School of Medicine
Department of Psychiatry

# Clinical Psychology
# Internship Program

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
SCHOOL OF MEDICINE

Department of Psychiatry, Section of Psychology

New Orleans, Louisiana

**Accredited by the American Psychological Association**
**Commission on Accreditation**
**750 First Street, NE,**
**Washington, DC 2002-4242**
**(202) 336-5979**

July 1, 2027 to June 30, 2028

**https://www.medschool.lsuhsc.edu/psychiatry/clinical_psychology**

The psychology internship affords you the opportunity to consolidate and refine your existing clinical skills, develop new ones, and get exposure to diverse population of individuals and their families. This brochure will highlight many aspects of the training experience here at LSUHSC. We take particular pride in teaching and training interns in clinical psychology. On behalf of the faculty and staff at LSUHSC, we look forward to the opportunity to train future psychologists.

Should you have any questions or need additional information, please do not hesitate to contact me or our Program Coordinator, Ms. Jennifer Olivarez at 504-568-2537. Additionally, should the applicant have complaints about the LSUHSC internship or internship process, they are welcome to call the Education Directorate of the American Psychological Association at 202-336-5979.

Best wishes,

Dani Archie, Ph.D. (they/he)
Training Director of Clinical Psychology Internship Program

Amy Rinner-Clomburg, Psy.D.
Associate Training Director of Clinical Psychology Internship Program

**LSUHSC SCHOOL OF MEDICINE IN NEW ORLEANS**

Louisiana State University Health Sciences Center School of Medicine New Orleans (LSUHSC-NO) is located in a large medical complex covering ten square blocks of downtown New Orleans. It has six, individual professional schools: Medicine, Dentistry, Nursing, Allied Health Professions, Public Health, and Graduate Studies. The school was opened October 1, 1931, in a nine-story building adjacent to the 2200-bed Medical Center of Louisiana at New Orleans (MCLNO; formerly known as Charity Hospital of New Orleans). Historically, MCLNO has been, and continues to be, one of the major teaching hospitals in the south. LSUHSC-NO has statewide teaching, research, and health care functions, and is affiliated with more than 100 hospitals and various health care institutions regionally, nationally, and internationally. In July 1997, LSUHSC took over the responsibility of administrating the MCLNO Charity Hospital System.

Within the past three decades, LSUHSC has expanded its facilities substantially. In 1984, the School of Allied Health Professions was established. The 12-million-dollar Louisiana Lions' Eye Center was completed in 1986, which serves as a clinical and research center for the Department of Ophthalmology, and houses outpatient clinics for the School of Medicine. An eight-story Resource Center opened in July of 1988, which includes a modern computer center and a health sciences library.

In 2001, an 8-million-dollar Clinical Sciences Research Building (CSRB) was completed, which provides lab and research facilities for the medical staff including state-of-the art simulation labs and conference rooms. In 2003, the School of Public Health was added.

In addition to its outstanding clinical facilities, LSUHSC has emerged as a major center for research, receiving over 37 million dollars in research support funds in 2001. In its long history of education, research, and service to the public, Louisiana State University Health Sciences Center is one of the major academic facilities in the South.

After being heavily damaged by Hurricane Katrina on August 29, 2005, Charity Hospital closed. Hospital services were provided at the Interim Louisiana Hospital until August 2015 when the new state of the art University Medical Center was completed.

**THE DEPARTMENT OF PSYCHIATRY**

Erich Conrad, M.D., is a psychiatrist who has served as Chair of the Department of Psychiatry at LSUHSC since May 2025. The Department is committed to the finest quality medical student education, post-medical school training for residents and fellows in all aspects of psychiatry: general psychiatry; addiction psychiatry; infant, child and adolescent psychiatry; emergency and administrative psychiatry; psychosomatic medicine, and consultation liaison psychiatry. We also provide excellent graduate and post-graduate training in social work and psychology. The department provides major leadership in research spanning our field and makes important advances in the understanding of psychopharmacology and neuroscience, developmental disorders, psychodynamic psychiatry, and treatment of children and families exposed to community and family violence.

After hurricanes Katrina and Gustav, the Department played key roles in the State's Crisis Response Program in providing mental health services throughout metropolitan New Orleans including services for first responders and their families, in meeting the mental health needs of returning and displaced children and their families, and in rebuilding communities' mental health infrastructure. We take much pride in the department's contributions to our community, the region and the state. Departmental programs at all stages in the life cycle make important contributions to enriching our community and serve as models for other areas of the country.

**THE PSYCHOLOGY SECTION**

Dr. Lindsey Poe has served as Chief of the Section of Psychology since 2025. The Psychology Section is comprised of a core faculty consisting of 16 doctoral level psychologists licensed to practice psychology in the state of Louisiana. They are a diverse group with varying clinical orientations, including behavioral, cognitive, developmental, psychodynamic, psychoanalytic, and multicultural theories. The psychology faculty strives to integrate contemporary views of biological, psychological, and social bases of human behavior with their respective areas of expertise. Psychologists at LSUHSC-NO engage in some blend of administration, teaching, research, practice, and supervision. Psychologists typically teach, supervise, and mentor some combination of psychology interns, medical students, psychiatry residents, child psychiatry fellows, and/or social work fellows.

The Psychology Section is further enriched by 15 psychologists from the greater New Orleans metropolitan area who are members of the Adjunct Clinical Faculty in the LSUHSC-NO Department of Psychiatry. The LSUHSC-NO Psychology Section enjoys congenial and collaborative interaction with academic psychologists from other local institutions and with private practice psychologists.

## CORE FACULTY OF THE CLINICAL PSYCHOLOGY INTERNSHIP

**Dani Archie, Ph.D.** (they/he) (2014, Counseling Psychology, University of Central Arkansas). Dr. Archie is an Assistant Professor of Clinical Psychiatry at LSU Health Sciences Center and currently serves as the Training Director for the Psychology Internship Program. Prior to joining the LSUHSC faculty in April of 2023, they provided psychological services in Community Mental Health and University Counseling settings and was an instructor for graduate and undergraduate psychology courses. He currently also provides individual and group psychotherapy for adults at UMC Behavioral Health Clinic. One of Dr. Archie’s personal and professional passions is improving health in the transgender and non-binary community. Their research experience includes several grant-funded community-based participatory research projects aimed at identifying and addressing the healthcare needs of a trans community with limited access to gender-affirming care. Dr. Archie also has extensive experience educating mental health, medical, nursing, allied healthcare, and healthcare administration providers, professionals, trainees, and students on gender-affirming care.

**Shane Bierma, Ph.D.** (she/her) (2019, University of Tennessee, Doctor of Philosophy in Clinical Psychology; 2019, Post-Doctoral Fellow, LSUHSC). Dr. Bierma specializes in comprehensive neuropsychological and psychological assessment of cognitive disorders, including early-onset Alzheimer's disease and other neurocognitive conditions. Her work integrates evaluation, diagnosis, and psychotherapy for individuals experiencing cognitive decline across complex medical presentations. She maintains active collaborative projects with colleagues across LSUHSC and the School of Allied Health, and several other Southeastern Universities, supporting interdisciplinary research, training, and clinical initiatives related to people living with HIV (PWH), cognitive disorders/functioning, inflammation, and brain health. Dr. Bierma teaches intersectionality of identity in healthcare settings, psychological assessment, and psychodynamic psychotherapy. She also specializes in working with gender and sexual minority (GSM) populations, providing evaluations and psychotherapy related to identity, hormone replacement therapy (HRT), and gender-affirming surgery, as well as clinical supervision and training for trainees desiring to build competency in this area. She currently serves as Director of the Assessment Clinic for LSUHSC interns, postdoctoral fellows, and external practicum students, teaching thorough comprehensive psychological assessment, conceptualization, and theory; Director of Research for the Department of Psychiatry **https://www.medschool.lsuhsc.edu/Psychiatry/student_research.aspx**, Director of the Cognitive Disorders Program within the HOP Clinic, and Associate Training Director of LSUHSC's postdoctoral fellowship. Dr. Bierma's most distinguished academic honor is being the champion of the of the Section of Psychology's Annual Cookie Challenge consistently since 2019.

**Nathan H. Brown, Psy.D.** (he/him) (2020, Clinical Psychology, Roosevelt University; 2020 Post-Doctoral Clinical Psychology Fellow, Louisiana State University Health Sciences Center Department of Psychiatry). Dr. Brown is a Licensed Clinical Psychologist, Assistant Professor of Clinical Psychiatry for LSU Health Sciences Center (LSUHSC) and the dedicated Psychologist at the Burn Center at University Medical Center, New Orleans (UMCNO). He earned his doctorate in Clinical Psychology from Roosevelt University (dissertation title: Reliability and validity of a Spanish Translation of the Racial Microaggressions Scale). Dr. Brown provides clinical services in English and Spanish, and specializes in the psychological assessment and treatment of patients in both outpatient and integrated medical settings. Dr. Brown works in the UMCNO Behavioral Health Clinic, using individual and group psychotherapy treatments, the UMCNO Burn Center, and supervises at UMCNO's Trauma Recovery Center. His professional interests include health psychology, psychotherapy with Latinx patients, psychological assessment, clinical supervision, and multicultural competence in mental health treatment.

**Katie Catanzarite, Psy.D.** (she/her) (2023, Xavier University, Doctor of Psychology in Clinical Psychology; 2023-2024, Post-Doctoral Fellowship, Louisiana State University Health Sciences Center): Dr. Catanzarite serves as an Assistant Professor of Clinical Psychiatry at LSUHSC. She currently provides clinical services at University Medical Center in the Women's Health Clinic and acute inpatient psychiatric units. Dr. Catanzarite has extensive training and experience treating patients who experience severe emotional dysregulation, trauma, and severe mental illness across the life span. Dr. Catanzarite is trained in dialectical behavior therapy, child-parent psychotherapy, and a variety of manualized treatments for PTSD. Dr. Catanzarite enjoys training and supervising psychology interns, post-docs and psychiatry

residents. She currently teaches Introduction to Cognitive Behavior Therapy for second year psychiatry residents. Dr. Catanzarite has presented at local and national conferences on topics related to the importance of integrated mental health services for HIV and perinatal populations. Her professional and clinical interests include health psychology, perinatal mental health, and increasing accessibility and utilization of mental health services for historically underserved populations.

**Richard Costa, Psy.D., M.P.** (he/him) (2002, Argosy University, Georgia School of Professional Psychology, Doctor of Psychology in Clinical Psychology; 2003, Post-Doctoral Fellow in Clinical Psychology and Infant Mental Health, Louisiana State University Health Sciences Center Department of Psychiatry; 2011, Alliant International University, California School of Professional Psychology, Postgraduate Master of Science in Clinical Psychopharmacology): Serves as Associate Director of Post-Doctoral Education. Interests: Trauma/rural trauma, HIV prevention, ADHD assessment and treatment, childhood trauma and resilience, parent/child psychotherapy, multicultural competence, Medical Psychology/Clinical Psychopharmacology, and Gay, Lesbian, Bisexual and Transgendered (GLBT) issues. Primary Clinical Settings: LSUHSC School of Medicine, InclusivCare and Access Behavioral Health in St. Bernard.

