPOC) may self-select out of opportunities if they don't meet 100% of the job requirements.

The Clinical Psychology Internship Program does not discriminate on the basis of any factor that is irrelevant to the successful completion of internship training. We aim to create a work environment that values and supports trainees of diverse backgrounds. We especially welcome applications from underrepresented and marginalized group members.

## Program Philosophy

The mission of the Tewksbury Hospital internship program is to provide comprehensive training enabling interns to become professional psychologists who can function effectively as clinicians, consultants, and multidisciplinary team members. Our goal is to integrate the contributions of clinical science with the reality of daily practice in a hospital-based setting. The primary emphasis of this internship is the critical and flexible application of psychological concepts and current scientific knowledge, principles and theories to the delivery of professional psychological services.

## Training Model

Tewksbury Hospital’s Doctoral Internship training philosophy embraces a **practitioner-scholar model**, emphasizing experiential and didactic learning informed by scholarly inquiry. Throughout the year, we tailor aspects of the internship experience to each intern’s strengths, interests, and ongoing development needs. The Psychology Internship program is sequential, cumulative, and graded in complexity. The internship year is designed to build upon the existing knowledge and skills of interns, offering diverse opportunities for further skill development and refinement.

The internship program at Tewksbury Hospital provides clinical and training activities that are based in a developmental approach that includes a sequential, graded, and cumulative format. The internship program adheres to a competency-based approach to training, building on the foundational training the interns gain from their doctoral programs. With the development of professional competencies and increased confidence, interns progressively take on more responsibility and autonomy. Didactic trainings also parallel this process and are organized in a manner to support the interns’ competency development process.

## Aims Of Professional Training

The primary emphasis of this internship is the critical and flexible application of psychological concepts and current scientific knowledge, principles, and theories to the delivery of professional psychological services. The program aims to strengthen interns’ knowledge of and skills in theoretical conceptualization and clinical practice and to provide specialized training in the application of these clinical skills and knowledge with individuals diagnosed with serious and medical, neurological, and persistent mental illness in an inpatient facility.

Interns are guided in their understanding of their professional, legal, and civic responsibilities, as defined by legal statutes and professional ethics codes. The internship training experiences are designed to facilitate the intern’s transition from student to a professional ready for entry level practice. The goal is achieved through the provision of clinical experiences, training, and supervision. Interns deepen their appreciation of the variability and range of human capabilities through a variety of activities, including provision of supervised diagnostic-psychological and neuropsychological assessments and a range of psychotherapies. Interns also develop an understanding of the nature of public sector health care, including the larger systems issues of funding, models and integration of services, continuity of care, and organizational communications and change. Throughout, interns are challenged to develop and exercise balanced judgment, poise, emotional maturity, interfacing, and negotiation skills, as well as appropriate professional presentation and demeanor.

The interns are systematically guided to move from the role of a trainee to a professional ready for entry level practice intern to that of early career professional psychologist by developing required profession-wide competencies and practicing these competencies under the supervision of licensed psychology staff. It is expected that by the conclusion of the internship year, interns will have achieved competence demonstrating that they are prepared for entry level independent practice. Consistent with the American psychological Association Commission on Accreditation’s (CoA) guidance, “Readiness for Entry Level Practice” is defined as-

1. the ability to independently function in a broad range of clinical and professional activities;
2. the ability to generalize skills and knowledge to new situations; and,
3. the ability to self-assess when to seek additional training, supervision, or consultation.

The program has 3 training aims that are consistent with the 9 profession wide competencies. These competencies and related elements are consistent with the APA CoA Standards of Accreditation. The program training aims are:

**AIM 1- Assessment-** Develop competence in psychological and neuropsychological assessment and the diagnostic skills necessary for the treatment and rehabilitation of individuals diagnosed with serious medical, neurological, and persistent severe mental illness in an inpatient facility.

**AIM-2- Intervention-** Develop competence in providing a wide range of psychotherapies in individual and group format to adults (19 years and older) diagnosed with serious medical neurological, and persistent mental illness in an inpatient facility.

**AIM-3 - Professional Development**- Develop overall professionalism and consultation skills and experience working effectively with a multidisciplinary treatment team. (This program’s specific aim of professional development includes the remaining 7 areas of profession wide competencies).

## Profession Wide Competencies and Learning Elements

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:

1. **Research**

 This competency is comprised of the demonstration of the integration of science and practice. It requires the ability to utilize empirical/research literature to inform professional 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. Interns are expected to-

* Critically evaluates scholarly literature related to clinical work and applies knowledge to case conceptualization and intervention.
* Participates in journal club and seminars that involve reading, discussion, and application of research findings to clinical work.
* Demonstrates an ability to critically evaluate and disseminate research or other scholarly activity (e.g., case conference, presentation, publications) at the local (including hospital wide audience), regional, or national level.
* Uses literature to support ideas in professional activities and presentations.
* Demonstrates significantly independent ability to review, understand, and apply scientific and scholarly literature to clinical interventions with diverse populations.
* Demonstrates the ability to independently evaluate research or other scholarly activities utilizing scientific methods, procedures, and practices (e.g., case conference, presentation, publications).

