Overview 3

Our Psychology Training Program 5

Training Philosophy 5

Setting 6

The Application Process 7

Admission Policy 7

Applicant Interviews 8

The Internship Year 9

Orientation Period 9

Benefits 10

Community 10

Structure of the Internship 10

Example Schedules 11

Tracks and rotations in the UMass Chan-WRCH Internship Program 12

General Inpatient / Severe Mental Illness Track 12

General Inpatient Rotation at WRCH 13

Adolescent Continuing Care Units Rotation at WRCH 13

Forensic Track 14

Forensic Evaluation Rotation at WRCH 15

Elective WRCH Rotations 16

WRCH Deaf Inpatient Services Rotation 16

WRCH Clinical Risk Assessment and Mitigation Rotation 17

WRCH Inpatient Psychiatric Neuropsychology 17

WRCH Positive Behavior Interventions and Support (PBIS) Consultation Service 19

Elective UMass Chan Rotations 20

UMass Human Rights & Asylum Program 20

UMass Adult Ambulatory Psychiatry Clinic 21

UMass Addiction and Co-Morbidity Treatment Services 21

UMass Health Psychology Outpatient Rotation 22

UMass Chan School of Medicine Student Counseling Services 22

UMass Chan School of Clinical Research in Emergency Medicine 23

Other Training Programming 24

Didactics 24

Sohye Kim, Ph.D., External Mentoring Advisor 24

UMass Chan/WRCH Professional Development Seminar Series 24

UMass Chan/WRCH Action-Learning Social Justice Advocacy Project 25

Cultural Humility Process and Practice Group 26

Research Opportunities 26

PSYCHOLOGY INTERNSHIP FACULTY AND SUPERVISORS 27

INTERNSHIP LEADERSHIP 27

Jeffrey Burl, PhD 27

Meredith Ronan, PsyD 27

Heidi Putney, PhD 27

Danielle Rynczak, JD, PsyD, ABPP (Forensic) 28

CLINICAL SUPERVISORY STAFF 28

ADDITIONAL CONSULTANTS AND CONTRIBUTORS 30

UMass Chan-WRCH Doctoral Internship

in Clinical Psychology

University of Massachusetts Chan Medical School

Worcester Recovery Center and Hospital

Worcester, Massachusetts

# Overview

The University of Massachusetts Chan Medical School (UMass Chan) and Worcester Recovery Center and Hospital (WRCH) offer a doctoral internship in psychology. The internship began as a training program in clinical psychology in 1922 at the former Worcester State Hospital (WSH), the site at which Dr. David Shakow pioneered the scientist-practitioner training model. The internship was accredited in 1957 when the American Psychological Association began accrediting doctoral internships, and it has been continuously accredited since then. The UMass Chan Psychiatry Department was founded in 1978, and the WSH internship eventually merged with that department but continued offering generalist inpatient training experiences at WSH (and now WRCH) as well as opportunities for those seeking eventual specialization in forensic psychology. The internship is a member of the Association of Psychology Postdoctoral and Internship Centers and is one of the oldest continuously offered internships in psychology in the country.

The doctoral internship is one of the training components of the larger UMass Chan Comprehensive Psychology Training Program at WRCH. Established in 2023 by a generous training grant from the Massachusetts Department of Mental Health (DMH), the UMass Chan Comprehensive Psychology Training Program includes three levels of sequential clinical training: pre-internship advanced practicum training (i.e., for 3rd or 4th year students in doctoral psychology programs), the doctoral internship, and postdoctoral fellows (for those seeking specialization in working with individuals with severe mental illness or in forensic mental health assessment). The Comprehensive Training Program was designed in response to an identified need to provide a more robust pathway for careers into DMH and the Commonwealth’s public sector system (however admittance into any one level of training does not guarantee acceptance into the next tier). For further information about the UMass Chan Comprehensive Psychology Training Program, please contact the internship’s Training Director.

The internship program will offer five full-time funded positions in 2024-2025 that will each carry a stipend of $37,150 per year with an additional professional allowance and benefits. We will have two tracks: a general inpatient/severe mental illness track (3 intern positions) and a forensic evaluation track (2 intern positions). Applicants may apply to/will be considered for **one track only**. All rotations listed in this brochure are available to interns in both tracks with the exception of the UMass Chan Forensic Evaluation Rotation at WRCH, which is limited to the interns in the forensic evaluation track.

Internship applicants must be in good standing in a doctoral psychology program accredited by the American Psychological Association or Canadian Psychological Association. Applicants must have completed at least two years of graduate study prior to the internship year. Applicants must have completed appropriate practica and be approved by their Director of Training as prepared for internship. Preference will be given to students from clinical psychology programs but we also consider students from counseling and school psychology programs.

The contact information for the Commission on Accreditation of the American Psychological Association is:

Office of Program Consultation and Accreditation

American Psychological Association

750 First Street, NE

Washington, DC 20002-4242

(202) 336-5979

apaaccred@apa.org

##### **Requests for information should be sent to:**

Jeffrey Burl, Ph.D.

Training Director

UMass Chan - WRCH Psychology Internship

361 Plantation Street

Worcester, MA 01602

[jeffrey.burl@mass.gov](mailto:jeffrey.burl@mass.gov)

***Deadline***: Applications must be received no later than November 1, 2023.

# Our Psychology Training Program

### Training Philosophy

The University of Massachusetts Chan Medical School (UMass Chan) and Worcester Recovery Center and Hospital (WRCH) doctoral internship is designed to provide an American Psychological Association accredited internship to students from doctoral programs in psychology. The overarching aim of our internship training is to equip emerging psychologists with the knowledge, skills, and experience relevant to offering professional clinical services to individuals with serious mental illness. The program allows interns to match with one of two tracks: the General Inpatient/Severe Mental Illness track and the Forensic Evaluation Track, with the latter track providing some increased exposure to forensic mental health assessment. Both tracks are intended to prepare interns to function professionally in a variety of public sector contexts, including the Massachusetts Department of Mental Health (DMH).

Our mission is to provide training experiences across a broad range of ages, ethnic backgrounds, diagnostic presentations and psychopathology, and types of assessment and intervention approaches with an allegiance to the notion that any comprehensive view of human behavior must include an assessment of functioning at different levels of organization. Thus, understanding one person involves the integration of that individual’s thoughts, feelings, and behavioral interactions in a variety of interpersonal and group structures, cultural contexts, and ethnic origins. In addition, we must be prepared, especially in the case of individuals experiencing severe problems in living, to design programs for change at different levels of psychosocial organization.

Our philosophy of training is an extension of the scientist-practitioner model of psychology training developed by Dr. David Shakow at Worcester State Hospital. This training occurs in the context of a psychology internship program whose staff members provide clinical service, basic and evaluation research, and training, and where a multidisciplinary or team approach is utilized for training and research. We believe that the context for training should also be broad rather than narrow, based on principles rather than particular techniques. Because interns have diverse backgrounds and interests, we are particularly attentive to individual differences in training needs. Under the guidance of the Director of Training, a variety of opportunities and resources are available for interns to develop a program in keeping with their unique interests and professional goals. Moreover, sensitivity to individual differences, needs, and goals is repeatedly stressed with interns in their work with clients.

As stated by Dr. Shakow in a 1946 article describing the Worcester State Hospital internship program, “Another principle emphasized from the beginning was the social responsibility which contact with patients involves. The fact that the intern’s findings might actually play a significant role in the disposition of a case required not only an appreciation and respect for the subject as a person, but also an understanding of the social implications of his examination.” Respect for the dignity and rights of those with whom the intern works continues to be central to our training philosophy.

### Setting

The UMass Chan and WRCH campuses are located in Worcester, MA, within walking distance of each other. Worcester is New England’s second largest city and an active, vibrant and energetic community. There are numerous institutions of higher education, and downtown Worcester is in the midst of a dynamic revitalization, with recent development projects including Polar Park (home of the Red Sox minor league team) and other commercial and entertainment initiatives.