**Sebastián Del-Corral-Winder, Psy.D.** (He/His/Him) (2021, Clinical Psychology, University of Indianapolis; 2022, Infant Mental Health Post-Doctoral Fellow, LSUHSC). Dr. Del Corral is a bilingual (Spanish/English) licensed clinical psychologist who provides trauma-informed and relationship-based services for children, adults, and families. Dr. Del Corral collaborates with Child Welfare and Juvenile Justice agencies to support children and families who have experienced trauma. He also works in specialized clinics in the community to deliver evidence-based treatments to families and individuals who have experienced trauma and violence. Dr. Del Corral is trained in EMDR, Cognitive Processing Therapy, Time Limited Dynamic Therapy, Child-Parent Psychotherapy, and Play Therapy. As an academic, Dr. Del Corral is the Director of the Latine Health Scholars Program (**https://www.medschool.lsuhsc.edu/admissions/latine_health_scholars.aspx**) and the Associate Director of Research in the Psychiatry Department. His research focuses on attachment, child maltreatment, intergenerational and systemic trauma, and reducing health inequities in the community. He also provides training and supervision on infant mental health and trauma services and is involved in several national committees investigating health equity and child maltreatment. Outside of his professional roles, Dr. Del Corral enjoys exploring all the restaurants in New Orleans and watching sports with his dog (Go Pels!).

**Amy B. Dickson, Psy.D.** (she/her) (1998, Clinical Psychology, Nova Southeastern University; 1998-1999, Postdoctoral Fellow in Infant Mental Health and Trauma work, Louisiana State University Health Sciences Center): Dr. Amy Dickson is a Clinical Psychologist and Associate Professor at Louisiana State University's Medical School in New Orleans where she has been on faculty in the Department of Psychiatry since 1999. At LSUHSC, Dr. Dickson is the Director of the LSUHSC Infant Team which treats children under the age of 6 years in the foster care system in several parishes in Louisiana. Dr. Dickson co-directs the Harris Infant Mental Health training program with Dr. Joy Osofsky which is a year-long intensive training program teaching clinicians to become infant mental health practitioners. She is a

trainer regarding Child-Parent Psychotherapy and is part of several learning collaboratives teaching other mental health professionals about infant mental health and Early Childhood Court. Dr. Dickson also is the Child Coordinator of LSUHSC's APPIC-approved psychology predoctoral internship program, she teaches medical students, social work trainees, psychology trainees, and child psychiatry residents, and she is the Deputy Director of the Psychology Section at the medical school. Dr. Dickson treats a wide variety of adults and children, though she specializes in trauma work and infant mental health and trains locally and nationally in these areas.

**Sandy Hyatt, Psy.D.** (she/her) (2020, The Chicago School of Professional Psychology, Doctor of Psychology in Clinical Psychology; 2020, Post-Doctoral Fellowship, Louisiana State University Health Sciences Center): Dr. Hyatt serves as an Assistant Professor of Clinical Psychiatry at LSUHSC. She currently provides clinical services and is building a trauma program at Our Lady of the Lake Hospital. Dr. Hyatt has extensive training and experience treating patients struggling with psychological trauma as well as severe and persistent mental illness. Dr. Hyatt also engages in the training and education of psychology trainees and psychiatry residents. Her professional and clinical interests also include health psychology, programmatic development, increasing access to treatment for underserved populations, and trauma-informed care and multidisciplinary collaboration in holistic patient-centered treatment.

**Michael Gee, Psy.D.** (he/him) (2022, The Chicago School of Professional Psychology, Doctor of Psychology in Clinical Psychology, 2023, Post-Doctoral Fellowship, Louisiana State University Health Sciences Center): Dr. Gee serves as an Assistant Professor of Clinical Psychiatry at LSUHSC. He currently provides clinical services at University Medical Center as part of the HIV-Outpatient Clinic team and at Inclusivcare, a federally qualified health center. Dr. Gee has extensive training and experience treating adult patients with medical comorbidities, severe mental illness, and intellectual and developmental disorders. His professional and clinical interests include health psychology, underserved populations, gambling disorder, and sexual minorities, all with a focus on patient-centered care.

**Philip T. Griffin, Ph.D.** (he/him) (1975, Clinical Psychology, University of South Carolina) : Dr. Griffin received his PhD in Clinical Psychology from the University of South Carolina in 1975 with internship from Indiana University Medical School, Department of Psychiatry. Dr. Griffin is a licensed psychologist (1978) and clinical neuropsychologist (1995). Currently, Dr. Griffin is Professor of Clinical Psychiatry and former Chief of the Division of Psychology. Prior to joining the LSUHSC Department of Psychiatry in June of 2007 Dr. Griffin was full time faculty at Tulane University Medical Center where he was instrumental in developing that institution's first Predoctoral Internship in Clinical Psychology, APA accredited in 1983. Dr. Griffin was awarded the Diplomate in Clinical Psychology from the American Board of Professional Psychology (ABPP) in 1987 and became a Fellow of the Academy of Clinical Psychology in 1994. He was President of the Louisiana Psychological Association (LPA) in 1993 and received the Distinguished Career Award from the Louisiana Psychological Association in 1995. He was elected president of LPA again in 2009. Dr. Griffin was appointed by the governor of Louisiana to the Louisiana State Board of Examiners of Psychologists in 2013 and served through 2018. Dr. Griffin's clinical activity has revolved around serving the underprivileged and underserved primarily on adult inpatient psychiatry units. For over twenty years as Tulane faculty Dr. Griffin was a staff psychologist and director

of psychological services at Charity Hospital of New Orleans, the primary teaching hospital for both Tulane and LSU prior to Hurricane Katrina. Currently Dr. Griffin is an inpatient staff psychologist and director of psychology at LSU Behavioral Health Center-DePaul Campus, and he serves as psychologist/neuropsychologist at the LSUHSC HIV Outpatient Program (HOP).

**Kimberly N. Kent, PhD, MSCP** (she/her) (Doctor of Psychology in Counseling Psychology, University of Tennessee; Master's degree in Community Counseling, Winona State University; Post-Doctoral Master's Degree in Clinical Psychopharmacology, Fairleigh Dickinson University): Dr. Kent is an Assistant Professor of Clinical Psychiatry and serves as Director of the Psychology Post-Doctoral Fellowship Program at LSUHSC. At UMCNO Dr. Kent provides psychotherapy services in the Gastroenterology Program specializing in collaborative inter-disciplinary team treatment of IBS and IBD. Dr. Kent also conducts psychological clearance evaluations, targeted pre-operative intervention, and post-operative follow up care for the Bariatric Health Program. Her Clinical orientation is integrative utilizing a psychodynamic frame. Interests include medical rehabilitation psychology, clinic and program directorship, severe mental illness and personality disorders with multiple co-morbidities (including intellectual disability and substance abuse), community mental health, college teaching, and student supervision. Dr. Kent is an experienced director in community, academic, and medical settings. She has extensive clinical experience working with patients undergoing health issues such as traumatic brain injury, spinal cord injury, stroke, cancer, cardiac events, gastroenterological abnormalities, and orthopedic injury.
Dr. Kent is responsible for creating and implementing a collaborative inter-disciplinary inpatient medical rehabilitation model that resulted in statistically significant increases in functional independence of patients in multiple medical units. Dr. Kent also has expertise in the treatment of memory care patients who have dementias including Alzheimer's, Lewy Body, vascular, and frontotemporal, as well as memory changes due to Korsakoff's syndrome and chronic traumatic encephalopathy. She has conducted numerous workshops for medical staff, caregivers, and family members of medically complex patients. In addition to her role at LSUHSC and UMCNO, Dr. Kent is a product development consultant, providing expertise on aging and related physical and cognitive changes and is on the Medical Advisory Board for an international company.

**Michelle B. Moore, Psy.D.** (she/her) (2009, Clinical Psychology, Pace University; 2009 Post-Doctoral Clinical Psychology Fellow, Louisiana State University Health Sciences Center Department of Psychiatry): Dr. Moore is currently a Professor-Clinical dually appointed in the Department of Psychiatry and Orthopaedic Surgery at LSUHSC. She serves as an Assistant Dean of Faculty Affairs for the School of Medicine and as the Director of Faculty Development for the Department of Orthopaedic Surgery. She is also Board Certified in Clinical Psychology and a Certified Executive Coach. She served as the Training Director of the Psychology Internship Program from 2017-2023 and previously served as the Section Chief for Psychology in the Department of Psychiatry from 2022-2025. She specializes in complex trauma, infant, child and adolescent mental health as well as school-based populations. Dr. Moore received her master's degree in School Psychology and her doctoral degree in Clinical Psychology from Pace University in New York, NY. She currently provides outpatient psychotherapy services to children and adults at the LSU Behavioral Sciences Center. Her predominant approach to therapy is utilizing psychodynamic psychotherapy, but she also incorporates mindfulness and play therapy depending on

the needs of the individual. Dr. Moore also provides consultation and evaluation services for children in New Orleans charter schools to determine if they meet criteria for special education services. Her research and scholarly interests include examining best ethical practices in psychology training and education as well as understanding the integration of faculty development and wellness. Through medical student research initiatives, she is also working on research to further understand the mental health needs of Asian American medical students, the effectiveness of ketamine on treatment resistant depression and the benefits of wellness activities on perceived wellness. In addition to her clinical role, Dr. Moore teaches courses on child development and psychological assessment in childhood to 1st year medical students and served as the Course Director for the Human Behavior and Development Course taught to 1st year medical students from 2017-2022. She has also previously taught psychodynamic psychotherapy to psychiatry residents. In regard to service to the profession, Dr. Moore was appointed to the Louisiana State Board of Examiners of Psychologists in 2019 and served as the Chair of LSBEP from 2023-2024. Dr. Moore has previously served on the Louisiana Psychological Association Executive Council, is active in various divisions of APA as well as committees in the School of Medicine at LSUHSC.

**Lindsey Poe, Psy.D.** (she/her) (2014, George Washington University, Doctor of Psychology in Clinical Psychology; 2014, Post-Doctoral Fellow, Louisiana State University Health Sciences Center): Dr. Poe is an Associate Professor of Clinical Psychiatry and Section Chief of Psychology for the Department of Psychiatry. She previously served as Director of Psychology Postdoctoral Fellowship at LSUHSC from 2019-2023. Clinically, Dr. Poe is the Bariatric Behavioral Health Program Director at UMCNO's Center for Weight Loss and Bariatric Surgery. Dr. Poe conducts psychiatric clearance evaluations, targeted pre operative intervention, post operative follow up, and engages in programmatic development within the bariatric clinic. At UMCNO Inpatient Services, Dr. Poe specializes in group psychotherapy and brief psychological assessment with individuals diagnoses with severe and persistent mental illness. Her clinical and research interests include psychodynamic case conceptualization, severe and persistent mental illness, the effects of physical health on mental wellness, and the impact of health literacy on healthcare disparities.

**Erika Rajo, Psy.D.** (she/her) (2016, Clinical Psychology, Pepperdine University; 2017 Post-Doctoral Clinical Psychology Fellow, Louisiana State University Health Sciences Center Department of Psychiatry) Dr. Rajo is a Licensed Clinical Psychologist, Assistant Professor of Clinical Psychiatry for LSU Health Sciences Center (LSUHSC). She earned her doctorate in Clinical Psychology from Pepperdine University and completed both her predoctoral internship and postdoctoral fellowship training at LSUHSC. Dr. Rajo specializes in the psychological assessment and treatment of patients in an integrated medical setting. She also has extensive training and clinical experience in the treatment of psychological trauma and has been working with patients experiencing trauma-related difficulties since 2011. Dr. Rajo's professional and clinical interests also include multicultural issues in mental health treatment and increasing access to treatment for underserved populations.

**Amy E. Rinner-Clomburg, Psy.D.** (she/her) (2021, Clinical Psychology, Regent University; 2021-2022, Postdoctoral Fellow in Perinatal and Infant Mental Health and trauma work, Louisiana State University Health Sciences Center). Dr. Rinner-Clomburg is an Assistant Professor of Clinical Psychiatry at LSUHSC

and is the Program Coordinator for the Harris Infant Mental Health training program and Associate Training Director for the LSUHSC Psychology Predoctoral Internship Program. Dr. Rinner-Clomburg specializes in working with children and youth, particularly young children ages 0-5. Dr. Rinner-Clomburg is trained in TF-CBT, CPP, Circle of Security, and TBRI and has been an active member of the LSUHSC Infant Team since 2020. Dr. Rinner-Clomburg enjoys consulting with local and statewide DCFS agencies regarding children in foster care and DCFS worker wellness. Dr. Rinner-Clomburg co-directs practicum student training with Dr. Sebastian Del Corral-Winder. Her clinical passions include perinatal and infant mental health as well as raising awareness of the prevalence and impact of domestic violence and providing treatment to those who have experienced it.

