

# **Holcomb Behavioral Health Systems**

## **Doctoral Psychology Internship Manual**

**2024 – 2025**

**Training Director: Lisa Spatafore, Psy.D.**

## Table of Contents

Holcomb Behavioral Health Systems 2023-2024 Internship Program .....	4
Overview of Doctoral Internship .....	4
Goal of the Doctoral Internship Program .....	4
Internship Training Goals .....	4
Internship Training Objectives .....	4
Expectations of the Resident .....	5
Introduction to Holcomb Behavioral Health Systems .....	5
Holcomb Senior Management .....	6
Internship Orientation .....	6
Ethical Code .....	7
Diversity Equity and Inclusion Workgroup Mission Statement .....	7
Diversity Equity and Inclusion Workgroup Vision .....	7
Training Tracks and Rotations .....	8
Child/Adolescence .....	8
Substance Use Disorders .....	8
Crisis Services .....	8
Mental Health Court .....	9
Outpatient Services / Psychological Testing .....	9
Supervision .....	9
Telesupervision .....	10
Didactics .....	10
Program Evaluation .....	11
Dissertation and Research .....	11
Case Conference .....	11
Community Outreach Project .....	12
Compensation / Benefits .....	12
Travel Reimbursement Policy .....	13
Internship Statement regarding Concurrent Employment .....	13
Due Process .....	13
Impaired Professional Policy .....	14
Grievance Procedure .....	14
Resident Evaluations .....	15
Record Keeping .....	15
Dress Code .....	16

Communication of Trainee Status .....	16
Requirements for Completion of Internship Year .....	16
Post-Doctoral Opportunities .....	17
Email Access / IT Issues.....	17
Electronic Health Record.....	18
Faculty .....	18
AGENCY LOCATIONS .....	20
Resident Schedules .....	21
Internship Admissions, Support, and Initial Placement Data.....	33
Program Disclosures .....	33
Internship Program Admissions.....	33
Financial and Other Benefit Support for Upcoming Training Year .....	35
Initial Post-Internship Positions.....	36

## **Holcomb Behavioral Health Systems 2023-2024 Internship Program**

Holcomb welcomes the Doctoral Internship cohort of 2024-2025. Although you will be completing your doctoral psychology internship, Holcomb has elected to formally refer to your positions as Psychology Residents. Please use this reference in all written documentation and introductions. The use of "resident" has been chosen to avoid a broader use of the term "intern" that frequently has significantly less professional implication.

### **Overview of Doctoral Internship**

Holcomb's doctoral internship program is APA-accredited and a participating member of APPIC. It is designed to provide students with clinical opportunities that allow for a comprehensive training experience so that residents can assume the role of a professional psychologist. Rotation, didactic, and other training requirements are designed to expand and enrich the residents' existing clinical knowledge and experiences. The internship program utilizes multiple sites and services to accomplish this goal. Residents will be provided exposure to diverse clinical presentations, ages, and cultural issues. Residents will be expected to work from an integrated theoretical approach. Schedules will be approximately 40 – 45 hours each week.

It is expected that each resident will achieve increasing levels of responsibility and autonomy as the year progresses. In the end, the internship year is seen as the culmination of the student's opportunities to practice the art of psychology, based on prior exposure to the science of psychology. In our experience, residents take away from the internship program what they seek to gain from it. All residents are encouraged to embrace the clinical training year and to take on as many challenges and unique experiences as their time allows.

### **Goal of the Doctoral Internship Program**

Holcomb's internship program is a post-practicum, doctoral training program that is designed to provide a variety of educational and clinical experiences to prepare residents as generalist practitioners in the field of clinical psychology.

### **Internship Training Goals**

1. To produce internship graduates who demonstrate competence with respect to individual and cultural diversity.
2. To produce internship graduates who demonstrate competence with respect to global clinical skills and professional attitudes represented within the field of psychology.
3. To produce internship graduates who demonstrate competence in assessment, diagnosis, and case conceptualization.
4. To produce internship graduates who demonstrate competence in applied clinical ethics.
5. To produce internship graduates who demonstrate competence in evidence-based interventions, scientific knowledge, and clinical application.

### **Internship Training Objectives**

To prepare doctoral candidates to competently deliver treatment services for:

- Substance use and co-occurring issues.
- Children and adolescents.

- Forensic populations.
- Individuals experiencing psychiatric and/or psychosocial crisis.
- Individuals requiring services from a community mental health setting.

### **Expectations of the Resident**

- Holcomb’s internship is based on a 12-month and 2000-hour program that runs from August 1<sup>st</sup> through July 31<sup>st</sup> (actual dates may vary depending on which days of the week these dates land).
- Residents are expected to provide a minimum of 500 hours of direct client service (25%).
- Residents will likely work 40 – 45 hours on-site each week. Minimally, two evenings per week are required. Additional evenings will vary based on rotation.
- Residents will be assigned to a track (Drug & Alcohol or Child & Adolescent) and rotate through 2 rotations (crisis and Mental Health Court) and demonstrate competency in working with each population.
- Residents will demonstrate the ability to present cases and provide didactic training to various staff members.
- Residents will develop and implement a community outreach project.
- Residents will demonstrate competency in utilizing evidenced-based treatment.

### **Introduction to Holcomb Behavioral Health Systems**

Holcomb Behavioral Health Systems is a private, non-profit corporation which was founded in 1978 to provide community-based services to individuals as an alternative to long-term institutionalization. Since then the agency has expanded in size, scope and vision to become a full range provider of behavioral health services throughout Southeastern Pennsylvania, the Lehigh Valley, and the states of Delaware, Maryland and New Jersey. During its existence, Holcomb’s programs have focused on the goal of supporting individuals to live full, productive and self-empowered lives, avoiding long-term institutionalization, out-of-home placement and unnecessary reliance on inpatient care.

Holcomb is accredited by the Joint Commission, achieving its initial accreditation in November 2000. Holcomb’s score of 93 was unusually high for an initial applicant, and the Commission’s report noted: “Multiple services are tailored and altered to meet specific needs of their target population. Interviews with clients validated that they perceive that staff members partner with them so that they are able to meet or exceed their rehabilitation goals. The quality of services is exceptionally high.” Holcomb is licensed by the Pennsylvania Department of Public Welfare as a provider of psychiatric outpatient treatment, psychiatric rehabilitation (clubhouse), community residential rehabilitation (CRR), mobile crisis intervention and crisis residential services, family-based mental health, personal care homes, intensive case management/resource coordination; and community homes for individuals with Intellectual and Developmental Disabilities (IDD); and by the Pennsylvania Department of Health as a provider of substance use outpatient treatment.

Holcomb has numerous service locations located throughout Southeastern and Southcentral Pennsylvania, the Lehigh Valley, northeastern Maryland, Delaware and central New Jersey, with its corporate headquarters in Exton (Chester County) Pennsylvania. Its range of services include: mental health and substance use outpatient therapy; psychiatric services; Psychiatric Rehabilitation (clubhouse, mobile psych rehab); Intensive Behavioral Health Services (IBHS); residential services for the mentally ill and developmentally disabled; intensive case management; in-home life skills instruction and support for families affected by mental illness or developmental disability; evaluation

of parenting skills in abuse and neglect cases; vocational rehabilitation for the mentally and developmentally disabled; mobile crisis intervention and crisis residential services; Family Based Mental Health Services; supported employment; and substance use prevention/education. Holcomb currently provides services to over 8,900 clients each fiscal year.