The internship program recognizes science as the foundation of health service psychology. The internship program builds on the foundational training the interns gain from their doctoral programs. We help the doctoral interns further develop this profession wide foundational competence with didactic learning, experiential learning, clinical discussions, and supervision. The internship core curriculum requires presentation of two professional/educational seminars. These educational hospital-wide presentations by psychology interns serve as a didactic and experiential activity which helps them to communicate a comprehensive review of relevant literature in professional presentations to a multidisciplinary audience. Completion of two professional presentations is required for successful completion of internship. These professional presentations include review of research, identification of gap in findings and dissemination of research to hospital wide professional audience. Journal Club provides an opportunity to demonstrate knowledge, skills, and competence sufficient to critically evaluate and use existing knowledge and apply scientific findings to their clinical work. During the monthly journal club interns learn to critically evaluate scholarly literature related to clinical work and to apply knowledge to case conceptualization and intervention.

2) **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. Interns are expected to demonstrate competency in each of the following areas:

* Be knowledgeable of and act in accordance with the current version of APA's Ethical Principles of Psychologists and Code of Conduct.
* Complies with all relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels.
* Complies with HIPAA standards and follows the limits of confidentiality.
* Demonstrates understanding of relevant state and local laws, their interaction with the APA Ethics Code, and their application to professional practice.
* Provides patients with their status of training, the date of internship completion, and the name of the supervising psychologist.
* Recognizes ethical dilemmas as they arise and applies ethical decision-making processes to resolve the dilemmas.
* Discusses ethical dilemmas and decision making in supervision, staff meetings, and presentations.
* Proactively seeks consultation for collaborative problem-solving of ethical dilemmas.
* Conducts self in an ethical manner in all professional activities.

Interns are guided in their development of personal and professional responsibilities as well as by legal and ethical codes. During orientation the interns are provided with a copy of the current Ethical Principles of Psychologists and Code of Conduct and The Board of Registration of Psychologists Psychology Jurisprudence book. Throughout the training year the Interns and supervisors discuss the Ethics Code as it relates to their clinical work including issues regarding the limits of confidentiality, clinical responsibility, boundaries, and limit setting, the role of guardians, hospital staff, and the role patients have in their care, as well as, the patient’s right to refuse treatment, informed consent, and the ethical implementation of privileges and restrictions as a part of individual treatment plans.

The Psychology Program’s direct supervisors, as well as other staff of varying disciplines are accessible to the Interns and help to provide them with guidance and supervision regarding their clinical work, professional standards, and the organizational, local, state, and federal laws. The staff are professional role models and engage in actions that promote the Intern’s acquisition of knowledge, skills, and the ability to be able to recognize ethical dilemmas in their practice and be able to approach and resolve them in accordance with the ethics code and professional standards.

3) **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. Interns are required to –

* Demonstrates an understanding of how their own personal/cultural identity, values, beliefs, attitudes, and biases may impact their understanding and interactions with people different from themselves.
* Demonstrates adequate knowledge of the current theoretical and empirical framework for culturally competent care in all professional activities including research, training, supervision/consultation, and service.
* Demonstrates the ability to integrate awareness and knowledge of the current theoretical and empirical literature as it relates to addressing diversity in all professional activities.
* Can apply the knowledge-based skills required to provide effective clinical care to patients from diverse cultural groups.
* Works effectively with individuals whose group membership, demographic characteristics, and/or worldviews create conflict with one’s own.
* Recognizes various aspects of identities and how they intersect (e.g., race, gender, sexual orientation, religion)
* Is sensitive to the multi-faceted aspects of diversity in patient presentation.
* Remains sensitive to ethnic, cultural, gender, sexuality, and disability issues as they pertain to ethics.
* Demonstrates awareness of the impact of social and cultural differences on patients’ medical and mental health care.

4) **Professional Values, Attitudes, and Behaviors**

This competency is required at the internship level. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training. 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. Interns are expected to demonstrate competency in each of the learning elements listed below:

* Accepts responsibility for meeting deadlines and holds self-accountable for professional standards.
* Displays emerging professional identity as a psychologist by reliably preparing for, attending, and participating in didactics.
* Behaves in ways that reflect the values and attitudes of psychology, including integrity, behavior, professional identity, accountability, lifelong learning, and concern for the welfare of others.
* Demonstrates an understanding of professional language and concepts.
* Responds professionally to increasingly complex situations with a greater degree of independence as they progress across levels of training.
* Demonstrates professionalism in staff meetings, treatment teams, and other relevant settings. maintains professional deportment in the face of challenging professional interactions.
* Demonstrates the ability to think through and problem-solve complex professional interactions; seeks appropriate guidance and/or supervision in complex professional interactions.
* Demonstrates an understanding of and follows all hospital rules and procedures.
* Engages in multiple methods of self-assessment and self-reflection (e.g., through supervision, peer feedback, introspection)
* Manages work absences effectively by communicating to all impacted patients and staff and arranges coverage appropriately.
* Attends appointments/meetings regularly and punctually.
* Effectively manages time.
* Completes work on time.
* Demonstrates self-awareness.
* Communicates regularly with supervisor
* Comes prepared for supervision sessions.

5) **Communication and Interpersonal Skills**

Communication and interpersonal skills are foundational to education, training, and practice in health service psychology. 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. The learning elements listed below measure this required competency.

* Develops and maintains effective relationships with colleagues, supervisors, peers, and those receiving professional services.
* Demonstrates ability to process issues within the supervisory relationship including difficulties and conflicts in an open and non-defensive manner.
* Demonstrates effective ability to express and respond to verbal and nonverbal communications utilizing professional language and concepts.
* Demonstrates effective interpersonal skills and the ability to reasonably manage difficult communication.