**William S. Walker, Ph.D.** (he/him) (2002, Long Island University, New York; 2007, Infant Mental Health Fellowship, Louisiana State University Health Sciences Center Department of Psychiatry): Dr. Walker is an Assistant Professor of Clinical Psychiatry in the Department of Psychiatry. His interests include psychodynamic psychotherapy, psychoanalysis, chronic mental illness, and training and supervision of psychology interns and psychiatry residents. Dr. Walker teaches psychology interns and psychiatric residents on topics such as supportive psychotherapy, group psychotherapy, and psychodynamic psychotherapy. Dr. Walker also serves as a clinical supervisor for psychiatry residents and psychology interns.

## OTHER AGENCY/INSTITUTION SUPERVISORS ACTIVE ON CLINICAL FACULTY IN PSYCHOLOGY INTERNSHIP TRAINING

**Joseph "Jay" Boffa, Ph.D.** (he/him) (2020, Clinical Psychology, Florida State University). Clinical Investigator at the Southeast Louisiana Veterans Health Care System (SLVHCS). Research interests: cognitive-affective variables that intersect risk for PTSD and suicide, and the use of scalable interventions (e.g., technologically-driven, massed protocols) to target those conditions.

**Kristin L. Callahan, Ph.D.** (2010, Applied Developmental Psychology, University of New Orleans; 2010 Post-Doctoral Clinical Psychology Fellow, Louisiana State University Health Sciences Center Department of Psychiatry). Currently the Director of Pupil Appraisal for Opportunities Academy (OA). Special interests: Autism Diagnostic Observation Schedule (ADOS-2) for differential diagnoses including Autism Spectrum Disorder.

**Ronald Cambias, Psy.D.**, (he/him) (1991, Clinical Psychology, Nova Southeastern University - Ft. Lauderdale , Florida). Currently in private practice in New Orleans, LA. Currently in private practice in Metairie, Louisiana. His practice consists of both therapy with adults, adolescents, and children as well as conducting psychological testing for ADHD and learning disabilities.

**Melissa Dufrene, Psy.D.** (she/her) (2012, Clinical Psychology, The School of Professional Psychology at Forest Institute in Springfield, Missouri; 2013, Postdoctoral Fellowship at Rogers Memorial Hospital) Adjunct Professor at the Chicago School of Professional Psychology at Xavier University of Louisiana and currently in private practice in New Orleans, LA.

**Diane Franz, Ph.D.,** (she/her) (1996, Clinical Psychology, University of Mississippi, Oxford, MS; 1996, Clinical/Pediatric Psychology Postdoctoral Fellowship, Georgetown University Medical Center,

Washington, DC). Currently Director of Psychology Department at Manning Family Children's Hospital in New Orleans. Special interests include: Diabetic compliance, adjustment to chronic disease, childhood cancer, early child development.

**Shannae Harness, Ph.D.**, (she/her) (2012, Clinical Psychology, Jackson State University in Jackson, MS; 2013, Postdoctoral Fellowship at Family Focus in Baton Rouge, LA). Currently in practice at Oschner Health – Main Campus in New Orleans, LA. She is credentialed through the National Register of Health Service Psychologists.

**Jennifer Hughes, Ph.D.**, (she/her) (2014, Clinical Psychology, University of California at Santa Barbara; 2016, Postdoctoral Fellowship at Louisiana State University Health Sciences Center in New Orleans, LA). Assistant Professor of Clinical Psychiatry at Louisiana State University Health Sciences Center and Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Texas Health Science Center McGovern Medical School. Her research interests include the assessment and treatment of PTSD in adults, children and infants, trauma-focused interventions following traumatic injury, and vicarious trauma in healthcare providers.

**Andrea LaPlante, Psy.D.** (she/her) (2012, Clinical Psychology, University of La Verne in La Verne, CA; 2016, Postdoctoral Fellowship at Louisiana State University Health Sciences Center in New Orleans, LA). Dr. LaPlante's clinical interests include coping with chronic illnesses, particularly HIV, and behavioral treatments for insomnia. Her research interests are primarily related to the effects of neurocognitive impairment and alcohol use on adherence to care.

**Amanda M. Raines, Ph.D.** (she/her) (2016, Clinical Psychology, Florida State University in Tallahassee, FL; 2017, Postdoctoral Fellowship at Southeast Louisiana Veterans Health Care System in New Orleans, LA). She is a Clinical Investigator at the Southeast Louisiana Veterans Health Care System (SLVHCS). She holds an academic appointment as an Assistant Professor in the School of Medicines Department of Psychiatry at LSU. Dr. Raines' research focuses on identifying and empirically examining transdiagnostic risk and maintenance factors, as well as the development of novel interventions that can be used to treat and prevent anxiety and related pathology including suicide and substance use.

**Leigh Anne Terrebonne, Ph.D.** (she/her) (1999, Counseling Psychology, Auburn University, Auburn, Alabama). Dr. Terrebonne works in private practice in New Orleans and specializes in adult psychotherapy with expertise in long and short-term psychodynamic

**Arika Wadley, Psy.D**. (she/her) (2016, The Chicago School of Professional Psychology). She is currently an Assistant Professor/Psychologist with Louisiana State University Health Sciences Center (LSUHSC) in the Family Medicine Department. She has worked as the Director of Counseling Services at Xavier University of Louisiana and currently works as an adjunct faculty member of The Chicago School of Professional Psychology, housed on Xavier's campus. She has also worked with students in kindergarten through 8th grade at ReNEW Schools.

## ADDITIONAL CONTRIBUTORS AND LECTURERS IN PSYCHOLOGY INTERNSHIP TRAINING

The psychology internship also partners with licensed psychologists, psychiatrists, social workers and other licensed professionals in the community and within the Department of Psychiatry who conduct lectures and didactics throughout the course of the year. We also welcome our alumni to join us and present as experts in their respective areas of practice following their training.

## PHILOSOPHY AND AIMS OF THE PSYCHOLOGY INTERNSHIP PROGRAM

The overall aim of the psychology internship is to provide an opportunity for the psychology intern to learn and grow professionally and personally. Clinical psychology is an ever-changing and expanding field. We maintain an emphasis on empirically-supported and culturally sensitive assessment, consultation, intervention and supervision. We hope to train students who will contribute to the field of psychology and to society at large in meaningful ways. The psychology internship program is designed to be flexible enough to take into account the needs and professional goals of each trainee. At the same time, the psychology internship is committed to the goal of helping the psychology intern to develop entry level competencies in the traditional core skills of clinical psychology such as psychodiagnostic testing, clinical interviewing, treatment planning, consultation, and psychotherapy.

## VALUES AND PRINCIPLES OF THE TRAINING PROGRAM

We believe that the provision of high-quality psychology internship training in clinical psychology is an important contribution to the field of psychology, mental health, and to society at large. We feel that there is a continuing need for psychology internship training within medical schools affiliated with academic health science centers. These settings provide wonderful opportunities for professional development because psychology interns have access to contemporary theories, research, techniques, and equipment. Also, faculty and staff in these settings address mental health problems and treatments from multiple perspectives and model the multidisciplinary collaboration so necessary in the treatment of complex disorders.

We view training in psychology as a developmental process. We plan to develop competencies in the traditional core skills of clinical psychology: psychodiagnostic testing, clinical interviewing, treatment planning, consultation, psychotherapy, cultural diversity, ethics, professionalism, research and supervision. Our goal is to take the trainee with beginning psychology intern competencies, through mid-level psychology intern skills, all the way through advanced psychology intern competencies. The training is graded in complexity. We initially expose psychology interns to prototypic cases and then gradually introduce them to more complex differential diagnostic tasks and interventions with more difficult patients. Supervision is initially highly structured (involving direct observation, videotaping, and specific instructions) and gradually becomes less structured as the psychology intern becomes more skilled and capable of functioning with relative independence. Didactic seminars are also graded in complexity, and progress from basic overviews to advanced conceptualization and integration. Meaningful integration of clinical experiences, supervision, didactics, and role modeling is expected for successful completion of the psychology internship. Upon graduation from our graded sequence of training experiences, the psychology intern should be prepared to enter a postdoctoral fellowship in clinical psychology or supervised practice leading to licensure.

We accept applicants based on our assessment of their beginning competencies, growth potential, professionalism, integrity, and goodness-of-fit. We deeply value the scientific basis of psychology. It distinguishes psychologists from other mental health disciplines. Our core psychology faculty are involved in scholarly activities such as roles in professional organizations, publishing research articles, and presenting at local and national conferences. We believe that the scientific values involved in multivariate approaches to prediction, psychometric foundations of test construction, probabilistic reasoning, hierarchical analysis, and healthy skepticism must guide clinical practice. We build upon these domains that were taught in graduate school by teaching psychology interns how to apply them in day-to-day clinical work.

Since our psychology internship is primarily practice-oriented, it naturally shares many of the values contained within the scholar-professional (Vail) model. The emphasis of our program on integration of practice and theory, clinical skill development, learning how to become a critical consumer of scientific literature, and learning how to supervise others are all consistent with the Vail model. Our entire psychology faculty delivers direct services to patients and thus serves as professional psychologist role models to psychology interns.

Because of the cultural diversity in New Orleans, we must be sensitive to cultural factors, which may necessitate modification of diagnostic and assessment approaches. We value the “differential therapeutics” conceptualization articulated by Clarkin and Perry (1984) which highlights the importance of tailoring interventions which best suit different age, cultural, socio-economic, and diagnostic groups. We also value a life-span developmental approach to the understanding of both normal and abnormal behavior, and make a concerted effort to expose psychology interns to clinical work with children, adolescents, adults, and older adults. Our program is committed to decreasing mental health inequity in our community by offering services to all individuals who are interested in treatment. We strive to maintain an inclusive, culturally sensitive, and welcoming environment for all trainees.

In summary, we emphasize the acquisition of psychodiagnostic, psychotherapy, and consultation competencies, with diverse patient populations covering the entire life span, through the modeling of these competencies by supervisors and intensive supervised experience. We prepare our psychology interns for postdoctoral training or the job market by fostering their movement towards independence in the delivery of high-quality clinical services by taking into account the most recent research and clinical findings as well as changes in the mental health care delivery system.

## THE PROGRAM OVERVIEW

The clinical psychology internship is a one-year, full-time (12 months) program, conducted by the Section of Psychology in the Department of Psychiatry at Louisiana State University Health Sciences Center School of Medicine. Interns apply for and are accepted into one of three tracks they complete during the training year: Adult (2 interns), Adult/Child (1 interns), or Trauma (1 intern). Each psychology intern has a half day a week available in which to gain additional training in a "subspecialty" area such as

work with trauma, school-based consultation, neuropsychology with HIV populations, bariatric evaluations, and burn survivors.

### Adult Track

Each Adult Track psychology intern will rotate through the adult inpatient psychiatric units (20 hours per week) located at University Medical Center for the entire training year. Inpatient rotations involve varying amounts of brief psychological assessment, group therapy, individual therapy, and consultation. Interns work within a multidisciplinary treatment team providing services in an acute inpatient hospital setting.