### **Holcomb Senior Management**

Nicole Brown, M.A., LPC – Chief Operating Officer  
Joseph Simpkins, LCSW – Senior Director of Operations  
Ashley Murry, Psy.D. – Clinical Director  
Deepak Mahajan, M.D. – Medical Director  
Lauren Pope – Director of Human Resources  
Carolyn Lavella, LPC – Regional Director, Chester County  
Lauren Flynn, MEd – Regional Director, Delaware/Philadelphia Counties  
Marissa Turner, LCSW – Regional Director, Lehigh Valley and Montgomery County  
Sonja Kenney, Psy.D. – Director of Crisis Services  
Kim Nace-Wellbrink, MPS – Regional Director, Berks and York Counties  
Sharon Apostolico, CPS – Director of Prevention Services  
Terry Morton – Director of IDD Residential Services  
Jessica Walther, MA – Director of Clinical Support Services  
Toya Carter, MS CHC- Compliance Officer

### **Internship Orientation**

Residents will participate in orientation during the first week of the internship year. Residents will complete all requisite child abuse and criminal clearances, as well as all relevant human resource paperwork. A drug screening will also be conducted as part of the onboarding process. Each resident must comply with requirements regarding completion and submission of mandatory HR documents. Failure to complete or return material in a timely manner may result in a temporary suspension of your privileges to work with clients, which could either delay or risk the completion of your internship year. If there are additional questions related to clearances and drug screening, please contact the Training Director. If, upon the completion of clearances and drug screen, it is determined that a resident does not meet the criteria for work at Holcomb or is disqualified from interactions with clients, the resident will be formally notified and neither Holcomb nor Holcomb's internship is liable for the resident's failure to meet mandatory standards.

Residents will meet with the Training Director and related faculty to review pragmatics of the internship year. Site administrative supervisors will be introduced to the residents and each resident will be provided time to ask questions of the agency and internship staff. Residents will be provided with reference material or will be directed to where various reference materials can be accessed. Residents will be provided with a network login so that they may access Holcomb's business software, intranet, internet, and email.

Key policy and procedures will be reviewed during the orientation. Residents should become familiar with the agency Employee Handbook during the first two weeks of the internship year. The Employee Handbook will provide each resident with a structured framework regarding the overall functioning of the agency and how specific services must function within state regulatory guidelines.

## **Ethical Code**

Holcomb's internship program works within the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct and has agreed to abide by all subsequent revisions. In addition, Holcomb's overall agency ethical code of conduct has been based on an amalgamation of APA's code and the codes of other professional entities. A copy of the Ethical Code is available on the shared drive (G:) and residents should review this periodically.

## **Diversity Equity and Inclusion Workgroup Mission Statement**

To foster an environment of change and support by encouraging awareness of diversity and embracing differences. By engaging in purposeful conversations, we create opportunities to cultivate compassion and empathy for the marginalized members of our community- hearing and responding to the needs of the voiceless.

## **Diversity Equity and Inclusion Workgroup Vision**

1. Our agency is a community comprised of individuals from diverse backgrounds with myriad experiences. By bringing people together, our vision is to expand knowledge and social change thorough engagement in education and purposeful communication.
2. We work to honor the differences that comprise our Chimes Holcomb family, developing a community of integrity by dismantling institutionalized oppression and increasing visibility of our disenfranchised and disempowered members.
3. We set out to engender an environment of transparency, equity, and inclusion through empowerment and raising awareness to social injustice, including – but not limited to – systemic racism (as apparent in practices and policies) and implicit biases base on race, age, gender identification, sexual orientation, physical and intellectual dis/ability, religious belief, nation of origin, citizenship status, language proficiency, and socio-economic status.
4. We aim to increase feelings of inclusion by creating ways to combat injustice, including overt and covert (e.g. microaggressions) racism and racial trauma.
5. We will develop initiatives for change and growth as an organization minded in diversity, equity, and inclusion, ensuring equal access and a welcoming environment by building bridges across communities within our diverse staff and people served.
6. We support others in recognizing injustices within our practices to identify potential areas of improvement in operations across service lines, correcting inequities, and developing solutions to foster equity and inclusion.
7. By continually assessing the climate of our sites and service lines, we ensure the work we do and impact made by the DEI Workgroup for social justice is solidified. It is imperative that we continue to educate our community, provide resources, and promote accountability.

## **Training Tracks and Rotations**

Holcomb's doctoral program is comprised of several clinical tracks and rotations. Residents are assigned to either the Child/Adolescent or Substance Use Disorder Track and each resident will rotate through Crisis and MHC rotation.

### **Child/Adolescence**

During this track, residents will spend their time providing therapeutic support for children and adolescents who have behavioral health concerns and are authorized for Intensive Behavioral Health Services (IBHS). This track includes the provision of individual and family therapy, conducted primarily within the home. Based on the client/family's need, interventions may be either short- or long-term. Issues could vary from practical psychosocial issues (e.g., bullying, teen pregnancy) to overt behavioral health disorders (e.g., anxiety, depression, or substance use). Residents will collaborate with the treatment team in developing a comprehensive service plan. Behavioral consultation may also be necessary to establish a behavior management plan that will more fully support the client and their environment. Residents will also conduct Level of Care evaluations to determine the appropriateness of IBHS. Residents may attend group meetings with other staff of the IBHS program. Duration of the rotation: 12 months.

Rotation Supervisor: Lisa Spatafore, Psy.D., and Ashley Murry, Psy.D.

Administrative Site Supervisor: Meghan Flinn, BCBA

### **Substance Use Disorders**

During this track, residents will work in the Drug and Alcohol Program in the Kennett Square office. The focus of this track is to give residents the exposure to the provision of formal substance use treatment. Clients being seen out of this office may be attending outpatient counseling on an elective basis or may be court mandated. Residents will provide both individual and group therapy and may conduct chemical dependency evaluations. Residents may attend any site case reviews, staff meetings, or site-specific in-services. Duration of the rotation: 12 months.

Rotation Supervisor: Jenna Dubbs, Psy.D.

Administrative Site Supervisor: Jenna Dubbs, Psy.D.

### **Crisis Services**

The crisis services rotation provides residents with the opportunity to work with clients who are experiencing significant psychological or psychosocial crisis. Residents assigned to the Crisis Intervention side of this rotation, will have some opportunity to provide telephone, walk-in, and mobile crisis interventions to residents of Chester County in the effort to support the client's ability to remain in the community and to better access community mental health resources for follow-up care. Other residents will have opportunities to provide group and individual counseling services to clients in Holcomb's crisis residential program. Residents may also be able to conduct biopsychosocial assessments. This availability is based on the need of individuals in the residential program. Duration of the rotation: 6 months.

Rotation Supervisor: Bethany Dudash, Psy.D.

Administrative Site Supervisors: Sonja Kenny, Psy.D.; Alesha Jenkins (intervention); Jennifer Dasti, LPC (residential)



## **Mental Health Court**

Residents will have the opportunity to conduct forensic assessments at the Chester County Prison and at the Exton office. These forensic assessments are for individuals with legal infractions to determine clinical eligibility for Mental Health Court and to provide treatment recommendations that will be used in the individual's court proceedings. Each resident will conduct an average of 2-4 forensic assessment per month. Residents may have the opportunity to conduct psychological evaluations based on need/availability. If these need to be scheduled during times that a resident is supposed to be doing rotation work, the resident must check with their site supervisor to approve the change in schedule prior to scheduling the appointment. Duration of the rotation: full year- cases are assigned as they come in. Duration of the rotation: 6 months.

Mental Health Court Supervisor: Ashley Murry, Psy.D.

## **Outpatient Services/Psychological Testing**

Each resident will maintain an outpatient caseload throughout the internship year. Some discretion is available regarding the location of the office in which the outpatient therapy is provided and will be determined by the Internship Director prior to the beginning of the internship year. Sites include, but may not be limited to Exton, Kennett Square, and Upper Darby. Residents will be scheduled for approximately 8 therapy clients per week. Cases will be assigned with the goal of providing each resident with diverse clinical issues, ages, and cultural experiences. Therapy could include individual and family counseling.

Residents may have the opportunity to conduct psychological evaluations based on need/availability. If these need to be scheduled during times that a resident is supposed to be doing rotation work, the resident must check with their site supervisor to approve the change in schedule prior to scheduling the appointment.

Outpatient Supervisors: Ashley Murry, Psy.D. (Exton); Ashley Murry, Psy.D. and Lisa Spatafore, Psy.D. (Kennett Square); Lisa Spatafore, Psy.D. (Upper Darby)

Site Administrative Supervisors: Kristi Phillips-Moore, LPC (Exton); Lenda Carillo, M.A. (Kennett Square), and Karla Castro, LPC (Upper Darby)

Testing Supervisor: Jenna Dubbs, Psy.D.