Worcester Recovery Center and Hospital (WRCH) is the primary training site of the internship and is located on the site of a developing health and research biotechnology park. Formerly named Worcester State Hospital, the current census (~300) is dramatically lower than the 2,800 patients served in the 1950’s and represents a wide cross section of severe and persistent mental disorders. Between 50 and 70% of this population has a co-occurring substance use disorder and significant medical co-morbidities. In addition to the adult admission and continuing care psychiatric units, the hospital has two adolescent long-term treatment units. A forensic service (composed of evaluators from UMass Chan and the Department of Mental Health) provides forensic mental health assessment services to the hospital.

UMass Chan is Massachusetts’s first and only public academic health sciences center, and its training focus includes an emphasis on practice in the public sector and in underserved areas. The school was established in 1962 as the University of Massachusetts Medical School, and following a transformational financial gift from The Morningside Foundation in 2021, the school was renamed UMass Chan Medical School. Internship sites on the UMass Chan campus are located within the medical school as well as the UMass Memorial Health Care system. There is a large network of doctoral-level psychologists at UMass Chan and UMass Memorial, and many have a role in the training program.

# The Application Process

### Admission Policy

The Internship application includes the AAPI Online, three letters of reference, graduate transcripts (official), curriculum vitae, and a cover letter.

Each year the internship program receives many more applications than the number of available intern positions. Most candidates are highly qualified, both in terms of academic performance and letters of recommendation, and it is often very difficult to differentiate the candidates on these bases alone. Consequently, our criteria for selection must examine other variables.

One factor to which we pay close attention is whether the training experiences that we provide are consistent with the needs and interests of the candidate, insofar as those needs and interests are expressed in the application. Although not required for acceptance to the internship, we seek applications from students who have completed practica in inpatient psychiatric settings and similar sites, and from students who have gained some experience with psychological assessment and intervention with individuals with severe mental illness. In our training sites, the intern will work with public sector clients, and we encourage applications from individuals who have some relevant training experiences and future interests. The two internship tracks (General/SMI and Forensic) are designed to allow interns to gain the experiences necessary to be competitive applicants for employment or postdocs in settings that provide specialization in the care and assessment of individuals with SMI (with the forensic track also preparing interns to be competitive applicants for forensic employment and postdoctoral opportunities), and we are looking for applicants that wish to continue working with individuals with serious mental illness in public sector settings after they leave the internship. Overall, the match between candidates’ interests and the aims of the internship are examined carefully. Therefore, in the cover letter, applicants should clearly explain how their goals align with the public sector/severe mental illness mission of the internship, and applicants should identify or list their UMass Chan-WRCH internship rotations of interest. If it is clear to us that the nature or quantity of certain experiences that a candidate seeks are unlikely to be provided on internship, we inform the candidate of this and suggest that their training needs would be better met at a different facility. Frequently this decision is not based on the candidates’ qualifications but rather on their stated professional goals and needs.

Secondly, we believe peer-group learning is an important aspect of the internship training experience. Our experience is that this learning is maximized when the interns each year come from very different professional backgrounds and represent widely divergent theoretical orientations. The UMass Chan-WRCH internship is not committed to a single theoretical position. We believe the issues in clinical psychology can be conceptualized from different theoretical stances, and interns benefit from having their ideas examined and evaluated from frameworks other than their own. This evaluation process and dialogue are as important from other interns as from supervisors. Thus, we attempt to select a heterogeneous intern group.

Thirdly, **we especially welcome applications from underrepresented and marginalized group members**. While the law of the Commonwealth of Massachusetts expressly prohibits asking for such information, candidates may self-identify or provide this information, and we aim to create a work environment that values and supports trainees of diverse backgrounds. Our commitment to creating this culture is reflected in our creation in 2020 of a new position in the internship leadership structure of a Director of Diversity, Equity, and Belonging (DEB). The Director of DEB serves alongside the Training and Assistant Training Directors of the program and is involved in all aspects of recruitment and training, including assisting with didactic programming, coordinating relevant trainings on culturally competent clinical practice, and leading a Cultural Humility Process group. The training leadership also partner with the UMass Chan Department of Psychiatry’s Director for Diversity, Equity, and Inclusion to discuss best practices in teaching and training and ensure we are providing an inclusive and respectful environment for our trainees and staff.

### Applicant Interviews

One goal of the Intern Selection Committee is to match the training needs of the applicant with what our program has to offer. The Selection Committee will thoroughly review each completed application and identify those applicants where there is a “goodness of fit.” These intern applicants will then be contacted and invited to virtually interview with members of the internship training staff on one of fourinterview dates in December and January. The interview day typically runs from about 10:00am to 3:00pm EST, and will include contact with current interns to give the applicant an intern’s perspective on the program.

**Interview information for applicants applying for the 2024-2025 cohort:**

Dates of interviews:

**January 5, January 11, January 19, and January 25**

Interview format:

**All applicant interviews will be virtual** and conducted entirely online. There will be no in-person interviews or planned visits to the UMass Chan-WRCH facilities.

Additional important information for applicants:

As of August 10, 2021, all faculty and staff employees of UMass Chan Medical School must be fully vaccinated against COVID-19 as a condition of employment; this applies to psychology interns, who are considered UMass Chan employees. (Employees of WRCH are also required to be fully vaccinated). UMass Chan allows certain exemptions for individuals with approved medical or religious reasons.

Further, UMass Chan requires all employees to receive the annual flu vaccine. Certain exemptions may be available for individuals with approved medical or religious reasons. Flu vaccines are available at WRCH and UMass, but if you receive it elsewhere, you will be asked to provide proof of vaccination.

If you have questions about required vaccines or would like to learn more about this policy, please contact the UMass Chan-WRCH Director of Intern Training.

# The Internship Year

### Orientation Period

The training year typically begins on or around the first Monday in July, with an orientation period lasting approximately three weeks. During this period, the intern becomes acquainted with the daily routines of UMass Chan and WRCH, is given a formal introduction to the staff and programs of various departments within these facilities, and is systematically introduced to the principal emphases and lines of work within the two psychology departments. As part of their orientation, the interns may be asked to participate in staff conferences, engage in diagnostic interviewing, observe admission procedures, and attend lectures on administrative and legal aspects of hospital procedures. Interns may also visit several community programs and review the goals, organizational structure, and day-to-day functioning of these special programs. Intensive training in interview techniques and behavioral assessment techniques is given during the orientation period to prepare the interns for a variety of clinical activities. By the end of the orientation period, interns will identify their rotation preferences by completing an individualized internship learning contract which will include both required inpatient rotations as well as other specialty rotations.

### Benefits

Interns are employees of UMass Chan Medical School. Interns receive a stipend of $37,150 plus an additional $1,750 professional allowance for relevant professional activities (e.g., conference fees and travel). Interns are provided a choice of employee health insurance plans (cost varies). The internship year includes 80 hours (10 days) of paid vacation time plus 2 extra days of personal time, 14 holidays, and sick time. We consider many professional activities conducted outside of the internship rotations (e.g., presenting your dissertation, presenting at a conference) as part of an intern’s overall training experience and therefore would consider that regular work time (i.e., you would not be required to use vacation time).

### Community

UMass Chan Medical School and Worcester Recovery Center and Hospital provide services primarily to citizens of Worcester and other areas in central Massachusetts, although some clinics or services are statewide. The ethnic and cultural populations in central Massachusetts are diverse. As public-sector institutions, the client populations tend to be from lower socioeconomic groups. Census information for Worcester (2020) indicated the community is approximately 54% White, 23% Hispanic or Latinx, 13% Black or African American, and 7% Asian. Hospital units and clinics generally reflect the community composition, with the exception that inpatient psychiatric admissions are 75% male, 25% female.

