INTERNSHIP IN
CLINICAL PSYCHOLOGY

2011-2012

THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER,
DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES
INTERNSHIP CONSORTIUM

OU Medical Center
Veteran’s Affairs Medical Center

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I. INTRODUCTION AND APPLICATION INFORMATION

Thank you for your interest in our Internship. We hope this brochure will inform you as a prospective intern about our general internship-training program in clinical psychology.

Our predoctoral internship program has eight positions, begins July 1st of each year, and continues one calendar year through June 30. Applicants to the internship must be in good standing in an APA-approved doctoral program in clinical or counseling psychology and must have completed at least two years of graduate study leading to a doctoral degree. We do not accept applicants from school psychology, social psychology, or industrial/organizational programs. The internship also considers postdoctoral applicants who qualify for a one-year internship. The postdoctoral applicant’s training must conform to the guidelines established by the APA Council of Representatives, in that the applicant must be enrolled in a university APA-approved program of postdoctoral education for retraining in clinical or counseling psychology. **VA funded interns must be U.S. citizens, but other positions do not require U.S. citizenship.**

Our program participates in the selection procedure as suggested by the Association of Psychology Internship Centers (APPIC). All site visits are on an invitation-only basis.

As an APPIC member, we use the standard AAPI on-line application process. Each applicant is to submit a complete set of application materials on AAPI online. The application deadline is November 8. A fully completed application set includes:

1. **Standard On-line APPIC Application**
2. **Supplemental Application Form** This form is a Word document and can be uploaded into the AAPI online service and attached as “supplemental materials”.
3. A copy of your vitae that can also be uploaded into the AAPI online service.
4. **Three** letters of recommendation.
5. An **official** transcript of all graduate academic work.

The name and address of the Intern Training Director:

**Russell L. Adams, Ph.D., ABPP-CN**
The University of Oklahoma Health Sciences Center
Department of Psychiatry and Behavioral Sciences
Internship Consortium
P. O. Box 26901, WP 3440
Oklahoma City, Oklahoma 73190-0901

A selection committee will be reviewing each application. As we must limit the number of applicants who interview, all site visits are on an invitation-only basis.
We normally notify all applicants selected for a site visit by December 15th. We will complete all on-site interviews before February 1. We have Christmas holidays from December 24 through January 4th during which time we do not schedule visits. We normally schedule site visits at least two weeks in advance. Please plan to stay for a full day. We suggest wearing comfortable shoes as the campus is large and interviews may be at various locations.

II. THE SETTING

This consortium internship program is offered through the Department of Psychiatry and Behavioral Sciences on the University of Oklahoma Health Sciences Center campus, located at 920 Stanton L. Young Blvd., Oklahoma City, Oklahoma. Consortium agencies include OU Medical Center Children's Hospital and its clinics -- Child Study Center, Veteran's Affairs Medical Center, and Williams’ Pavilion of Oklahoma Medical Center. All consortium agencies are located together in a large medical complex. The internship first began in 1961 and received APA approval in 1962.

The Department of Psychiatry and Behavioral Sciences has approximately 48 full-time faculty members, including approximately 20 psychiatrists, 25 psychologists, and 3 psychiatric social workers. In addition, there are five part-time faculty, and other supporting staff such as psychometrists, and psychiatric nurses. Faculty members from other academic departments also teach or provide supervision. There are 17 psychologists in the Department of Pediatrics, and one psychologist in the Department of Neurology. All psychologists are on campus and most in full time positions.

The department tries to offer all students, whether they be psychology interns, psychiatric residents, or medical students, repeated and intense exposure to all the disciplines in the mental health field; thus, the interns will receive most of their supervision from psychologists, as well as some supervision from psychiatrists and social workers. We have a total of 48 psychologists on site who participate in the program.