## **Supervision**

Each resident will receive a minimum of 2 hours a week of individual supervision from a doctoral-level, licensed psychologist. Each resident will be assigned a primary supervisor for the entire internship year to oversee all outpatient cases. In addition, group supervision will be provided through weekly two-hour case conferences (explained in more detail below) overseen by one or more of the agency's doctoral level, licensed psychologists.

Residents will have opportunity for informal supervision from other licensed/certified behavioral health professions (site supervisors) for their rotational work. However, the ultimate clinical responsibility for cases lies upon their identified psychologist supervisor.

To the extent possible, supervisory times will be pre-scheduled. When not possible, each resident will collaborate with their supervisor(s) to find a mutually agreeable supervision time.

Supervisors are accessible by phone or email when they are not in the office. Residents and supervisors routinely exchange mobile phone numbers to facilitate communication, when needed, outside of standard business hours. In an emergency, residents are instructed to consult with any identified agency supervisor if their primary supervisor is not readily available.

In addition to the aforementioned pre-established supervisory routines, each resident will meet informally with the Training Director in order to provide opportunities for individual residents to discuss their perception of their progress in the program. Administrative and clinical feedback from the Training Director is to be expected as part of the process of growth facilitation.

### **Telesupervision**

According to the APA Commission on Accreditation, telesupervision may not account for more than one hour (50%) of the minimum required two weekly hours of individual supervision, and two hours (50%) of the minimum required four total weekly hours of supervision. In-person supervision will be the primary method during the internship year. Telesupervision is most likely going to be used for supervision around Mental Health Court evaluations due to the need to schedule this supervision on an as needed basis as well as for supervision for Residents who are based at another location than their supervisor for their MHOP rotation. Telesupervision may also be utilized on an as needed basis for emergent situations (e.g., illness, weather).

### **Didactics**

Residents are required to participate in weekly two-hour didactics which are held on Friday morning from 10 am to 12 pm in the Exton office. These didactics will cover various topics with key importance within the behavioral health field, in addition to topics specific to the practice of psychology. Didactics will be presented by the internship faculty as well as other professionals with more specialized experience in the particular topic.

Topics may include and are not limited to: cultural competency, treatment termination, postdoctoral studies, burnout, evidence-based practices, etc.

Didactics will be presented by the internship faculty as well as other agency professionals and professionals from outside the agency with more specialized experience in the particular topic. Successful completion of the didactics includes participation in the didactic experience and follow up discussion with DOT and other residents. The discussion is a time to clarify and share about information gained from the didactic.

Absences from didactics should be limited given that the topics include key areas of competence determined by the faculty for successful completion of the internship program. Therefore, if a resident must miss a didactic, the expectation remains that either viewing the didactic or the required readings for the topic missed are completed in order to ensure that competence is gained in a particular area.

Each didactic has an abstract, learning objectives and readings. Residents have access to a database which includes the readings for didactics. Minimally, material is accessible on the shared drive, but some reference material may be made available through hard copy or other digital means.

Each resident is expected to present two, 2-hour didactics during the year. The first didactic will be presented to the resident cohort in the first half of the year. The second will be offered to interested agency staff at the end of the year. Residents can present on topics of interest and/or expertise to them or topics for which they would like to explore further. Topics should be discussed with the Training Director during the first two months of the internship year. The resident must provide the Training Director with an outline of their proposed didactic for approval and are expected to modify the structure or content of their presentation as needed in order to achieve the topic's training objectives. Similar to the learning objectives that the program develops for its didactics, residents will be required to identify three learning objectives for their presentation in order to provide direction for the development of the presentation.

### **Program Evaluation**

In order to build skills in program evaluation and consultation, residents will participate as a member of the agency's Clinical Performance Improvement Committee (CPIC). Each month CPIC reviews charts from different programs throughout the agency. The purpose of the committee is to critically review charts to identify strengths and areas of concerns and provide feedback to the coordinator of the program being reviewed. Each resident will be assigned a chart to review each month and then present their findings in the monthly meeting which is typically held the fourth Friday of the month.

### **Dissertation and Research**

The internship year is intended to be an intensive clinical training experience. Given the clinical emphasis of the program, there is essentially very limited time available for research or work on completing dissertations. Residents are welcome to participate with agency staff on active research projects or to initiate new projects. However, required clinical responsibilities remain the residents' primary focus. Work on dissertations, if not completed prior to the start of the internship year, must be completed on the resident's personal time or the resident must use their paid time off. Residents will be given one warning if internship time is observed being used for dissertation activity.

Residents have access to several university libraries in the area. Immaculata University and West Chester University are within 10 minutes of the Exton office and allow open access to the public for research. Holcomb maintains a small library of books that can be signed out through the Clinical Director. A collection of journal articles relevant to the internship program is maintained on the shared drive. Residents should check this collection periodically for updates and should recommend inclusion of articles as they become aware of research that may be beneficial to the internship program.

### **Case Conference**

Residents will participate in weekly two-hour case conference. Case Conference is held on Fridays from 12:30 pm to 2:30 pm in the Exton office. This provides students the opportunity to present and hear cases in a group, supervisory setting. Residents will be expected to present cases from either their outpatient caseload or from work in their rotations. The intent of the case conference is to increase the resident's experience and comfort with presenting cases in a group setting and to receive both supervisor and peer feedback. Case conferences are designed to enhance the skill development of the residents on the work being performed, but not to replace the direction provided by their individual supervisor. Assessments may be reviewed in this setting or order to provide the entire cohort opportunity to learn from the process undertaken by other residents. Supervising psychologists will lead case conferences.

## Community Outreach Project

Each resident is expected to participate in one community outreach project during the course of the year. Residents are expected to have their community outreach project completed by the end of March. Residents will typically review their outreach idea with the Training Director during the first part of the internship year. The goal of the community outreach project is to give residents the opportunity and experience with providing a presentation or intervention to the local community in a manner that highlights the agency's status within the community and the professionalism of the resident.

### Compensation / Benefits

Residents are paid on a bi-weekly basis, consistent with the agency's payroll schedule. Wages are based on a 40-hour work week. Residents are classified as hourly full-time and are eligible for overtime. Overtime must be approved by the training and clinical director prior to taking it. Each resident must clock in and out on their timecard in Ultipro on a daily basis to ensure that they will be paid in a timely manner. The Training Director should be notified as soon as possible if there is a problem with clocking in or out. Each resident is responsible for documenting their worked days versus days of paid time off. Wages are taxable based on applicable tax laws.

For the 2024-2025 year:       \$ 23,712

All residents are provided with an agency contribution towards health insurance, at a rate comparable to agency employees as determined by the Board of Directors. Holcomb attempts to maintain at least two health plans from which the residents may choose. At the start of the internship year, if not prior, residents will be requested to choose a plan and complete the requisite enrollment paperwork. Any resident not electing to enroll in a healthcare plan will not be provided additional compensation in lieu of the health plan.

Each resident is provided with **80 hours of paid time off** (PTO) during the internship year. PTO should be used for absences including, but not limited to, vacations, illness, holidays outside of the 10 agency holidays, post-doc interviews, medical appointments, procedures, dissertation defense, and graduation. Residents may take up to five days off in a row at a time. Residents should obtain prior written approval of all time off unless within the context of an emergency or illness. Approval must be received from current rotation supervisors and training director. It is agency policy that all employees submit leave requests at least one week in advance.

It is the responsibility of the resident to first request time off from the program(s) that are impacted. Then they should notify the Training Director of the approved time and submit this in Ultipro. The Training Director will routinely discuss requests for time off with respective programs through which clinical services are provided.

In the case of illness or emergency, the Training Director should be notified at the beginning of the business day. ***It is the resident's responsibility to make the rotation site supervisor and clinical supervisor aware of absences from rotational work, whether these are planned absences or absences due to illness.*** Residents also have time off for the agency's ten recognized holidays.

Labor Day	MLK
Thanksgiving	Presidents' Day
Thanksgiving Friday	Memorial Day
Christmas Day	Juneteenth
New Year's Day	4 <sup>th</sup> of July

Please note PTO cannot be used during the last three weeks of the internship year. Also, please note that since the internship is a temporary employment position, residents do not accrue sick/personal time, nor are they eligible for bereavement leave or research/dissertation leave beyond the context of the 80 allowed hours. Residents are expected to monitor their use of paid time off. Time in excess of the 80 hours referenced above can only be taken within the context of significant medical considerations, which must be discussed with the Training Director in a timely fashion. Under that circumstance, the resident will be expected to ameliorate the missed time and learning experiences in order to officially complete their internship year. Residents are not permitted to make changes to their scheduled workdays (i.e., working a Saturday instead of a weekday) in order to take additional time off. If a resident is going to be late for work, they must contact the Training Director as well as the site supervisor. Excessive absences and/or tardiness are not permitted and can be subject for grounds for dismissal from the internship program.