### Structure of the Internship

Each intern engages in training activities in three areas throughout the year:

* Core track rotations in inpatient assessment and treatment,
* Other elective rotations, and
* Supervision, didactics, consulting, and other training programming

In general, about 20 hours per week are devoted to core inpatient training experiences, 16 hours to elective rotations, and one day to other training programming. The internship year is divided into two “semesters” (Fall and Spring), and interns typically move into a set of new rotations at the start of the second semester.

Although we follow the above structure, our program is also attentive to individual differences in training needs. Under the guidance of the Director, a variety of opportunities and resources is available for the intern to utilize in developing a program in keeping with their unique interests and professional goals. While some experiences are required of all interns (core rotations), our philosophy of flexibility dictates that the individual needs, interests, and professional goals of each intern must be considered in determining other supervised activities throughout the year. Through the development of an individualized learning contract at the beginning of the training year, each intern will select rotations that reflect and include the **Profession-wide competencies** of internship training at UMass Chan and WRCH.

#### Example Schedules

Depending on the track (General/SMI or Forensic), there are distinct Core Rotations (20 hours per week throughout the year) required of each intern. In addition to the Core Rotations, the intern can devote up to 16 hours per week throughout the year to elective rotation(s) (e.g., one rotation for 16 hours per week; two rotations for 8 hours each per week). Elective rotations are available at UMass Chan and WRCH (and are listed later in this brochure), but there will be an emphasis of having a balance between assessment and intervention experiences across all rotations. The remaining 4 hours of the week are dedicated to other training programming, including group supervision, didactics, process groups (e.g., Mentoring, Cultural Humility Process Group), and other structured learning opportunities.

An example of a General /SMI Track schedule for the Fall semester:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
| Neuropsychology elective at WRCH (8 hours) | Didactics and other training programming (4 hours) | SMI Core Inpatient Rotation at WRCH (8 hours) | SMI Core Inpatient Rotation at WRCH (8 hours) | Outpatient Clinic Elective at UMass Chan(4 hours in the morning) |
| Outpatient Clinic Elective at UMass Chan (4 hours) | SMI Core Inpatient Rotation at WRCH (4 hours in the afternoon) |

An example of a Forensic Track schedule for the Fall semester:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
| Forensic Core Forensic Evaluation Rotation at WRCH (8 hours) | Didactics and other training programming (4 hours) | Forensic Core Forensic Evaluation Rotation at WRCH (8 hours) | UMass Chan Student Counseling Center Elective (8 hours) | UMass Chan Student Counseling Center Elective (8 hours) |
| Forensic Core Forensic Evaluation Rotation at WRCH (4 hours) |

# Tracks and rotations in the UMass Chan-WRCH Internship Program

Interns apply to and will be matched into one of two tracks: a general inpatient/severe mental illness track (3 intern positions) and a forensic evaluation track (2 intern positions).

Within each track, interns are expected to complete core rotations on inpatient units throughout the year at WRCH, which can include the adult and/or adolescent units, to learn about the treatment and assessment of individuals with severe and persistent mental illness. During their rotations, interns will learn extensively about various aspects of this public sector psychiatric hospital. Briefly, most individuals hospitalized at WRCH have been ordered for evaluation and treatment under court order. Many patients initially arrive to the hospital through the admission evaluation units for 20- to 50-day evaluations, and in addition to treatment staff on these units, forensic evaluators are heavily involved in providing evaluations and other diagnostic services. Additionally, there are multiple additional units for continuing care treatment, Deaf/hard of hearing patients, and those with complex medical needs. All of the units are closely connected to the hospital-wide Skills Training and Rehabilitation program which includes therapeutic, vocational, educational, and recreational elements.

### General Inpatient / Severe Mental Illness Track

Interns in the General / SMI track spend the majority of their training year working on treatment units at WRCH aimed at preparing adolescents and adults from diverse ethnic and socioeconomic backgrounds in the transition process from an inpatient stay to community living. The treatment approach is multidisciplinary in nature and aimed at assisting the individual in engaging in treatment, maintaining adequate behavioral and emotional control, and taking the steps necessary to successfully return to the community. The treatment model incorporates a thorough diagnostic work-up, psychosocial rehabilitation, relapse prevention, motivational interviewing, and a variety of evidence based/informed treatment approaches (e.g., CBT-p, DBT). Individuals receiving inpatient care are empowered to understand symptoms associated with mental illness and follow through with strength-based interventions and plans that will maximize adjustment and transition to less restrictive alternatives to hospitalization.

At WRCH, CBT programs have been implemented on several treatment units, with several members of the staff trained intensively in CBT for Psychosis. The psychology interns participate in all phases of the individual’s hospital course from assessment / psychological testing to providing treatment interventions to helping the individual work through an integrative discharge plan. The staff at WRCH have implemented an Illness Management and Recovery (IMR) treatment program, an evidence-based group and individual treatment protocol to assist individuals in learning more about their psychiatric disorders and effective coping skills. Additionally, WRCH has a robust dual recovery program for people in all stages of change and has developed a relapse prevention model for mental health. As the staffing levels of a large state-run hospital change throughout the year, on-unit group therapy opportunities are limited by the availability of trained group facilitators.

The core rotations of the General / SMI track include the General Inpatient Rotation and the Adolescent Continuing Care Rotation. (Interns are not required to do both of these rotations.)

#### General Inpatient Rotation at WRCH

Supervisors: Debika Paul, PhD, Gregg Januszewski, PsyD, Meredith Ronan, PsyD, and other WRCH psychology staff as available

Time commitment: 20 hours per week

Interns choosing this inpatient rotation will be assigned to two multidisciplinary continuing care treatment teams, each of which is responsible for the care and treatment of about 27 individuals with severe and persistent mental illness. Under the supervision of the team psychologist, the intern will conduct admissions assessments, specialized evaluations for risks of violence, suicide, and fire setting, and make referrals to Department of Mental Health risk consultants for individuals with more serious histories of violent crime or sexually problematic behavior. This could include acute admission assessments on a court evaluation unit in addition to assessment and treatment work on continuing care units. The intern will also provide an average of at least four sessions per week of individual and group psychotherapy addressing at least two of the following: Cognitive Behavior Therapy for psychosis, Motivational Interviewing, Relapse Prevention Planning, Dual Recovery Treatment, and/ or Cognitive Rehabilitation Therapy. Interns will also conduct at least two full batteries of cognitive and personality / performance based psychological tests for diagnostic formulation and treatment / discharge planning and refine their consultation skills in ongoing dialogue with their treatment team(s). This rotation also provides the intern with supervised experience in supervising a third- or fourth-year doctoral student in the hospital’s Psychology Traineeship Program. All clinical activities are supported with a minimum of two hours of individual supervision and testing supervision with psychology staff.

#### Adolescent Continuing Care Units Rotation at WRCH

Supervisors: Remy Yoshida, PsyD, and Liz McCurdy, PhD

Time commitment: 20 hours per week

The Adolescent Continuing Care Unit is the only longer-term inpatient psychiatric facility for adolescents in the Commonwealth of Massachusetts (two 15 bed units sited at WRCH). Interns will have the opportunity to serve adolescents with psychiatric and psychosocial issues, frequently including pronounced histories of trauma and child maltreatment, substance abuse, recurrent suicidal and parasuicidal behaviors, serious aggression toward others, multiple psychiatric admissions and out-of-home placements, and burgeoning personality disorders. Patients range in age from thirteen to eighteen. This population is culturally, ethnically, racially and socioeconomically diverse. We have many youth who are establishing or struggling to establish their gender identity and sexual orientation. Assessment and treatment of clients is provided using a multidisciplinary approach.Common psychiatric diagnoses for the patient population include Posttraumatic Stress Disorder, Anxiety Disorder, Mood Disorder, Eating Disorder and Schizophrenia. These disturbances are sometimes linked with Substance Use Disorders, Oppositional Defiant Disorders, Attention Deficit Disorders, and attachment disturbances. The precursors of a personality disturbances may also be present. For the vast majority of the youths, the impact of trauma is quite apparent. Biological factors may also play a significant role and the interface of psychopharmacology and various therapies is essential to positive outcomes.