III. PHILOSOPHY AND GOALS OF TRAINING AND CLINICAL ORIENTATION

A. Philosophy and Goals and Objectives of Training

Our program subscribes to the scientist-practitioner model. Although we believe the internship should be devoted primarily to clinical activities, science provides the backbone for much of our clinical practice. The majority of our faculty are involved in research projects. The core of the intern's training is in the clinical activities on the various rotations, and each intern will be active in a wide range of clinical activities. Our program is a General Internship, and as such, interns gain experience working with both adults and children. The term General Internship means interns have experiences in psychotherapy and assessment with both children and adults. Our major
goal is to prepare interns for the practice of professional psychology, particularly clinical and counseling psychology. The structure of our internship allows interns to focus on emphasis tracks in three areas: 1) general adult, 2) pediatric and child clinical psychology, or 3) clinical neuropsychology, which meets the INS-Division 40 and Houston Conference guidelines for training in clinical neuropsychology while maintaining a general internship philosophy.

B. Clinical Orientation

The theoretical orientation of the clinical training program is as diverse as the various contributing faculty members. This diversity is reflected in the specific rotations, which comprise the training program. It is the goal of the internship to provide a number of models for you to aid in your search for a professionally meaningful orientation or framework. To that end, the clinical psychology faculty are aware of and utilize a variety of techniques and approaches for understanding and effecting behavior (e.g., cognitive, dynamic, behavioral, family, group, etc.). Interns are encouraged to gain experience in these varied approaches from which we expect each intern will achieve some integration of theory and practice over the course of the internship year.

Our internship is designed to accomplish the following goals and objectives:
1. To prepare student for the practice of professional psychology, specifically clinical psychology and counseling psychology.
2. To accomplish the above mentioned outcomes the intern will:
   o Develop professionally (Goal 1)
   o Integrate science and practice (Goal 2)
   o Practice high ethical standards (Goal 3)
   o Be sensitive to cultural diversity issues (Goal 4)
   o Administer and interpret psychological assessment tools with both adults and children (Goal 5)
   o Apply therapeutic approaches with both adults and children (Goal 6)

Program Experiences:
To accomplish the above mentioned goals the program is designed to provide the following experiences:
1. To provide the necessary professional experience, didactics, and supervision necessary for internship training to qualify the intern for licensure in any state the intern chooses.
2. To provide interns general internship training experiences. We specifically define General internship experiences as: (1) clinical experience working with patients in multiple settings, (2) clinical experience working with both adults and children, and (3) clinical experiences in psychotherapy and in assessment with both children and adults.
3. Interns do not receive identical training. We provide interns the opportunity to make major and minor rotation choices depending on their training needs and areas of interest. The rotations cluster on three tracks; general adult, pediatric and child psychology, and clinical neuropsychology (which meet the INS/APA Division 40 Guidelines, and the Houston Conference Guidelines).

IV. DESIGN OF THE INTERNSHIP PROGRAM

The predoctoral internship is a general one designed to provide practical training in clinical or counseling psychology. An emphasis area in clinical neuropsychology, which meets the INS/APA Division 40 Guidelines, and the Houston Conference Guidelines, is available within the adult track and child track.

A. General Adult Track

Four predoctoral clinical interns are accepted each year from applicants who are doctoral candidates currently enrolled in or just completing a doctoral program in clinical or counseling psychology. The Adult focus interns primarily work with an adult population at the Oklahoma City VA Medical Center, but they are also required to have some experience with child and adolescent patients as minor rotations. There are eleven different rotations available either as major or minor rotations on the adult track. Please see pages 23-33 for a detailed description of each of the rotations.

B. Clinical Child and Pediatric Psychology Track

Two predoctoral interns are accepted each year from applicants who are Ph.D. or Psy.D. candidates currently enrolled in or just completing a doctoral program in clinical or counseling psychology to pursue a general internship program with an emphasis track in pediatric and child clinical psychology. Opportunities in the pediatric and clinical child track encompass pediatric psychology/behavioral medicine, child neuropsychology, clinical child assessment and therapy, and child abuse and neglect. Adult experiences are also a part of this track. For detailed descriptions of the training opportunities on the child clinical and pediatric track see pages 12-23.

