

## Psychology Internship Program



### VA Maryland Health Care System

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[http://medschool.umaryland.edu/childpsych/clinical\\_psych.asp](http://medschool.umaryland.edu/childpsych/clinical_psych.asp)

**Applications due: Nov. 1, 2011**

### Accreditation Status

The predoctoral internship at the **VA Maryland Health Care System/University of Maryland School of Medicine Psychology Internship Consortium** is fully accredited by the Commission on Accreditation of the American Psychological Association. Additional information about accreditation and a list of accredited programs may be obtained by contacting the APA Office of Program Consultation and Accreditation, 750 First Street, NE, Washington, DC, 20002-4242; Phone: 202-336-5979; <http://www.apa.org/ed/accreditation/>.

Our program was reaccredited in 2009 and our next sit visit will take place in 2016.

### Application & Selection Procedures

As an internship training program recognized by the Academy of Psychological Clinical Science, we are committed to advancing a scientist-practitioner model of training. We are particularly interested in applicants from graduate programs that place an equally strong emphasis on a sound foundation in scientific psychology and broad clinical training. For the scientist component, we expect that applicants will have a combination of peer-reviewed publications and professional presentations that clearly demonstrates their skills as a psychological scientist. For the practitioner component, we expect applicants to be well trained and skilled across a broad range of clinical populations in evidence-based practice, and in a wide range of objective psychological assessments. Each of these requisite skills—research and clinical—must be clearly addressed in the application and in letters of recommendation.

**All applications materials should be submitted through the on-line APPIC portal: [www.appic.org](http://www.appic.org)**

**Please submit no more than three letters of recommendation for our program.**

**In addition to the on-line APPIC, the following supplemental materials are required:**

- 1. A work sample (either a case summary or an assessment report)**
- 2. Track Preference Form (located at the end of this brochure)**

Applicants must be students in good standing in an APA approved doctoral program in clinical, counseling or school psychology. Applicants must be citizens of the United States, and men must have registered for the Selective Service previously. This internship site agrees to abide by the APPIC Policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. The Track Preference form will be used to assign application reviewers and make interview decisions only.

Folders are reviewed by at least two faculty members, and the highest ranked applicants are invited for interview. Applicants will be informed by December 15, 2011 whether or not they will be invited for an interview. Interviews will be in January 2012. The interview day begins with an orientation and overview with the Director of Training, followed by individual interviews with multiple staff members from the track with which the applicant is interviewing. Applicants also have the opportunity for informal interaction with current interns over lunch and tour of the campus, followed by a Question and Answer period with the faculty.

## ***Psychology Setting***

The Veterans Affairs Maryland Health Care System (VAMHCS)/University of Maryland-Baltimore (UMB) Psychology Internship Training Consortium is composed of three divisions of the VAMHCS (the Baltimore VA Medical Center, Perry Point VA Medical Center and the Loch Raven Community Based Outpatient Clinic) and the Department of Psychiatry at the School of Medicine at the University of Maryland Baltimore. The Baltimore VA Medical Center and the UMB campus are located in the west downtown area of Baltimore City, and the Perry Point VA Medical Center is located 45 miles north of the city in Perryville, MD. The Loch Raven CBOC is located approximately 10 minutes north of the main hospital in Baltimore City. Prior to the formation of the Consortium, all three of these sites had APA-accredited training programs and offered psychology intern training.

The Baltimore VA Medical Center is the acute medical and surgical care facility of the VAMHCS and has one of the largest research and development programs in the VA system, including specific research programs in serious mental illness, diabetes, immunology, oncology, virology, cellular biology and infectious diseases. The Baltimore VA Medical Center offers a number of specialized programs and services including: primary care services through a team approach, a women veterans evaluation and treatment program, a comprehensive cancer program, inpatient and outpatient mental health care services, a residential and outpatient mental health trauma recovery program, and an outpatient substance abuse detoxification and treatment program. The Perry Point VA Medical Center offers long- and short-term outpatient and residential mental health care, including a residential alcohol and substance abuse treatment program that is unique in the Mid-Atlantic region. The Perry Point VA Medical Center also offers a full range of inpatient medical programs and intermediate- and long-term care programs, including a nursing home, a chronic ventilator unit, and a hospice care section. The Loch Raven VA Community Living and Rehabilitation Center specializes in providing rehabilitation and post-acute care for patients in the VA Maryland Health Care System. The center coordinates the delivery of rehabilitation services, including physical therapy, occupational therapy, kinesiotherapy and recreation therapy, to achieve the highest level of recovery and independence for Maryland's veterans. The center also provides hospice and nursing home care to veterans requiring non-acute inpatient care, in addition to offering specialized treatment for patients with Alzheimer's disease and other forms of dementia.