Because of the treatment refractory nature of this population, clinical admissions typically stay for a number of months, which enables patients to receive extensive and comprehensive clinical services. Extended length of stay affords the psychology intern an opportunity to participate in efforts to bring about qualitative changes in the patient’s approaches to problem-solving situations. Patients are guided, through evidence-based and relational interventions, to alter the way that they make meaning of their lived experiences. Within the context of weekly supervision and participation in team meetings, interns will have the opportunity to formulate cases and gain experience in various approaches to treatment. Creative interventions are required where conventional approaches have been insufficient. Family therapy approaches combine structural and strategic approaches with a “no shame, no blame” collaborative partnership with families. In addition to our clinical service, this program continues to be responsible for providing high quality inpatient forensic evaluations for adolescents. This is a particularly unique training opportunity for interns with an interest in forensic psychology. Youth are referred for short-term admissions from the courts for assessment of competency to stand trial, criminal responsibility or aid in sentencing. Forensic referrals may remain in this facility for continuing psychiatric services if determined to be hospital level of care.

Interns will be expected to carry a caseload of 1-2 adjunctive individual therapy cases, 1-2 adjunctive family therapy cases, with the potential for a psychological evaluation if there is a referral unrelated to the standard IEP process. Interns will also be expected to complete risk assessments, intake interviews, psychological diagnostic evaluation upon admission and other admission-related paperwork. Interns may be expected to support the various groups as a co-group facilitator which include DBT, CBT, and other clinical groups.

### Forensic Track

The Forensic Track endeavors to prepare interns for careers within forensic mental health systems, with an eye toward understanding the complicated systemic issues our diverse forensic population faces. Accordingly, at least half of a forensic track intern’s weekly hours will be dedicated to participation in or provision of forensic services, including but not limited to court-ordered mental health evaluations, risk assessment, and therapy interventions with legally involved individuals.

For forensic assessment, all forensic track interns will complete the Forensic Evaluation Rotation on inpatient WRCH units (described below). After completing this six-month rotation, forensic track interns will have the option to select a second six-month core forensic rotation (e.g., the WRCH Risk Assessment Rotation; options are indicated in the elective section below). Interns on the forensic track will also have the opportunity to attend seminars presented by the UMass Chan Law & Psychiatry program and work alongside Designated Forensic Psychologists (DFPs) on the UMass Chan Forensic Service.

In the spirit of our generalist program and belief that strong clinical skills are the underpinning of effective forensic work, interns on this track will be required to carry a separate set of forensic intervention and assessment responsibilities throughout the year regardless of the secondary track selected. These tasks include a small individual psychotherapy caseload focused on work with individuals found incompetent to stand trial and/or adjudicated not guilty by reason of insanity; co-facilitating group therapy targeting forensic issues or those which commonly present with this population (e.g., competency restoration, substance use and recovery, anger management); and reassessments of individuals found incompetent to stand to trial. Finally, forensic track interns will complete a more clinically focused WRCH/Serious Mental Illness rotation of their choosing.

#### Forensic Evaluation Rotation at WRCH

Supervisor: Jeffrey Burl, PhD, Michael Burke, PsyD, and Heidi Putney, PhD

Time commitment: 20 hours per week

Interns in the Forensic Track will complete the Forensic Evaluation Rotation to obtain specialized training in common areas of forensic mental health assessment within our broader clinical training model. This Rotation is housed within the UMass Chan Mobile Forensic Service, which provides forensic evaluation and consulting services to the staff and adult patients at WRCH and other Massachusetts Department of Mental Health facilities in Tewksbury and Springfield. Rotation hours are divided between time at the “Farmhouse,” a Department of Mental Health building which houses the Forensic Service, and on the WRCH court evaluation units and continuing care units. The intern’s weekly schedule will include individual supervision with the primary supervisor for a minimum of one-hour (but typically much more), forensic interviews and assessments, treatment team meetings, weekly clinical rounds, and court hearings. The intern will be responsible for conducting psychological testing, writing evaluative psychological testing reports for forensic evaluators, and writing forensic evaluation reports. The intern may have the option to co-lead a Legal Education group focused on competency restoration. In addition, the intern will be expected to participate in didactic training focused on Massachusetts legal statutes, topics in forensic evaluation and testimony, professional development, ethical considerations, and relevant case law.

### Elective WRCH Rotations

In addition to the above core rotations, interns are able to choose from a number of elective interns at WRCH and UMass Chan. Interns will meet with the supervisors of each rotation at the outset of the year to learn more about each rotation. Under the supervision of the Training Director, interns will choose elective rotations aimed toward helping them achieve their specific training goals, but the program will also support the intern to obtain a balance of training experiences (especially a balance in intervention and assessment hours). The following rotations are typically available each year, and any changes will be shared with the interns at the start of the internship year.

#### WRCH Deaf Inpatient Services Rotation

Supervisor: Ariel Ingber, PsyD

The WRCH Deaf Inpatient Services rotation is an inpatient rotation designed to provide interns with exposure to both assessment and treatment services with d/Deaf and hard-of-hearing (HoH) clients. WRCH Deaf Inpatient Services is the only inpatient mental health service in Massachusetts designed to meet the needs of d/Deaf and HoH individuals who live anywhere in the state. WRCH Deaf Inpatient Services is committed to providing accessible, culturally affirmative expert mental health assessment, stabilization, and treatment services that efficiently restore individuals to community functioning. The service accepts admissions for both acute stabilization and continuing care, and serves:

* D/deaf, hard-of-hearing, and deaf/blind individuals
* Individuals who use American Sign Language (ASL), other sign language, home sign, gestural communication, English or other spoken language, written language, no language, and individuals with language dysfluency
* Individuals who utilize hearing aids, cochlear implants, FM Systems, CART or captioning services, communication boards/visual images, and other devises to facilitate communication
* Adolescents, adults, and seniors
* Projected lengths of stay from a few days to years
* Legal sections of §12b as well as other civil and forensic legal sections
* Admissions from emergency services, other mental health units, medical hospital units, courts, and jail/prisons
* Behavioral issues with unclear diagnoses that may/may not include serious mental illnesses

The WRCH Deaf Inpatient Services training and responsibilities are tailored to the intern’s training goals and may include: Providing individual psychotherapy to 1-2 clients, co-facilitating 1-2 psychotherapy groups (e.g., Cognitive Enhancement and Restructuring Therapy (CERT) group and a Michael’s Game group (based on a Cognitive Behavior Therapy for psychosis model)). Interns can choose to join the existing groups or have the option to develop and run a group of their choosing. Interns will complete partial and/or full batteries of cognitive and/or personality assessments for diagnostic formulation, treatment, and/or discharge planning, conduct admission and annual assessments, and complete specialized evaluations for risks of suicide, violence, substance use, and fire-setting. Additionally, interns may have the opportunity to generate referrals to the Department of Mental Health risk consultants for clients with more serious histories of violent crime and/or sexually problematic behavior.

Additional information: Although this rotation is typically viewed as an elective, an intern fluent in American Sign Language and/or with a specialized interest in the d/Deaf and HoH population could potentially design a learning contract with this rotation as the Core General /SMI rotation (depending on supervisor availability and at the discretion of the Training Director).