In addition to working on the inpatient units, Adult track interns provide services at the Behavioral Sciences Center (8 hours/week). Each intern will carry 4-5 adult outpatient psychotherapy cases. Psychotherapy cases may be follow-up treatments of clients previously seen in the inpatient setting or may come from direct outpatient referrals, and may be year-long intensive treatments or serial brief therapy cases. When psychology interns want more than the required number of outpatient psychotherapy cases, the number and client mix will be based on the supervisor's approval, as well as the psychology intern's experience, interests, training needs, and available time. Interns are also required to maintain active assessment cases through the Behavioral Sciences Center and complete ten comprehensive outpatient psychological assessments with adults during the entire psychology internship year. Assessments may include psychological, neuropsychological, and psychoeducational batteries.

### Adult/Child Track

Each Adult/Child Track psychology intern will rotate through the adult inpatient psychiatric units (20 hours per week) located at University Medical Center for the entire training year. Inpatient rotations involve varying amounts of brief psychological assessment, group therapy, individual therapy, and consultation. Interns work within a multidisciplinary treatment team providing services in an acute inpatient hospital setting.

In addition to working on the inpatient units, Adult/Child track interns provide services at the Behavioral Sciences Center (8 hours/week). Each intern will carry 4-5 child outpatient psychotherapy cases. Psychotherapy come from direct outpatient referrals, and may be year-long intensive treatments or serial brief therapy cases. When psychology interns want more than the required number of outpatient psychotherapy cases, the number and client mix will be based on the supervisor's approval, as well as the psychology intern's experience, interests, training needs, and available time. Interns are also required to maintain active assessment cases through the Behavioral Sciences Center and complete eight to ten comprehensive outpatient psychological assessments with adults during the entire psychology internship year. Assessments may include psychological, neuropsychological, and psychoeducational batteries. Adult/Child interns have the opportunity to focus their outpatient training on school-aged children/adolescents (6-18) OR infants/young children (0-5).

### Trauma Track

The Trauma Track intern will hold a clinical appointment of Psychology Intern through LSUHSC School of Medicine, with the intern's clinical work conducted at the affiliated Norman E. McSwain Jr, MD, Spirit of Charity Trauma Center at University Medical Center (UMC) New Orleans. Located adjacent to the LSUHSC main downtown campus, UMC is the only level 1 trauma center serving the greater New Orleans and Mississippi Gulf Coasts areas. At UMC and as part of the Trauma Service Line, the intern will serve as an integral member of the Trauma Recovery Team (TRT). The TRT is made up of psychologists, psychiatry residents, psychology trainees, and social workers. The TRT's mission is to foster resilience in patients/survivors, healthcare workers, and the community by increasing awareness of trauma and providing pathways to psychological healing.

The Trauma Track intern will spend up to 33% of their clinical time providing clinical consultation, screening, and assessment of mental and behavioral health concerns for patients admitted to the trauma surgery service. Using a Stepped Collaborative Care Model, interns will have the opportunity to support patients and their loved ones who are recovering from a wide array of physical injuries, including but not limited to motor vehicle accidents, gunshot wounds, work-related injuries, injuries resulting from community violence, and other accidental injuries. Additionally, the intern will also provide outpatient mental health services in the Trauma Recovery Center (TRC) for up to 50% of their clinical time. The TRC focuses on helping survivors of violent crime and traumatic injury overcome barriers to accessing mental health treatment, health care, and legal resources in the acute aftermath of trauma. Up to 17% if the intern's clinical time will be at UMC's Behavioral Health Clinic (BHC), which offers a diverse range of outpatient mental health services to underserved communities in the greater New Orleans region. Interns at the BHC will be responsible for conducting ten comprehensive assessments of adult patients referred for various psychiatric, neurological, and behavioral concerns.

## MAJOR TRAINING SITES/PROGRAMS

**University Medical Center – Adult Inpatient Psychiatry**

The inpatient psychiatry service is housed in the newly built, state of the art University Medical Center which opened in August 2015. Currently, the inpatient behavioral health service consists of four adult units with the capacity for 60 patients. LSUHSC Department of Psychiatry provides psychiatric services on three of the four adult inpatient psychiatric units. Patients age 18 and older are admitted through University Medical Center's Emergency Services. The current inpatient units consist of patients with a variety of mental health issues including mood disorders, psychotic disorders, anxiety disorders, substance use, and personality disorders. Programing for the inpatient units includes group therapies provided by various disciplines including psychology, psychiatry, social work, recreational therapy, and nursing.

Adult interns complete a twelve-month, 20-hour per week rotation on the psychiatric inpatient units where they are supervised by Drs. Lindsey Poe and Shane Bierma, who are licensed clinical psychologists and fulltime clinical faculty members at LSUHSC-NO. The psychology interns, residents in psychiatry,

medical students, and nursing students rotate through these units as part of their respective training programs. Adult Track clinical psychology interns are integral members of the multidisciplinary treatment teams taking the role of consultant, diagnostician, and therapist as they provide group psychotherapy, individual psychotherapy, and psychological testing services for the units.

**Behavioral Sciences Center (BSC) Outpatient Psychotherapy and Assessment Clinic**

The Behavioral Sciences Center is located on the 7th floor of the LSU Healthcare Network Multi-Specialty Clinic, 478 South Johnson Street, New Orleans, in close proximity to the other major training sites. Since 2008, the Behavioral Sciences Center has become the primary outpatient clinic for the entire department and its various trainees of all disciplines. This clinic is operated by the Department of Psychiatry to provide training experience in outpatient mental health services for psychology interns, psychiatry residents, and social work interns. Referrals to the clinic come from both the public and private sectors, including private practitioners in the community, pediatric clinics at local hospitals, community mental health centers, and local schools and universities. Psychology interns from the Adult and Infant/Child tracks see patients from infancy through adulthood at the BSC where they perform intake evaluations, various types of assessment, individual psychotherapy, and couples and family therapy. Supervision is provided by the full-time faculty psychologists and by several part-time clinical faculty who are actively engaged in clinical practice in the community.

There are opportunities to provide a full range of psychotherapeutic interventions including psychodynamic psychotherapy, interpersonal therapy, play therapy, parent training, cognitive therapy, behavior therapy, and child-parent psychotherapy. Psychology Interns assigned to the BSC will carry cases for the entire year. The types of cases will be determined by the intern's supervisor and the Director of Internship Training based on the needs of the intern and the cases available.

The BSC Assessment Clinic was established in 2010 to help meet the urgent need for psychological evaluation services to the greater New Orleans area which was heavily impacted by Hurricane Katrina resulting in a decrease of available diagnostic centers and clinicians in the region. The BSC-AC provides interns with more specialized training and experience assessing patients of all ages referred for a variety of psychiatric, neurological, and behavioral issues. Psychological/cognitive issues including learning problems, ADHD, depression, anger, anxiety, and memory/cognitive disorders are routinely assessed with a customized battery which may include the WPPSI/WISC/WAIS, Woodcock-Johnson Tests of Achievement, Trail Making Test, Achenbach Scales, PAI/MMPI, and IVA+ to name a few.

A customized approach is used by the clinician, with the assistance of their clinical supervisor, based on the referral question. Services are available for individuals ages 3 to 89. Psychology interns receive supervision from a licensed clinical psychologist on the core faculty. Interns are required to carry an active assessment case at all times throughout the training year with adjustments made to their caseload depending on complexity of cases assigned (average 1-2 per month). The majority of services completed through the BSC-AC are conducted in two sessions with additional sessions scheduled as needed. Results with appropriate recommendations are provided in 60-minute feedback session

appointments within a month of completion of all aspects of testing including collection of collateral reports from caregivers, teachers, etc.

**University Hospital Inpatient Trauma Psychology and Trauma Recovery Center**

The Norman E. McSwain, Jr, MD, Spirit of Charity Trauma Center at University Medical Center (UMC) New Orleans is the only level 1 trauma center serving the greater New Orleans and Mississippi Gulf Coast areas. At UMC, the Trauma Recovery Team (TRT) is made up of psychologists, psychiatry residents, psychology trainees, and social workers. Our team's mission is to foster resilience in patients/survivors, healthcare workers, and our community by increasing awareness of trauma and providing pathways to psychological healing. Supervised by Drs. Erika Rajo and Sandy Hyatt, psychology interns will have the opportunity to engage in the proactive screening of patients seeking treatment for traumatic injuries at UMC. Using a Stepped Collaborative Care Model, interns will have the opportunity to support patients recovering from a wide array of physical injuries including but not limited to motor vehicle accidents, gunshot wounds, work-related injuries, injuries resulting from community violence, and other accidental injuries. During their weekly Trauma Psychology shift, interns will see patients and their loved ones on the Trauma Intensive Care Unit and step-down medical floors to provide screening and brief intervention for trauma-related distress, depression, alcohol/substance use, and risk of violence-related reinjury. Interns will provide consultation to a multidisciplinary team including consultation-liaison psychiatry, trauma surgery, orthopedic surgery, physical/occupational/speech therapy, and nursing staff, as well as link patients to the UMC Trauma Recovery Center, Hospital-Based Violence Intervention Program, and other community resources based on their specific needs. The Trauma Recovery Center (TRC) focuses on helping survivors of violent crime and traumatic injury overcome barriers to accessing mental health treatment, health care, and legal resources in the acute aftermath of trauma. The TRC provides trauma-informed services, including assertive case management and evidence-based psychotherapy to trauma survivors and their loved ones, with a focus on increasing access to underserved communities.

For more information about UMC and the Trauma Center visit https://www.lcmchealth.org/university-medical-center-new-orleans/our-services/norman-e-mcswain-jr-md-spirit-of-charity-trauma-/

## SUPERVISION

The emphasis of the program is on the provision of quality clinical training under the supervision of LSUHSC-NO faculty. A major strength of our training program, based on feedback from graduates who are currently in practice, is the quantity and quality of supervision provided for each psychology intern. Each psychology intern receives an average of 4-6 hours of supervision per week. Two hours are dedicated to individual supervision while the other 2-4 hours are generally in group supervision format. Occasionally, interns receive an additional hour of individual supervision if needed. We encourage psychology interns to experience supervision with supervisors of different theoretical orientations. It is expected that psychology interns will require the most directive supervision during the first third of a given rotation, somewhat less during the middle, and that they will function more independently towards the end of a rotation. Thus, while supervision is provided throughout the year, the amount of

structure is dependent on the psychology intern's capabilities and needs. If it is found that psychology interns require remedial training in a particular clinical area, they will have more supervised experience in that area until they can more competently perform that role. Videotaping and direct observation of interns providing services is used in all settings to facilitate supervision throughout the year. Equipment for taping is available for interns' use.

## REQUIRED DIDACTIC SEMINARS AND GROUP SUPERVISION

**Internship Meeting with Training Director**
*Wednesdays from 8:15 – 8:45 am (CALS 6233)*
This meeting provides an opportunity for the psychology interns to connect with one another and check in with the Training Director and Associate Training Director through group discussions with particular attention paid to professional development issues as well as time to discuss programmatic issues, problems, or general concerns about the psychology internship experience.

**Group Supervision of Supervision (GSoS)**
*Wednesdays from 8:45 – 10:15 am (CALS 6233)*
GSoS is led by Dr. Katie Catanzarite. The GSoS experience at LSUHSC was developed by Erika Rajo, PsyD in 2019 to help trainees enhance their knowledge of clinical supervision theory and turn this into effective clinical practice. This training opportunity has continued to evolve over the past several years to help psychology interns and postdoctoral fellows achieve competency in clinical supervision. As part of the training experience, each intern will be paired with a practicum student and/or psychiatry resident, for whom they will provide psychotherapy and/or assessment supervision for the duration of the training year. Intern supervisors meet with their supervisees on a weekly basis and bring material from these meetings into GSoS so that GSoS supervisors and fellow interns are able to help develop their supervision skills, knowledge, and attitudes. Similar to other clinical activities as an intern (i.e., individual supervision, group psychotherapy), GSoS facilitators are evaluating you in order to provide feedback and strengthen your skills. This process is intentional. We want to model the evaluative process that you (by virtue of being supervisors) will also be doing with your own supervisees. We strive to create a space where we help one another become the best clinical supervisors we can be. We will support one another, discuss our supervision cases, read the literature, role play, and much more.