Statistics for FY 2010 show that the Baltimore VA recorded 110,774 separate patient encounters with over 22,000 unique patients, with Perry Point recording 34,852 and over 7500 unique patients for the same time period. The sheer volume of patients seen in the variety of VA clinics ensures that our trainees:

- are exposed to a wide breadth of diversity of patient demographics;
- encounter a spectrum of degrees of complexity in presenting mental health and medical problems; and
- see certain problems and types of patients frequently enough to establish good baseline knowledge of a variety of psychological phenomena.

The University of Maryland School of Medicine is the oldest public school of medicine in the United States and recently celebrated its bicentennial year. Through its hospitals and clinics, the UM School of Medicine offers a large pool of patients with over a quarter of a million patient encounters per year. The school educates and trains more than half of Maryland's practicing physicians, including approximately 700 post-graduate training residents per year, and ranks 9th of 74 public medical schools in total research funding according to the Association of American Medical Colleges.

Consortium interns are exposed to clinical and research experience in their work within a number of centers at both the VAMHCS and University of Maryland School of Medicine. The VAMHCS has been awarded a variety of national centers by VA Central Office (VACO) that bring to bear the expertise of nationally recognized leaders in the field of clinical care and/or research in various clinical conditions or areas of specialty. These include:

1. **The Mental Illness Research Education and Clinical Centers (MIRECC)** which supports research to improve the quality and cost-effectiveness of services for veterans with serious mental illness and their families.

2. **The Geriatric Research, Education, and Clinical Center (GRECC)** with a focus on promoting health and enablement models in older veterans living with disability.
3. **The Multiple Sclerosis Center of Excellence – East (MSCoE East)** which is the coordinating center for all MS Centers of Excellence in the region and for a number of studies related to the diagnosis, monitoring, and treatment of Multiple Sclerosis.
4. **The Seizure Center of Excellence – East**, a newly funded center of excellence that will coordinate studies in the Eastern United States and serve as the primary surgical center for veterans diagnosed with epilepsy who require that level of intervention.
5. **The VA Maryland Exercise and Robotics Center of Excellence (MERCE; VA Rehabilitation and Research Development Service funded)** focused on rehabilitation of individuals with chronic deficits as a result of stroke with additional developing programs in Parkinson’s Disease, Multiple Sclerosis, Chronic Pain, and Traumatic Brain Injury.

The four centers at the School of Medicine are the Division of Services Research (DSR), the Center for School Mental Health (CSMH), the Maryland Psychiatric Research Center (MPRC), the Center for Behavioral Treatment of Schizophrenia (CBTS), and the Center for Infant Studies (CIS). Each of these centers is engaged in active research programs and involves our interns in both research and service delivery. Intern access to these centers with their range of mental health, medical, and neurological problems allows our trainees to develop the Consortium’s scientist-practitioner model in an environment that supports it.

The Consortium offers the following training tracks:

- Comprehensive/General (VA)
- Neuropsychology (VA)
- PTSD/Trauma Recovery (VA)
- Health Psychology (VA)
- Serious Mental Illness (VA)
- Adult Outpatient/Community (UM)
- Child Outpatient/Community (UM)
- School Mental Health (UM)

## ***Training Model and Program Philosophy***

This internship has the dual goals of training and refining skills in assessment, treatment, and consultation, as well as facilitating the development of interns from trainees to independent psychologists. Our program philosophy is to base both the process and the content of training on research, in the service of developing psychologists who apply scientific method and knowledge to the assessment and treatment of maladaptive behavior. Studies of methods of training have consistently demonstrated that the modeling of desired behaviors, opportunities to practice those behaviors in a supervised environment, and specific feedback all result in changes in trainee behavior. Therefore, interns will be able to observe psychologists, be observed, and receive timely feedback. Specific training in assessment or treatment for a particular presenting problem will be grounded in research, clinical practice guidelines, and expert consensus on that problem. In addition, to foster interns' development as independent scientist-practitioners, didactics and supervision will focus on what it means to function independently as a psychologist in a multidisciplinary hospital setting.