**6) Assessment:**

This profession wide competency is one of the program training aims. Interns are expected to develop competence in psychological and neuropsychological assessment and the diagnostic skills necessary for the treatment and rehabilitation of individuals diagnosed with serious medical, neurological, and persistent severe mental illness in an inpatient facility. This competency is comprised of skills in conducting evidence-based assessment consistent with the scope of health service psychology. 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 considering testing factors/confounds including cooperation, exaggeration of symptoms, medication, and ability to attend. Interns are expected to demonstrate competency in each of the following learning elements:

* Clarifies and gains full understanding of the referral question(s).
* Reviews, gathers, and uses pertinent information from the treatment team and available records; seeks important records as necessary to inform assessment.
* Conducts an effective and respectful clinical-diagnostic interview, bedside assessment, and/or mental status exam.
* Selects assessment methods/tests that are appropriate to the referral question and patient.
* Administers and scores tests according to standardized procedures (as cited in the manual).
* Integrates ethical and professional decision-making into assessment activity; seeks consultation as needed.
* Identifies, assesses, and reports on risk issues (e.g., suicide, violence, injury), including mandatory reporting.
* Achieves an integrated interpretation/case formulation, including provision of DSM-5 diagnoses as appropriate.
* Writes assessment consultation notes/reports and communicates test results clearly and concisely.
* Develops and communicates clear, practical, and evidence-based recommendations.
* Addresses and integrates cultural and individual diversity components into assessment approach, interpretation, and recommendations.
* Communicates therapeutic feedback and implications of the assessment in an accurate and effective manner sensitive to the patient, family, and/or treatment team.
* Manages time to complete assessment process, consultation notes and/or report in accord with departmental expectations.

**7) Intervention:**

This competency is one of the primary training aims. It requires that interns develop competence in providing a wide range of psychotherapies in individual and group format with consideration for evidence based/empirical factors, culturally issues, age considerations, or any other factors affecting the success of the intervention. This competency is comprised of clinical interventions designed to alleviate suffering and to promote health and well-being of adults (19 years and older) diagnosed with serious medical neurological, and persistent mental illness in an inpatient facility. Interns are expected to demonstrate competency in each of the following learning elements:

**Individual Intervention**

* Establishes and maintains effective therapeutic alliance with patients, including those who have a range of backgrounds and presenting problems.
* Assesses risk/safety issues and makes contingency plans with patients and staff as needed.
* Develops treatment plans with realistic person-centered goals and modifies goals as needed.
* Implements therapeutic interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
* Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.
* Evaluates intervention effectiveness on an ongoing basis; shows creativity and flexibility in adapting treatment goals and approaches.
* Therapy is informed by an articulated cohesive theoretical approach.
* Is mindful of and attends to the dynamics in the therapeutic relationship.
* Communicates pertinent issues of therapy to treatment team.
* Writes timely and thorough therapy notes that accurately reflect therapeutic work and progress.

**Group Intervention**

* + Establishes group therapy goals.
	+ Understands and applies common developmental themes related to stages of group treatment; understands group dynamics.
	+ Demonstrates awareness of individual, interpersonal (dyadic, triadic), and whole-group dynamics, and ability to intervene at each level.
	+ Integrates clinical/professional/research knowledge for different group types (e.g. skill groups, process therapy groups, support groups, psychoeducational groups, etc.)
	+ Co-creates effective, respectful co-therapy relationships that are conducive to effective group interventions.
	+ Effectively demonstrates group leadership skills.
	+ Conceptualizes and articulates group issues within an appropriate theoretical framework.
	+ Establishes and maintains an effective and safe therapeutic space for group members.
	+ Appropriately attends to issues of individual and cultural differences/similarities, and how these impact individual group members, and the group as a whole
	+ Maintains group cohesiveness while dealing with difficult group dynamics and other complications.

8) **Supervision**

This is a functional competency that 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. Competency based supervision is integral to the activities of health service psychology. Supervision involves the mentoring and monitoring of peers and others in the development of competence and skill in professional practice and the effective evaluation of those skills. Supervisors act as role models and maintain responsibility for the activities they oversee. Interns apply this knowledge in direct or simulated practice with their peers and other health professionals.

* Actively participates in discussions of supervision theory, method, and rationale while receiving supervision.
* Demonstrates an understanding of supervisory methods by providing peer supervision in psychotherapy case conference.
* Applies supervision knowledge in direct or simulated practice with psychology trainees or other health professionals.
* Applies the supervisory skill of observing in direct or simulated practice.
* Applies the supervisory skill of evaluating in direct or simulated practice.
* Applies the supervisory skill of giving guidance and feedback in direct or simulated practice.
* Demonstrates ability to reflect on their own projected methods of supervision and underlying theory.
* Actively participates in didactic training experiences related to provision of supervision.

9) **Consultation and Interprofessional/ Interdisciplinary Skills**

This competency is comprised of the skills reflected in the intentional collaboration of professionals in health service psychology with other individuals, professionals, or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities. Interns are expected to demonstrate in the following learning elements.

* Actively participates in multi-disciplinary treatment team meetings
* Demonstrates understanding of when multi-disciplinary collaboration/consultation is appropriate or needed, and displays skills that support effective interdisciplinary team functioning
* Formulates treatment plans in consultation with patients' treatment teams.
* Contributes to discharge planning with treatment team.
* Incorporates feedback from other professionals into professional activities.
* Determines situations that require different role functions (consultant, clinician, etc.) and shifts roles accordingly to meet referral needs.

