

**PRE-DOCTORAL INTERNSHIP IN CLINICAL PSYCHOLOGY
2014 - 2015**

***University of Massachusetts Medical School
Worcester Recovery Center and Hospital formerly Worcester State Hospital
Worcester, Massachusetts***

The University of Massachusetts Medical School and Worcester Recovery Center and Hospital (WRCH) offer a pre-doctoral internship in psychology. The program is accredited by the American Psychological Association. It is one of the oldest continuously offered internships in psychology in the country.

The program offers four full-time funded internship positions that carry a stipend of \$20,000 per year, subject to availability of funds. The program is a member of the Association of Psychology Postdoctoral and Internship Centers and subscribes to its uniform notification procedures.

Applicants must be in good standing in a doctoral program in psychology in an accredited educational institution and 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 accredited by the American Psychological Association.

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
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Requests for printed brochures should be sent to:

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Director of Psychology Intern Training
Worcester Recovery Center and Hospital
309 Belmont Street
Worcester, MA 01604*

Deadline: Online applications must be received no later than November 1, 2014.

Admission Policy

The Internship requires the AAPI online application, three letters of reference, graduate transcripts, a cover letter, and typically applicants submit their curriculum vitae.

Each year the internship program receives many more completed applications than the number of available intern positions. (We typically have four interns and receive thirty times as many applications as there are positions available.) The majority of 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. If it is clear to us that the nature or quantity of certain experiences that a candidate seeks are unlikely to be provided at the University of Massachusetts Medical School/ Worcester Recovery Center and Hospital, we inform the candidate of this and suggest that 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 that peer-group learning is an important aspect of the internship training experience. Our experience is that this learning is maximized when the interns in a given year come from very different professional backgrounds and represent widely divergent theoretical orientations. The training program at the University of Massachusetts Medical School/ Worcester Recovery Center and Hospital is not committed to a single theoretical position. We believe that the issues in clinical psychology can be conceptualized from different theoretical stances, and that 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 minority group members. While the law of the Commonwealth of Massachusetts expressly prohibits asking for such information, those candidates who wish to provide this information will enable us to be consistent with valuable affirmative action policies.

Interview Process

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 this "goodness of fit." These intern applicants will then be contacted and invited to come for an interview with members of the internship training staff. Several dates will be selected in December and January for the applicant interviews, and in-person interviews are a requirement of the program. The interview day includes contact with current interns to give the applicant an intern's perspective on the program.

The interview dates for 2014-2015 are:

Friday, December 19, 2014

Monday, January 5, 2015
Monday, January 12, 2015
Friday, January 16, 2015

Training Philosophy

The University of Massachusetts Medical School/ Worcester Recovery Center and Hospital pre-doctoral internship is designed to provide an American Psychological Association accredited internship to students from doctoral programs in psychology. Our mission is to provide training experiences across a broad range of ages, types of psychopathology, clinical settings, and types of assessment and intervention approaches in order to prepare interns to function professionally in a variety of public sector contexts. Our allegiance is to the notion that any comprehensive view of human behavior must include 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 diversity of opportunities and resources is available for interns to develop a program in keeping with their unique interests and professional goals. Moreover, this 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 grounds of the Worcester Recovery Center and Hospital (WRCH), formerly Worcester State Hospital, are now the site of a developing health and research complex which includes the University of Massachusetts Medical School (UMMS), the Worcester Youth and Family Services, a biotechnology park, the WRCH, and the Irving S. and Betty Brudnick Neuropsychiatric Research Institute and the Center for Comparative NeuroImaging. The UMMS and WRCH campuses are located within walking distance of each other.

The University of Massachusetts Medical School campus consists of the University of Massachusetts Medical School (UMMS) and the UMass Memorial Health Care (UMMHC) teaching hospital, community clinics, and outpatient services. Forty doctoral-level psychologists are on the UMMS staff, many of whom have a role in the training program. The Director of Psychology Intern Training in the Department of Psychiatry at UMMS coordinates and reviews all intern activities at the Medical School. UMMS provides a number of rotations involving outpatients that complement the inpatient work at the state hospital.

The Worcester Recovery Center and Hospital is a large, urban psychiatric facility primarily for adult patients. The current census of 208, dramatically lower than the 2,800 patients served in the 1950's, represents a wide cross section of psychiatric disorders. In addition to the admission and rehabilitation psychiatric units, the hospital has an adolescent long-term treatment unit, intensive treatment units, and a forensic service. The hospital population generally consists of individuals with severe and persistent mental illness. Between 50 and 70% of this population has a co-occurring substance use disorder and also significant medical co-morbidities.

Benefits

Interns in Psychology are employees of the University of Massachusetts Medical School. Interns receive a stipend of \$20,000, a choice of employee health insurance plans (cost varies), and paid vacation and holidays.