## ***Program Goals & Objectives***

We believe that evidence-based best practice guidelines for the psychological treatment of mental illness and other conditions are crucial to the effective care of our patients. We also believe that evidence-based practice requires that psychologists maintain the skills to interpret relevant research findings and treatment developments, as well as the skills to contribute to this expanding knowledge base. We require our interns to engage actively in research that in some way supports their ability to 1) identify and clearly describe the disorders and conditions presented by our patients, 2) select or create reliable and valid outcomes measures that are sensitive to changes in the patient's disorder or condition, and 3) identify and successfully administer treatments to improve these disorders or conditions. To round out existing scientific and clinical abilities, extensive efforts are made to tailor the internship training experience to each individual intern's needs and allow a reasonable amount of focused specialization in each intern's area of emphasis. Graduates of our program may pursue careers in research or clinical service, but in either case, their training will have prepared them to make a meaningful contribution to the effective care of patients. Our goal is to develop well-rounded and competent psychologists who represent the scientist-practitioner model.

## ***Program Structure***

The Consortium is a full-time, twelve-month training program. It begins on July 1, which is the same start date as psychiatry residents for both VAMHCS and UMB, and ends on June 30. The full-time internship program is 2,080 hours. This length is consistent with the majority of other psychology internships in the United States and allows interns to meet state licensure requirements.

VAMHCS and UMB interns select major clinical rotations, minor clinical rotations, and research projects that are compatible with their career aspirations. The training year is divided into segments that correspond to clinic and patient/client/student needs.

The VAMHCS year is divided into three, four-month rotations, with each VAMHCS intern doing two major rotations at the Baltimore site and one major rotation off site, either at the Perry Point or Loch Raven site. A major rotation is no less than 24 hours per week. The remaining 16 hours include minor rotations, seminars, and work on a non-dissertation research project.

**The following rotations are typically offered each year:**

### ***Baltimore VA Medical Center***

- Addictions Treatment Program
- Dual Diagnosis Treatment Program
- Medical Psychology
- Neuropsychology
- Opioid Agonist Treatment Program
- Psychosocial Recovery and Rehabilitation Center
- Trauma Recovery Program

### ***Perry Point VA Medical Center:***

- Geropsychology/Neuropsychology
- Geropsychology – Community Living Center
- Inpatient Treatment for Serious Mental Illness
- Psychosocial Recovery and Rehabilitation Center

### **Community Based Outpatient Clinic:**

- Health Psychology/Primary Care
- Palliative Care

Please see our complete program brochure (found at the website provided on the title page of this document) for descriptions of these rotations.

Interns in the UM School of Medicine adult outpatient/community psychiatry track participate in year-long rotations at one of two School of Medicine-based mental health clinics (either the adult outpatient clinic or the Fayette Clinic, both located at 701 West Pratt Street, near the University of Maryland Medical Center). The track is structured to include substantial involvement in clinical research projects conducted by CBTS and MIRECC faculty. These interns may have the opportunity to implement manualized research treatments in addition to their regular clinical placement.

Interns in the UM School of Medicine child psychology track participate in two year-long rotations. Two interns complete school mental health rotations within the University of Maryland School Mental Health and the Center for School Mental Health, while the third intern completes outpatient rotations within the Taghi Modarressi Center for Infant Study and the Child and Adolescent Outpatient Service.

Interns receive a minimum of four hours per week of supervision, at least two hours of which is individual, face-to-face supervision with a licensed clinical psychologist. Credentialed clinicians from allied professions and non-staff psychology consultants provide supplemental training expertise. Supervisors are readily available to respond to interns' questions and provide impromptu guidance. When an intern's primary supervisor is on leave, back-up coverage is clearly delineated. At the beginning of a training rotation, the supervisor and intern jointly assess the intern's training needs and establish individualized training goals. Over the course of the rotation, the intern is expected to become more independent in his or her activities. As this process unfolds, the supervision becomes less directive and more consultative. Formal evaluation of the intern's progress is conducted midway through the rotation and at the end. The intern also provides formal feedback about the quality of supervision received from each supervisor.