Applicants may apply for one or both of these tracks. If an applicant's first choice is the pediatric and child clinical track and the second the general adult track, he/she could be considered for either. All tracks involve both adult and child experiences.

C. Adult Neuropsychology Track

The OU Medical Center funds two interns in the neuropsychology emphasis track, which meets the INS/APA Division 40 Guidelines, and the Houston Conference Guidelines. Interns on the neuropsychology track will have exposure to both child/adolescent (page 11, 12, 40-42) and adult
populations. For a detailed description of the experiences available on adult neuropsychology track please see pages 11, 28, and 40. Interns in this track frequently elect to take a minor neuropsychology rotation at the V.A. (page 28-29) and a child neuropsychology minor rotation at the child study center (page 17)

D. Scope of the Internship Program

The form of the internship program reflects the program's current resolution of several dichotomies. *One dichotomy is in-depth versus breadth of training.* For many of you this will be your last major clinical experience before you receive your doctorate and begin functioning in the profession as a clinical psychologist. Although we offer you many learning experiences, including several types of clinical experiences, educational seminars, and opportunities to work with numerous faculty members, the year is not long enough to take advantage of all that is available. Even if it were possible to experience all that is available within the single year, it would not serve the goal of preparing you to operate as qualified professionals by simply offering a taste of many skills. The skills of the clinician are complex and they are *a mixture of science and art with a pinch of luck.* Your learning necessitates, in our opinion, an immersion in the data and a period of sufficient seasoning so not only is performance efficient but also based on self-awareness.

Currently, our program has both a rotational (breadth) and a longitudinal (depth) component. Each intern has three major rotations and 3 minor rotations with each rotation being of four months duration. Each major rotation involves 25 hours per week of clinical experience, while each minor rotation involves 15 hours per week. The intern may gain experience in OU Medical Center Children's Hospital, Pediatric Psychology, OUHSC neuropsychology lab, and in one of the settings at the Veteran's Affairs Medical Center.

In addition, we ask interns to devote some of their time *throughout* the year to (a) didactic/educational activities (7 hours/week) and (b) supervised psychotherapy with children and adults (5 hours/week). The didactic/educational activities include three required seminars and various elective seminars in emphasis areas of psychology, psychiatry, and medicine. *Each intern receives at least three hours a week of individual supervision.*

The supervised psychotherapy is in addition to other psychotherapy cases, which is a part of the major and minor rotations. The intern selects one primary supervisor for the entire year. This long-term supervisory relationship provides you with the opportunity to develop a didactic relationship in which you can observe yourself over time. The type of cases an intern may select for supervision cover a broad range of psychopathology.
This primary supervisor also serves as a mentor for the intern, helping the intern with professional and personal issues as they might arise during the course of the year. A second clinical supervisor may be selected by each intern with the approval of the training director no later than the conclusion of the third month of the internship and may be chosen on the basis of expertise in the clinical track area selected by the intern.

An intern may pursue training in one of three emphasis areas of interest (e.g., adult clinical, neuropsychology, or child clinical/pediatric psychology).

The second dichotomy is that of *faculty-planned versus intern-planned programs*. The question about who will plan the intern's year and who will decide what the intern will do is answered by providing a program which is general in its requirements, allowing the intern to participate in designing his/her individual program.

We offer sixteen rotational settings from which the intern may choose. The intern's funding source partly affects the choice of rotation. That is, interns funded by University Hospital or by the Veteran's Affairs Medical Center spend their three major rotations at their respective funding agency. We **give major consideration to intern preference with regard to rotation selection**. We make every attempt to give priority to your training needs. On most rotations, we assign only one intern for any given rotation. This allows you the opportunity to take full advantage of the training and supervision on the rotation without having to share this with another intern. We do not determine minor rotations by funding source so they can be anywhere the intern chooses with a few exceptions mentioned later in this brochure.