All residents are expected to adhere to the schedules that are provided for them. Schedules have been carefully developed to meet the needs of the programs with continuity across changes in staffing by a particular resident, as well as to provide opportunities to be involved in different aspects of the departments in which they work. Any requests for changes in schedules must be approved by the Training Director and the site supervisor.

### **Travel Reimbursement Policy**

Residents will be reimbursed for their mileage, at the agency established rate, when using their personal vehicle for agency business. This would include travel for the provision of any mobile service or traveling between agency sites. A monthly mileage reimbursement through Concur must be submitted to the Training Director at the end of each month. Reimbursement submissions more than one month old cannot be honored, as per company policy. Any other expenditure for which a resident wants reimbursement must be approved by the respective Regional Director and the Training Director prior to making the purchase. Items purchased without proper pre-approval will not be reimbursed.

### **Internship Statement regarding Concurrent Employment**

The internship year is an intensive educational and experiential year and Holcomb expects residents to be committed to their work and the learning process Holcomb does not support residents holding other employment concurrent with the internship year. If residents are engaged in other employment and there is any negative impact on the resident's work as it relates to their internship performance, the resident will be instructed to determine whether they want to continue their employment and withdraw from the internship program.

### **Due Process**

Holcomb maintains a Due Process system to support residents that are demonstrating substandard achievement during their training year. Any area of substandard performance, clinical or administrative, will be first informally addressed with the resident via their primary supervisor and the internship Training Director. The internship director will discuss the means in which the resident can ameliorate the noted deficiencies and set an informal timetable. If a resident continues to demonstrate difficulty within the internship program, a formal written corrective action plan will be developed. Any corrective action plan will document the noted area(s) of deficiency, expected changes on the part of the resident and the means in which the internship program will support the resident's efforts toward improvement. All deficiency areas will have a formal date of expected completion, with a

minimum of 1 month to complete requirements unless deficient areas pose a client safety concern or any other concern that relates to client care. All deficiency areas must be rectified in order to remain in the program. Residents with an incomplete corrective action plan at the end of the standard internship year (i.e., July 31<sup>st</sup>) will be required to continue within the program until they have successfully met the corrective action plan requirements. If a resident is unable to successfully address all relevant correction action requirements, termination from the internship program is a realistic consequence.

Residents with a written corrective action plan will have the Director of Clinical Training of their respective academic program notified of the corrective action plan. At any time in the process, a resident has the right for a formal review of the corrective action plan and to appeal the decision of the internship program. Appeals will be reviewed and ruled on by the Clinical Director, Director of Compliance, and the Director of Human Resources. The decision of this appeal committee is final.

### **Impaired Professional Policy**

Holcomb maintains an Impaired Professional Policy that ensures clients are safeguarded from staff impaired by substance use or significant psychological issues and to ensure that residents have sufficient opportunity to address personal problems without immediate risk to their internship placement. All residents have a responsibility for monitoring their individual competency and taking necessary action when behavioral health issues (including substance use or mental disorder) may impair or compromise their ability to function in a competent and professional manner. If a resident or another employee has concern about a resident's ability to perform their duties competently, this concern needs to be presented to the Internship Training Director and the Director of Human Resources. A resident has the right to rebut an allegation of impaired functioning consistent with the Impaired Professional policy. Rebuttal information will be reviewed in the context of any supporting documentation provided by staff making the report to determine if the resident sufficiently meets the criteria of an impaired professional. A resident designated as an impaired professional either by themselves directly or through the review process will be assisted in the following manner: (1) The resident will be referred to the agency's EAP service for evaluation and further treatment recommendations or the resident may seek independent evaluation and treatment. (2) The resident will be placed on either unpaid administrative leave or modified work duties, whichever is most appropriate. All residents designated as impaired professionals will be afforded additional time, to the extent possible, to complete the internship requirements after consultation with their graduate program Director of Clinical Training.

### **Grievance Procedure**

Holcomb maintains a formal grievance procedure to assist employees and residents with maintaining an effective and healthy work environment. Residents may file a grievance with respect to any work environment (discrimination; sexual harassment) or internship-related (supervision, case assignment) issue. Consistent with the agency policy, grievances should be submitted to the Director of Human Resources. Grievance issues that are specific to the internship program will be addressed directly with the Training Director unless the grievance directly involves that person. In the latter case, the issue will be discussed with the Clinical Director. General grievances will be addressed exclusively within the HR department. Residents will be provided with feedback regarding resolution of their grievance within five business days. Residents have the right to appeal a proposed resolution if the resident does not feel that the issue is resolved. Any appealed grievance is directed to the attention of the Clinical Director for review and disposition. The Clinical Director may involve other members of the management team in the effort to resolve the grievance. Results of any grievance appeal will be communicated to the resident within 3 business days. Residents can appeal this decision in which the

grievance appeal will then be reviewed by a committee of at least three members of the management team for final resolution. Decisions by this committee are considered final. Residents are protected from retaliation when either a grievance is filed or an appeal is requested.

### **Resident Evaluations**

Residents are provided with written feedback regarding their competencies and performance in the internship program every 6 months by their respective outpatient therapy supervisor which can also include feedback from the Training Director, other rotation supervisors, and site supervisors. The resident evaluations are inclusive of core competencies which are consistent with the overarching educational mission of the internship program. The evaluations are based on a 5-point Likert scale. The evaluation of competencies is based on a developmental perspective, with the understanding that scores are expected to increase to some degree during the course of the year. The resident will sign indicating the competency evaluation was reviewed with them and that they were afforded an opportunity to provide comments to their evaluation. The internship Training Director will review all evaluations and maintain them in the resident's file. A resident's final evaluation should document no single competency score below a 2 and all domains must average at least 3 or better (change to say final eval) for their respective competencies for successful completion of the internship program.

Residents will complete a self-appraisal regarding their perceived need for supervisor support for each internship-identified core competency. Self-appraisals will be completed at the beginning of internship (or immediately prior to the start of the year), at the mid-year point, and at the end of internship. The purpose of this data collection is to fully support the resident throughout their involvement in the program. This method of assessment which includes collecting data pertaining to self-perception is crucial to providing adequate and accurate supervisory support and also as a measure of progress.

The Director of Clinical Training of a resident's graduate program will be provided with copies of all evaluations. The internship program will not complete graduate program-specific evaluation forms due to the additional work required to meet these individual (and often lengthy) evaluations. To date, despite claims by some graduate programs that they must have their own evaluations completed, all programs have accepted Holcomb's APPIC-approved evaluations.

After internship, each resident will be asked to provide feedback of their internship experience by completing an online survey. Data will be collected regarding the internship's success toward achieving its training goals, supporting the development of residents' core competencies, and the residents' experiences with didactics, supervision, and overall impression of how well the internship prepared them for the role as a professional psychologist. The residents will be requested to provide a personal email address in order for the internship program to contact them for collection of distal data regarding their experience over time.

### **Record Keeping**

Primary resident records are maintained within the Human Resources Department. This includes the resident's application, primary source verification, performance evaluations, and any corrective action plan or complaint, if relevant. All HR files are kept secure. The Training Director maintains a locked filing cabinet which contains all existing hard copies of current and previous resident documents. The training director also maintains individual electronic folders for each resident's electronic documents that are only accessible to the Training Director and the Clinical Director. Primary and Rotation Supervisors maintain electronic copies of evaluations in electronic folders only accessible to them.

## Dress Code

It is important that each resident present themselves in a professional manner in both dress and interpersonal demeanor. Subsequently, it is expected that each resident will dress in a manner that is consistent with “smart business” attire. For community-based services (e.g., in-home sessions) attire can be less formal but should still be sufficiently professional. Therefore, khakis may be acceptable in lieu of dress slacks in those settings. At no time are the following items considered acceptable: shorts, jeans, t-shirts, tank tops, spaghetti straps, items exposing the midriff, or sneakers. All residents are asked to consider how their attire represents their professional status to the public, regardless of the actual setting.