Responsibility for ensuring adequacy of supervision rests with the Consortium Training Committee, under the leadership of the Director of Training and the Consortium Steering Committee. Consortium faculty use a developmental model of training with various modes of supervision in the training of interns, including co-therapy, analysis of videotaped sessions, supervisor "shadowing," and "junior colleague." In all cases, interns work closely with supervisors initially, and then gradually function more independently as their skills develop.

Intern evaluation is a collaborative and interactive process. Intern progress is evaluated by supervisors on a standard form consisting of structured and unstructured evaluative comments throughout the year with the goal of facilitating the learning process and promptly identifying any areas needing increased training and supervision. Interns provide feedback to their supervisors periodically during the year. At the end of year, interns provides feedback about all aspects of the program.

## ***Training Experiences***

The basic format of clinical rotations is described in the *Program Structure* section above. More detailed descriptions of clinical training opportunities are provided in our full program brochure, which can be found at the website provided on the first page of this brochure.

Three hours each week are reserved for the Consortium Seminar Series. Basic topics presented include health psychology, serious mental illness, geriatrics, ethics, group and individual interventions, case conferences, professional development issues, and cultural and individual differences. Series related to

specialty topics within psychology (PTSD, Assessment, Neuropsychology) are also featured throughout the training year. Ethical issues in psychology are strongly emphasized, particularly where relevant to clinical applications. A number of other interdisciplinary seminars are offered, including psychiatry grand rounds, research methods, and group and family therapy. Psychologists and other interdisciplinary professional staff including medicine, psychiatry, and pharmacology lead educational programs.

In addition, as part of this scientist-practitioner program, each intern participates in a year long research experience with an identified research mentor. The research training component of the internship provides each intern with the opportunity to complete a research project during the course of the training year. At the beginning of the year, each intern is matched up with a research mentor with whom they will develop a research idea, plan a project and carry out the research. There is considerable flexibility in the content, scope, and focus of intern projects. However, the expectation is that it will consist of a project independent of the dissertation. Up to six hours per week can be used by the interns as research time. Toward the end of the year, each intern presents the results of their research to a forum of their fellow interns and faculty. Many intern research projects have led to presentations at local, regional, and national research meetings as well as publications and ongoing collaborations.

Each intern also is expected to complete a minimum of six comprehensive psychological assessments, to include clinical and diagnostic interviewing (structured and semi-structured), personality testing, symptom reports, and integrated report writing.

### ***Requirements for Completion***

To maintain good standing and complete the program, interns must be rated as at least satisfactory on clinical activity evaluations throughout the year (when ratings fall below satisfactory, the intern may be placed on probation). Interns must also successfully complete 6 comprehensive psychological assessment reports, as well as a research project initiated during internship.

### ***Facility and Training Resources***

Office space is provided for interns, with computers and phones. The VAMHCS has purchased the SAS Network Enterprise System and the SPSS statistical analysis program that provides network access to statistical analysis software with an easy-to-understand windows interface, as well as the possibility for more involved programming of statistical manipulations. Our affiliation with the UMB School of Medicine allows our interns access to the University's Health Services and Human Sciences Library (HSLS) and our own VAMHCS library provides free interlibrary loan for articles not accessible to the student at the UMB HSLS. This library also provides access to medical journals and can purchase texts as necessary. Audiotape recorders and tapes are available to record sessions for supervision or other clinical purposes.

### ***Administrative Policies and Procedures***

The intern stipend is \$26,068. The internship is for a 12-month period, and interns must work at least 2080 hours. Please note that only the first 2080 hours are funded. Any training beyond 2080 hours is without compensation. Interns accrue 4 hours bi-weekly of annual leave (13 days total), 4 hours bi-weekly of sick leave (13 days total), 10 federal holidays, and up to five professional development days to attend conferences, present papers, or to defend their dissertations. Interns at both the VAMHCS and UMB have access to the health insurance coverage at their respective institutions. Parking is not provided. Parking is available in downtown lots and there is good public transportation to the Baltimore VA Medical Center and the UMB campus.

***Our privacy policy is clear:*** We will collect no personal information about you when you visit our website.

Personal self-disclosure by interns is not required on this internship, beyond that information that is essential for clinical care and management of clients or patients.