## D*idactic Training Plan*

A developmental approach to training is promoted during internship. Training activities are provided in a sequential fashion that is graded in complexity. Training emphasizes the practitioner-scholar approach to the practice of professional psychology. Didactic seminars and supervision sessions highlight the relationship between science and practice. Interns are asked to consider evidence for diagnoses they provide for assessment cases and for interventions they provide in psychotherapy, with a focus on understanding whether they are drawing from an evidence base that is reflective of the diverse characteristics of our patients.

The clinical and training activities are based in a developmental approach that includes a sequential, graded, and cumulative format. This approach ensures a systematic development of skills and knowledge for our program doctoral interns. The internship training aims are consistent with the 9 profession wide competencies outlined by the American Psychological Association Commission of Accreditation. 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, supervision, professional development issues and topics, and neuro-psychological/psychological testing methods and practice 2) working on the units with professional psychologists and members of multidisciplinary teams (re:, various assessments, individual and group therapy, consultations, etc.); 3) through opportunities to learn to become effective supervisors via peer supervising; and 4) through scholarly professional presentations to hospital staff on current topics and/or research related to health service psychology. By developing required profession-wide competencies and practicing these competencies under the supervision of staff psychologists, the internship program systematically guides the interns to move from the role of intern to that of a professional ready for entry level practice.

Given our unique setting and diverse clinical services, interns have opportunities to individualize their training experiences. General clinical responsibilities include bedside cognitive evaluations, risk assessments psychological and neuropsychological assessments, behavioral consultation, and individual and group psychotherapy. Interns are assigned to a minimum of two hospital units, and actively participate as members of those units’ multidisciplinary treatment teams, including providing feedback on psychological and neuropsychological assessments and consultation as treatment concerns arise. There are also opportunities to provide treatment and assessment to patients from other units, as guided by each interns’ interests and goals.

The program aims to strengthen interns’ knowledge of and skills in theoretical conceptualization and clinical practice and to provide specialized training in the application of these clinical skills and knowledge with seriously medically, neurologically, and persistently mentally ill persons in an inpatient facility. Interns are guided in their understanding of their professional and civic responsibilities, as defined by legal statutes and professional ethics codes. An additional goal of the program is to facilitate the intern’s transition from student to professional psychologist. The goal is achieved through the provision of clinical experiences, training, and supervision. Interns deepen their appreciation of the variability and range of human capabilities through a variety of activities, including provision of supervised diagnostic-psychological and neuropsychological assessments and a range of psychotherapies. Interns also develop an understanding of the nature of public sector health care, including the larger systems issues of funding, models and integration of services, continuity of care, and organizational communications and change. Throughout, interns are challenged to develop and exercise balanced judgment, poise, emotional maturity, interfacing and negotiation skills, as well as appropriate professional presentation and demeanor.

## Core Training Curriculum

The full-year program in psychotherapy and assessment is designed to achieve the 3 training aims that cover the 9 profession wide competencies. The program training aims are:

*AIM 1- Assessment*- Develop competence in psychological and neuropsychological assessment and the diagnostic skills necessary for the treatment and rehabilitation of individuals diagnosed with serious medical, neurological, and persistent severe mental illness in an inpatient facility.

*AIM-2- Intervention*- Develop competence in providing a wide range of psychotherapies in individual and group format to adults (19 years and older) diagnosed with serious medical neurological, and persistent mental illness in an inpatient facility.

*AIM-3* - *Professional Development*- Develop overall professionalism and consultation skills and experience working effectively with a multidisciplinary treatment team.

All interns participate in a Core Curriculum which is comprised of both clinical and didactic experiences.

*Psychotherapy*

Comprehensive psychotherapy training is central to the curriculum. Interns provide individual and group therapy on assigned unit(s) during their training year. Individual therapy cases range from brief (6-12 week) interventions to therapeutic relationships which may extend for the entire internship year. A full-time case load generally consists of four to six individual therapy clients for interns on DMH units or six to 10 clients for interns on DPH units. Interns also lead or co-lead 2 groups weekly, one of which they will develop with the support of their supervisors. Each intern has two clinical supervisors for psychotherapy and participates in a weekly case conference led by a rotation of supervisors. This allows interns exposure to a variety of theoretical frameworks and therapeutic models, as they can access supervisory input from all supervisors.

A related area of emphasis in the internship program includes psycho-diagnostic interviewing and clinical consultation. Each intern is expected to work closely with assigned treatment teams. The interns also provide consultative input on diagnosis, treatment recommendations, behavior support plans, treatment/recovery goal development, privilege status, and assessment needs at treatment team meetings and morning clinical-medical rounds. Training and supervision in these skill areas are provided to all interns.

*Assessment*

The other core activity of interns is gaining advanced training in psychological and neuropsychological assessment. From the start of the year, interns perform psychological and neuropsychological assessments. Accordingly, a prerequisite for admission to the internship program is formal training in the administration, scoring and interpretation of the Wechsler Adult Intelligence Scale-IV, Wechsler Memory Scale-IV, California Verbal Learning Test-II/3, Delis-

Kaplan Executive Function System, Neuropsychological Assessment Battery, Rey-Osterrieth Complex Figure, MMPI-2/RF/MMPI-3, Personality Assessment Inventory, and other commonly used cognitive and personality measures in a full diagnostic battery.