Within each rotational setting, there is a core program which demands a primary commitment of your time and represents a minimum of 25 hours of work per week. We try to achieve some meaningful balance between the faculty's ideas with regard to what a clinical or counseling psychologist should know and those of the intern, who is a goal-directed adult.

This brochure, we hope, will give you an overview of our consortium as it is currently. We are proud of it and hope you will like it as well. Changes in any system as large as ours do occur over time, but we feel our current brochure well outlines our current program at the time of printing.

**V. DESCRIPTION OF CLINICAL TRAINING ACTIVITIES (MAJOR ROTATIONS)**

As indicated above, the internship consists of (a) clinical rotation settings; (b) the required seminars in clinical psychology; (c) the Departmental Teaching Conference and other departmental or related clinical activities. The specific major clinical rotations are as follows:
1. Adult Neuropsychology Assessment Laboratory (OU Medical Center)
2. Pediatric Psychology (OU - Children's Hospital/OU Children's Physicians)
3. Child Maltreatment (Center on Child Abuse and Neglect)
4. Clinical Child Assessment and Therapy (Child Study Center)
5. Pediatric Neuropsychology (Child Study Center)
6. Neuropsychology (Veteran's Affairs Medical Center)
7. Ambulatory Mental Health Clinic (Veteran's Affairs Medical Center)
8. Community Living Center & Palliative Care (Veterans Affairs Medical Center)
9. Family Mental Health Program (Veterans Affairs Medical Center)
10. Health Psychology Clinic (Veteran's Affairs Medical Center)
11. OEF/OIF Readjustment Program (Veterans Affairs Medical Center)
12. Post Traumatic Stress Recovery Program (Veterans Affairs Medical Center)
13. Psychiatry Inpatient Unit (Veterans Affairs Medical Center)
14. Substance Abuse Treatment Center (Veteran's Affairs Medical Center)
15. Primary Care Mental Health (Veterans Affairs Medical Center)
16. Veterans' Recovery Center (Veterans Affairs Medical Center)

ROTATION SETTINGS AND ACTIVITIES

A. OU MEDICAL CENTER ROTATION

Adult Neuropsychological Assessment Laboratory
The Neuropsychological Assessment Laboratory is located on the third floor of the Williams Pavilion building. Two clinical neuropsychologists (both of whom hold a Diplomate in ABPP/ABCN), two psychology technicians, and two postdoctoral neuropsychology fellows staff the laboratory. Practicum students also frequently work in the lab. Referrals to this laboratory consist of two major types: (1) neuropsychological referrals from neurologists, neurosurgeons, psychiatrists, attorneys, judges, workers compensation court, and Independent Medical Evaluations (IME) (their referrals comprise approximately 90 percent of the referrals) and (2) psycho diagnostic pain and psychological assessment referrals primarily from psychiatrists and other medical specialists (10 percent).

Interns assigned to the laboratory will gain experience administering, scoring, and interpreting neuropsychological tests. The psychometricians however, complete the majority of test administration which gives interns time to develop other skills. Interns normally test only 4 hours per week. Face-to-face feedback with referral sources as well as patients and family members is encouraged. Interns will follow up with their referral sources to learn how information provided by neuropsychological assessment procedures impacts the treatment and diagnosis of the patients. Opportunity to combine formal neuropsychological test results with mental status interviews, history data, and medical laboratory data are available.
Interns also separately interview a significant other person of most patients to gain additional information.

The patients seen in the laboratory have a variety of neurological disorders (head injury, dementia of many types {Vascular, Lewy Body, Alzheimer's fronto-temporal}, intracranial neoplasm, cerebral vascular accidents, etc.). We see patients before and after undergoing the Gamma Knife procedure or Deep Brain Stimulation. We see epilepsy patients before temporal lobe resection for control of partial complex seizures. Pallidotomy patients are seen pre and post neurosurgery. The lab also sees a large number of forensic cases, including personal injury and worker's compensation cases. Interns have the opportunity to perform evaluations of chronic pain patients undergoing dorsal column stimulator placement, or pain patients in the Workers' Compensation system.