**Psychology Seminar**
*Wednesdays from 10:15 – 11:15 am (CALS 6233)*
This weekly seminar, coordinated by Dr. Amy Rinner-Clomburg, consists of various special topics in clinical psychology, ethical decision-making, and professional development as a psychologist. Multidisciplinary core faculty and outside lecturers from the community (e.g. psychologists, psychiatrists, and other disciplines) discuss a variety of issues including supervision, licensure preparation, cultural diversity, psychopharmacology, unique specialty populations, and theoretical models. Additional topics are welcomed by the request of the current intern class. In addition, each psychology intern is required to make a formal presentation on a topic of the intern's choice. Although Psychology Seminar typically takes place in person, it is conducted via Zoom on occasion with lecturers from outside New Orleans.

**Assessment Group Supervision**
*Wednesdays from 12:30 - 2:30pm (CALS 6233)*

This weekly group supervision, also known as "Assessment Clinic" and led by Drs. Shane Bierma and Amy Rinner-Clomburg, allows all interns to formally present assessment cases of infants, children, adolescents, and adults evaluated through the outpatient clinics. Fundamentals of psychological assessment including test administration, selection of testing instruments, collection of collateral reports, integration of testing data, report writing, recommendations for feedback sessions, etc. will be discussed throughout the year. Interns are required to carry an active assessment case at all times throughout the training year with adjustments made to their caseload depending on complexity of cases assigned (average 1-2 per month). In order to stay on track to complete the required assessments, it is recommended that interns not wait to finish an assessment case before starting the next one. Interns are expected to complete at least half of their required assessment cases, including feedback sessions, by the end of December. Additionally, in order for supervisors to edit reports in time for interns to complete all of their assessment feedback sessions, all testing sessions must be complete by the end of May.

**Psychotherapy Group Supervision**
*Wednesdays from 3:00 – 4:00 pm (CALS 6233)*
This unique, year-long supervision, led by Drs. Dani Archie and Sebestian Del-Corral, involves presentations of therapy cases seen at the various training settings. Psychology interns formally present cases which are then discussed as a group. The focus of the discussion is on deepening case conceptualization, understanding the cultural formulation of the case, discussing transference and countertransference that may arise in the treatment, and brainstorming other potential therapeutic techniques that could be beneficial to the individual case. Interns are welcome to bring videos from session to enhance discussion about psychotherapy cases.

**Psychiatry Grand Rounds** are held in the CALS building, at 2021 Perdido St. in the first floor classrooms (rooms 1044 & 1046) from 1:00-2:00 pm on Thursdays. Local, national, and international experts give presentations on diagnostic and treatment issues, biological psychiatry, epidemiological findings, socio-political issues, theoretical developments, and philosophical issues in clinical psychiatry. Interns will attend weekly and present once during the training year.

**Community Mentor**
*One hour monthly meeting at time determined by intern and mentor*
Each intern will be assigned a mentor from the gratis faculty to meet with monthly throughout the training year. Mentors are psychologists with a variety of expertise who work in various throughout the New Orleans community. Mentors serve as a source of support and guidance on professional development.

## OTHER EDUCATIONAL OPPORTUNITIES

- During orientation, all interns complete a two-day training for the Autism Diagnostic Observation Schedule-Second (ADOS-2) with Dr. Kristin Callahan. ADOS administration can be completed at the LSU Behavioral Sciences Center or Algiers Behavioral Health Center and incorporated into assessments when indicated.

- While on the primary rotations, psychology interns will be required to attend in-service and other training activities, which are germane to their functioning as members of the multidisciplinary team.

- **New Orleans-Birmingham Psychoanalytic Center (NOBPC):** Psychology interns have an open invitation to attend lectures offered by NOBPC, a well-established training program for mental health professionals interested in psychoanalysis. The Institute also offers a mentorship program each year which interns are welcome to participate in during the year. For more information, contact Drs. Billy Walker or Stephen Anen.

- **Crescent City Area Psychological Society (CCAPS):** A local group of psychologists who meet monthly for lectures and socializing. Interns are welcome to attend any meetings offered. Dr. Moore will share updates from the group throughout the year about events.

- New Orleans is a popular city for continuing education programs and conventions. Depending on the training year, interns may have an opportunity to present at a conference and/or attend sessions.

- **Louisiana Psychological Association (LPA):** The LPA holds a workshop in the Fall psychologists as well as hosting an annual conference in the summer. Psychology interns are usually charged a reduced fee and funding to attend the conferences is often also available through the Section of Psychology. For more information, contact Dr. Nathan Brown who is currently serving on the Executive Council.

- Throughout the year, various activities and workshops in the School of Medicine may be applicable to psychology interns which they are also invited to attend if their schedule allows.

- **Working with Latinx Patients: A Consultation Group:** This bi-weekly consultation group is intended for individuals who are doing psychotherapy or testing with Spanish-speaking patients or their families. We stay up-to-date on the literature and discuss as a group the cultural/ethnic factors that arise in working with this population (e.g., Bilingualism; Values; Immigration; Countertransference; Evidence-based practices with Latinx patients; etc.). This group is held in English, and all are welcome regardless of ethnicity or language ability. For more information, contact Drs. Nathan Brown or Sebastian Del-Corral-Winder.

## SPECIALTY ROTATION EXPERIENCES

*Infant/Child, Trauma, and Adult Track interns will spend 4 hours/week on two 6-month long specialty rotations. Specific assignments will be made in collaboration with the training director and interns.*

**University Hospital Burn Center** *(Supervisor: Dr. Nathan Brown)*

The psychology clinic at the Burn Center at University Medical Center, New Orleans is a specialty service under the umbrella of the UMCNO Trauma Psychology team. Our Burn Center, we are proud to report, is the Gulf South's only Burn Center verified by the American Burn Association. In brief, that means that we provide a high standard of care to individuals with serious burn injuries. The Burn Psychology team is

currently comprised of Dr. Nathan Brown (Burn rotation supervisor), LSUHSC faculty psychologist, though he collaborates closely with the Trauma Center mental health providers as well as the multidisciplinary burn team (i.e., burn surgeons, nurses, physical therapists, occupational therapists, pharmacists, speech therapists, dieticians, and more). This rotation shares some similarities with the trauma rotation; for example, we provide inpatient psychological screening and short-term interventions for our hospitalized patients. However, the experience will differ from the trauma rotation because, in contrast to the Trauma Center, the Burn Center is contained in a relatively small 16-bed unit and patients are often hospitalized for up to several months. Therefore, interns will have the opportunity to work with a consistent team of burn staff and to follow patients on an inpatient basis for a relatively longer period of time. In sum, psychology interns will have the opportunity to provide psychological screenings, brief interventions, and individual and family psychotherapy treatment for inpatients at the Trauma Center. Depending on availability and interest, interns may also participate in the Burn Center's weekly multidisciplinary team meetings, monthly educational conference, burn research projects, biweekly Burn Survivor Support Group, and observe burn surgeries. For more information about UMC and the Burn Center visit https://www.umcno.org/programs-services/burn-center/

**Integrated Behavioral Health in Women's Clinic Specialty Rotation** *(Supervisor: Katie Catanzarite, PsyD)*
Louisiana ranks among the worst states for maternal morbidity and mortality, with significant racial disparities for the birthing person and baby. In an effort to increase access to care and improve mental health and health outcomes, behavioral health services (psychology and psychiatry) have been embedded into the UMC Women's Health Clinic for OB patients. This specialty rotation provides interns with clinical experience delivering behavioral health services within a women's health (OB/GYN) clinic, primarily with perinatal patients (pregnant and up to one year postpartum), and learning about considerations, interventions and tools specific to perinatal mental health. Interns will gain experience addressing complex comorbid physical and mental health presentations, with a broad range of acuity. Common presentations include severe depression, suicidal thoughts/behaviors, anxiety, PTSD often secondary to birth trauma, and adjustment to parenthood. Interns carry a small caseload of psychotherapy patients (2-5 patients) that they see throughout the duration of the rotation. Schedule permitting; interns complete brief interventions and same-day consultations to support patients' medical adherence, increase health behaviors, screen for mental health symptoms and address barriers to care. Interns are encouraged to participate in interdisciplinary collaboration with OBGYN attendings, residents and support staff as well as the psychiatry residents and fellows. Additional opportunities available include learning and delivering Written Exposure Therapy, facilitating skills group, participating in monthly treatment team meetings with psychiatry, and co-presenting Women's Mental Health didactics, etc.

**School-Based Consultation/Intervention** *(Supervisor: Dr. Michelle Moore)*
Since 2006, Louisiana State University Health Sciences Center Department of Psychiatry (LSUHSC) has worked collaboratively to meet the psychosocial and educational needs of students and families in various schools in and around the New Orleans area. The purpose of the school rotation for psychology interns is to improve the interns understanding of the role a clinical psychologist plays in a school

setting. More specifically, the intern learns how to provide effective consultation services to school administrators and teachers regarding challenging students at school and managing difficult behaviors. Interns will also learn about techniques and treatment styles that are different in a school setting from an outpatient setting. Interns will conduct classroom observations, create functional behavior assessments and behavior intervention plans. Clinical psychologists do not always get to experience a child population in a school setting whereas trainees who are seeking specialization in school psychology will be well versed in this aspect of training. It is important for clinical psychology trainees to gain experience working with children in a school setting because children spend most of their day at school. The relationships children build with peers and teachers are important aspects of their development.

**University Hospital Bariatric Clinic** *(Supervisor: Dr. Lindsey Poe)*

The Center for Weight Loss and Bariatric Surgery is a clinic within University Medical Center providing vertical sleeve gastrectomy and Roux-en-y bypass surgery to the morbidly obese. During this rotation, interns will have the opportunity to learn about and conduct psychological evaluations required for clearance for bariatric surgery. Interns will additionally have the opportunity to provide screening and brief interventions, manualized treatment for binge eating disorder, and post-operative health and behavior assessments. The bariatric behavioral health team works closely with social work, nursing, dieticians, and bariatric surgeons on a multidisciplinary team to ensure optimal weight loss success and improvement in quality of life. This rotation is supervised by Dr. Poe.

**HIV Outpatient Clinic at University Medical Center** *(Supervisor: Dr. Shane Bierma)*

An intern's role at the HOP Clinic is primarily conducting neuropsychological assessments and 1-2 sessions of individual psychotherapy with patients diagnosed with HIV and hepatitis. Referrals come from other providers within the clinic. For assessments, referrals are typically added to the intern's schedule at the request of other providers who are looking to quickly seek information about patients' suitability for simulant medications or questioning changes in cognitive status as a result of a neurodegenerative process. Intakes and assessments are conducted within a single visit so results can be provided to the referral source prior to patients' next visit with them, which is often within the next 14 days. This rotation is under the supervision of Dr. Shane Bierma.

**CrescentCare** *(Supervisor: Dr. Andrea LaPlante)*

CrescentCare is a Federally Qualified Health Center specializing in the care of people living with HIV and members of the LGBTQ community. CrescentCare provides integrated care, including primary medical services, behavioral health, and preventative services, regardless of income or insurance status. Interns will provide individual therapy services within the Behavioral Health Department for people living with HIV. Patients present with a wide range of psychological conditions, including severe mood disorders, PTSD, and substance abuse. The intern will work as part of a multidisciplinary team and under the supervision of Dr. Andrea LaPlante.