## Due Process

### **Remediation of Problematic Performance, Due Process, and Grievance Procedures**

- I. Purpose: The information presented below is given to trainees including pre-doctoral interns and postdoctoral fellow at the beginning of the training year. The document provides a definition of problematic performance, a listing of sanctions and a discussion of the due process and grievance procedures as well as methods for the remediation of problems. The procedures for the Consortium are based on the Minneapolis VAMC Professional Memo 116B-8 and the APPIC Pre-APA Convention workshop.
  - a. Definition of problematic performance: Problem behaviors are said to be present when supervisors perceive that a trainee's behavior, attitudes, or characteristics are disrupting the quality of his or her clinical services; his or her relationship with peers, supervisors, or other staff; or his/her ability to comply with appropriate standards of professional behavior. Although some problem behaviors may arise during the course of training it is a matter of professional judgment as to when such behaviors are serious enough to constitute problematic performance
  - b. Problematic performance for trainees is defined as an interference in professional functioning that renders the Trainee: unable and/or unwilling to acquire and integrate professional standards into his/her professional behavior, unable to acquire professional skills at an acceptable level of competency; unable to control personal stress which leads to dysfunctional emotional reactions and behaviors that disrupt professional functioning. Problem behaviors generally become identified as problematic when they include one or more of the following characteristics:
    - i. The trainee does not acknowledge, understand, or address the problem when it is identified
    - ii. The problem is not a mere reflection of a skill deficit, which can be rectified by academic or didactic training.
    - iii. The quality of services delivered by the trainee is significantly negatively affected.
    - iv. A disproportionate amount of attention by training personnel is required.
    - v. The trainee's behavior does not change as a function of feedback, remediation, efforts and/or time
  - c. Informal Staff or Trainee Complaints or Grievance Process: Supervisory staff and/or trainees are encouraged to seek informal redress of minor grievances or complaints directly with the other party, or by using a mentor or the training director as a go-between. Such informal efforts at resolution may involve the Director of Training as the final arbiter. Failure to resolve issues in this manner may eventuate in a formal performance or behavior complaint or trainee grievance based on the procedures outlined below.
- II. Procedures for Responding to Problematic Trainee Performance or Behavior: When supervisors' evaluations indicate that a trainee's skills, professionalism, or personal functioning are inadequate for the trainee, the Training Committee, with input from other relevant supervisory staff, initiates the following procedures:
  - a. The negative evaluations(s) will be reviewed and a determination made as to what actions need to address the problem(s) identified.
  - b. The trainee will be notified in writing that such a review is occurring and that the Training Committee is ready to receive any information or statement that the Trainee wishes to provide with reference to the identified problems.
  - c. After reviewing all available information, the Training Committee may adopt one or more of the following steps, or take other appropriate action:
    - i. The training committee may elect to take no further action.

- ii. The Director of Training may issue an Acknowledgment Notice, which states the following in writing
    - 1. The training committee is aware of and concerned about the negative evaluation
    - 2. The evaluation has been brought to the trainee's attention, and the committee or other supervisors will work with the trainee to rectify the problem within a specified time frame.
    - 3. The behaviors associated with the negative evaluation are not significant enough to warrant more serious action at the time.
  - iii. Alternatively, depending upon the gravity of the matter, the DOT may issue a Probation Notice which specifies that the committee through the supervisors and DOT will actively and systematically monitor the degree to which the trainee addresses, changes, and/or otherwise improves the problem performance or behaviors. Monitoring will take place for a specific length of time. The Probation Notice is a written statement given to the trainee that includes the following items:
    - 1. A description of the problematic performance behavior
    - 2. Specific recommendations for rectifying the problems
    - 3. A time frame for the probation during which the problem is expected to be ameliorated
    - 4. Procedures to assess whether the problem has been appropriately rectified
  - iv. Where the Training Committee deems that remedial action is required, the identified problematic performance or behavior must be systematically addressed. Remedial steps include but are not limited to the following:
    - 1. Increased supervision, either with the same or other supervisors
    - 2. Change in the format, emphasis, and/or focus of supervision
    - 3. A recommendation and/or requirement that personal therapy is undertaken with a clear statement about the issues, which such therapy should address.
    - 4. Recommendations of a leave of absence (with time to be made up at no costs to the government and/or a second traineeship)
  - v. Following the delivery of an Acknowledgment Notice or Probation Notice, the DOT will meet with the trainee to review the required remedial steps. The trainee may elect to accept the conditions or may grieve the Training Committee's actions as outlined below. In either case, the DOT will inform the intern's university, and indicate the nature of the inadequacy and the steps taken by the Training Committee.
  - vi. Once the Training Committee has issued an Acknowledgment Notice, the trainee's status will be reviewed within three months time, or the next formal evaluation, whichever comes first. In the case of a Probation Notice, the trainee's status will be reviewed within the time frame set by the notice.
- d. Failure to Correct Problems: When a combination of interventions does not rectify the problematic performance within a reasonable period of time, or when the trainee seems unable or unwilling to alter his/her behavior, the Training Committee may need to take further formal action. If a trainee on probation has not improved sufficiently to rectify the problems under the conditions stipulated by the Probation Notice. The Training Committee will conduct a formal review and then inform the trainee in writing that the conditions for revoking the probation have not been met. The Committee may then elect to take any of the following steps, or other appropriate action:
- i. It may continue the probation for a specific period of time.