Community

The University of Massachusetts 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 (2010) indicated 77.1% Caucasian, 12.5% Hispanic, 6.9% African American, and 3.5% Asian. Hospital units and clinics reflect the community composition fairly closely, except that inpatient psychiatric admissions are 60% male, 40% female.

Orientation Period

The training program begins on or about September 1st, with an orientation period lasting several weeks. During this period, the intern becomes acquainted with the daily routines of the hospital, is given a formal introduction to the staff and programs of various departments of the hospital, and is systematically introduced to the principal emphases and lines of work within the Psychology Department. As part of their orientation to the hospital and to psychiatric patients, the interns participate in staff conferences, engage in diagnostic interviewing, observe admission procedures, and attend lectures on administrative and legal aspects of hospital procedures. In preparation for later community work, interns visit a number of community programs and review with key leaders the goals, the organizational structure, and the 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 are in a position to map out individualized internship training experiences in the core areas.

Structure of the Internship

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

1. Inpatient assessment and treatment,
2. Outpatient assessment and treatment, and
3. Supervision, seminars, consultation, and research.

In general, about one-third of the intern's schedule each week is devoted to each area. Our program is particularly attentive to individual differences in training needs. Under the guidance of the Director, a diversity of opportunities and resources is available for the interns to utilize in developing a program in keeping with their unique interests and professional goals. While some experiences are required of all interns, our philosophy of flexibility dictates that the individual needs, interests, and professional goals of each intern must be considered in determining 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 the **core competencies** of internship training at UMass Medical School and Worcester Recovery Center and Hospital. These competencies are **Assessment, Treatment Interventions, Multicultural Diversity, Collaboration with Multidisciplinary Treatment Teams, and Supervision.**

Interns are expected to gain training experience in health psychology in the UMass/WRCH Predoctoral Internship through their work in clinical rotations that integrate health psychology principles and interventions. These opportunities may include formal rotations in health psychology and a wide array of inpatient and outpatient mental health rotations where health psychology is an integrated component.

INPATIENT ROTATIONS

For the inpatient component of their training, interns select from several sites based on their training needs. Over the course of the internship, interns choose two hospital rotations to learn about the care and treatment of individuals with severe and persistent mental illness.

Psychiatric Treatment and Recovery Center (PTRC): This is an acute-care unit that specializes in the evaluation and treatment of individuals with psychiatric disorders. The average length of hospitalization is one week. Approximately 80% of those admitted to the PTRC are discharged back to the community and 20% are transferred for further inpatient treatment to other units. Patients display severe psychopathology and are primarily diagnosed as having a schizophrenia-spectrum disorder, a major affective disorder, or a severe personality disorder. Approximately one-half of these individuals have abused alcohol and/ or illicit drugs and are in need of substance abuse treatment. The PTRC utilizes a multidisciplinary clinical model with active participation

by psychiatry, psychology, social work, rehabilitation therapists, and nursing staff. Psychology interns, as well as students in other disciplines, are an integral part of the clinical program on the unit. Supervision for this rotation is provided by William Warnken, Psy.D.

UMass Adolescent Continuing Care Units: The UMass Adolescent Continuing Care Units (ACCU) , sited at the Worcester Recovery Center and Hospital, are comprised of two 15-bed units for youth, ages 13 to 18. This population is culturally, ethnically, racially, and socioeconomically diverse.

Each treatment team, comprised of psychiatrists, social workers, nurses, occupational and recreational therapists, mental health counselors, and psychologists, works collaboratively to develop optimal treatment planning. Because of the significant trauma and/ or persistent mental illness that these youth have faced, patients typically stay from 4 to 12 months allowing for extensive clinical services and qualitative changes in behavior. Family therapy is a significant component of the treatment offered to adolescents on the UMass ACCU. As such, families are actively involved in the treatment process. There is also a considerable focus on strategies that are trauma-informed and developmentally appropriate. Those providing psychotherapeutic services balance evidence-based practices with theoretically driven, creative interventions that are highly individualized. Ultimately, youth are empowered to guide their own recovery.

Four beds are allocated to forensic services. These youth are admitted from the courts for evaluation of competency to stand trial, criminal responsibility, or aid in sentencing. Interns with forensic interests have ample opportunity to appreciate the complicated interface of clinical and legal matters.

This rotation is a six-month inpatient elective. Interns are expected to be on site three days per week with a minimum commitment of 16 hours per week. While a challenging population, there are few sites in the Commonwealth that provide this type of dynamic learning environment. At least one hour of individual supervision per week will be offered by an on-site licensed psychologist. Additional supervision will be offered for psychological testing.

This rotation will actively engage the intern in the complexities of adolescent inpatient care within the context of a supportive multidisciplinary team. The intern will enhance skills in assessment, various forms of treatment, and milieu management. By the end of this rotation, the intern will have a broader grounding in differential diagnosis, risk management, and the child service delivery system. We expect that the intern's confidence in dealing with complex cases will increase significantly.