**Osofsky-Harris Infant Mental Health Program** *(Supervisors: Drs. Amy Clomburg and Amy Dickson)*

If the Adult/Child intern chooses to focus their outpatient training on infants/young children, they will participate in the Osofsky-Harris Program ("Harris") as their specialty rotation. This rotation is not available to other interns. The Osofsky-Harris Program is devoted to the study and treatment of infants and young children. The program trains psychologists, psychiatrists, and social workers in evaluation, treatment, and intervention with infants and their families. The focus is on relationship-based assessments and treatment for infants and toddlers in the first five years of life. Trainees also learn traditional play therapy techniques, different modalities of dyadic psychotherapy (e.g. child-parent), and relevant aspects of family and parenting methods needed to work with very young children and their caregivers. Infant/Child interns participate in a weekly seminar where they are taught theoretical aspects of infant development, about the parent-caregiver relationship, and evaluation and therapeutic techniques when working with this population. The seminar also incorporates the presentation of clinical evaluations and treatment, much of which is videotaped for discussion by the group. Additional components to the Osofsky-Harris Infant Mental Health Program include: interns will conduct outpatient therapy with referred infants and toddlers and their caregivers; interns will conduct infant observations with a normally developing, low risk infant; and interns will participate in weekly multi-disciplinary group supervision. By the end of the training year, interns will have the opportunity to be eligible to be rostered nationally as a Child-Parent Psychotherapy provider if they have met the requirements. Additionally, interns are able to receive a certification of Infant Mental Health specialty at the conclusion of the training year upon completion of training requirements.

*** Note: Rotations are subject to change each year. Additional experiences may be available depending on individual intern's expressed interest and/or availability of appropriate faculty. Prior approval from training director is required before beginning any additional experience.**

## APPLICATION PROCEDURES

Our program uses the APPIC uniform application for Psychology Internship, which is the AAPI Online. Specific information about the AAPI can be found on APPIC's website at http://www.appic.org. In addition to the AAPI, interested applicants need to also submit the following supplemental materials including: a cover letter that states which track you are applying for (i.e Adult, Adult/Child, or Trauma track), curriculum vita, de-identified case conceptualization/treatment summary (please limit to 3 pages), and de-identified sample psychological assessment. The treatment summary should include the following: presenting problem, demographic information, relevant history, diagnoses, theoretical case conceptualization, treatment plan and course of treatment (how therapy progressed and ended). All applications must be received no later than November 1st, 2026. For additional questions regarding the aforementioned application materials please feel free to contact our program. We welcome telephone calls or e-mails to the Training Director, Associate Training Director, Administrative Assistant and/or other psychology faculty in order to clarify issues related to the program or the application procedure.

Physical Address to contact Dr. Archie, Dr. Rinner-Clomburg, and/or Ms. Olivarez directly:

Louisiana State University Health Sciences Center, School of Medicine
Department of Psychiatry, Section of Psychology c/o [Dani Archie, PhD.]
2021 Perdido St., 6th Floor
New Orleans, LA 70112

Dani Archie, Ph.D., Training Director
Office: Suite 6140

Phone: 504-568-2537; Email: darch1@lsuhsc.edu

Amy Rinner-Clomburg, Psy.D., Associate Training Director
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Jennifer Olivarez, Program Coordinator
Phone: 504-568-2537; Email: joliv8@lsuhsc.edu

****IMPORTANT NOTE** All interviews will be conducted via Zoom teleconferencing.**

## SELECTION PROCEDURES

The Training Director reviews all applications for basic eligibility, which includes a graduate student in good standing from a clinical or clinical combined APA-accredited program. In addition, applicants should have completed their qualifying exams and have received approval for their dissertation proposal. Applicants who do not meet these requirements and those who will not be receiving a formal interview will be notified immediately. The Training Director reviews all applications for basic eligibility, which includes a graduate student in good standing from a clinical or clinical combined APA accredited program. In addition, applicants should have completed their qualifying exams and have received approval for their dissertation proposal. Applicants who do not meet these requirements and those who will not be receiving a formal interview will be notified immediately. Applications and supporting materials are reviewed by Dr. Archie as well as members of the Clinical Psychology Internship Committee. Reviewers make quantitative and qualitative ratings of the applicant's suitability for the program and our ability to meet the applicant's training needs. The applicants are then ranked in terms of goodness of fit. The top ranked applicants will be contacted to schedule interviews over Zoom. All other applicants will be notified prior to December 15th if you will not be offered an interview with the program. During the interview, we will ask permission to photograph interviewees. Given the large number of interviewees, we find that a photograph, along with notes we make during the interview process, helps to keep clear who we are discussing when final ranking decisions are made. Should an applicant decline to be photographed, it will have no negative impact on their ranking. Once invited to interview, applicants can expect to meet with 3 to 4 faculty members individually, participate in a group interview, and have a group Q&A session with our current interns. The Clinical Psychology Internship Committee meets following the interview process to determine the rank order list of applicants.

Note: LSUHSC NO participates in APPIC's computerized matching process. If you have any questions regarding the matching process, please refer to http://www.appic.org/Match/Match-Policies.

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 prior to Uniform Notification/Match Day. In addition, the LSU Health Sciences Center School of Medicine Department of Psychiatry, Section of Psychology will follow the attached rules and guidelines of APPIC. Additionally, should the applicant have complaints about the LSUHSC internship or internship process, the applicant can call the Education Directorate of the American Psychological Association at 202-336-5979.

It is the policy of the Louisiana State University Health Sciences Center (LSUHSC) New Orleans campus and the Medical Center of Louisiana at New Orleans (MCLNO) to promote and safeguard the workplace from consequences of substance abuse. All post job offer applicants are REQUIRED to undergo and pass post job offer substance abuse testing prior to beginning employment. They must test free of drugs as a condition of hiring. A negative test result must be received by LSUHSC and MCLNO before you can attend orientation and begin work. You have the right to refuse to have the alcohol and/or drug test done. Post job offer applicants who refuse to submit to a drug test will no longer be eligible to begin the internship. Random drug/alcohol testing and testing due to behavior suggestive of drug/alcohol use during work are possible.

**Equal Opportunity/Affirmative Action (Statement of the LSUHSC Chancellor)**

The Louisiana State University Health Sciences Center recognizes its legal and moral obligations to guarantee equal employment opportunity to all persons in all segments of University life. We also recognize the historical denial of equal opportunity to certain segments of our population. We are, therefore, committed to providing equal opportunity at the Health Sciences Center to fulfill our legal and moral obligations.

It is with a genuine concern for all the people that we publicly express our commitment to equal employment opportunity and affirmative action. This commitment includes not only providing equity in our present employment practices, but also a commitment to the removal of past barriers that hinder equal employment opportunities.

The Health Sciences Center is committed to this policy because it is our belief that it is morally right, it is good personnel management, and it is legally required by Title VII of the Civil Rights Act of 1964, as amended, by Equal Employment Opportunity Act of 1972, Executive Order Number 11246, the Rehabilitation Act of 1973, as amended, Title IX of the Education Amendments of 1972, the Vietnam Era Veterans Readjustment Assistance Act or 1974, Governor Edwin Edwards' Executive Order Number 13, and Louisiana Fair Employment Practices Act.

Louisiana State University Health Sciences Center will take affirmative action to insure that the following will be implemented at all levels of administration:

1. Base employment decisions so as to further the principles of equal employment opportunity;

2. Ensure that all personnel actions, such as, compensation, tenure, benefits, transfers, layoffs, recall from layoffs, education, tuition assistance, social and recreation programs be administered without regard to race, color, religion, sex, age, national origin, handicap/veteran status, or any other non-merit factor.

Basic guidelines and methods of achieving the goal of equal employment opportunity will be set forth in Louisiana State University Health Sciences Center's Affirmative Action Program.

Overall responsibility for the reaffirmation of policy and program is the responsibility of the Chancellor's Office.

Implementation of the program coordination and monitoring to ensure compliance is the responsibility of the Department of Human Resource Management.

Any persons having questions regarding this program should contact the Director of Human Resource Management or the Labor Relations Manager (504-568-8742).

Therefore, in keeping with application of federal and state laws and regulation, we at the Louisiana State University Health Sciences Center commit ourselves to this Affirmative Action Plan that is designed to demonstrate our good faith to successfully achieve, for academic and non-academic staff, the goal of equal employment opportunity.

## DUE PROCESS PROCEDURES

Due process ensures that decisions made by programs about interns are not arbitrary or personally based, requires that programs identify specific evaluative procedures which are applied to all trainees, and have appropriate appeal procedures available to the intern so they may challenge the program's action. General due process guidelines include:

- presenting interns in writing with the program's expectations related to professional functioning, which is outlined in the Supervisor’s Evaluation of Intern’s Profession-Wide Competencies;
- stipulating the procedures for evaluations, including when and how evaluations will be conducted, which occur quarterly between the intern and supervisor(s) as well as with the input from the Clinical Psychology Internship Committee to ensure consistent, stable progress;
- articulating the various procedures and actions involved in making decisions regarding problems;
- communicating with graduate programs about any suspected difficulties with interns and seeking input from these academic programs about how to address such difficulties;
- instituting, with input and knowledge from the graduate program, a remediation plan for

identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies;
- providing a written procedure to the intern, which describes how the intern may appeal the program's action;
- ensuring that interns have sufficient time to respond to any action taken by the program;
- using input from multiple professional sources when making decisions or recommendations regarding the intern's performance; and
- documenting, in writing and to all relevant parties, the action taken by the program and its rationale.

## Definition of Problematic Behavior

For purposes of this document, intern problematic behavior is defined broadly as an interference in professional functioning that is reflected in one or more of the following ways:

1. An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior.
2. An inability to acquire professional skills in order to reach an acceptable level of competency.
3. An inability to control personal and interpersonal stress, psychological difficulties, substance abuse, and/or excessive emotional reactions that interfere with professional functioning.

While it is a professional judgment as to when an intern's behavior reaches the level of "problematic behavior" rather than just an area of "concern," for purposes of this document a concern refers to an intern's behaviors, attitudes, or characteristics that, while of concern, do not rise to the level of requiring remediation and are perceived not to be excessive nor as an impediment for reaching competency levels for professionals in training. An intern is typically defined as having a "problematic behavior" if displaying one or more of the following characteristics:

1. The intern does not acknowledge, understand, or address the problem when it is identified.
2. The problem reflects a skill deficit that may or may not be rectified by academic or didactic training.
3. The quality of services delivered by the intern is sufficiently negatively affected by the problematic behavior.
4. A disproportionate amount of attention by training personnel is required in terms of level of training to address the problematic behavior.
5. The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.
6. The problematic behavior has potential for ethical or legal ramifications if not addressed or is illegal.
7. The intern's behavior negatively impacts the public view of the agency.

8. The problematic behavior negatively impacts the intern class.

Procedures for responding to an intern's initial problematic behavior

There are four instances where these procedures could be initiated:

1. After the 1st quarter, if an intern receives a rating of 1 or Not Assessed on a profession-wide competency domain at the quarterly supervisors meeting.

2. During the mid-year evaluation, interns are expected to achieve 80% or more of their ratings at the intermediate skill level or above. At least 27 of the 34 competency areas should be rated at the Intern Practice Level or above. If the intern's performance falls below this expectation, then due process should be initiated.

3. After the 3rd quarter, if an intern fails to meet the goals outlined by the Clinical Psychology Internship Committee (CPIC) resulting in performance at a rating of 2, 1 or Not Assessed at the quarterly supervisors meeting.

4. At any point during the training year if an intern's behavior rises to a level of concern that is considered to be severe or a potential harm to the public, then due process should be initiated.

The procedures are as follows:

1. Following the quarterly meeting, the intern's supervisor(s) will meet with the Training Director (TD) and/or Associate Training Director (ATD) either in person or virtually to discuss the rating and determine what action needs to be taken to address the issues reflected by the rating.

2. During the quarterly meeting between the intern and the TD, the intern will be notified and receive written documentation that these concerns are present. The intern has an opportunity to provide a statement related to their response to the rating.