All interns have the opportunity to provide full and selective psychological and neuropsychological assessments for patients. Interns also play a critical role in presenting assessment feedback to patients and multidisciplinary team members. Interns generally perform 1-2 psychological and/or neuropsychological evaluations at a time, depending on patient needs and requests of the treatment teams. Intensive supervision of these assessment activities is provided by the psychology staff.

*Individual Supervision* (2 hours weekly)

Interns receive regular and scheduled clinical supervision, at a ratio that exceeds a rate of 1 hour of supervision per 16 hours of clinical service. Although Interns are guaranteed two hours of

individual supervision every week, there may be additional supervisory sessions scheduled on

an as-needed basis earlier in the training experience or as needs arise over the course of the

year. Supervisory staff includes all staff members of the Psychology Services for DMH and DPH. Supervisors are all licensed and experienced in the areas in which they provide supervision.

*Group Supervision* (1 hour weekly)

Group supervision is provided by the Training Director and focuses on interns’ experiences within the training program. Group supervision also provides an opportunity for interns to develop group cohesion and learn from each other by discussing and examining individual as well as common experiences in the training program.

*Weekly Professional Development Seminar* (1 hour weekly)

This didactic seminar serves several functions. This seminar includes didactic presentations on

relevant evidence-based interventions and practices that can be utilized in the public health sub-acute setting. These seminars include topics relevant to profession-wide competencies. It also provides a forum for the presentation and discussion of numerous professional issues such as ethics, confidentiality laws, and transition to practice, as well as the presentation of speakers from within the hospital and the greater Boston area who are involved in psychological practice and research.

*Professional Presentation Seminar* (once every 2 months)

Educational hospital-wide seminar including presentations by medical staff and psychology interns.

*Case Conference Group Supervision*(1 hour weekly)

A weekly case presentation seminar with the aim of developing and enhancing skills in individual psychotherapy and case presentations.

*Journal Club* (1 hour monthly)

Monthly reading and discussion of peer review articles relevant to the APA core competencies.

# Policies and Procedures During Internship

The program focuses on equipping interns with the knowledge and skills to apply psychological concepts and theories alongside current scientific research in clinical work with individuals diagnosed with serious medical, neurological, and persistent mental illnesses in an inpatient setting.

## Professional and Clinical Expectations

The general expectations of the Tewksbury Hospital Clinical Psychology Internship training program about the intern behavior and performance during the internship experience, are that the intern will: Practice within the bounds of the APA Ethical Code of Conduct (www.apa.org/ethics/) ; Practice within the bounds of the laws and regulations of the Commonwealth of Massachusetts; and Fulfill the internship requirements established by the Doctoral Internship in Clinical Psychology Internship at Tewksbury Hospital.

## Requirements For Program Completion

To satisfy the requirement of internship, the internship program requires that

1. Interns complete a minimum of 1850 hours work on-site.
2. Interns need to complete required hours of individual therapy and assessments, as defined individually at the start of the training year in each intern’s “Internship/Rotation Training Contract.”
3. Interns are required to maintain a minimal caseload (5-10 patients)
4. Interns are required to complete at least 12 assessments.
5. Interns are required to design and facilitate a therapy group that has identified goals, identified patient population and is designed to run for 6-8 weeks.
6. Interns are required to complete a minimum of 2 professional presentations
7. Complete required didactic tasks, engage actively in didactics (including case conference, journal club, pro-seminars etc.), participate actively in assigned clinical teams, and meet supervision requirements.
8. By the end of the training year, it is expected that interns will obtain a Minimum Level of Achievement (MLA) of Level 5 on each learning element/item.

During the intern orientation period, interns are provided with a template noting the minimal requirements. They are encouraged to customize the contract to meet their own professional goals. Intern progress in respect to meeting these requirements is discussed in weekly supervision, at the monthly Training Committee meetings, and formally addressed in the quarterly Intern Competency Evaluation Forms. Interns have opportunities to provide input, raise concerns, and suggest changes and modifications to the training program. The Training Director will meet regularly with the interns to facilitate open communication about their training experiences. Every quarter the training director will meet individually with the interns to review overall progress and address any concerns.

## Evaluation Of Interns

At Tewksbury Hospital Clinical Psychology Doctoral Internship, the interns are systematically guided to move from the role of intern to that of ready for entry level practice by developing required profession-wide competencies. Clinical psychology doctoral interns are closely supervised by staff psychologists and practice the 9 profession wide competencies under the supervision of licensed psychology staff. We acknowledge that the training program and the supervisors inherently have greater power due to the hierarchical and evaluative nature of the program. The faculty is mindful of this power imbalance in supervisory relationships and utilizes ongoing feedback during regularly scheduled supervision sessions.

During orientation the training director reviews the Intern Competency Evaluation form, which includes the 9 profession wide competencies. Training aims and objectives are discussed. The evaluation process unfolds from here in both informal/ongoing ways and in formal, written evaluations. The faculty members emphasize and do the best they can to ensure that there are no “surprises” in the feedback provided in a formal intern evaluation.