Worcester Recovery Center and Hospital: The hospital currently has eight treatment wards. These units are closely connected to the hospital-wide Skills Training and Rehabilitation program. This psychosocial rehabilitation program includes therapeutic, vocational, educational, and recreational elements. Opportunities exist in several specialized areas under the supervision of Daniel Lambert, Ph.D., Jack Terry, Ph.D., Alan Bodnar, Ph.D., Rebecca Hanson Richardson, Ph.D., and John Sweet, Ph.D.

Worcester Recovery Center and Hospital Treatment Units: The treatment wards at WRCH focus on preparing adults 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, and Dialectical Behavior Therapy (DBT). Inpatients 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, DBT/ CBT programs have been implemented on a number of treatment wards, with several members of the staff trained intensively in DBT. 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 has recently 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.

Worcester Recovery Center and Hospital DBT Rotation: Since 2002, when the first multidisciplinary DBT team was intensively trained in DBT by Charles Swenson, M.D. and Cindy Sanderson, Ph.D., all components of standard, outpatient DBT have been adapted to inpatient settings at WRCH. A Performance Improvement team implemented the program in 2002 with consultation from Dr. Sanderson, and WRCH staff across disciplines has engaged in formal Behavioral Technology Transfer Group training annually since then. Under the aegis of the Recovery Therapies Steering Committee, the DBT program is available to all inpatients, and comprises: 1) individual DBT; 2) weekly skills groups, including two regular skills groups for those who are engaged in the complete program and an introductory skills group that is open to all; 3) crisis consultation; and 4) therapist participation in one of two weekly consultation teams. Psychology interns provide individual DBT and crisis consultation, co-lead weekly skills groups, and participate in a weekly consultation team. In addition, they consult to multidisciplinary treatment teams for DBT clients, conduct initial psychology assessments and risk assessments, support development of Crisis Plans informed by DBT, and consult with community treaters to help generalize skills to natural, community treatment settings. In the course of their rotation, interns may opt to provide other evidence-based modalities to clients with a variety of other difficulties, e.g. providing anxiety management for a person with panic disorder. In addition to weekly DBT consultation teams, individual DBT supervision is provided. Interns have often assisted with regular, in-service DBT training for WRCH staff, as well as assisted with two-day workshops provided for licensed clinicians in community training settings.

Dr. Rebecca Hanson Richardson provides supervision for this rotation. In addition to intensive training in 2002, she has completed the following formal DBT training: Skills Teaching (2001); Individual Therapy (2003); Emotion Regulation (2005); Treatment of Chronically Suicidal Clients (2006); DBT for Substance Use Disorders (2008); DBT Training in Emotion Regulation and Distress Tolerance Skills (2010); Advanced DBT Training: Case Conceptualization, Treating In-Session Dysfunctional Behaviors &

Providing DBT Skills Groups (2011); Treating Anxiety Disorders in Multi-Problem Clients with BPD: How, When, and Why to Use Exposure Procedures in DBT (2011); Adapting DBT to Inpatient Units (2012); and Marsha Linehan on DBT: Where We Were, Where We Are, and Where We Are Going (2012).

WRCH Rotation in Clinical Risk Assessment and Mitigation: Interns choosing this rotation will be assigned to one of the hospital's unit-based multidisciplinary clinical teams and will also function as a service provider and consultant to other teams around issues of risk assessment and mitigation. Based on case referral, the intern will participate in and/ or provide at least 15 clinical risk assessments in collaboration with his or her psychology supervisor and treatment team. These assessments will provide the intern with experience in at least three of the following areas: suicide risk, violence risk, problematic sexual behavior risk, and fire setting risk. 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. Using Behavior Analysis and Cognitive Behavior Therapy techniques, the intern will provide an average of at least four sessions per week of individual and group psychotherapy focused on Relapse Prevention Planning. The intern will gain consultation experience in working with treatment teams to develop Crisis Intervention Plans that integrate information from the patient and collateral sources including direct care staff in order to prevent inpatient restraint or post-discharge re-hospitalization. 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, time permitting, an opportunity to participate in Rorschach group supervision with psychology staff.

WRCH General Psychology Rotation: Interns choosing this rotation will be assigned to one or two multidisciplinary treatment teams, each of which is responsible for the care and treatment of 15 to 18 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. 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, Relapse Prevention Planning, Dual Recovery Treatment, and/ or Cognitive Rehabilitation Therapy. Interns will also conduct at least two full batteries of cognitive and personality/ projective tests for the purpose of 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 Rorschach group supervision with psychology staff.