Residents should keep their agency ID on their person at all times, especially when providing community-based services. This identifies the resident as a member of the Holcomb organization and ensures clients are adequately informed of your role in their services.

## Communication of Trainee Status

Ethical standards require that clients be informed of a resident’s trainee status. The agency documents that clients are informed through the Notification of Therapist Trainee Status form. Doctoral residents present all of their clients with the form, explaining the nature of the doctoral internship, identifying their supervisor and how to contact that supervisor if the client chooses to. This documentation must be kept in each client’s chart.

## Requirements for Completion of Internship Year

The internship year is a 12-month (minimum 2,000 hour) program. In accordance with APPIC standards, each resident must complete a **minimum** of 500 hours of direct service (i.e., 25% of the internship). Because of the nature of the internship, it cannot be completed on an accelerated basis. Each resident will submit on a monthly basis a tracking of their hours following a format approved by the internship program. If direct service hours are not being accrued at a rate that will allow for a timely completion of the program, corrective action may be taken so that the required hours can be achieved. If the accuracy of direct service hours as presented by the resident is questioned, verification of hours will be conducted against the agency’s computerized database. If discrepancies exist, the database will prevail unless the resident is able to sufficiently explain the discrepancy. All clinical documentation related to services performed during the year must be completed before the resident is considered having completed the internship.

In order to meet the 2,000 hours for the overall program, residents can not miss more time than allotted through their paid-time off/holiday time. If a resident need to use more than the allocated entitlement time (e.g., serious medical illness), the resident must notify the Training Director immediately. Time and experiential opportunities missed beyond the standard entitlement time must be made up within the internship year. Under this circumstance, the resident will be assigned additional responsibilities (i.e., experiential and/or scholarly inquiry work) to be completed on extended days or weekends. If missed time is excessive but justifiable due to illness, the resident may have to arrange for an extended internship year. Missed time in excess of the allocated entitlement time that is not due to serious medical illness will be considered unexcused and may jeopardize the resident’s completion of the program.

A resident’s graduate program will be notified of the resident’s completion of the program as of August 1<sup>st</sup> after the completion of their training year. If a graduate program allows for a July



graduation or conferring of degree, the internship Training Director can notify a graduate program of only the following: (a) whether or not the resident has met the required direct service hours as of the date of notification, (b) whether it is anticipated that the resident will be able to readily complete the required 2,000 hours by July 31<sup>st</sup> and (c) whether the resident's current status in the program is within good standing.

### **Post-Doctoral Opportunities**

Please note that Pennsylvania removed the post-doc requirement for students who entered their doctoral programs on or after Fall semester of 2015. Despite this, many residents are still interested in pursuing post-doctoral opportunities following the completion of the internship year. Although Holcomb does not have a formal post-doctoral fellowship program, the agency is able to accommodate a limited number of post-doctoral employment opportunities and to provide the requisite clinical and supervision hours.

Residents interested in post-doctoral positions should express their interest to the Training Director during the month of April. Inquiries earlier than this cannot be considered. Residents interested in post-doctoral employment are encouraged to have specific employment position(s) in mind when inquiring. Many post-doctoral hires reflect a combination of functions/role within the agency. Residents may be required to accept a diversified role in order to be offered a post-doctoral position. It is likely that, despite an initial inquiry in April, it may not be possible to extend a formal offer until mid-summer (and at times July). However, you will be notified of all progress toward locating a position. Residents are encouraged to explore outside post-doctoral employment opportunities. Due to limited employment options and supervisory time, not all individuals interested can be accommodated within Holcomb. In fairness to all, consideration will not be made on a first-come, first-served basis. Instead, placements will be made, in consultation with the relevant Regional Director(s), based on the best mutual fit between the resident (and their skills, interests and competencies) and the needs of the agency in filling employment positions.

### **Email Access / IT Issues**

Each resident will be issued an email account through the agency server. All business communication will be sent through this email address, not your personal account. All email transmitted through the Holcomb email system is secure, even when being sent between agency offices or if you access the email server from your home. Thus, as long as you use the agency email server and the end address is managed by Holcomb, there is no need to encrypt or password-protect confidential records. Residents will receive training on the use of the platform and how to access IT support.

It is important that you check your agency email at least twice a day. This will be one of the primary means of communicating with you between sites, across departments and by secondary supervisors. If you do not check your email regularly you will miss important program information. You can gain remote access to your Holcomb email account from home or non-agency computers. To do so, go to the following URL:

<https://outlook.office.com>

Depending on the version of your computer's operating system, you may not be able to access the email server without adjusting your internet security settings. Holcomb assumes no responsibility for changes that you make to your computer or tablet in order to access email remotely.

You will be prompted for your email name and password. The layout of the login screen and the email list is slightly different than you will experience accessing email from the office. The screens may also take longer to refresh, especially when you delete an email or send an email.

Holcomb does not allow the use of flash drives for transferring and storing information. Please utilize your email or the One Drive through Outlook if you need to access files on your personal computer. Please make sure any information on personal computers is secure.

### **Electronic Health Record**

Holcomb Behavioral Health Systems utilizes an electronic health record (EHR) for all clinical documentation. Residents will be provided with an overview of access and key features to the software during the internship orientation. Residents may require additional support to become fully comfortable with the software. All clinical documentation, unless otherwise informed by a supervisor, must be recorded in the EHR. All office-based service documentation must be entered into the system the same day as the service. Community-based services may be entered within 24 hours, unless a mobile electronic method of data entry has been provided (e.g., an electronic tablet) by the agency whereby same-day entry is expected.

Given the accessibility of all client records from any agency location, residents are encouraged to remain abreast of the range of services provided to their clients by other professionals within the organization. The EHR affords all staff greater resources to provide quality coordinated care.

### **Faculty**

**Ashley Murry, Psy.D.** is the Clinical Director at Holcomb Behavioral Health Systems. She provides clinical oversight for all Holcomb programs. Dr. Murry received her doctoral degree in clinical psychology from Immaculata University. She is licensed as a psychologist in Pennsylvania and Delaware. Spending her career in community mental health, she is passionate about trauma informed care and evidenced based practices. She conceptualizes cases from a cognitive behavioral, strength-based, individualized and trauma-informed perspective.

**Lisa Spatafore, Psy.D.** is Holcomb's Internship Training Director. Dr. Spatafore received her doctoral degree in clinical psychology from the Nova Southeastern University/Ft. Lauderdale, FL. She is licensed as a psychologist in Pennsylvania and New Jersey. She completed her internship and postdoctoral training at APA accredited programs in NY both at Nassau University Medical Center and Stony Brook University Counseling Center. Her areas of clinical interests and experiences include Supervision of Trainees, SPMI, Trauma and Attachment, Crisis Intervention, College Mental Health, and Adolescence and Emerging Adulthood.

**Jenna Dubbs, Psy.D.** is the Clinical Coordinator for the Drug and Alcohol Program at Holcomb Behavioral Health Systems. She received her doctorate degree in Clinical Psychology from Indiana University of Pennsylvania and has been licensed as a psychologist in Pennsylvania for over 10 years. She has worked in a variety of programs and settings, including in Mental Health Outpatient services, Intensive Behavioral Health/Behavioral Rehabilitation services, Drug and Alcohol Outpatient and Intensive Outpatient services, Psychiatric Inpatient treatment and Residential treatment. Her areas of clinical interest and experience include working with children and adolescents, co-occurring disorders, and trauma.

Additional clinical faculty may be assigned to participate in the internship program at any time during the year. All faculty are qualified by education, training and/or licensure/certification to provide clinical supervision, didactics, or other support services.