Interns attend neurology and neurosurgery rounds and teaching conferences as time allows. All interns on this rotation attend the weekly neuropsychological case conference and present cases at the conference several times a year. During this conference, participants present on various neurologic disorders and individual cases in detail followed by discussion by faculty, interns, postdoctoral fellows and others attending the conference.

The lab has access to elaborate videotaping facilities, including soundproof rooms. We routinely videotape most neuropsychologically impaired patients during the mental status interview. We then use the tapes for teaching purposes. We have a library of literally hundreds of patient interviews of neurologically impaired patients. Since the lab sees a large number of forensic cases, the intern has some opportunity to work with the referring attorney or judge. The supervising neuropsychologist frequently gives depositions or appears in court on the cases seen in the laboratory. Interns are usually welcome to view this legal testimony. Research opportunities for interested interns are available. Each year a number of articles and papers are completed by faculty, interns, and postdoctoral fellows.

B. CHILD PSYCHOLOGY TRACK (PEDIATRIC/CHILD CLINICAL)

The child psychology track offers experiences in child abuse and neglect, clinical child assessment and therapy, child neuropsychology, and pediatric psychology/behavioral medicine. All interns can participate in child psychology activities as part of a major or minor rotation. The training opportunities within each of the four areas are described below. With the guidance of their primary supervisors, the interns will make choices about their experiences due to time and scheduling constraints. We expect all child interns to have experience in clinical child assessment and therapy, behavioral medicine, and child abuse and neglect. However, due to considerable flexibility, interns can
easily meet these requirements through a variety of experiences. Interns should be aware that some experiences require a longer time commitment than others. Interns in the child psychology track will work closely with faculty to develop a plan which meets their individual needs and interests and fulfills the requirements for a broad training experience in child psychology. Thirteen licensed, doctoral level psychologists are available across these four areas to provide consultation and supervision to interns. The child psychology faculty are recognized leaders at state, national, and international levels. Interns may have the opportunity to co-author articles or chapters in books with members of the faculty and to co-present at state, regional, and national professional conferences.

1. Child Abuse and Neglect
   The mission of the Center on Child Abuse and Neglect (CCAN; see also http://www.oumedicine.com/body.cfm?id=4532) is to provide national leadership in the prevention and treatment of child abuse and neglect through exemplary research, clinical care, interdisciplinary education and training of professionals, administrative services, and program development. CCAN includes ten faculty members, seven of whom are licensed psychologists who provide direct supervision for the Center’s many clinical activities. CCAN faculty conduct the Interdisciplinary Training Program in Child Abuse and Neglect (ITP) and the Interdisciplinary Training Initiative for Underserved Children (ITIUC); these programs are described more fully later in this brochure. At CCAN, interns will train in assessment and therapy for maltreated and traumatized children and their caregivers. Interns can also have training opportunities in general assessment and treatment of children without a history of maltreatment.

Clinical training experiences available through CCAN include:

a. **Trauma-focused Treatment**
   The faculty conducts CCAN group supervision which provides psychology interns, post-doctoral fellows, and practicum students’ emphasis track training in assessment and treatment of children affected by child maltreatment and other forms of trauma, with associated symptoms of depression, anxiety, and/or behavioral problems.
   - Individual cases are supervised during group supervision. Training in Trauma-focused Cognitive-Behavioral Therapy (TF-CBT) is provided during the first rotation of CCAN group supervision. Students are required to bring videotaped sessions to group supervision. Faculty rotate supervising, following the internship rotation schedule.