WRCH Clinical Leadership and Program Evaluation Rotation: Interns choosing this rotation obtain hands-on experience in program development and/ or program evaluation through leadership participation in one or more projects prioritized by the

hospital and/ or psychology department. Participants obtain clinical experience through direct involvement in delivery of services associated with the program or project. Experience with each of the following elements of Clinical Leadership and Program Evaluation occur in the context of the selected project: organizational change processes, program design/ development based on the evidence/ knowledge base, use of performance improvement tools, data management/ integrity processes, and data analysis as applied to administrative decision-making. Additionally, participants have the opportunity to observe a variety of administrative meetings and get exposure to processes related to standards compliance (Joint Commission, CMS, Regulations, and Policies). Past projects have included innovating new manual-based therapy groups, developing assessment tools for statewide DMH use, implementation/ evaluation of treatment programs, reorganization of treatment services, and various Psychology Department Performance Improvement initiatives. 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, generally in relation to their involvement in the project/ program. All clinical activities are supported with a minimum of two hours of individual supervision, most of which is provided by the Director of Psychology at WSH.

Forensic Track Inpatient Rotation: This six-month (16-hour/ week) rotation is a requirement of the Forensic Track, but usually open to interns in the General Track as well. Interns will participate in completing court-ordered evaluations of male and female defendants admitted to one of WRCH's court evaluation units, including competence to stand trial, criminal responsibility, and aid in sentencing evaluations. Interns will also have opportunities to assist in specialized risk assessments of patients considered to be "high risk," based on specific criteria, residing on other units of the hospital. They will be expected to conduct psychological (personality and cognitive) testing of defendants on the court evaluation units on an as-needed basis as well. During the rotation, interns will be trained in the use of forensic and risk assessment instruments, including the SIRS-2, HCR-20, and MacCAT. They will participate in (and eventually conduct under direct supervision) evaluation sessions and co-author forensic reports with the goal of being able to produce a high-quality forensic report by the completion of the rotation. As WRCH has a court on-site, interns will have the opportunity to observe commitment proceedings as well. The rotation is supervised by Carla Lourenco, Psy.D.

OUTPATIENT ROTATIONS

Neuropsychology: The outpatient rotation in Neuropsychology provides supervision and training in the neuropsychological assessment of patients from neurological, neuropsychiatric, and general medical populations. Training takes place within the outpatient service of the Department of Psychiatry on the UMMS campus. A commitment of 16-hours per week for 12 months is generally required. In addition, at a minimum, a commitment of three to five hours of off-site time is required for activities such as report writing. The rotation is especially designed for individuals wishing to establish themselves as clinical neuropsychologists as their professional goal. While this represents the standard rotation, alternative training arrangements involving fewer hours may be negotiated. The rotation provides training in the administration, scoring, and interpretation of neuropsychological assessment instruments, and focuses on the consolidation of this information into succinctly written reports. Patient populations include the broad range of neuropsychological disorders, and referrals come from

multiple services both within and outside of the hospital. Opportunities are available to see both adult and child patients. In addition, various didactic offerings are available within the Medical School, including the Department of Psychiatry Grand Rounds, Epilepsy Conference, case conferences, and a Neuropsychology Seminar.

Supervision is provided by Brian Dessureau, Ph.D. from the UMMS Department of Neurology. In addition to neuropsychological assessment of outpatients with a wide variety of neurological and neuropsychiatric disorders, an opportunity to provide psychotherapy to individuals with medical conditions within the hospital setting is also available.

Community Healthlink: Community Healthlink (CHL) is the major provider of outpatient services to individuals with major mental illness in the Central Massachusetts area. Due to deinstitutionalization and decreasing length of hospital stays, the opportunity to treat and follow the progress of a person with severe and persistent mental illness occurs more frequently in the community setting. Interns will have the opportunity to provide outpatient services to a number of such clients. Some may be clients they have assessed and/ or treated in their inpatient rotations. Interns will be introduced to the array of services these clients receive, including individual therapy, assertive community outreach, substance abuse treatment, and health-related interventions. Supervision is provided by Gregg Januszewski, Psy.D.

Health Psychology Outpatient Rotation: The Health Psychology Outpatient Rotation is coordinated through the Adult Outpatient Psychiatry Service in the Department of Psychiatry. 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.

Interns on this rotation will have the opportunity to provide consultation to patients, their family members, and staff; participate in psychoeducational groups (e.g. Pain Management, Living Well with Chronic Illness, Post-Partum Depression, Stress Management in Cardiac Rehabilitation); perform individual assessments and treatment planning; participate in individual psychotherapy; and occasionally meet with family members. As is typical of the health psychologist role, work would also include contact with multi-disciplinary treatment teams. Supervision on this rotation is provided by Kristin MacGregor, Ph.D.

Two sub-rotations are available to provide outpatient experiences outside of the Ambulatory Psychiatry Service.

Weight Center: UMass Memorial Weight Center, located on the University Campus, is a multidisciplinary, patient-focused service designed to help adults struggling with obesity and weight-related disease. Physicians and specialists in nutrition, behavioral medicine, and exercise work together with the patient and referring physician to develop individualized treatment plans, across three tracks: Behavioral, Surgical, and Custom.