## AGENCY LOCATIONS

<p><b>HBHS-Home Office</b> 467 Creamery Way <b>Exton, PA</b> 19341 Ph: 610-363-1488 Fx: 610-363-8273 CSS Fx: 610-363-8848 Clinical Fx: 610-363-1222</p>	<p><b>HBHS- Valley Creek Crisis</b> 469 Creamery Way <b>Exton, PA</b> 19341 Ph: 610-280-3270 Warm Line: 866-846-2722 Toll Free: 877-918-2100 Residential Ph: 610-594-1665 Consumer Ph: 610-594-1666 Chart room Fx: 610-594-1664 Residential Fx: 484-713-6711</p>	<p><b>HBHS MR Division</b> <b>Aldan House</b> 6 Glenwood Circle <b>Aldan, PA</b> 19018 Ph: 610-622-4795 Fx: 610-622-5919</p>	<p><b>HBHS MR Division</b> <b>Secane</b> 333 North Avenue Bldg., B, Apt. 19A <b>Secane, PA</b> 19018 Ph: 610-328-1851 Fx: 610-328-1599</p>
<p><b>HBHS</b> 225 South 69<sup>th</sup> Street <b>Upper Darby, PA</b> 19082 Ph: 610-352-8943 Admin/upper Fx: 610-352-8880 Front Desk Fx: 610-352-3412 CSS/lower Fx: 610-352-5452</p>	<p><b>Cornerstone Clubhouse</b> 224 Hall Street <b>Phoenixville, PA</b> 19460 Ph: 610-935-2290 Fx: 610-935-2393</p>	<p><b>HBHS MR Division</b> <b>Lincoln Green</b> 400 Presidential Blvd., Apt. 1101 <b>Philadelphia, PA</b> 19131 Ph: 215-877-3675 Fx: 215-877-3918</p>	<p><b>HBHS MR Division</b> <b>Radnor</b> 108 Hillside Circle <b>Villanova, PA</b> 19085 Ph: 610-687-3183 Fx: 610-867-3184</p>
<p><b>West Chester CRR</b> 1308 West Chester Pike, B-3 <b>West Chester, PA</b> 19382 Ph: 610-692-1959 Fx: 610-692-0363</p>	<p><b>HBHS</b> 920 E. Baltimore Pike, Suite 200 <b>Kennett Square, PA</b> 19348 Ph: 610-388-7400 Fx: 610-388-7407 <b>Chester County Substance Abuse</b> Main: 610-388-9225 Fax: 610-388-9224</p>	<p><b>HBHS/MR Division Office</b> 126 E. Baltimore Pike Gayley Square <b>Media, PA</b> 19063 Ph: 484-444-0412 Fx: 484-444-0421</p>	<p><b>HBHS MR Division</b> 205 Yale Ave. <b>Morton, PA</b> 19070 Phone : 610-544-4628 Fax - 610-544-4635</p>
<p><b>Upper Darby CRR</b> 7200 Merion Terrace, C115 <b>Upper Darby, PA 19082</b> Ph: 610-352-8698 Fx: 610-352-8988</p>	<p><b>Newlin House</b> 1 Indian Hollow Lane <b>Kennett Square, PA</b> 19348 Ph: 610-347-2048 Fx: 610-347-1805</p>	<p><b>Burmout House</b> 115 Burmout Road-Apt. A <b>Drexel Hill, PA</b> 19026-2041 Ph: 610-394-6119 Fx: 610-394-6748</p>	<p><b>Open Door, Inc.</b> 254 E. Main Street <b>Newark, DE</b> 19711 Ph: 302-731-1504 Fx: 302-731-2720 Toll Free: 877-860-6955</p>
<p><b>HBHS</b> Rockland Professional Bldg., 1940 North 13<sup>th</sup> St., Suite 248 <b>Reading, PA</b> 19604 Ph: 610-939-9999 Fx: 610-939-9996</p>	<p><b>Kirk Lane-MISA House</b> 290 Kirk Lane <b>Media, PA</b> 19063 Ph: 610-566-5412 Fx: 610-566-3924</p>	<p><b>Aston House</b> 1021 Cherry Tree Road <b>Aston, PA</b> 19014 Ph: 610-364-9846 Fx: 610-364-9848</p>	<p><b>Open Door, Inc.</b> 3301 Green Street <b>Claymont, DE</b> 19703 Ph: 302-798-9555 Fx: 302-798-9550</p>
<p><b>HBHS</b> 1405 North Cedar Crest Blvd., Suite 105 <b>Allentown, PA</b> 18104-2308 Ph: 610-435-4151 Fx: 610-435-3044</p>	<p><b>Family-Child Resources, Inc.</b> 3995 E. Market St. <b>York, PA</b> 17402 Phone: 717-757-1227 Fax: 717-757-1353</p>	<p><b>HBHS</b> 400 Creekside Dr. <b>Pottstown, PA</b> 19464 Ph: 484-925-0990 Fx: 484-949-8597</p>	<p><b>Open Door, Inc.</b> 884 B Walker Road <b>Dover, DE</b> 19904 Ph: 302-678-4911 Fx: 302-678-4948</p>
<p><b>HBHS</b> 929 Northampton Street <b>Easton, PA</b> 18042 Ph: 610-330-9862 Front Desk Fx: 610-330-2854 Chartroom Fx: 610-330-2853</p>	<p><b>New Jersey- SHIP Office</b> Heights of Collingswood 540 Collings Avenue Apt. A-119 <b>Collingswood, NJ</b> 08107 Ph: 856-858-2616 Fx: 856-858-1289</p>	<p><b>Open Door, Inc.</b> 107 Pennsylvania Ave. <b>Seaford, DE</b> 19973 Ph: 302-629-7900 Fx: 302-629-7954</p>	<p><b>Open Door, Inc.</b> 2400 W. 4<sup>th</sup> Street <b>Wilmington, DE</b> 19805 Ph: 302-654-1816 Fx: 302-654-4130</p>

**Resident Schedules**  
(Rotates to Schedule 2 after 6 months)

	Monday	Tuesday	Wednesday	Thursday	Friday
8:30 AM					
9:00 AM	Crisis Res				Networking
9:30 AM					
10:00 AM		MHOP 1	LOC 1	LOC 3	Didactics
10:30 AM					
11:00 AM			MHOP 2	LOC 2	
11:30 AM					
12:00 PM	Admin	Admin	Admin	Admin	Admin
12:30 PM					
1:00 PM	Crisis Sup	MHOP Sup Dr. Murry	MHOP 7	IBHS Sup Dr. Spatafore	Case Conf
1:30 PM					
2:00 PM					
2:30 PM		MHOP 3	MHOP 8	Floating	Admin
3:00 PM		MHOP 4	IBHS MT 3-7	IBHS MT 3-7	
3:30 PM					
4:00 PM	Floating	MHOP 5			
4:30 PM					
5:00 PM		MHOP 6			
5:30 PM					
6:00 PM					
6:30 PM					
7:00 PM					
7:30 PM					
Hours	(9-5) 8	(10-6) 8	(10-7) 9	(10-7) 9	(9-3) 6
Admin	5	1	1	1	1
A		Exton	IBHS	Crisis Res	MHC

	Monday	Tuesday	Wednesday	Thursday	Friday
8:30 AM					
9:00 AM	MHC				Networking
9:30 AM					
10:00 AM		MHOP 1	LOC 1	LOC 3	Didactics
10:30 AM					
11:00 AM		MHOP 2	LOC 2	LOC 4	
11:30 AM	Travel				
12:00 PM	MHC Admin; 3pm Sup with Dr. Murry	Admin	Admin	Admin	Admin
12:30 PM					Case Conf
1:00 PM		MHOP Sup Dr. Murry	MHOP 7	IBHS Sup Dr. Spatafore	
1:30 PM					
2:00 PM		MHOP 3	MHOP 8	Floating	Admin
2:30 PM					
3:00 PM	MHOP 4	IBHS MT 3- 7	IBHS MT 3- 7		
3:30 PM					
4:00 PM	MHOP 5				
4:30 PM				Floating	
5:00 PM					
5:30 PM	MHOP 6				
6:00 PM					
6:30 PM					
7:00 PM					
7:30 PM					
Hours	(9-5) 8	(10-6) 8	(10-7) 9	(10-7) 9	(9-3) 6
Admin	5	1	1	1	1
A		Exton	IBHS	Crisis Res	MHC
2					