#### WRCH Clinical Risk Assessment and Mitigation Rotation

Supervisor: Ariel Ingber, PsyD

Interns choosing this rotation will not be assigned a specific continuing care unit and will instead have the opportunity to complete various risk assessments across the eight continuing care units. Interns will complete various specialized evaluations for risks of suicide, violence, substance use, and fire-setting. Additionally, they may also have the opportunity to generate referrals to the Department of Mental Health risk consultations for clients with more serious histories of violent crime and/or sexually problematic behavior. The intern will also be expected to conduct at least four assessments that include the use of psychological tests, standardized inventories, and/ or structured risk assessment protocols. Additional opportunities to engage in risk-mitigation treatment (e.g., relapse prevention planning and/or other individual therapy) may be available for interns that are interested. This rotation may provide the intern with supervised experience in supervising a third- or fourth-year doctoral student in the hospital’s Psychology Traineeship Program.

Additional information: The Clinical Risk and Mitigation Rotation may serve as the second Core rotation for students in the Forensic Track.

#### WRCH Inpatient Psychiatric Neuropsychology

Supervisor: Katie Treiber, PhD

Psychiatric neuropsychology is a growing subspecialty of clinical neuropsychology. The clinical neuropsychology rotation in inpatient psychiatry is designed to provide interns with competency-focused training in clinical neuropsychological and psychological assessment, consultation and cognitive rehabilitation services to adults with serious and persistent mental illness (SPMI). Many people with SPMI often have complex presentations associated with pre-illness or co-morbid trauma, neurodevelopmental or neurocognitive disorders, substance use disorders, and / or chronic health/medical conditions.

Interns will interact with multidisciplinary teams consisting of psychiatry, nursing, social work, and occupational therapy, in addition to occasional consultation with other disciplines such as neurology, neuropsychiatry, and forensic psychology. Interns will develop proficiencies in the administration, scoring, and interpretation of a range of neurocognitive and psychological assessment measures. Neuropsychological assessment training will often integrate psychological assessment methods (e.g., structured multi-scale and narrow band self-report and / or performance-based measures of psychopathology and personality). A person-centered developmental-lifespan approach to case conceptualization that integrates data obtained from multiple sources (clinical interview, records, consultation with treatment providers, collateral informants / family or significant others) will be emphasized.

Depending on an intern’s interests / competency goals, participation in the Cognitive Enhancement and Restructuring (CERT) Program is available. An average of 2 hours of weekly supervision will be provided in the form of individual supervision / case review. The opportunity for didactics and guided readings may also be available, depending upon the intern’s interests and schedule. Interns have the opportunity to create some training emphases that match their competency benchmarks and professional goals within the rotation’s resources.

Interns with the following training goals are encouraged to consider this rotation in psychiatric neuropsychology: (1) development of specific professional competencies in psychological and neuropsychological assessment, particularly for postdoctoral training in neuropsychology and/or psychological assessment; (2) understanding the cognitive features of SPMI in adults and their relationship to treatment and functional outcome, particularly for those seeking a postdoc or careers in inpatient or public sector psychiatric settings (e.g., Veteran’s Administration, state psychiatric hospital, or community mental health settings); (3) understanding how neuropsychological and psychological assessment can inform forensic evaluations, particularly among individuals with SPMI, and meaningful treatment planning; (4) interns who would like to practice (and / or teach) psychological and / or neuropsychological assessment as part of their professional role.

The structure of this psychiatric neuropsychology and psychological assessment rotation varies somewhat from year to year, depending upon the availability of supervisory resources. A 16 hour / week rotation is available during the training year. The rotation is open to considering individualized rotation structures if able to provide adequate resources to achieve an intern’s key training competency goals (e.g., stronger emphasis on cognitive rehabilitation, 8 hour / week option).

Didactics and case-based learning opportunities may be included in the rotation, depending upon the intern’s schedule and goals. In the past, these have included regular seminars / discussions on topics relevant to neuropsychological assessment and intervention. While there are some established training topics that are regarded as essential, many topics, articles, and / or case studies are selected to meet the competency benchmarks and match the professional interests of individual interns. Some of the didactic / discussion topics that have been covered include: conduct of a developmental-neuropsychologically relevant interview, collaborative and therapeutic assessment methods, effort/response bias/malingering, domains of neuropsychological assessment, functional neuroanatomy, structured personality assessment measures and cases (MMPI-2/MPPI-2-RF, PAI, MCMI-III), neuropsychology of schizophrenia-spectrum, bipolar, depression with psychosis, obsessive-compulsive, post-traumatic stress and personality (psychopathy) disorders, ADHD and specific learning disabilities, neuropsychology of traumatic brain injury and its impact on clinical presentation of adults with SPMI, SPMI and aging / dementia (e.g., vascular dementia, Parkinson’s disease, Huntington’s disease), variables that influence neuropsychological test performance, neuropsychology in forensic and health contexts / settings, and problems and challenges in neuropsychological assessment.

Additional information: The Neuropsychology Rotation is available to all interns and, depending on supervisor availability, may be an experience a student can complete throughout the training year. However, applicants should be aware that, as described earlier in this brochure, the program is seeking students interested in the treatment and assessment of individuals with severe mental illness, that interns will be required to take on a greater number of hours in general inpatient training than they can in any given elective area, and that our program is not a good match for students seeking at least 50% of neuropsychology-dedicated time.

#### WRCH Positive Behavior Interventions and Support (PBIS) Consultation Service

Supervisor: Meredith Ronan, PsyD

The Positive Behavior Interventions and Support (PBIS) program is a consultation service first introduced to WRCH in 2015 through collaboration with Psychology and Nursing departments (with support from administration) in an effort to reduce aggression/violence and the occurrence of restraint and seclusions. PBIS is a model for supporting individuals whose behaviors pose challenges to services and often result in various restrictions and barriers. The primary goals of PBIS are to better understand the functions of behavior and work to improve quality of life, teach adaptive skills, and modify the environment to maximize success. It has been described as "multicomponent framework for developing an understanding of behavior that challenges rather than a single therapeutic approach, treatment, or philosophy. It is based on the assessment of the broad social and physical context in which the behavior occurs, and used to construct socially valid interventions which enhance quality of life outcomes for both the person themselves and their carers" (Gore et al., 2013).

The PBIS rotation is designed to provide interns with exposure to case-based positive behavior support, including data collection, behavioral assessment, consultation, and implementation of PBIS interventions/plans for inpatient adults who have high-risk behaviors. It may also include, depending on the interns training needs, opportunities to participate in the hospital-wide initiative of implementing PBIS at a systems-level. The PBIS training and responsibilities include:

* Maintaining a PBS caseload of 1-2 patients or providing support to ongoing cases/consultations. The service itself includes:
  + Behavioral Analyses together with data collection and monitoring.
  + Development of PBIS Plans with associated patient-collaboration, guardian-involvement, team consultation, including treatment plan and PBIS plan documentation.
  + Direct and indirect (through supervisors and other staff) education, consultation and coaching of staff implementation of the PBIS plan.
  + Evaluation of progress through data collection and analysis.
  + Plan revisions to assist the patient to progress towards goals and/or discharge.
  + Attendance at multi-disciplinary treatment team meetings for patients he/she is following.
  + In PBIS cases where it is clinically indicated, provide associated individual behavioral therapy interventions.
  + Provide assessment and consultation as needed to interdisciplinary teams who desire further assessment and/or understanding of patient’s “challenging behaviors” (e.g., self-harming or violent behaviors) and who may need additional PBIS support or intervention. This consultation can include various interview, observation, data collection and assessment procedures.
  + Completing research and training to become familiar with PBIS interventions and obtain clinical training through supervision from the lead PBIS psychologist.

Additional information: The PBIS Rotation may serve as the second Core rotation for students in the Forensic Track.

### Elective UMass Chan Rotations

Elective rotations are also available at UMass Chan that provide interns an opportunity to complement their clinical training in the treatment and assessment of severe and persistent mental illness. Under the supervision of the Training Director, interns will choose elective rotations aimed toward helping them achieve their specific training goals, but the program will also support the intern to obtain a balance of training experiences (especially a balance in intervention and assessment hours). The following rotations are typically available each year, and any changes will be shared with the interns at the start of the internship year.