3. In discussing the rating and the intern's response (if available), the TD and the intern's supervisor(s) shall adopt one of the following decisions:

    a. **Level 1:** The problem does not warrant a written plan. The problematic behavior will be addressed monthly through communication between the intern and their supervisor(s) which is shared with the TD but will not be sent to the Director of Clinical Training (DCT) of the intern's graduate program. The intern is formally reassessed at the next quarterly evaluation meeting.

b. **Level 2:** A remediation plan is created with a written statement including the elements outlined below. The written statement will be reviewed with the intern, supervisors, and TD; signed by all participating parties; and then emailed to the DCT of the intern's graduate program.
    i. Description of the actual behaviors associated with the inadequate rating;
    ii. Rationale for the decision made by the program;
    iii. Specific recommendations for rectifying the problem;
    iv. Time frame for the remediation plan during which the problem is expected to be ameliorated; and
    v. Procedures designed to ascertain whether the problem has been appropriately rectified.

c. **Level 3:** Probation is warranted due to the severity of concerns and/or risk to the public. A remediation plan is developed as a written statement including the elements outlined below. The written statement will be reviewed with the intern, supervisors and TD; signed by all participating parties; and then emailed to the DCT of the intern's graduate program.
    i. Description of the actual behaviors associated with the inadequate rating;
    ii. Rationale for the decision made by the program;
    iii. Specific recommendations for rectifying the problem;
    iv. Time frame for the probation period during which the problem is expected to be ameliorated; and
    v. Procedures designed to ascertain whether the problem has been appropriately rectified.

4. The TD will meet with the intern to review the action taken. The intern may choose to accept the decision or may choose to challenge the action. If the intern's problematic behavior is considered to be at a Level 1, then no challenge is available due to the informal nature of the plan to improve the aforementioned problem. The procedures for challenging the action are presented in the grievance procedures outlined later in this document under the situation involving "intern challenge".

5. When the decision falls at a Level 2 or Level 3 and a written statement is developed, the intern will participate in a meeting with the TD and appropriate supervisor(s) at the conclusion of the time period specified in the remediation plan. Prior to this meeting, the faculty will determine if the intern has successfully remediated the aforementioned problem. If the problematic behavior has been remediated based on the professional opinions of the faculty, then the intern, DCT and other appropriate individuals will be informed, and no further action will be taken. If the intern fails to remediate the problem within the time frame of the remediation plan or probationary period, then the procedures for responding to continuation of problematic behavior shall be initiated as outlined below.

## Remediation Considerations

It is important to have meaningful ways to address a problem once it has been identified to ensure that the intern's success in achieving entry level competency upon completion of the internship is paramount in the procedures and decisions made. Several possible, and perhaps concurrent, courses of action designed to remediate problems include but are not limited to:

1. Increasing supervision, either with the same and/or other supervisors;
2. Changes in the format, emphasis, and/or focus of supervision;
3. Recommending personal therapy in a way that all parties involved have clarified the manner in which therapy contacts will be used in the intern evaluation process;
4. Reducing the intern's clinical or other workload for a specified time frame;
5. Requiring specific didactic trainings, review of literature, or other academic coursework to address the area of problematic behavior; and/or
6. Recommending, when appropriate, a leave of absence and/or a second internship.

## Procedures for responding to continuation of problematic behavior

If the intern's supervisor(s) and the TD determine that, after a reasonable time period outlined in the remediation plan, the remediation efforts do not: 1.) rectify the problem, or 2.) when the intern seems unable or unwilling to alter their behavior, or 3.) when mistakes/behaviors are severe or 4.) if these behaviors/mistakes would be unable to be resolved in a reasonable time period given the time remaining in the internship program, then the training program may need to take more formal action. The TD shall communicate, in writing, to the intern that the problematic behavior has not been adequately resolved and explain the rationale for this decision. The TD shall provide the intern with the decision regarding which action will be taken. The potential action(s) taken by the faculty and TD at this stage of the due process procedure are listed below:

**ACTION 1:** Development of a new remediation plan under a probationary period with a specific time frame, which shall include the specific elements outlined earlier in this document;

**ACTION 2:** Suspension whereby the intern is not allowed to continue engaging in certain professional activities until there is evidence that the behavior in question has improved;

**ACTION 3:** Providing the intern with a limited endorsement at the completion of internship, including the specification of those settings, populations, and/or services in which the intern is competent and those in which the intern has not achieved full competency to practice independently;

**ACTION 4:** Communication which informs the intern that the TD and the intern's supervisor(s) are recommending to the Section Chief and Chairman that the intern shall not successfully complete the internship, if the behavior does not change within a specified time frame;

**ACTION 5:** Communicating to the intern and DCT that the intern has not successfully completed the internship, but is allowed to continue their training at the culmination of the internship year as an unpaid practicum placement for a specified amount of time;

**ACTION 6:** Communication which informs the intern that the TD and the intern's supervisor(s) are recommending to the Section Chief and Chairman that the intern shall be terminated immediately from the internship program.

Within 5 business days of receipt of the decision regarding the action, the intern shall respond, in writing, to the action by either accepting the action or challenging the action. If the intern challenges the action, the grievance procedures regarding an intern challenge shall be followed.

## GRIEVANCE PROCEDURES

There are two situations in which grievance procedures can be initiated, either due to an intern challenge or from an intern complaint. Each of these situations, and the course of action accompanying them, are described below.

1. **Intern Challenge**: When the intern challenges the action taken by the faculty during the due process procedures.

2. **Intern Complaint:** When the intern would like to file a complaint against a supervisor, staff member, other trainee, or the program itself and wishes to file a formal grievance.

### Intern Challenge

If the intern challenges the decision and action taken by the faculty as described in the due process procedures, then the following procedures shall be followed:

1. Within 5 business days of receipt of the decision, the intern shall inform the TD, in writing, of such a challenge.

2. Upon receipt of this challenge, the TD shall convene the Clinical Psychology Internship Committee (CPIC) to review the written statement from the intern regarding their rationale for the challenge. The CPIC shall convene within 5 business days after receiving notice from the TD.

3. At the CPIC meeting convened by the TD, the TD shall provide the committee with

documentation regarding the initial decision, level of perceived problematic behavior, any written statements available from the TD or direct supervisor(s), and the written statement from the intern regarding the challenge being made. The intern retains the right to be present at the meeting and to hear all evidence presented with the opportunity to dispute or explain their behavior.

4. At the conclusion of the meeting, the committee shall convene without the intern present and vote on whether to uphold the decision of the TD or to uphold the challenge by the intern. The majority vote will determine the final decision of the committee. If the vote ends in a tie with no clear majority, then the decision and supporting documents shall be submitted to the Chairman for a final decision.
    a. If the committee upholds the decision of the TD, then the remediation plan is put into action and an appropriate time frame is developed to remediate the intern's problematic behavior.
    b. If the committee upholds the intern's challenge, then no further action is taken for remediation and the DCT is notified of the decision.

5. Within 5 business days, the intern is informed, in writing, of the recommendations and decision made by the committee. The intern can either accept or reject the recommendations. If the intern rejects the recommendations and decision, the CPIC written statement shall be submitted to the Chairman of the Department of Psychiatry.

6. Within 10 business days of receipt of the written statement from the committee as well as supporting documentation from the TD inclusive of the intern's written statement, the Chairman shall do one of the following:
    a. Accept the committee's decision,
    b. Reject the committee's decision and provide an alternative action;
    c. Request further documentation from the intern, supervisors, TD or CPIC, which shall be provided within 5 business days of the request before making a final decision to accept or reject the committee's decision.

Once a decision has been made by the Chairman, the intern, TD, CPIC, DCT and other appropriate individuals are informed in writing of the action taken, and the decision is final.

## Intern Complaint

If there is a situation in which the intern has a complaint or grievance against a supervisor, faculty, TD, staff member, other trainee, or the program itself and wishes to file a formal grievance, then the following procedures shall be followed:

1. Discuss the grievance directly with the supervisor, faculty, TD, staff member, other trainee, or TD in an effort to informally resolve the problem.

2. If the matter cannot be resolved through informal resolution, or it is inappropriate to raise with the other individual, then the grievance shall be discussed with the TD.

3. If the TD cannot resolve the matter, the TD will choose a faculty member who will attempt to mediate the matter. Written material will be sought from both parties involved documenting their awareness of the grievance and statement regarding the grievance.

4. If the TD is the object of the grievance, or unavailable, the grievance shall be discussed directly with the Section Chief for Psychology.

5. If mediation fails, the TD will convene a review panel (except for complaints against staff members where the grievance procedures for that person's discipline will be followed) consisting of the TD, the Section Chief, and one faculty member.
    a. If the grievance is against the TD, then the TD will not serve on this committee and the Section Chief shall choose the other two faculty members for the review panel.

6. The Review Panel will review all written materials (from the intern, other party, mediation) and have an opportunity at its discretion to interview the parties or other individuals with relevant information. The Review Panel has final discretion regarding outcome, and the outcome is based on majority vote.

These due process procedures and grievance procedures set forth in the internship handbook are intended to provide the psychology intern with a means to resolve perceived conflicts that cannot be resolved by informal means. The program will not retaliate against an intern for a grievance made in good faith. Nothing here precludes attempted resolution of difficulties by adjudication at a school or university level following the guidelines of the Human Resources department at https://www.lsuhsc.edu/administration/hrm/. If the intern disagrees with how the program has handled a situation, they have the option to contact the Office of the Student Ombudsman at (504) 568-4876

and can learn more about this at
https://www.medschool.lsuhsc.edu/student_affairs/office_of_the_student_ombudsman.aspx

If the intern remains unsatisfied with the due process and grievance procedures, they may consider filing formal complaints outside of the internship program including ASARC with APPIC (https://www.appic.org/Problem-Consultation) for internship programs, SoA violation concerns with APA CoA (http://www.apa.org/ed/accreditation/contact.aspx) for accredited doctoral training programs, and/or ethics concerns with licensing boards (e.g., https://www.asppb.net/default.aspx) for ethics concerns related to individual psychologists (and also credential banking). It is important to follow timelines, instructions, etc. when using any of these processes.

## EVALUATIONS

### SUPERVISOR'S EVALUATION OF PSYCHOLOGY INTERN

The LSUHSC Clinical Psychology Internship Program has the responsibility to continually assess the progress of each intern. The primary purpose of this assessment is to facilitate professional and personal growth and is provided in a continual and timely way. In addition, it is particularly important that continual contact and close working relationships exist between graduate and internship programs, so that these guidelines and procedures can be implemented in a way that maximizes intern growth and development.

The internship program also recognizes that developmental stressors are inherent both in the transition from graduate school to an internship setting, as well as during the course of the internship. During the internship, interns are exposed to full-time clinical practice, typically involving a challenging caseload as well as responding to client crises and internship requirements. For example, when entering the internship, the rapidity with which interns must assimilate into a new environment and the expectation of competency in diverse clinical activities may be a source of considerable stress. Furthermore, intern supervision is often intense, concentrated and frequent, which may increase the intern's sense of personal and professional vulnerability. Some interns may also be receiving more critical criticism and critique of their skills then they are accustomed to in prior settings. Thus, while the internship represents a critical professional opportunity when interns can learn and refine skills, gain a greater sense of professional confidence, and develop a greater sense of professional identity, it is also a time of increased stress and vulnerability.

Since trainees make significant developmental transitions during the internship and may need special types of assistance during this time, it is the responsibility of the training program to provide activities, procedures and opportunities that can facilitate growth and minimize stress. Such measures include, but are not limited to, orientation meetings, individualized programs, clear and realistic expectations, clear and timely evaluations which include suggestions for positive change, contact with support individuals (e.g., supervisors), mentorship, and/or groups (e.g., other graduate trainees, former interns, etc.), didactic seminars, and staff attention to the gradual increase in both the number and severity of clients.