The intern would participate in conducting pre-bariatric surgery psychological assessment of the psychosocial, emotional, behavioral, and lifestyle challenges of each patient to assist in proper treatment planning and intervention; Coordinating care with external mental health providers as well as health care professionals as needed; Attending weekly team meetings with the multidisciplinary Weight Center team of professionals to coordinate and plan patient care; Conducting post-surgery groups to provide ongoing support and monitoring of the psychosocial, emotional, behavioral, and lifestyle challenges of patients as they move through the stages of weight loss and into weight maintenance phase; Conducting cognitive-behavioral, time-limited, lifestyle-based weight management groups for overweight and clinically obese adults; and Conducting Pre-Surgical Skills groups for bariatric surgery patients to assist them in their preparation for this intervention. The primary objective of the Skills Group is to provide psychoeducation regarding the pre- and post-surgery process, which emphasizes the importance of behavioral change. This rotation is supervised by Jennifer Lauretti, Ph.D.

Cardiac Rehabilitation Program: Psychology interns will gain experience teaching psycho-educational classes, providing brief psychological assessments, and participating in motivational interviewing with patients with recent cardiac events. Supervision for outpatient psychotherapy for cardiac rehabilitation patients can also be arranged. Supervision is provided by Kristin MacGregor, Ph.D.

Cancer Center of Excellence, Breast Cancer Center: Psychology interns will gain experience working with a multi-disciplinary team while providing brief psychological assessments of newly diagnosed breast cancer patients. Attendance at the follow-up interdisciplinary breast cancer team meeting is encouraged. Interns may also gain experience co-leading a psycho-educational support group (e.g. Brain Tumor Group, Living with Cancer). Supervision for outpatient psychotherapy for oncology patients may be arranged. Supervision is provided by Ellen Sharenow, Ph.D.

Half-year or full-year rotations are available. Additionally, if choosing a full-year rotation, research opportunities or a greater emphasis with specific populations are also available for those interns that are interested. Clinical supervision is coordinated by Amy Wachholtz, Ph.D., Director, Health Psychology.

Adult Consultation-Liaison: The Consultation-Liaison rotation is housed in the Psychosomatic Medicine Division of the Department of Psychiatry at UMMS. The consultation-liaison rotation generally consists of health psychologists working with medical/ surgical inpatients for a diverse range of issues including: depression/ anxiety due to medical illness or injury, exacerbation of a psychological issue due to a medical condition, coping with pain, sleep disruptions, adjustment to the hospital, addiction issues, cognitive decline/ dementia, PTSD, end-of-life issues, cultural issues that interact with medical treatment plans, and suicidal/ self-harm behaviors.

Consultations may come from any of the specialty medical units in the hospital (oncology, cardiac, trauma, OB/ GYN, neurology, GI, surgery, general medicine, etc). Interns on this rotation will have the opportunity to provide bedside therapy, perform brief neuro-cognitive assessments, and occasionally work with the families of patients. This rotation involves interacting with multi-disciplinary treatment teams to establish

strategies for working with difficult patients and education about psychological and socio-cultural issues that may affect medical treatment.

This rotation may also include experience in the Emergency Mental Health Department (adjacent to the University campus ER) which provides emergency mental health care through brief therapy/ crisis intervention and facilitates mental health admission or connection with outpatient mental health providers.

Half-year or full-year rotations are available. The best format for this rotation is a *minimum* of 12 hours divided across two or three days, but other arrangements can be made. Additionally, if choosing a full-year rotation, research opportunities or a greater emphasis with specific populations are also available for those interns that are interested. Clinical supervision is provided by Amy Wachholtz, Ph.D. and Karl Chiang, Ph.D.

Adult Ambulatory Psychiatry Clinic: Under the supervision of Robert Carey, Ph.D. or his designee, interns can receive training in evaluation and individual and group psychotherapy for a variety of psychiatric conditions including psychosis, affective disorders, somatoform disorders, marital discord, substance abuse, and personality disorders. A variety of theoretical approaches including cognitive behavioral and psychodynamic strategies provide interns with a broad range of experiences with adult outpatients. Weekly 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 three programs described separately (Anger Management, Health Psychology, Addictions) there are also opportunities to do personality test batteries and participate in various specialty programs including DBT, Women's Mental Health, Depression, and Campus Mental Health.

Anger Management Program: The Men's & Women's Anger Management Program and Nonviolent Communication Group Treatment for Couples have been offering treatment and conducting research on interpersonal violence at UMassMemorial since 1986. Under the supervision of Mary Bennett, LICSW and Lynn Dowd, Psy.D., interns will receive training in the assessment and treatment of individuals and couples who have difficulty expressing angry feelings in healthy and appropriate ways. Interns will learn the program's psycho-educational cognitive behavioral treatment model that focuses on improving self-regulation of emotional arousal, and developing effective strategies for non-violent attainment of goals. Interns may choose to co-lead a Men's, Women's, or Nonviolent Communication Group for Couples, participate in Anger Management Treatment Team Meetings, and become involved in ongoing research projects including our research on women's anger that is gaining national attention.