#### UMass Human Rights & Asylum Program

Supervisor: Danielle Rynczak, JD, PsyD, ABPP (Forensic)

Interns choosing this rotation will learn to do evaluations assessing individuals seeking asylum in the United States. The UMass Chan Medical School UMass Human Rights & Asylum Program is a medical-student-run, non-profit organization providing evaluations for immigration attorneys advocating for asylum seekers. The program, which began in 2020, has worked with more than 100 asylum seekers in the Worcester area. During this rotation, interns will begin by completing a (usually online or asynchronous) training, offered by one of several expert organizations (e.g., Physicians for Human Rights) on how to apply clinical skills to an asylum evaluation. The training is typically at least 6 to 8 hours and covers such topics as physical and psychological evidence of torture, effective psycho-legal documentation and affidavit writing, human rights and asylum law, and the vital role of health professionals in immigration cases. After completing the training, interns will have an opportunity to observe and conduct evaluations, culminating in affidavits in approximately 3-4 cases. Interns should be aware that the number of evaluations is dependent on referrals at time of rotation, but that there is generally a waiting-list. While not typically needed, interns may be required to provide expert testimony in any case with which they were involved. Evaluations are of adults but may include exploration of child/adolescent trauma. This rotation is expected to provide interns with opportunities to work with evaluees of diverse cultural, socio-economic, racial, political, and religious backgrounds as well as interpreters, attorneys, and medical trainees and medical doctors (especially when physical examination is required by physicians). Interns choosing this rotation will have the opportunity to learn to interview individuals with significant trauma histories, document psycho-legal interactions, write effective affidavits, prepare for expert testimony, and generally navigate asylum proceedings (e.g., working with various parties, understanding political context). Interns on this rotation should know in advance that during supervision, they will be encouraged and supported to engage in dialogue around cultural humility, role of political climate on the work of psychologists and that of those of whom they work, social justice/advocacy, pro or low bono work, privilege and oppression, and self-compassion in high burn out professional practice.

Additional information: The Asylum Clinic Rotation may serve as the second Core rotation for students in the Forensic Track.

#### UMass Adult Ambulatory Psychiatry Clinic

Supervisor: Robert Carey, PhD, ABPP, and other UMass Chan psychologists as available

Interns will receive training in evaluation and individual and group psychotherapy for a variety of psychiatric conditions including psychosis, affective disorders, somatoform disorders, anxiety disorders, substance abuse, and personality disorders. A variety of theoretical approaches including cognitive behavioral, acceptance and commitment, and psychodynamic strategies provide interns with a broad range of experiences with adult outpatients. Weekly multidisciplinary treatment team meetings provide a further opportunity for interns to more thoroughly examine the processes involved in assessment, differential diagnosis, and treatment selection. In addition to the general clinic and the programs described separately below (i.e., Health Psychology and Addictions) there are also opportunities to do personality test batteries and participate in various specialty programs including DBT, Deaf Behavioral Health, and Women’s Mental Health.

#### UMass Addiction and Co-Morbidity Treatment Services

Supervisor: Melissa L. Anderson, PhD, MSCI

UMass Memorial’s Addiction and Co-morbidity Treatment Services (ACTS) Program offers adults effective individual treatment for addiction and mental illness. This rotation will prepare psychologists for clinical careers in the public sector, focusing on treatment services for patients with SUDs often associated with legal consequences, forensic-related activities, and severe and persistent mental illness. Designed to be a year-long rotation, psychology interns will immerse themselves in learning and delivering evidence-based treatment for addiction and co-occurring mental illness.

Psychology interns will receive specialized training in cognitive behavioral therapy (CBT), the primary treatment model and scientifically supported approach to treating SUD. They will conduct regular intake assessments of new patients, using standardized instruments to measure patient-reported outcomes. Their work, typically four to eight hours per week, includes, at a minimum, face-to-face supervision; direct service delivery; and didactic training in CBT, peer-based support groups and treatment approaches, and pharmacotherapy. Psychology interns may also carry a small, individual outpatient therapy caseload; if interns are on site for four hours a week, two of those hours are expected to be outpatient therapy hours. Didactic materials focus on assessment, treatment, and peer-based approaches. Moreover, by joining the multidisciplinary ACTS team, the interns can learn about and observe the application of various treatment modalities, such as pharmacotherapy with buprenorphine for treatment of opioid dependence.

#### UMass Health Psychology Outpatient Rotation

Supervisors: Jason Samlin, PsyD & Tracie Goodness, PhD

This rotation is located within Ambulatory Psychiatry Services. The service consists of psychologists working with medical and surgical outpatients due to a host of issues, including: depression or anxiety associated with medical illnesses, individual and family adjustment to illness, coping with disease management demands, adoption of healthy lifestyles, non-pharmacological symptom management, preparation for surgery, and coping with medical interventions. Referrals come from any of the primary or tertiary care clinics within the hospital system.

This rotation is intended to provide experiences consistent with specialized psychological care with medically-based populations known as Clinical Health Psychology or Behavioral Medicine. Common goals of the rotation are to:

* Understand the role of psychology in interprofessional medical settings and work collegially with other health professionals in such settings
* Utilize health psychology principles and strategies to provide psychoeducational and/or psychotherapeutic interventions for promoting health and wellness
* Provide intervention for insomnia, pain management, smoking cessation, adjustment to physical injury or disease, and rehabilitation
* Work with acute and chronically ill patients and support the patient and family/loved ones

Interns will conduct intake assessments and provide evidence-based treatment with patients with a variety of chronic health conditions. Some topics for treatment include adjustment to and coping with chronic health conditions, health behavior change, and chronic pain self-management. As is typical of the health psychologist role, work would also include contact with multi-disciplinary treatment teams. Regularly scheduled supervision will be conducted for 1 hour a week with additional opportunities for drop-in supervision and curbside consultation. Interns will be required to track their encounters, submit billing when applicable, and track hours in the rotation.

#### UMass Chan School of Medicine Student Counseling Services

Supervisors: Phoebe Moore, PhD (Clinic Director), Abita Raj, MD (Medical Director), Ruthann Rizzi, MD (Former Director), Ashley Hart, PhD (Training Director), SueEllen Hamkins, MD, Elizabeth Austin, PsyD, Yashira Oropeza-Diaz, PsyD, Edward Pacheco, PsyD, Cathryn Williams, PsyD, Jennifer James, PsyD, Angela Wendorf, PhD

Student Counseling Services (SCS) provides outpatient mental health services to students in the three schools of UMass Chan Medical School. Both psychiatry and psychotherapy services are provided via telehealth and in-person in the SCS office suite. Common presenting concerns in our student population include anxiety and its disorders, OCD and related disorders, mood disturbances and disorders, disordered eating, trauma-related symptoms and conditions, adjustment difficulties, challenges associated with physical health conditions, ADHD, and grief. Psychotherapeutic approaches used by SCS therapists include traditional forms of cognitive-behavioral therapy (e.g., exposure and response prevention for OCD, panic control therapy for panic disorder); Acceptance and Commitment Therapy and related mindfulness- and acceptance-based approaches; Dialectical Behavior Therapy skills training; psychodynamic psychotherapy; Eye Movement and Desensitization and Reprocessing (EMDR); attachment-based therapy; the Internal Family Systems model; and supportive and person-centered therapy approaches. As part of their training, interns have the opportunity to receive individual and/or group supervision; provide individual and group psychotherapy using evidence-based approaches; supervise clinical psychology practicum students in a vertical supervision system; conduct clinical intake interviews; participate in weekly team meetings and clinical trainings; and contribute to quality improvement and clinical research projects. Notably, some clinical encounters will be required via telehealth from a private space outside of SCS. The SCS team is multi-cultural, multi-disciplinary, and multi-theoretical; we strive to provide culturally sensitive clinical services and a safe, welcoming, inclusive, respectful and supportive environment for all persons who seek our services.