The interns in the program are formally assessed using the intern competency evaluation form. The evaluations are completed at the end of September, December, March, and the final evaluation is completed in June. All individuals formally designated as clinical supervisors of an intern assess the intern using the intern competency evaluation form at each evaluation point. Areas for improvement will be clearly identified, as supported by the data, and discussed with the intern at each evaluation point. The supervisors will discuss the evaluation and review their feedback with the intern. Each intern typically receives evaluations from at least two supervisors, which provides a diverse set of perspectives on the intern’s performance. A direct observation of the intern work is incorporated into the competency evaluations.

The Internship Training Director will meet with the intern cohort as a group weekly and will meet with interns individually once every quarter to provide an opportunity to discuss how the training experience is progressing. In addition, interns may request to meet at any time with the Training Director to discuss any matters of concern, including those related to feedback and evaluation. Specifically, Interns are encouraged to discuss their workload, their need for support services, testing materials, computer/IT issues, the equitable distribution of clinical assignments and larger systemic issues impacting their professional training and functioning. They are also encouraged to talk about these issues and provide feedback on an ongoing basis in meetings with their individual supervisors. The training program places an emphasis on developing and promoting efficient procedures for Interns to provide clinical services in a careful, reflective, theoretically, and empirically driven manner to facilitate patients’ recovery and enhance their own learning.

## Intern Record Maintenance Procedures and Policy

The Tewksbury Hospital’s Doctoral Internship in Clinical Psychology maintains records on each doctoral Intern which include the Intern Training Agreement, Supervisor Evaluations, initial employment paperwork, correspondence with the home doctoral programs, the Intern’s evaluation of the Psychology Program, final documentation of total hours completed, records of patients seen and clinical work, formal complaints and/or grievances, and certificate of internship completion. For future reference and credentialing purposes, the program maintains these records indefinitely in a secure drive “TH (\\DPH-FP-Th-121\Data1)”.

## Internship Due Process Policy and Procedures

The internship program has identified due process policy and procedures that include procedures for responding to deficiency and problem behaviors, possible interventions, and guidelines for implementation of decisions. The program also has guidelines for the intern grievance and appeal process. These guidelines emphasize due process and ensure fairness in the program’s decision about the intern. There are avenues of appeal that allow the intern to handle grievances and dispute program decision. These are discussed with the interns during the orientation process and are included in the internship program manual.

## Graduate Program Communication Policy

The internship year in health service psychology allows the doctoral students to bridge the gap between academic coursework and professional practice. Communication between intern’s graduate program and internship programs is integral to growth and development of doctoral interns. We believe that communication between the internship program and the doctoral program ensures the student’s preparedness for graduation and entry into the profession.

Various doctoral programs have different requirements regarding reports from the internship program to the university with respect to the intern’s progress. In keeping with APA policies, the internship program training director (TD) will provide the Intern’s graduate program with an assessment of the intern’s status twice a year (six months and final evaluation, unless the graduate program/university requires additional documentation). The intern’s primary clinical supervisor will assist the TD in completing any additional reports required by the university. It is the responsibility of the intern and their graduate program to request and provide the required forms for completion.

## Time Policy

1. Sound clinical practice requires that you provide as much time as possible, no less than two weeks advance notice of vacation or professional time off.
2. Each intern is allotted 150 hours of Personal Time Off (PTO). PTO is defined as vacation days, sick days, professional time, and inclement weather days (Note: if the Governor orders all non-essential employees to stay home, then those work hours will not count toward PTO hours).
3. PTO must be pre-approved by the interns’ primary supervisor in writing and documented on the Time Off Request forms, which must be turned into the Training Director at least two weeks prior to the Intern’s absence.
4. If unplanned PTO is taken (i.e., sick time, bereavement, weather, etc), the intern must notify their primary supervisor and the Training Director immediately and a Time-Off Form must be completed and submitted to the Training Director within the week of returning to work.
5. Interns may not take vacation time during the month in which they are terminating.
6. Interns must arrange coverage for their caseload prior to taking PTO.
7. Interns may be required to work above and beyond a 40-hour work week, depending on the demands of the workload needed to be complete in a timely manner.
8. State holidays are an additional benefit. There are 12 state holidays, which are in addition to the allotted Personal Time Off.

# Stipend and Program Resources

The stipend for the full-time, one year, internship is currently $33,300. The Departments of Public Health and Mental Health have each funded 1.5 interns for each year, beginning in 2010. This has allowed funding for three interns each year. This is a recent increase, supported by the hospital administration, with the ongoing goal of continuing to increase the stipend.

Stipends are paid out in weekly increments during the training year, until the stipend amount is fully dispersed. Funding does not include health insurance. Stipends are funded by the Commonwealth of Massachusetts; therefore, all stipend offers, and continued funding are contingent upon appropriation, budgetary constraints, and operating needs.

Regarding training materials and equipment, Tewksbury Hospital provides three computers in the Psychology Intern Office with a printer and copy machines nearby. Additional computers printers and copy machines are accessible to the interns on each of the hospital units. Interns have access to read and document treatment in the computerized medical record.

The hospital has a locked testing room that has a full array of assessment and neuropsychological testing materials that is dedicated to the Psychology Department for use with patients. A computer in this room allows for computer-based assessments and assessment scoring. Patient assessment files are stored in this room in locked file cabinets. Reference books are available in the testing room, the Intern’s office and each clinical supervisor’s office. Intern training manuals contain elements outlining the training process. The Commonwealth of Massachusetts supplies letterhead, paper, writing materials, and other office supplies needed to conduct clinical work.