Addiction and Co-Morbidity Treatment Services Rotation: The outpatient Addiction and Co-morbidity Treatment Services (ACTS) rotation, under the supervision of Melissa Anderson, Ph.D., is an optional component of the broader Ambulatory Psychiatry Services rotation. Interns engage in the ACTS rotation for 6 to 12 months, typically from 4 to 8 hours per week, and are provided with didactic and clinical training opportunities with individuals who are seeking outpatient treatment for substance use disorders, often combined with other psychiatric disorders and chronic medical

conditions. Didactic materials focus on assessment, treatment, and peer-based approaches. Clinical training consists of conducting intake assessments and psychotherapy under the supervision of a psychologist specializing in treatment of addiction and co-occurring disorders. Moreover, by joining the multidisciplinary ACTS team, interns can learn about and observe the application of various treatment modalities, such as pharmacotherapy with bupenorphine for treatment of opioid dependence.

Primary Care Psychology in Family Medicine: Primary Care Psychology in Family Medicine: The Department of Family Medicine and Community Health offers a longitudinal experience in Primary Care Psychology. Under the supervision of Christine Runyan, Ph.D., interns will provide consultation, rapid assessment, and behaviorally oriented brief therapy to patients in a primary care medical setting. Interns may have the opportunity to participate in groups focused on changing health risk behaviors and chronic pain management in the primary care setting as well as participate in didactic and learning sessions with family medicine residents and attending physicians. Interns also participate in Chart Rounds, which is an interdisciplinary learning experience within the health center each day to review interesting and challenging cases from that day's clinical sessions. Interns will also see patients in collaborative appointments with family medicine residents. The experience takes place at Hahnemann Family Health Center on the UMMHC Hahnemann campus. Interns should expect to spend 8 hours per week for 12 months.

The UMass/ CANDO Pediatric Anxiety Clinic: The UMass/ CANDO (Center for Autism and Neurodevelopmental Disorders) Pediatric Anxiety Clinic is a treatment clinic offering cognitive-behavioral therapy and medication stabilization to children, adolescents, and young adults (ages 5-23) with primary Axis I anxiety disorders, OCD, and trichotillomania. Interns who rotate with our clinic will be trained in empirically-supported exposure-oriented cognitive-behavioral treatments such as exposure with response prevention for OCD, Coping Cat for anxiety disorders, and habit reversal for trichotillomania. Interns can also gain experience with anxiety-focused assessment instruments such as the Anxiety Disorders Interview Schedule for children and adolescents and various checklist measures. Supervision is provided by Phoebe Moore, Ph.D., clinic director.

SUPERVISION, SEMINARS, CONSULTATION, AND RESEARCH

Approximately one-third of the intern's time is spent in these areas. All interns receive both individual and group supervision for their inpatient work throughout the year. In addition, supervisors are assigned for psychological testing and forensic assessments on a case-by-case basis. The number of outpatient supervisors varies somewhat but all work is closely supervised. In general, interns may have 2-4 supervisors for their outpatient rotations. Licensed doctoral psychologists provide clinical supervision.

Interns have an extensive series of seminars. Major topics include: assessment with particular emphasis on interviewing, neuropsychology, and forensic evaluation; psychopathology and psychopharmacology; physiological and hormonal factors; 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 the assessment and integration of multicultural and ethnic diversity. Two regularly scheduled seminar times throughout the year provide an opportunity to cover these assessment and intervention topics in some detail. Interns are welcome to attend weekly Grand Rounds on a variety of mental health topics, which are held at the Medical School, as well.

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. Four hours per week are dedicated to the interns' research.

Finally, there are numerous teaching conferences, grand rounds presentations, and professional activities in the Worcester/ Boston area. There are weekly teaching conferences that utilize the case presentation format both at the PTRC and WRCH.

TRAINING STAFF

John P. Terry, Ph.D.

Iowa State University (1983)

Assistant Professor

Director of Psychology Intern Training, University of Massachusetts Medical School

Psychologist, Worcester Recovery Center and Hospital

Interests: Projective testing; therapy and client value systems; individual psychotherapy with children, adolescents, and young adults; treatment of persons with dual disorders (major mental illness and substance abuse); spiritual issues of those with severe and persistent mental illness

Robert J. Carey, Jr., Ph.D., ABPP (clinical)

Ohio University (1985)

Assistant Professor

University of Massachusetts Medical School

Associate Director, Ambulatory Psychiatry Service

UMass Memorial Medical Center

Diplomate in Clinical Psychology, ABPP

Interests: Cognitive Behavioral Therapy; managed mental health care; MMPI-2 testing; anxiety and somatoform disorders

William Warnken, Psy.D., ABPP (forensic)

Antioch University/ New England (1992)

Assistant Professor

Co-Assistant Director of Psychology Intern Training

University of Massachusetts Medical School

Diplomate in Forensic Psychology, ABPP

Interests: Forensic evaluations; marital violence and treatment of batterers; head injury and marital violence

Carla A. Lourenco, Psy.D.