	Monday	Tuesday	Wednesday	Thursday	Friday
8:30 AM					
9:00 AM				MHC	Networking
9:30 AM					Didactics
10:00 AM	LOC 1	LOC 3	MHOP 3		
10:30 AM					
11:00 AM	LOC 2	LOC 4	MHOP 4	Travel	Admin
11:30 AM					
12:00 PM	IBHS Sup Dr. Spatafore	MHOP 2	Admin	MHC Admin; 3pm Sup with Dr. Murry	Case Conf
12:30 PM					
1:00 PM	Admin	Admin	MHOP Sup Dr. Murry		Admin
1:30 PM					
2:00 PM	MHOP 1	Floating	MHOP 5		
2:30 PM					
3:00 PM	IBHS MT 3-7	IBHS MT 3-7	MHOP 6		
3:30 PM					
4:00 PM			MHOP 7	Floating	
4:30 PM					
5:00 PM			MHOP 8		
5:30 PM					
6:00 PM					
6:30 PM					
7:00 PM					
7:30 PM					
Hours	(10-7) 9	(10-7) 9	(10-6) 8	(9-5) 8	(9-3) 6
Admin	1	1	1	1	1
B	(10-7) 9	(10-7) 9	(10-6) 8	(9-5) 8	9-3) 6
		Exton	IBHS	MHC	Crisis Res

	Monday	Tuesday	Wednesday	Thursday	Friday	
8:30 AM						
9:00 AM				Crisis Inter	Networking	
9:30 AM						
10:00 AM	LOC 1	LOC 3	MHOP 3		Didactics	
10:30 AM						
11:00 AM	LOC 2	LOC 4	MHOP 4			
11:30 AM						
12:00 PM	IBHS Sup Dr. Spatafore	MHOP 2	Admin	Admin	Admin	
12:30 PM						
1:00 PM	Admin	Admin	MHOP Sup Dr. Murry	Crisis Inter	Case Conf	
1:30 PM						
2:00 PM	MHOP 1	Floating	MHOP 5			Admin
2:30 PM						
3:00 PM	IBHS MT 3-7	IBHS MT 3- 7	MHOP 6	Crisis Sup		
3:30 PM						
4:00 PM				MHOP 7	Floating	
4:30 PM						
5:00 PM				MHOP 8		
5:30 PM						
6:00 PM						
6:30 PM						
7:00 PM						
7:30 PM						
Hours	(10-7) 9	(10-7) 9	(10-6) 8	(9-5) 8	(9-3) 6	
Admin	1	1	1	1	1	
B	(10-7) 9	(10-7) 9	(10-6) 8	(9-5) 8	9-3) 6	
2		Exton	IBHS	MHC	Crisis Res	



	Monday	Tuesday	Wednesday	Thursday	Friday
8:30 AM					
9:00 AM	MHC	SAOP		SAOP	Networking
9:30 AM					
10:00 AM					
10:30 AM					
11:00 AM					
11:30 AM	Travel		MHOP4		
12:00 PM	MHC Admin; 3pm Sup with Dr. Murry	Admin	MHOP 5		Admin
12:30 PM					
1:00 PM		SAOP	MHOP 6	MHOP Sup Dr. Spatafore	Case Conf
1:30 PM					
2:00 PM			Admin	Admin	
2:30 PM					Admin
3:00 PM			MHOP 1	MHOP 7	
3:30 PM					SAOP
4:00 PM			MHOP 2	MHOP 8	
4:30 PM					
5:00 PM		MHOP 3			
5:30 PM					
6:00 PM			SAOP		
6:30 PM					
7:00 PM					
7:30 PM					
Hours	(9-5) 8	(9-6) 9	(11-8) 9	(9-5) 8	(9-3) 6
Admin	5	1	1	1	1
C		Kennett	D&A	MHC	Crisis Int

\*\* Find time for SAOP Sup by working with Supervisor during that rotations time

	Monday	Tuesday	Wednesday	Thursday	Friday	
8:30 AM						
9:00 AM	Crisis Inter	SAOP		SAOP	Networking	
9:30 AM						
10:00 AM						
10:30 AM						
11:00 AM			MHOP4			
11:30 AM						
12:00 PM			Admin	MHOP 5	Admin	
12:30 PM						
1:00 PM			SAOP	MHOP 6	MHOP Sup Dr. Spatafore	Case Conf
1:30 PM						
2:00 PM		Admin		Admin		
2:30 PM				Admin		
3:00 PM	Crisis Sup	MHOP 1	MHOP 7	SAOP		
3:30 PM						
4:00 PM	Admin	MHOP 2	MHOP 8			
4:30 PM						
5:00 PM		MHOP 3	SAOP			
5:30 PM						
6:00 PM						
6:30 PM						
7:00 PM						
7:30 PM						
Hours	(9-5) 8	(9-6) 9	(11-8) 9	(9-5) 8	(9-3) 6	
Admin	1	1	1	1	1	
C		Kennett	D&A	MHC	Crisis Int	
2						

\*\* Find time for SAOP Sup by working with Supervisor during that rotations time

	Monday	Tuesday	Wednesday	Thursday	Friday	
8:30 AM						
9:00 AM		Crisis Int	SAOP		Networking	
9:30 AM						
10:00 AM	MHOP 1					
10:30 AM						
11:00 AM	MHOP 2			SAOP	Didactics	
11:30 AM						
12:00 PM	MHOP 3			Admin	Admin	
12:30 PM						
1:00 PM	Admin			MHOP Sup Dr. Murry	SAOP	Case Conf
1:30 PM						
2:00 PM	MHOP 4			Admin		
2:30 PM				Admin	Admin	
3:00 PM	MHOP 5	Crisis Sup	SOAP	SAOP		
3:30 PM						
4:00 PM	MHOP 6					
4:30 PM		Admin				
5:00 PM	MHOP 7			SAOP		
5:30 PM						
6:00 PM	MHOP 8					
6:30 PM						
7:00 PM						
7:30 PM						
Hours	(10-7) 9	(9-5) 8	(9-5) 8	(11-8) 9	(9-3) 6	
Admin	1	5	1	1	1	
D		Kennett	D&A	Crisis Inter	MHC	

\*\* Find time for SAOP Sup by working with Supervisor during that rotations time

	Monday	Tuesday	Wednesday	Thursday	Friday
8:30 AM					
9:00 AM		MHC	SAOP		Networking
9:30 AM					
10:00 AM	MHOP 1	Travel	SAOP		Didactics
10:30 AM					
11:00 AM	MHOP 2	MHC Admin; 3pm Sup with Dr. Murry	Admin	SAOP	Admin
11:30 AM					
12:00 PM	MHOP 3	MHC Admin; 3pm Sup with Dr. Murry	MHOP Sup Dr. Murry	SAOP	Case Conf
12:30 PM					
1:00 PM	Admin	MHC Admin; 3pm Sup with Dr. Murry	SAOP	Admin	Admin
1:30 PM					
2:00 PM	MHOP 4	MHC Admin; 3pm Sup with Dr. Murry	SAOP	SAOP	
2:30 PM					
3:00 PM	MHOP 5	MHC Admin; 3pm Sup with Dr. Murry	SAOP	SAOP	
3:30 PM					
4:00 PM	MHOP 6	MHC Admin; 3pm Sup with Dr. Murry	SAOP	SAOP	
4:30 PM					
5:00 PM	MHOP 7			SAOP	
5:30 PM					
6:00 PM	MHOP 8			SAOP	
6:30 PM					
7:00 PM					
7:30 PM					
Hours	(10-7) 9	(9-5) 8	(9-5) 8	(11-8) 9	(9-3) 6
Admin	1	5	1	1	1
D		Kennett	D&A	Crisis Inter	MHC
2					

\*\* Find time for SAOP Sup by working with Supervisor during that rotations time

	Monday	Tuesday	Wednesday	Thursday	Friday
8:30 AM					
9:00 AM		MHC			Networking
9:30 AM					
10:00 AM	Floating		MHOP 1	MHOP 3	Didactics
10:30 AM					
11:00 AM	Admin	Admin	MHOP 4		
11:30 AM	Travel				
12:00 PM	IBHS Sup Dr. Murry	MHC Admin; 3pm Sup with Dr. Murry	MHOP Sup Dr. Spatafore	MHOP 5	Admin
12:30 PM					
1:00 PM	LOC 1 Berks		LOC 3 UD	Admin	Case Conf
1:30 PM					
2:00 PM	LOC 2 UD	MHOP 2	LOC 4 UD	Admin	
2:30 PM					
3:00 PM	IBHS MT 3-7			MHOP 6	
3:30 PM					
4:00 PM				MHOP 7	
4:30 PM		Floating	IBHS MT 3-7		
5:00 PM				MHOP 8	
5:30 PM					
6:00 PM					
6:30 PM					
7:00 PM					
7:30 PM					
Hours	(10-7) 9	(9-5) 8	(10-7) 9	(10-6) 8	(9-3) 6
Admin	1	5	1	1	1
E	Upper Darby		IBHS	MHC	Crisis Res