Tewksbury Hospital units provide a setting for multidisciplinary collaboration with psychiatrists and other physicians, social workers, nurses, rehabilitation counselors, occupational therapists, and other professional disciplines. Integral to the training experience are the many opportunities interns have for interaction and training with staff and students of other disciplines (e.g., social work interns, psychiatry residents) on both the Medical and Psychiatric units. Group and individual therapy, crisis intervention, psychological and neuropsychological assessments interventions take place on and off the units depending on the circumstances of the case. A newly renovated classroom is available for case conferences, continuing education program seminars, journal club, and other academic activities.

# Training Faculty & Supervisors

**Department of Public Health**

Brendan C. Lynch, Ph.D.

University of Tulsa, Clinical Psychology, 2006

Interests: Clinical neuropsychology, cognitive capacity, geriatric psychology, dementia, behavioral planning.

Orientation: Cognitive-behavioral

Tripti Bhaskar, Ph.D.

University of Tennessee, Knoxville, Counseling Psychology, 2011

Interests: Group therapy, individual therapy, traumatic brain injury, program development, skills training, and health psychology.

Orientation: Cognitive Behavioral and Interpersonal

**Department of Mental Health**

Amanda Seirup, Psy.D.

William James College, 2014

Interests: Risk assessment and management, forensic involvement, individual and group therapy, cognitive training

Orientation: Cognitive-behavioral

Ben Killilea, Ph.D.

Southern Illinois University Carbondale, Clinical Psychology, 2006

Interests: Personality assessment, violence-risk assessment/management, individual and group therapy

Orientation: Cognitive-behavioral, mindfulness-based therapies

Carina Iati, Psy.D.

Indiana State University, 2013

Interests: Treatment of psychosis spectrum experiences, somatic and embodied therapies, young adult mental health, program development.

Orientation: Interpersonal

Meghan Mitchell, Ph.D.

University of Georgia, 2009

Interests: Clinical neuropsychology, dementia, TBI

Orientation: Cognitive-Behavioral

Peter LaCanfora, PsyD

University of Hartford, 2000

Interests: Violence Risk Assessment, Firesetting Risk Assessment, Mental Illness and Problematic Sexual Behavior-Assessment and Treatment (MIPSB), ACT, MBCT.

Orientation: Cognitive-Behavioral, and Acceptance and Commitment Therapy

Rob Salazar, Ph.D.

Boston University, 2019

Interests: Memory disorders, movement disorders, assessment/intervention for cognitive impairment

Orientation: Cognitive-Behavioral, Interpersonal

# Internship Application Process

**Process:** Applications will be submitted through the APPIC Application for Psychology Internship Match process. The AAPI online link is on the APPIC website (www.appic.org). Applicants will submit materials through the AAPI on-line portals, described in the APPIC and National Matching Services materials.

Tewksbury Hospital’s doctoral internship in clinical psychology is accredited by the American Psychological Association, and offers three one-year, full-time internship positions. The internship is also designed to conform to the Massachusetts Board of Registration of Psychologists requirements for internship experience. Applicants may apply to more than one track and will be considered independently for each track.

1. Health Psychology Track: Twelve-months, Department of Public Health (DPH) units.
2. Serious Mental Illness Track: Twelve-months, Department of Mental Health (DMH) units.
3. Health Psychology/Serious Mental Illness Track: Six-month rotation on DMH units (July – December), six-month rotation on DPH units (January – June).

APPIC Program Number: 1339

Health Psychology Track: 133913

Serious Mental Illness Track: 133914

Health Psychology/Serious Mental Illness Track: 133915

Questions related to the program’s accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation

American Psychological Association

750 First Street NE

Washington, DC 20002

202-336-5979

Email: apaaccred@apa.org

**Stipend:** One-year, Full Time: $\_33,300\_\_\_\_\_\_\_\_

Stipends are paid out in bi-weekly increments during the training year, until the stipend amount is fully dispersed. Currently the stipend does not include health insurance. Stipends are funded by the Commonwealth of Massachusetts; therefore, all stipend offers, and continued funding are contingent upon appropriation, budgetary constraints, and operating needs.

The internship positions are open to doctoral students who have substantially completed their doctoral course work within a Clinical or Counseling Psychology program at APA-accredited professional schools or educational institutions, and for whom an internship is required to fulfill the requirements for a doctoral degree. A minimum criteria of direct contact intervention or assessment hours is not required for application. We generally prefer applicants to have some experience with conducting assessments, individual therapy, and group therapy in inpatient settings. Applicants are advised to have finished three integrated reports. Successful applicants must have sufficient and relevant clinical practicum experience and must provide a verification of internship eligibility and readiness from their graduate program director.

**Director of Psychology Training:**

Tripti Bhaskar, PhD

Tewksbury Hospital

365 East Street, Tewksbury, MA 01876

Telephone: 978-851-7321, ext. \_2893\_\_

Fax: 978-858-3795

E-mail: tripti.bhaskar@mass.gov

## General Information

*Program Requirements*

Hours/week: 40 hours per week (8 hours per day) from July 1, 2025, to June 30, 2026

Total number of on-site hours required to complete the program for the year: 1850

Application materials are due in November of each year. The application deadline for the 2025-2026 year is November 11, 2024.