University of Hartford (2007)

Assistant Professor

Co-Assistant Director of Psychology Intern Training

University of Massachusetts Medical School

Forensic Psychologist, Worcester Recovery Center and Hospital

Interests: Forensic evaluation of mentally ill offenders; correctional mental health issues; serious mental illness (SMI), particularly schizophrenia; quality of life issues for individuals with SMI

F. Alexander Blount, Ed.D.

University of Massachusetts (1976)

Associate Professor and Director of Behavioral Science

Department of Family Medicine and Community Health

University of Massachusetts Medical School

Interests: Behavioral health in primary care; family therapy; behavioral science education for Family Medicine residents.

Alan Bodnar, Ph.D.

Boston University (1975)

Director of Psychology Traineeship Program

Worcester Recovery Center and Hospital

Interests: Projective testing; individual psychotherapy; relapse prevention; cognitive style and team problem solving; leadership development; therapeutic uses of creative writing and literature

Jill Damon-Minow, Psy.D.

Alliant University (2007)

Interests: Adult and pediatric neuropsychology; dementia; traumatic brain injury

Brian M. Denietolis, Psy.D.

Antioch University New England (2010)

Clinical Psychologist

Department of Psychiatry

University of Massachusetts Medical School

Adolescent Continuing Care Unit (ACCU), Worcester Recovery Center and Hospital

Interests: Clinical child and adolescent psychology; developmental models of psychopathology; child maltreatment; evidence-based treatments for trauma and trauma related disorders; the intersection between attachment theory, affect regulation, and reflective functioning

Brian K. Dessureau, Ph.D.

Clark University (2001)

Assistant Professor of Neurology
University of Massachusetts Medical School
Clinical Neuropsychologist, Department of Neurology
UMass Memorial Medical Center, University Campus

Interests: Neuropsychological assessment of adults and children; geriatric neuropsychology; life-span developmental psychology

Lynn S. Dowd, Psy.D.

Antioch New England Graduate School (2001)
Director, Domestic Violence and Anger Management Treatment Program
Ambulatory Psychiatry Service
UMass Memorial Medical Center

Interests: Men's and women's aggression; intersection of attachment, trauma, and substance abuse issues; developmental transition from adolescence to adulthood; mood disorders

Stuart G. Fisher, Ph.D.

University of Illinois at Urbana-Champaign (1978)
Director of Family/ Couple Training, Psychiatry Residency Program
University of Massachusetts Medical School
Private Practice
Worcester, MA

Interests: Family therapy; couples therapy; theories of psychotherapy; treatment of seriously emotionally disturbed children & their families; training of mental health professionals

Raymond B. Flannery, Jr., Ph.D.

University of Windsor, Ontario, Canada (1970)
Associate Clinical Professor of Psychology, Department of Psychiatry
Harvard University
Adjunct Assistant Professor, Department of Psychiatry
University of Massachusetts Medical School

Interests: Psychological trauma; crisis intervention theory; assaultive psychiatric patients; prevention of youth violence; stress management

Jessica L. Griffin, Psy.D.

The Virginia Consortium Program in Clinical Psychology (2003)
Assistant Professor of Psychiatry and Pediatrics
Department of Psychiatry, University of Massachusetts Medical School
Central Massachusetts Communities of Care

Interests: Childhood trauma; divorce; parenting capacity; assessment of children and families; child custody evaluations; child sexual abuse evaluations; parent mediation

and education; psychological assessment and psychological testing; Trauma-Focused Cognitive Behavioral Therapy

Thomas Grisso, Ph.D., ABPP (forensic)

University of Arizona (1969)

Professor Emeritus

University of Massachusetts Medical School

Diplomate in Forensic Psychology, ABPP

Interests: Adolescent offenders; law & psychology; patients' competence to consent to treatment; forensic (criminal) mental health issues and evaluations; mental health issues of youths in the juvenile justice system

Rebecca Hanson Richardson, Ph.D.

Clark University (1999)

Staff Psychologist

Worcester Recovery Center and Hospital

Interests: Assessment and treatment of individuals with severe and persistent mental illness; Dialectical Behavior Therapy with inpatients

Ken Holbert, Ph.D.

U.C. Berkley (1983)

Assistant Professor of Psychiatry, University of Massachusetts Medical School

Psychologist, UMass Adolescent Treatment Program

Worcester Recovery Center and Hospital

Interests: Family therapy; forensic psychology; treatment of eating disorders; individual psychotherapy with severely disturbed clients; Complex Post Traumatic Stress Disorder

Gregg A. Januszewski, Psy.D.

University of Hartford (1997)

Crisis Stabilization Clinical Manager and Psychotherapist

Community Healthlink, Inc.

Monika E. Kolodziej, Ph.D.

Syracuse University (1999)

Assistant Professor of Psychiatry, University of Massachusetts Medical School

Co-Chair, Central Massachusetts Addiction Consortium

Interests: Assessment and treatment of substance use disorders in combination with other psychiatric disorders and chronic medical conditions

Daniel R. Lambert, Ph.D.