- ii. It may suspend the trainee for a limited time from engaging in certain professional activities until there is evidence that the problematic performance in question has been rectified. Suspensions beyond a specified period of time may result in termination or failure to graduate.
    - iii. Depending upon the gravity of the issue, it may inform the trainee and the Steering Committee that the trainee will not successfully complete the program if his/her problematic performance does not change. If by the end of the training year, the trainee has not successfully completed the training requirements, the Training Committee may recommend that the trainee not be graduated. The trainee will then be informed that he/she has not successfully completed the internship. The intern's school will be informed that the intern has not successfully completed the program. The Training Committee may specify the settings in which the trainee can and cannot function adequately.
    - iv. It may inform the trainee that the Training Committee is recommending to the Steering Committee that the trainee be terminated immediately from the program, and the Steering Committee move to terminate the trainee from the program.
    - v. When the Training Committee reaches the conclusion that a trainee is not suited for a career in professional clinical practice, the Committee may recommend a career shift for the trainee.
  - e. All of the above steps will be appropriately documented and implemented in ways that are consistent with due process, including opportunities for trainees to initiate grievance proceedings to challenge the Training Committee decisions.
- III. Grievance Procedures: Trainees who receive an Acknowledgment Notice or Probation Notice, or who otherwise disagree with any Training Committee decision regarding their status in the program, are entitled to challenge the Committee's actions by initiating a grievance procedure. Within ten working days of receipt to the Training Committee's notice or other decision, the trainee must inform the DOT in writing that he/she disagrees with the Committee's action and to provide the DOT with information as to why the trainee believes the Training Committee's action is unwarranted. Failure to provide such information will constitute an irrevocable withdrawal of the challenge. Following receipt of the trainee's grievance, the following actions will be taken:
  - a. Upon receipt of the written notice of grievance, the DOT will convene a Review Panel consisting of two staff members selected by the DOT and two staff members selected by the trainee. The trainee retains the right to hear all allegations and the opportunity to dispute them or explain his or her behavior.
  - b. The Review Panel's decisions will be made by majority vote. Within 10 days of completion of the review for its decision and recommendations and will provide the report to the trainee and the Training Committee of its decision.
  - c. Once the Review Panel has submitted its report, the trainee or the Training Committee has 5 working days within which to seek a further review of the grievance and Review Panel report by submitting a written request to the Steering Committee. The request must contain brief explanations of the grievance, Review Panel report, and of the desired settlement which is sought, and it must also specify which policies, rules, or regulations have been violated, misinterpreted, or misapplied in previous steps in the process.
  - d. The Steering Committee will then conduct a review of all documents submitted and will render a written decision within 15 working days of receipt of the Review Panel's report, and within 10 working days of receipt of a request for further review if such request was submitted. The Steering Committee may either accept the Review Panel's action, or reject the Review Panel's action and provide an alternative. The decisions of the Steering Committee are final. The decision to terminate an internship by the Steering Committee will require the concurrence of the Director of Human Resource Management.