**Application Deadline:** \_ November 11,2024\_\_\_\_\_\_\_

**Required Materials:**

 Completed AAPI Online application

 Curriculum Vitae

Cover Letter / Essays

Transcripts of graduate work

AAPI verification by doctoral program

Three letters of recommendation

Supplemental: Work sample of a neuropsychological report or integrated psychological assessment report

**Interviews:** All internship program interviews will be held remotely via videoconferencing.

**Important Information:** The Commonwealth is an Equal Opportunity Employer and does not discriminate on the basis of race, religion, color, sex, gender identity or expression, sexual orientation, age, disability, national origin, veteran status, or any other basis covered by appropriate law. Research suggests that qualified women, Black, Indigenous, and Persons of Color (BIPOC) may self-select out of opportunities if they don't meet 100% of the job requirements. We encourage individuals who believe they have the skills necessary to thrive to apply for this role.

**Title 101 CMR 23.00 (“Regulation”)** requires certain agency staff to have received the COVID-19 vaccination and Influenza vaccination, or have taken required mitigation measures, to prevent viral infection and transmission in State Hospitals and State Congregate Care Facilities. The Regulation applies to this position. Successful candidates will be required to acknowledge and attest to your vaccination status for both COVID-19 and Influenza.

**COVID-19 Update:** The internship program at Tewksbury Hospital is an inpatient-only training setting. The hospital follows Massachusetts DPH guidelines for healthcare workers. Due to the conclusion of the Public Health Emergency on May 11, 2023, use of surgical masks is no longer mandatory. These modifications are subject to change based on the relevant and current at that time, Massachusetts DPH guidelines.

# Internship Admissions, Support and Initial Placement Data - 2024

|  |
| --- |
| **Program Disclosures** INTERNSHIP PROGRAM TABLES Date Program Tables updated: 6/11/2024  |
| **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:** As you consider whether this program is a fit for you, please review the full statement of our program’s philosophy, model, and aims of professional training in this brochure. In determining the applicant’s potential fit with our program, we consider the following: interest in inpatient multi-theoretical training, interest in integrating the evidence-based contributions of clinical science with the reality of daily practice in a hospital-based setting clinical experiences, skills and interests relevant to the track to which the applicant is applying; and the applicant’s interpersonal and communication skills (as assessed via letters of recommendation and essays).Tewksbury Hospital’s Doctoral Internship Program in Clinical Psychology focuses on providing comprehensive training enabling interns to become professional psychologists who can function effectively as clinicians, consultants, and multidisciplinary team members. The primary goal of the internship is to prepare interns to transition towards more independent professional functioning. Tewksbury Hospital’s Doctoral Internship training philosophy embraces a practitioner-scholar model, emphasizing experiential and didactic learning informed by scholarly inquiry. Throughout the year, we tailor aspects of the internship experience to each intern’s strengths, interests, and ongoing development needs. The Psychology Internship program is sequential, cumulative, and graded in complexity. The internship year is designed to build upon the existing knowledge and skills of interns, offering diverse opportunities for further skill development and refinement.  |  |
| 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.  | NO  |
| **Financial and Other Benefit Support for Upcoming Training Year**  |  |
| Annual Stipend/Salary for Full-time Interns  | $33,300  |
| Annual Stipend/Salary for Half-time Interns  | N/A  |
| Program provides access to medical insurance for intern  | NO  |
| If access to medical insurance is provided  |   |
| Trainee contribution to cost required  | N/A  |
| Coverage for family members available  | N/A  |
| Coverage of legally married partner available  | N/A  |
| Coverage domestic partner available  | N/A  |
| Hours of annual Paid Personal Time Off (PTO and or Vacation)  | 150  |
| Hours of annual Paid Sick Leave  | N/A  |
| In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?  | Yes  |
| Other benefits (please describe):  |   |
| In addition to the PTO noted above, interns also receive 12 Commonwealth of Massachusetts/National holidays.  |
| **Legal Holiday**  | **Date** | **Day** |
| Independence Day | July 4, 2024 | Thursday |
| Labor Day | September, 2024 | Monday |
| Indigenous Peoples' Day/ Columbus Day | October 14, 2024 | Monday |
| Veterans Day | November 11, 2024 | Monday |
| Thanksgiving Day | November 28, 2024 | Thursday |
| Christmas Day | December 25, 2024 | Wednesday |
| New Year's Day | January 1, 2025 | Wednesday |
| Martin Luther King Jr. Day | January 20, 2025 | Monday |
| Presidents Day | February 17, 2025 | Monday |
| Patriots' Day | April 21, 2025 | Monday |
| Memorial Day | May 26, 2025 | Monday |
| Juneteenth | June 19, 2025 | Thursday |

**Initial Post-Internship Positions**

|  |  |
| --- | --- |
| Preceding Four Internship Cohorts: 2020-2024 (2020-2021; 2021-2022; 2022-2023; 2023-2024) | 2020-2024  |
| Total # of interns who were in the 4 cohorts   | 12  |
| Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree  | 1 |
|   | PD  | EP  |
| Academic Teaching  |   |   |
| Community mental health center  | 2 |   |
| Consortium  |   |   |
| University Counseling Center  |   |   |
| Hospital/Medical Center  | 5 |   |
| Veterans Affairs Health Care System  | 2  |   |
| Psychiatric Facility  |   |   |
| Correctional Facility  |   |   |
| Health Maintenance Organization  |  |   |
| School District/System  |   |   |
| Independent practice setting  | 1 |   |
| Other  | 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.