b. **Children and Adolescents with Sexual Behavior Problems**
   These programs offer opportunities to:
Increase skills in working with children, adolescents, and families in group therapy.
Develop an understanding of the needs of children and adolescents with sexual behavior problems.
Conduct a cognitive-behavioral based therapy group with preschoolers, grade school children, or adolescents.
Conduct cognitive behavioral groups for caregivers.
Conduct intake evaluations of the children and adolescents, including interviewing the caregivers.
Participate in specialized group supervision for each age group.
There are three programs:
1. **Preschool Group Treatment Program** (Silovsky) Manualized 12-week group treatment program with group treatment for preschoolers and concurrent groups for caregivers.
2. **School-Age Group Treatment Program** (Swisher, Silovsky) Manualized group treatment program with parallel groups for children and caregivers. Group is open-ended format.
3. **Adolescent with Illegal Sexual Behavior Treatment Program** (Bonner, Chaffin, Swisher, Schmidt, BigFoot) This group treatment program is open-ended and designed for adolescent males who are adjudicated due to illegal sexual behavior. Separate groups for the adolescents and their caregivers are conducted.
   
   See [www.NCSBY.org](http://www.NCSBY.org) for more information on this population.

c. **Interdisciplinary Training Program in Child Abuse and Neglect (ITP) and Interdisciplinary Training Initiative for Underserved Children (ITIUC)**
   
   Please see the full description of these programs later in the brochure under “Emphasis Track Training Activities”.

d. **Additional Training Opportunities:**

   1. **Training in issues related to child maltreatment**
      
      Periodically throughout the year, training on topics related to the assessment, treatment, and provision of services to children who have been maltreated is provided. Typically these are held during the CCAN group supervision (Wednesdays 1:00 to 2:30) and will be announced to all interns.

   2. **The Oklahoma Conference on Child Abuse and Neglect and Healthy Families**
      
      This is an annual, three-day conference organized through CCAN in which state and national experts provide training in issues related to child maltreatment. This is an interdisciplinary conference with workshops on psychological, medical, legal, social work, and advocacy issues. Interns may attend the conference at no charge by volunteering to assist with the conference (e.g., introducing
speakers and collecting evaluation forms).

3. CCAN has an active, productive clinical research program and interns can be involved in this research, including involvement in treatment outcome studies. For example, the Research Team on the Sexual Behavior of Youth meets monthly with a journal club and other research activities.

Research Opportunities in Child Abuse and Neglect
Ongoing research projects in Child Abuse and Neglect
- Dissemination and implementation of Parent-Child Interaction Therapy
- Child abuse fatalities
- Prevention of child maltreatment in high risk families
- Children with sexual behavior problems
- Adolescent with illegal sexual behavior
- New Directions for children in foster care
- Prevention of FAS in Russia

2. Clinical Child Assessment and Therapy

The Child Study Center (CSC) provides broad clinical child psychology experiences in assessment and therapy with patients of diverse cultural/racial backgrounds. The CSC faculty and staff include a range of disciplines, including clinical and school psychology, developmental pediatrics, physical and occupational therapy, and speech/language pathology. The patient population ranges in age from birth through older adolescence. Common presenting problems include learning disabilities, attention deficit/hyperactivity disorder, oppositional defiant or conduct disorders, anxiety and mood disorders, autism, and other pervasive developmental disorders, neurological disorders (including seizures, tumors, head injuries, etc.), speech/language deficits, developmental disabilities, physical or sensory impairments, and various medical and genetic disorders.

The CSC offers clinical child psychology experiences to the interns including: 1) empirically supported treatment (e.g., Parent-Child Interaction Therapy); 2) clinical child neuropsychological evaluations, treatment, and case conferences; 3) assessment of children for autism, learning disabilities, emotional disturbance, or behavior disorders; 4) assessments and treatment of infants and young children with prenatal substance exposure and their families; and 5) exposure to culturally diverse populations (e.g., Native American, Hispanic, Vietnamese, African American) in office-based and non-office-based settings.