- e. Once a final and binding decision has been made, the trainee will be informed in writing of the actions taken. The sponsoring university will also be informed in writing.
- IV. Staff Allegation of Trainee Violation of Standards: Any staff member of the Consortium in which the intern is receiving training may file a written complaint against a trainee for the following reasons: unethical or legal violations of professional standards or laws, failure to satisfy professional obligations and thereby violate the rights, privileges, or responsibilities of others.
- a. The DOT will review the grievance with other members of the Training Committee and determine if there is reason to go further or whether the behavior in question is being rectified.
  - b. If the DOT and other Training Committee members determine that the alleged behavior cited in the complaint, if proven, would not constitute a serious violation, the DOT shall inform the staff member who may be allowed to renew the complaint if additional information is provided.
  - c. When an adverse decision has been made by the DOT, and other Training Committee members, the procedures to be followed will be those outlined above in the section on Procedures for Responding to Problematic Performance or Behavior.

## **Training Staff**

*Please see our full program brochure at the website provided on the first page of this document for a complete listing of our staff.*

## **Local Information**

***Baltimore is an exciting urban area, providing access to:***

- Local and national music acts
- Multiple large sports teams
- Opera, symphony, and major art galleries
- Great local restaurants
- Historic Victorian architecture
- 45 minutes from Washington DC and 2 hours from Philadelphia

***More information about the area can be found at:***

[www.baltimore.org](http://www.baltimore.org)

**VAMHCS/UMB Psychology Internship Consortium**

**2012-2013**

**Track Preference Form**

**Adult Psychology Programs**

Applicant name: \_\_\_\_\_

*Although our consortium is a unified and integrated internship, the training tracks listed below are treated as separate programs by the APPIC matching process.*

Applicants who are interested in any of the five adult-focused programs offered by the consortium should indicate their preferences below.

There are a total of 12 adult-focused intern slots. The five VA-based tracks will have a total of ten intern slots available; the UMB-based track will have two adult-focused intern slots available.

Interns in the VA Comprehensive track can choose any combination of three VA rotations.

Interns in the Neuropsychology track will complete two neuropsychology rotations and a third rotation of their choice.

Interns in the SMI track may choose 2 or 3 SMI-focused rotations.

Interns in the PTSD/Trauma Recovery track will complete PTSD-related rotations at the Baltimore VA and at the Perry Point VA plus one rotation of their choice.

Interns in the UMB Adult track will be assigned to either the Adult Psychiatry Outpatient Service or the Division of Community Psychiatry program for the entire internship year.

**Please rank up to two of the tracks** with “1” being the track that you most strongly prefer. You may not be considered for all rotations that you rank.

**Please think carefully about your choices and do not rank tracks that you do not have a serious interest in completing. It is perfectly acceptable to rank only one track if there is only one in which you are interested.**

**In addition to submitting this form as supplemental materials, please address your track-specific interest(s) in your application’s cover letter.**

\_\_\_\_\_ UMB Adult Outpatient/Community Psychiatry (2 slots available)  
APPIC program code: 134712

\_\_\_\_\_ VA Comprehensive (2 slots available)  
APPIC program code: 134711

\_\_\_\_\_ VA PTSD/Trauma Recovery Program (2 slots available)  
APPIC program code: 134719

\_\_\_\_\_ VA Serious Mental Illness (2 slots available)  
APPIC program code: 134718

\_\_\_\_\_ VA Neuropsychology (2 slots available)  
APPIC program code: 134717

\_\_\_\_\_ VA Health Psychology (2 slots available)  
APPIC program code: 134713

**2012-2013**

**VAMHCS/UMB Psychology Internship Consortium**

**Track Preference Form**

**Child Psychology Programs**

Applicant name: \_\_\_\_\_

*Although our consortium is a unified and integrated internship, the training tracks listed below are treated as separate programs by the APPIC matching process. Therefore, if you are interested in being considered for one or both of the child psychology programs, please indicate your preferences below and include the corresponding program number(s) on your ranked list of programs for the APPIC match.*

There are a total of three slots available for two tracks. This information will be used to review your application and determine who will interview you if you are selected for an interview. Although this is not a binding commitment, your choices should represent your training priorities/goals.

**In addition to submitting this form as supplemental application material, please address your track-specific interest(s) in your application's cover letter.**

**Please rank up to two of the tracks** with "1" being the track that you most strongly prefer. You may not be considered for all rotations that you rank.

\_\_\_\_\_ UMB School Mental Health Program/Center for School Mental Health (2 slots available)  
APPIC program code: 134716

\_\_\_\_\_ UMB Center for Infant Study (Secure Starts)/Outpatient Program (1 slot available)  
APPIC program code: 134715