Case Western Reserve University (1982)

Director of Psychology

Worcester Recovery Center and Hospital

Interests: Clinical leadership; program development and evaluation; implementation of

group and individual CBT with persons with severe and persistent mental illness; Cognitive Rehabilitation Therapy; Autism Spectrum Disorders, particularly Asperger's Disorder and PDD-NOS; Rorschach Comprehensive (Exner) System scoring and interpretation; consultation skills development.

Denise Mumley, Ph.D.

Emory University (1996)

Assistant Professor, Department of Psychiatry

University of Massachusetts Medical School

Forensic Psychologist, Worcester Recovery Center and Hospital

Interests: Competence to stand trial; violence risk assessment; expert witness testimony.

Ira K. Packer, Ph.D. ABPP (forensic)

University of Pennsylvania (1979)

Associate Professor of Clinical Psychiatry

Director of Forensic Psychology Training, Law & Psychiatry Program

University of Massachusetts Medical School

Director of the Forensic Service, Worcester Recovery Center and Hospital

Interests: Forensic mental health services for adults and juveniles; correctional mental health; quality assurance for forensic reports

Sherry Pagoto, Ph.D.

Western Michigan University (2001)

Assistant Professor

Director of Fellowship Training

Division of Preventive and Behavioral Medicine, Department of Medicine

University of Massachusetts Medical School

Interests: Behavioral medicine; obesity; nutrition; evidence-based practice; depression; psychiatric co-morbidities of physical illness

Paul M. Rosen, Ph.D.

University of Denver (1977)

Associate in Psychiatry, University of Massachusetts Medical School

Clinical Psychologist, Worcester Public Schools

Interests: Children and adolescents; cognitive-behavior therapy; suicide and self-mutilation in adolescents; clinical interviewing

Christine (Tina) Runyan, Ph.D., ABPP

Clinical Associate Professor

Director, Postdoctoral Fellowship in Primary Care Clinical Psychology

Department of Family Medicine and Community Health

University of Massachusetts Medical School

Interests: Primary care psychology; health psychology; PTSD in primary care; training

Greg Seward, MSHCA, LADC-I, CTTS-M, CADC, LSW

Worcester State College (2004)
Director, Tobacco-Free Initiative, Department of Psychiatry
UMass Memorial Medical Center

Interests: Organizational and Cultural Change with Tobacco and Nicotine Policy Change; Co-morbid disorders with nicotine (other substance abuse disorders, mental health and nicotine dependence); MET with nicotine dependence

Peter Toscano, Ph.D.

SUNY Stony Brook (1976)
Assistant Professor, University of Massachusetts Medical School
Professor, Assumption College

Interests: Child and adolescent assessment and therapy; adoption; child clinic; child maltreatment; managed care

Gina M. Vincent, Ph.D.

Simon Fraser University (2003)
Assistant Professor, Research Forensic Psychologist
Director of Translational Psychiatry & Law Research, CMHSR
University of Massachusetts Medical School

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

Amy Wachholtz, Ph.D., M.Div.

Bowling Green State University (2006)
Assistant Professor in Psychiatry
University of Massachusetts Medical School
Health Psychologist, Psychosomatic Medicine Service
UMass Memorial Health Center

Interests: Health psychology/ medical psychology; chronic pain; sleep disruption; spiritual/ religious coping with serious illness & injury; co-morbid pain & addiction treatment

ADDITIONAL CONSULTANTS AND SUPERVISORS

John Finneran, Ed.M.

Suffolk University (1975)
Assistant Professor in Health Science/ Addiction Option, Keene State College
Certification in Alcoholism Studies, Boston University
Coordinator of Substance Abuse Services, Psychiatric Treatment and Recovery Center
UMass Memorial Medical Center

Interests: Addiction; psychosis; recovery; assessment and treatment of individuals with dual disorders

Elizabeth White Henrikson, Ph.D., ABPP (neuropsychology)

UMass Amherst (1988)

Associate in Psychiatry

University of Massachusetts Medical School

Consulting Neuropsychologist & Forensic Evaluator, WRCH

Kevin R. Murphy, Ph.D.

University of Connecticut (1990)

Associate Professor, University of Massachusetts Medical School

Director of the Adult ADHD Clinic of Central Massachusetts

Interests: Clinical psychology; adult ADHD-assessment and treatment; co-morbidity disorders; test accommodations; workplace accommodations; Americans with Disabilities Act

Lawrence E. Peterson, Ph.D., ABPP (clinical)

Affiliate Professor of Psychology, Clark University

Psychologist, Worcester State Hospital (retired)

Diplomate in Clinical Psychology, ABPP

Barent Walsh, D.S.W.

Director, The Bridge of Central Massachusetts

Worcester, MA

Edward Wang, Ed.D.

Director of Multicultural Affairs

Massachusetts Department of Mental Health