Theoretical orientations of the supervisors include a combination of behavioral, cognitive-behavioral, family systems, developmental, and dynamic (attachment) orientations. Training facilities include use of videotaping and/or one-way observation windows for teaching purposes.
Supervision is an integral part of the program and involves direct or recorded observations of treatment, co-therapy with staff therapists, and frequent individual supervision sessions to facilitate the intern's growth and competence in working with children and families. CSC faculty members place special emphasis on understanding and integrating information regarding the effects of developmental disabilities on the therapy process with children.

a. **Child and Adolescent Psychotherapy Services Clinic (CAPS):**
   The CAPS Clinic provides a unique opportunity for interns to receive specialized training in the assessment and treatment for children with a wide variety of presenting problems. The most common reason for referral is behavior problems (aggression, defiance and hyperactivity) in young children, but children with internalizing disorders or older children are also referred to the CAPS clinic and can be seen by interns. Interns receive training in Parent-Child Interaction Therapy (PCIT), a short-term empirically supported treatment approach that combines elements of behavior theory, traditional play therapy, and social learning theory to enhance the parent-child relationship and teach effective discipline strategies. Additional experiences in the CAPS Clinic may include co-leading PCIT groups for foster and natural parents, social skills groups, development of classroom interventions, and participation in training workshops.

b. **A Better Chance Clinic:** A Better Chance (ABC) is a program for children prenatally exposed to drugs and/or alcohol. The program is based on the premise that early intervention with the infants, children, and their families, can reduce the risk of child abuse and neglect. Children in the program receive regular multidisciplinary developmental assessments occurring at three, six, and nine months of age and then every six months for the length of time that the family is enrolled in the program (up to age 6 years). The program gives the families educational information related to their child's growth and development, support, and a treatment plan that is developed and shared with the family. Following the assessment, we assist families in obtaining any related services their infant/child may need. To further assist with environmental problems, we offer a behavior management group, based on the Parent-Child Interaction Therapy model. Interns have the opportunity to accompany ABC personnel to substance abuse treatment centers serving women and their children. They would be involved in developmental screenings with the children and case consultations with treatment center staff. Infant massage is an
available therapy for families in the ABC clinic as well as other families where attachment is an issue.

c. **New Directions:** The New Directions Program provides a 12-week group intervention to help children and foster parents more effectively cope with the negative impact of parental substance abuse. The program aims to improve children’s healthy coping skills and self-esteem and reduce behavior problems and trauma related symptoms, as well as reduce foster parenting stress and increase the stability of foster placement. The children are from 3-12 years old, in foster care, in part, due to parental drug use, and foster parent involvement is required.

d. **JumpStart Clinic:** The JumpStart clinic provides multidisciplinary assessment for preschool children (usually between 2 and 5 years) with suspected developmental delays including intellectual disability, language disorders, autism spectrum disorders, etc. The clinic consists of an arena assessment with a psychologist, a developmental and behavioral pediatrician, a speech/language pathologist, and a family partner. Assessment structure and content vary based on the presenting problem and child factors (e.g., language delays, cooperativeness). Following the assessment, the team meets to draw conclusions and make recommendations. Feedback is then given to the parents at the end of the appointment. Two to three cases are seen per clinic day.

e. **Multicultural Experiences:** Through clinical programs, experiences are available with certain ethno-cultural groups. Oklahoma has a large American Indian population, and interns have the opportunity to interview, evaluate, and consult with families and children from several of the 39 tribes across the state. Additionally, interns can travel with an American Indian psychologist to one of the Indian Health Service Psychology Clinics to spend a day consulting with families and clinic personnel.

3. **Child Neuropsychology Program**
The Child Neuropsychology Program provides evaluation, consultation, and treatment for children from birth to the age of 21 years who have known or suspected neurologic disorders. These may include children with cancer, sickle cell disease, traumatic brain injury, seizure disorders, complex learning and language disabilities, organically based emotional or behavioral problems, Attention Deficit/Hyperactivity Disorder, neuromuscular disorders, neurodevelopmental disorders such as Autism, or children who have diseases (e.g., meningitis, encephalitis, Reyes Syndrome, etc.) known to affect CNS development. Assessment
approaches include use of standardized neuropsychological batteries, such as the NEPSY II, D-KEFS, etc., as well as training in a flexible battery and functional systems approach with children. The faculty will provide selected neuropsychology readings at the outset of the rotation, and will accompany each case as pertinent. Interns who choose to have a major emphasis on neuropsychology training at the Child Study Center, the OU Medical Center and/or Veteran's Affairs Neuropsychology labs will have the opportunity to meet INS/Division 40/Houston Conference guidelines for internship training in clinical neuropsychology. This option is discussed in more detail later in the brochure.