	Monday	Tuesday	Wednesday	Thursday	Friday	
8:30 AM						
9:00 AM		Crisis Res			Networking	
9:30 AM						
10:00 AM	Floating			MHOP 1	MHOP 3	Didactics
10:30 AM						
11:00 AM	Admin		Admin	MHOP 4		
11:30 AM						
12:00 PM	IBHS Sup Dr. Murry	Admin	MHOP Sup Dr. Spatafore	MHOP 5	Admin	
12:30 PM						
1:00 PM	LOC 1	Crisis Res	LOC 3 UD	Admin	Case Conf	
1:30 PM	Berks					
2:00 PM	LOC 2 UD			MHOP 2	LOC 4 UD	
2:30 PM					Admin	
3:00 PM	IBHS MT 3-7	Crisis Sup	IBHS MT 3-7	MHOP 6		
3:30 PM						
4:00 PM					MHOP 7	
4:30 PM		Floating				
5:00 PM					MHOP 8	
5:30 PM						
6:00 PM						
6:30 PM						
7:00 PM						
7:30 PM						
Hours	(10-7) 9	(9-5) 8	(10-7) 9	(10-6) 8	(9-3) 6	
Admin	1	1	1	1	1	
E		Upper Darby	IBHS	MHC	Crisis Res	
2						

	Monday	Tuesday	Wednesday	Thursday	Friday
8:30 AM					
9:00 AM				Crisis Int	Networking
9:30 AM					
10:00 AM					
10:30 AM	MHOP 1	Admin	MHOP 4		
11:00 AM					
11:30 AM	Admin	MHOP 3	MHOP 5	Crisis Int	Didactics
12:00 PM		MHOP Sup Dr. Spatafore			Admin
12:30 PM	MHOP 2		MHOP 6	Admin	
1:00 PM	IBHS Sup Dr. Murry	LOC 1 Berks			
1:30 PM			Admin		
2:00 PM					Case Conf
2:30 PM	Floating	LOC 2 UD	LOC 3 UD	Crisis Int	Admin
3:00 PM					
3:30 PM			LOC 4 UD	Crisis Sup	
4:00 PM					
4:30 PM			MHOP 7	Floating	
5:00 PM					
5:30 PM			MHOP 8		
6:00 PM	IBHS MT 3-7	IBHS MT 3- 7			
6:30 PM					
7:00 PM					
7:30 PM					
Hours	(10-7) 9	(10-7) 9	(10-6) 8	(9-5) 8	(9-3) 6
Admin	1	1	1	1	1
F		Upper Darby	IBHS	Crisis Inter	MHC

	Monday	Tuesday	Wednesday	Thursday	Friday
8:30 AM					
9:00 AM				MHC	Networking
9:30 AM					
10:00 AM					
10:30 AM	MHOP 1	Admin	MHOP 4		
11:00 AM				MHC	
11:30 AM	Admin	MHOP 3	MHOP 5	Travel	Didactics
12:00 PM		MHOP Sup Dr. Spatafore		MHC Admin; 3pm Sup with Dr. Murry	Admin
12:30 PM	MHOP 2		MHOP 6		
1:00 PM	IBHS Sup Dr. Murry	LOC 1 Berks	Admin		
1:30 PM					
2:00 PM					Case Conf
2:30 PM	Floating	LOC 2 UD	LOC 3 UD		Admin
3:00 PM					
3:30 PM			LOC 4 UD		
4:00 PM					
4:30 PM			MHOP 7		Floating
5:00 PM					
5:30 PM			MHOP 8		
6:00 PM					
6:30 PM	IBHS MT 3-7	IBHS MT 3- 7			
7:00 PM					
7:30 PM					
Hours	(10-7) 9	(10-7) 9	(10-6) 8	(9-5) 8	(9-3) 6
Admin	1	1	1	5	1
F		Upper Darby	IBHS	Crisis Inter	MHC
2					



**Internship Admissions, Support, and Initial Placement Data**  
**INTERNSHIP PROGRAM TABLES**

**Date Program Tables are updated: 7/18/24**

**Program Disclosures**

As articulated in Standard I.B.2, programs may have “admission and employment policies that directly relate to affiliation or purpose” that may be faith-based or secular in nature. However, such policies and practices must be disclosed to the public. Therefore, programs are asked to respond to the following question.

<p>Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.</p>	<p><input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p>
<p>If yes, provide website link (or content from brochure) where this specific information is presented:</p> <p>Background checks (e.g. state, FBI, and Child Abuse) and drug screening are required.</p>	

**Internship Program Admissions**

<p>Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:</p>
<p>Each intern will participate in one of two tracks and 2 rotations: Child/Adolescent Track or Substance Use Track and the following 6-month rotations, Crisis Services and Mental Health Court.</p> <p>Child/Adolescent: Residents will be Mobile Therapists in our Intensive Behavioral Health Services program located in the Chester County or Delaware County areas. Intern functions may include, but are not limited to: assessments, individual therapy, family therapy or behavioral consultation. Interns may also have the opportunity to engage in family therapy and/or group therapy (4 months in duration).</p> <p>Substance Use: Residents will spend their time in the Substance Use program in our Kennett Square office. The focus of this track is to give interns the exposure to the provision of formal substance use treatment. Clients being seen out of this office may be attending outpatient therapy on an elective basis or may be court mandated. Interns will provide individual and group therapy as clinically indicated. Substance Use assessments are another clinical service that may be offered by interns.</p> <p>Crisis Services: Residents on this rotation will engage in telephonic crisis counseling to those in acute crisis and conduct crisis evaluations for walk-in clients to clients including crisis de-escalation, solution-focused interventions, and supportive counseling. Residents will also conduct biopsychosocial assessments, individual therapy, and group therapy in a subacute crisis residential</p>

program. Additional focus includes providing consultation and education to concerned family members, school personnel, and other identified agents calling on a client's behalf.

**Mental Health Court:** Residents will conduct forensic assessments for individuals with legal infractions to determine clinical eligibility for the county's mental health court program and provide treatment recommendations that will be used in court proceedings.

In addition to rotational experiences, residents will maintain a caseload of approximately 8-9 outpatient clients throughout the year. The intern will function as a member of the interdisciplinary team, serving in multiple capacities depending on cases.

Residents will also complete a community service project and present two didactic seminars. Interns will conduct psychological testing as needed.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours: Yes Amount: 500

Total Direct Contact Assessment Hours: Yes Amount: 25

Describe any other required minimum criteria used to screen applicants:

Applicants must be in good standing from an APA-accredited doctoral program in clinical or counseling psychology. Applicants must have a master's degree in a clinical discipline that includes a clinical practicum. Additional requirements: passing of comprehensive exams and approval of dissertation proposal.

### Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns	\$23,712	
Annual Stipend/Salary for Half-time Interns	n/a	
Program provides access to medical insurance for intern?	Yes	
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	
Coverage of family member(s) available?	Yes	
Coverage of legally married partner available?	Yes	
Coverage of domestic partner available?		No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	80	
Hours of Annual Paid Sick Leave	0	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	
Other benefits (please describe):		
n/a		

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

**Initial Post-Internship Positions**  
 (Provide an Aggregated Tally for the Preceding 3 Cohorts)

	<b>2019-22</b>	
Total # of interns who were in the 3 cohorts	16	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	2	
	PD	EP
Academic teaching	0	0
Community mental health center	0	4
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	1	0
Veterans Affairs Health Care System	1	0
Psychiatric facility	0	0
Correctional facility	0	1
Health maintenance organization	0	0
School district/system	0	2
Independent practice setting	0	4
Other	0	1

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.