#### UMass Chan School of Clinical Research in Emergency Medicine

Supervisor: Rachel Davis-Martin, PhD

This is a research-based rotation, and the work can fall into two categories based on intern interests and remaining training requirements/needs.

1) As a Research Clinician, they have the opportunity to conduct comprehensive suicide risk assessments among Emergency Department patients presenting with medical and psychiatric chief complaints, enroll patients who have an active Opioid Use Disorder who are interested in outpatient medication-based treatment using a mobile application that provides contingency management for being engaged in treatment, and/or conduct Substance Use Disorder Evals for patients presenting to the Emergency Department post-drug overdose. This particular role can be useful if interns need more assessment or direct patient contact hours. This role can be either 8 or 16 hours a week and the intern would be onsite for the entire rotation (ideally a whole day at a time).

2) As a Researcher, interns have access to several complete datasets on suicide risk, opioid use disorder, alcohol use disorder, and implementation efforts to improve clinical care that they can run analyses on if there is a particular question of interest (and have access to statisticians to help out if the analyses are complex). Interns also have access to research that is complete but needing to be written up for conference presentations or peer reviewed articles. Depending on the time of year, they may also help with grant applications including writing parts of grants and helping with submission process. It’s easy to tailor the activities to the interest and experience of intern. This role is typically 8 hours and can be done remotely and broken up over 2 half days if needed. Likely best done during the second half of the internship so all clinical hours have been met.

# Other Training Programming

Within their clinical rotations, interns will receive extensive individual supervision and may participate in rotation-specific didactics or seminars. In addition to the training they receive on the clinical rotations, the interns will spend about four hours every week in other cohort-wide training activities. These activities include didactics/seminars, group supervision with the Training Director and Assistant Training Director(s), and various other activities.

### Didactics

Interns have an extensive series of seminars. Major topics include: assessment with particular emphasis on interviewing, neuropsychology, and forensic evaluation; culturally competency treatment and assessment (including a cultural humility processing group); professional development; psychopathology and psychopharmacology; social justice advocacy, and psychological treatment modalities with particular emphasis on family and group approaches. The seminar series also includes topics such as empirically-based treatment interventions, psychosocial rehabilitation, and the importance of integration of ethnic diversity in assessment. Two weekly regularly scheduled seminar times throughout the year provide an opportunity to cover these assessment and intervention topics in some detail. Interns are also welcome to attend weekly UMass Chan Grand Rounds on a variety of mental health topics, which are held at the Medical School, as well as other regular seminars and workshops (e.g., biweekly UMass Law and Psychiatry Seminars; monthly WRCH Grand Rounds).

### Sohye Kim, Ph.D., **External** Mentoring Advisor

In addition to group supervision with the training and assistant training directors and individual supervision with rotation supervisors, our interns meet monthly with Dr. Kim, a UMass Chan psychologist who is outside of the leadership of the internship program and not currently supervising interns. The purpose of these meetings is to provide an opportunity for interns to receive support and other professional guidance. Regarding support, interns may seek to process or problem-solve any needs or questions that arise during the internship year that they want to discuss with someone in addition to or other than their training directors or clinical supervisors. The sessions are also designed to allow interns to seek guidance on other aspects of their internship year and professional lives.

### UMass Chan/WRCH Professional Development Seminar Series

In 2002, the Association of Psychology Postdoctoral and Internship Centers (APPIC) initiated a conference aimed at establishing competencies essential in professional psychology practice and identified Professional Development as a core competency area. According to Elman and colleagues (2005), the definition of professional development created by the APPIC workgroup included:

[Professional development] is the developmental process of acquiring, expanding, refining, and sustaining knowledge, proficiency, skill, and qualifications for competent professional functioning that result in professionalism. It comprises both (a) the internal tasks of clarifying professional objectives, crystallizing professional identity, increasing self-awareness and confidence, and sharpening reasoning, thinking, reflecting, and judgment and (b) the social/contextual dimension of enhancing interpersonal aspects of professional functioning and broadening professional autonomy (pg. 368).

Toward this end, the UMass Chan/WRCH has developed monthly Professional Development Seminar Series aimed to increase career readiness, improve professional quality of life, explore professional identity, and develop a comprehensive understanding of self-care. Each month, three professionals from around the country virtually speak to our interns on important topics such as pathways into private practice careers, wage negotiation skills, barriers for women in psychology, and the business of psychology. Further, three seminars specifically target the area of self-care with a discussion of new research and skills developed on this topic. Informal and personal, the format of this seminar series allows for life-long networking with panelists and various interns from other programs around the country.

For an updated schedule of upcoming Professional Development Seminar topics, please visit:

[professional-development-seminar-flyer-2022-2023.pdf (umassmed.edu)](https://www.umassmed.edu/globalassets/psychiatry/about-us/professional-development-seminar-flyer-2022-2023.pdf)

### UMass Chan/WRCH Action-Learning Social Justice Advocacy Project

The American Psychological Association has indicated the training and expertise in psychology uniquely qualifies psychologists to contribute to the development of policies and programs. Further, working for social justice is part of their mission and vision and the Association of Psychology Postdoctoral and Internship Centers (APPIC) has incorporated understanding research and developing consultative skills when engaging in social service into their core competencies. The UMass Chan/WRCH clinical psychology internship Professional Development Seminar Series in collaboration with the Diversity, Equity, Inclusion, and Belonging Seminar Series is committed to encouraging social justice advocacy through action-learning strategies. The goal of the social justice advocacy project is to increase professional development opportunities while developing culturally responsible and socially involved psychologists.

During the internship year, interns will engage with a local nonprofit agency, build relationships with this agency and the population with whom they work, collaboratively develop and conduct a needs assessment, and begin to develop an intervention plan. The needs assessment may take any form but will focus on helping the agency or community to further its social justice mission. The needs assessments are conducted collaboratively with the agency/community with a final technical report including data (broadly defined) to be provided to the agency. Each need identified through the assessment will correspond to a portion of the intervention plan and with the capability to be able to be evaluated at a future date.

**The 2024-2025 collaborating non-profit organization is:**

YWCA – Central Massachusetts



### Cultural Humility Process and Practice Group

Facilitators:Danielle Rynczak, JD, PsyD, ABPP (Forensic) & Michael Burke, PsyD.

The Cultural Humility Process and Practice Group is time reserved for psychology trainees to process and practice cultural humility in the context of working with various patients, clients, and stakeholders during the psychology internship year. Psychology trainees meet monthly with facilitators. Trainees explore personal identities, values, and experiences as soon-to-be-psychologists within the context of larger systemic sociocultural factors. The topics and structure are based on the needs of trainees in any given year. Time may be reserved for guest speakers and community engagement during or in conjunction with this space.

### Research Opportunities

Although research is not a required activity, interns are encouraged to continue their own research or to participate in ongoing research in the Worcester area. Some rotations may include the opportunity to engage in research, and some past interns have published with UMass Chan – WRCH supervisors. Further, grant funding has recently been awarded to assist interns working with a UMass Chan supervisor on a research project with attending the American Psychological Association Annual Conference.

Finally, there are numerous teaching conferences, grand rounds presentations, and other professional activities in the Worcester/ Boston area. There are often teaching conferences that utilize the case presentation format both at UMass Chan and WRCH. For example, in celebration of the 100th anniversary of the Psychology Internship, the UMass Chan Psychology Network hosted a poster session during a Psychology Day Celebration at UMass Chan Medical School in December of 2022.