In order to provide pertinent information and to derive supportive measures or appropriate remediations, it is necessary for the internship program, in concert with the individual intern, to have an

accurate sense of how the intern is progressing in relation to standardized criteria or norms. Recognizing that, at best, evaluations and measures of intern performance are susceptible to bias and subjectivity, every effort is made to ensure that interns understand the program's expectations about areas, as well as levels, of performance. Further, because interns receive ongoing feedback from individual supervisors, the Training Director (TD), and other professionals with whom they have significant contact, an intern should have "no surprises" resulting from more formal evaluation procedures.

Interns are evaluated and given feedback throughout the year by their individual supervisors in both formal and informal settings. Interns are formally evaluated quarterly (every three months) and rated on the profession-wide competency areas by each supervisor. Interns need to be familiar with the content of these evaluations prior to beginning any clinical activity so that the performance dimensions are clear. At the end of each quarter, the Training Director and Associate Training Director meet with the interns individually to provide interns an opportunity to discuss potential issues/problems/concerns related to supervision as well as ways to handle any issues that may arise.

At the end of 1st and 3rd quarters, the intern's supervisors complete a brief quarterly evaluation noting the intern's strengths and areas for growth. Supervisors meet to review the quarterly evaluation and to review the intern's goals for the next quarter.

At the end of 2nd and 4th quarters, supervisors complete the comprehensive competency-based evaluation form individually with the intern and then review these as a group during a quarterly supervisors meeting in order to gain a well-rounded and thorough assessment of the intern's progress to date.

Thus, the TD/ATD receives information from all supervisors and those of others who have had significant contact with the intern, in addition to their own impressions. The intern will receive a document showing their overall performance across supervisors and settings as well as their strengths, areas for growth, and current challenges, which is shared with their graduate program. This process is viewed as an opportunity for the TD/ATD to provide integrative feedback regarding the collective experience of others who have had significant interactions with the intern. Both parties discuss how the internship experience is progressing, and the intern is provided with the opportunity to give their reactions and critiques of supervisors and other aspects of the training experience. It may be in the context of this meeting or whenever during the rotation that a problem is identified that the TD and the intern may arrange for a modification of the intern's training program to address specific training needs and/or the needs of the training program.

It is important that in the course of the internship the sponsoring university is kept apprised of the intern's training experience. The TD communicates with the sponsoring university twice a year regarding the intern's progress. Evaluations are sent to the DCT of each graduate program mid-year and at the end of the year.

These evaluations are one of the means by which LSUHSC will help interns develop their clinical skills to the fullest. If particular skills need more attention, the evaluations should indicate this together with a plan of action for improvement (see due process guidelines for serious concerns and deficiencies). If interns do not agree with the supervisor's evaluation, they are free to write comments on the document detailing their point of view. If the psychology intern does not improve in a problem area, please refer to the policy on due process. If an intern and primary supervisor do not work well together, a change of assignment may be possible.

If an intern finds that their preliminary training is deficient in some areas, they may find it necessary or desirable to exceed the required number of training hours in order to meet internship objectives. All interns are expected to abide by the ethical standards of the American Psychological Association, the Louisiana State Law governing the practice of psychology, and Federal Law, which regulates professional behavior of mental health care providers. At all times during their professional activities, interns are expected to follow the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct which can be found at: http://www.apa.org/ethics/code/

**INTERN'S EVALUATION OF SUPERVISOR**

These evaluations help us to maintain the quality of our program by taking into account psychology interns' experiences and preferences as we continuously implement necessary changes and improvements to develop the training at LSUHSC-NO. You will rate your supervisors twice a year (mid-year and end of year). These ratings are submitted anonymously to the program coordinator. While we aim to maintain intern's anonymity, we are also cognizant of the fact that we are a small training program, and there are generally a small number of individuals rating supervisors. Supervisor evaluations are reviewed by the Training Director at the mid-point of the training year. If there are significant concerns reported, then the Training Director will meet with the intern to discuss how to proceed, i.e. addressing the concerns directly, the TD addressing the concerns with the supervisor, etc. If the TD is the supervisor, those evaluations will be reviewed by either the Associate Training Director or Section Chief. All supervisors will receive feedback from these evaluations at the end of the training year.

Each supervisor has a commitment to meet with a psychology intern one hour per week in individual, face-to-face supervision. If a supervisor is not meeting regularly with the psychology intern or is repeatedly late for supervision, the psychology intern needs to inform the Training Director prior to the quarterly evaluation so that this situation can be corrected.

| Evaluation Period | Due Dates for Evaluation Forms |
|---|---|
| July 1 – December 31 | December 31st |
| January 1 – June 30 | June 30th |

**INTERN'S EVALUATION OF PSYCHOLOGY SEMINAR**

Interns complete an online evaluation form following each speaker during psychology seminar. These evaluations are required by APA and also assist the program to determine how effective and beneficial various topics and speakers are during the year.

## Evaluation forms utilized during internship

## Supervisors Evaluation of Interns Profession Wide Competencies
## OVERALL PERFORMANCE ACROSS SUPERVISORS

**Intern's Name**: _____
**Supervisor/Setting 1:** _____
**Supervisor/Setting 2:** _____
**Supervisor/Setting 3:** _____
**Supervisor/Setting 4:** _____
**Supervisor/Setting 5:** _____

**Evaluation Period**: ☐ Mid-Year ☐ End of Year

**Assessment methods utilized to evaluate competency*:***

☐ Direct observation (Assessed by: _____)
☐ Videotape (Assessed by: _____)

_____ Total number of assessment reports completed to date
_____ Total number of therapy cases currently active

**Competency Rating Descriptions:**

**5** **Practice level - Post-doctoral:** Comparable to post-doctoral expertise at the licensure level.
**4** **Practice level - End of internship:** Ready for independent practice at entry level.
**3** **Practice level - Intern:** Require routine supervision at internship level.
**2** **Practice level - Beginning internship:** Require intensive supervision.
**1** **Practice level - Practicum student:** Skills are in need of remediation plan.
**NA** **Not assessed** for this training experience due to the track or inability to assess skill by supervisor.

**Ratings are based on how this intern's performance compares to previous interns on the same track. Any ratings at the remediation level should be referred to the Training Director and a remediation plan should be developed to assist the intern with further development in those areas.**

**During the mid-year evaluation**, interns are expected to achieve 80% or more of their ratings at the intermediate skill level or above. In other words, at least 27 of the 34 areas should be rated intermediate or above. If the intern's performance falls below this expectation, then a remediation plan should be considered and discussed.

**During the end of year evaluation**, interns are expected to achieve 100% of their ratings at the high intermediate skill level or above.

☐ The intern has successfully completed the goal for this evaluation period, and we have reviewed this evaluation together.
☐ The intern has not successfully completed the goal for this evaluation period. See attached for formal or informal remediation plan.

| RESEARCH COMPETENCY | | | | | | |
|---|---|---|---|---|---|---|
| | Supervisor | | | | | |
| Skill Area(s) | 1 | 2 | 3 | 4 | 5 | Average |
| Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level. | | | | | | |
| Disseminate research or other scholarly activities (e.g. case conference, presentation, publications) at the local (including the host institution), regional or national level. | | | | | | |
| **ETHICAL AND LEGAL STANDARDS COMPETENCY** | | | | | | |
| Be knowledgeable of and act in accordance with each of the following: the current version of the APA Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and relevant professional standards and guidelines. | | | | | | |
| Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas. | | | | | | |
| Conduct self in an ethical manner in all professional activities | | | | | | |
| **INDIVIDUAL AND CULTURAL DIVERSITY COMPETENCY** | | | | | | |
| Demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves. | | | | | | |
| Demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service. | | | | | | |
| Demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). | | | | | | |
| Demonstrate the ability to independently apply their knowledge and approach in working effectively with individuals whose group membership, demographic characteristics and worldviews conflict with their own. | | | | | | |
| **PROFESSIONAL VALUES AND ATTITUDES COMPETENCY** | | | | | | |
| Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, | | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| lifelong learning, and concern for the welfare of others. | | | | | | |
| Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness. | | | | | | |
| Actively seek and demonstrate openness and responsiveness to feedback and supervision. | | | | | | |
| Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training. | | | | | | |
| **COMMUNICATION AND INTERPERSONAL SKILLS COMPETENCY** | | | | | | |
| Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. | | | | | | |
| Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts. | | | | | | |
| Demonstrate effective interpersonal skills and the ability to manage difficult communication well. | | | | | | |
| **ASSESSMENT COMPETENCY** | | | | | | |
| Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology. | | | | | | |
| Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural). | | | | | | |
| Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process. | | | | | | |
| Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient. | | | | | | |
| Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective. | | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences. | | | | | | |
| **INTERVENTION COMPETENCY** | | | | | | |
| Establish and maintain effective relationships with the recipients of psychological services. | | | | | | |
| Develop evidence-based intervention plans specific to the service delivery goals. | | | | | | |
| Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. | | | | | | |
| Demonstrate the ability to apply the relevant research literature to clinical decision making. | | | | | | |
| Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking, | | | | | | |
| Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation. | | | | | | |
| **SUPERVISION COMPETENCY** | | | | | | |
| Apply the knowledge of supervision in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees. | | | | | | |
| Apply the supervisory skill of observing in direct or simulated practice | | | | | | |
| Apply the supervisory skill of evaluating in direct or simulated practice | | | | | | |
| Apply the supervisor skills of giving guidance and feedback in direct or simulated practice | | | | | | |
| **CONSULTATION AND INTERPROFESSIONAL SKILLS COMPETENCY** | | | | | | |
| Demonstrate knowledge and respect for the roles and perspectives of other professions. | | | | | | |
| Apply this knowledge of consultation in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior. | | | | | | |

**COMMENTS REGARDING INTERN'S STRENGTHS**:

**COMMENTS REGARDING CHALLENGES AT THIS POINT IN THE YEAR**:

**COMMENTS REGARDING GOALS AND AREAS FOR GROWTH**:

**INTERN'S COMMENTS REGARDING FEEDBACK:**

_____ _____

Training Director's Signature/Date Intern's Signature/Date

**Evaluation of Psychology Seminar Sessions (completed electronically)**

PRESENTER: DATE:
TOPIC(S):

In the case of didactics with multiple topics/instructors, please submit an evaluation on each instructor individually. Please explain all ratings that are less than satisfactory on the back of this page or the weaknesses section.

| **Conferences/ Didactics:** | Unsatisfactory | | Satisfactory | | Excellent | Not Observed | Not Applicable |
|---|---|---|---|---|---|---|---|
| Relevance to current clinical work | 1 | 2 | 3 | 4 | 5 | NO | NA |
| Organization | 1 | 2 | 3 | 4 | 5 | NO | NA |
| Knowledge about topic | 1 | 2 | 3 | 4 | 5 | NO | NA |
| Use of allotted time | 1 | 2 | 3 | 4 | 5 | NO | NA |
| Presented useful skills | 1 | 2 | 3 | 4 | 5 | NO | NA |
| Handouts/Visual aids | 1 | 2 | 3 | 4 | 5 | NO | NA |
| Cultural components addressed | 1 | 2 | 3 | 4 | 5 | NO | NA |
| | | | | | | | |
| **Instructor:** | | | | | | | |
| Presents interesting up-to-date information | 1 | 2 | 3 | 4 | 5 | NO | NA |
| Receptive to feedback | 1 | 2 | 3 | 4 | 5 | NO | NA |
| Stimulates further interest in the area | 1 | 2 | 3 | 4 | 5 | NO | NA |
| Demonstrated cultural sensitivity | 1 | 2 | 3 | 4 | 5 | NO | NA |

| Strengths: | Weaknesses/Areas for Growth: |
|---|---|
| | |