# PSYCHOLOGY INTERNSHIP FACULTY AND SUPERVISORS

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| INTERNSHIP LEADERSHIP |

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| Jeffrey Burl, PhD Training Director of UMass Chan-WRCH Psychology Internship  Assistant Professor of Psychiatry, University of Massachusetts Chan Medical School Designated Forensic Psychologist, Worcester Recovery Center and Hospital | |
| Education | Drexel University (2012) |
| Rotation | UMass Forensic Inpatient Rotation |
| Interests | Forensic mental health assessment; individual psychotherapy; education and training in psychology |

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| Meredith Ronan, PsyD Co-Assistant Training Director of UMass Chan-WRCH Psychology Internship  Associate Director of Psychology Department, Worcester Recovery Center and Hospital  Assistant Professor of Psychiatry, University of Massachusetts Chan Medical School | |
| Education | William James College (formerly Massachusetts School of Professional Psychology, 2015) |
| Rotation | Positive Behavior Interventions and Support (PBS) Consultation Service; WRCH General Psychology Rotation |
| Interests | Positive Behavior Interventions and Support consultation and intervention; assessment and treatment of persons with severe and persistent mental illness; cognitive and psychological/personality assessment; Cognitive Behavior Therapy for Psychosis (CBT-P); program development and evaluation |

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| Heidi Putney, PhD Co-Assistant Training Director of UMass Chan-WRCH Psychology Internship  Assistant Professor of Psychiatry, University of Massachusetts Chan Medical School  Designated Forensic Psychologist, Worcester Recovery Center and Hospital | |
| Education | Central Michigan University (2020) |
| Rotation | Professional Development Panels and Social Justice Advocacy Project |
| Interests | Forensic evaluations, training and education, research in the areas of forensic public policy, professional development, and diversity training |

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| Danielle Rynczak, JD, PsyD, ABPP (Forensic) Director of Diversity, Equity, Inclusion & Belonging, UMass-WRCH Psychology Internship  Director of Legal Education and Training, UMass Chan Law and Psychiatry Program  Assistant Professor of Psychiatry, University of Massachusetts Chan Medical School Designated Forensic Psychologist, Worcester Recovery Center and Hospital | |
| Education | Chicago School of Professional Psychology (2012) |
| Rotation | UMass Forensic Inpatient Rotation and Diversity Seminar Series |
| Interests | Adult and juvenile forensic evaluations; criminal competencies and responsibility; risk assessment; civil commitment; delinquency; child protection; legal education; anti-racist curriculum; inclusive teaching, supervision, and mentorship practices |

## CLINICAL SUPERVISORY STAFF

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| The rotations within the UMass Chan / WRCH internship are led by an incredible group of psychologists who are passionate about teaching and supervision. Below is a sample of our current training staff. Melissa L. Anderson, PhD, MSCI Assistant Professor, SPARC, University of Massachusetts Chan Medical School  Director of Research, DeafYES! Center for Deaf Empowerment and Recovery | |
| Education | Gallaudet University (2012) |
| Rotation | UMass Addiction & Comorbidity Treatment Service |
| Interests | Trauma treatment; addiction treatment; Deaf mental health; Linguistic and cultural adaptation of evidence-based therapy and assessment tools; Community engagement/participatory action research |

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| Robert J. Carey, Jr., PhD, ABPP (Clinical) Clinical Associate Professor of Psychiatry, University of Massachusetts Chan Medical School  Associate Director, UMass Ambulatory Psychiatry Service  UMass Memorial Medical Center | |
| Education | Ohio University (1985) |
| Rotation | Ambulatory Psychiatry Service |
| Interests | Cognitive Behavioral Therapy; managed mental health care; MMPI-2 testing; anxiety and somatoform disorders |
| |  |  | | --- | --- | | Ariel Ingber, PsyD, DFP Staff Psychologist, Worcester Recovery Center and Hospital | | | Education | William James College (2020) | | Rotation | WRCH Clinical Risk Assessment and Mitigation, Deaf Inpatient Services | | Interests | Treatment of Severe and Persistent Mental Health Diagnoses, Individual Psychotherapy, Individual and Group Based Interventions utilizing Cognitive Behavior Therapy for Psychosis. |  Gregg A. Januszewski, PsyD Staff Psychologist, Worcester Recovery Center and Hospital | |
| Education | University of Hartford (1997) |
| Rotation | WRCH General Psychology Rotation |
| Interests | Suicide assessment and treatment, CBT-I, Dual diagnosis treatment, Individual psychotherapy. |

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| Peter LaCanfora, PsyD Director of Psychology, Worcester Recovery Center and Hospital | | |
| Education | University of Hartford (2000) | |
| Interests | Violence Risk Assessment, Firesetting Risk Assessment, Mental Illness and Problematic Sexual Behavior-Assessment and Treatment (MIPSB), Mindfulness Based Cognitive Therapy (MBCT). | |
| Debika Paul, PhD Clinical Psychologist, Worcester Recovery Center and Hospital | | | |
| Education | | Suffolk University (2005) | |
| Rotation | | WRCH General Psychology Rotation | |
| Interests | | Treatment of Severe and Persistent Mental Health Diagnoses, Individual Psychotherapy, Individual and Group Based Interventions utilizing Cognitive Behavior Therapy for Psychosis. | |
| Katie Treiber, PhD Neuropsychologist, Worcester Recovery Center and Hospital | | | |
| Education | | Utah State University (2010) | |
| Rotation | | Inpatient Psychiatric Neuropsychology | |
| Interests | | Neuropsychological assessment in psychiatric populations and individuals with comorbid SPMI, neuromedical, and forensic concerns; cognitive reserve and rehabilitation in SPMI and aging | |

## ADDITIONAL CONSULTANTS AND CONTRIBUTORS

The UMass Chan / WRCH doctoral internship is fortunate to have a strong network of internal and external psychologists who provide didactic instruction to interns, serve as informal mentors, and provide other forms of consultation to interns and internship supervisors. Below is a small sample of the consultants who have recently been involved in internship training.

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| |  |  | | --- | --- | | Erika Clark, PhD, ABPP-CN Director of Neuropsychology, UMass Memorial Healthcare  Assistant Professor of Psychiatry, University of Massachusetts Chan Medical School | | | Education | Suffolk University | | Interests | Neuropsychological and psychological testing |  Raymond B. Flannery, Jr., PhD Associate Clinical Professor of Psychology, Department of Psychiatry, Harvard University Adjunct Assistant Professor, Department of Psychiatry, UMass Chan Medical School  Former Director of Training, Massachusetts Department of Mental Health. | |
| Education | University of Windsor, Ontario, Canada (1970) |
| Interests | Psychological trauma; crisis intervention theory; assaultive psychiatric patients; prevention of youth violence; stress management |

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| |  |  | | --- | --- | | **Mary Kate Miller, PsyD**  Clinical Health Psychologist  Director of Health Psychology and Assistant Professor of Psychiatry, UMass Chan Medical School  Adult Health Psychology Consultation-Liaison UNV Campus | | | **Education** | Florida Tech (2018) | | **Rotation** | Adult Health Psychology Consultation-Liaison | | **Interests** | Adult biopsychosocial evaluation and conceptualization, health literacy, health behavior change, psychosocial oncology, hospital quality metrics, interdisciplinary team patient care, psychological screening in trauma and surgical critical care |  |  |  | | --- | --- | | **Ashley Murray, PhD**  Assistant Professor of Psychiatry, University of Massachusetts Chan Medical School  Forensic Mental Health Supervisor, Worcester Recovery Center and Hospital | | | **Education** | Simon Fraser University (2014) | | **Interests** | Adult forensic clinical assessment, psychopathic personality disorder, tailored violence risk assessment |   Gina M. Vincent, PhD  Professor of Psychiatry and Director of Translational Law & Psychiatry Research,  Department of Psychiatry, University of Massachusetts Chan Medical School | |
| Education | Simon Fraser University (2003) |
| Interests | Risk assessment for violence/ re-offending; screening & assessment for risk and/ or mental health in juvenile justice; psychopathic personality disorder; psychometrics; translating research into practice in juvenile justice |