4. **Pediatric Psychology/ Behavioral Medicine**

The Pediatric Psychology Training Program has a long and rich history in the context of the internship program at the University of Oklahoma Health Sciences Center. Starting in 1967, the Pediatric Psychology Program is one of the oldest such training programs in the United States.

The pediatric psychology internship offers a variety of experiences in areas of primary care. Interns may provide both inpatient and outpatient services during their training and receive supervision in working with children with chronic or acute medical conditions and their families.

All rotations involve participation with multidisciplinary teams to provide comprehensive health services to families served by OU Children's Physicians’ outpatient clinics and OU Children's Hospital. Interns are encouraged to interact with all members of the team, including attending physicians, social workers, nurses, clinical research associates, administrative staff, and medical students, residents, and fellows. Liaison with other agencies, such as mental health providers, schools, and child care providers may be necessary at times. Interventions provided will be based on evidence-based practice parameters whenever feasible.

a. **Outpatient Services/ Primary Care Clinics**

1. **General Pediatrics Clinic**

   This clinic provides primary care services to children and adolescents. Interns will provide services including brief screening and assessment and ongoing treatment services. Common presentations include ADHD, behavioral management/parenting issues, headaches, and elimination disorders. The General Pediatrics Clinic serves children from birth to age 18; the most common consultations are for toddler and school-aged children.

2. **Fostering Hope Clinic**

   This clinic provides primary care services to children and
adolescents in state custody foster placements. Trainees in psychology are consulted and work closely with the providers associated with this clinic. Common referrals include behavior management strategies, evaluation of trauma history, and services for ADHD and internalizing disorders. Opportunities exist for participation in community presentations affiliated with this clinic.

3. Latino Clinic
This is a primary care clinic in south Oklahoma City that provides services to children and adolescents from primarily Spanish speaking families. This clinic offers a unique opportunity for working with Latino families and learning to provide primary care services within a specific cultural context. Proficiency in Spanish language is not required; however, fellows who are fluent in Spanish would be able to consult without interpretive assistance. Services administered include brief screening, assessment, and ongoing treatment. Common presentations include ADHD, behavioral management/parenting issues, headaches, and elimination disorders. The Latino Clinic serves children from birth to age 18; the most common consultations are for toddler and school-aged children.

b. Outpatient/ Specialty Care Clinics

1. Pediatric Pain Management Clinic
The Pediatric Pain Management Clinic provides specialty services to children and adolescents who are experiencing chronic and acute pain disorders. Trainees may provide services including brief assessment and intervention or ongoing treatment services based on empirically-supported techniques for pain management. Trainees also address mood or other behavioral concerns as indicated. Trainees work closely with the other providers in this clinic to provide appropriate recommendations and referrals. Common presentations include headaches, abdominal pain, recovery from acute injury, and as well some additional mood and behavioral concerns. The Pediatric Pain Management clinic serves children from school age to 18; the most common consultations are for adolescents.

2. Pediatric Hematology/ Oncology Service
The hematology/oncology behavioral health service provides consultation and ongoing follow-up for the patient population of the Jimmy Everest Center for Pediatric Cancer and Blood Disorders in Children. This service includes inpatient and outpatient services, as well as several comprehensive
multidisciplinary specialty clinics.

- **Inpatient Consultation Service:** This rotation involves representing psychology service during inpatient rounds with the medical team, conducting inpatient consultations, and attendance during psychosocial rounds with the inpatient team.

- **Jimmy Everest Center Outpatient Consultation Service:** This rotation involves provision of behavioral health consultations during the outpatient clinic.

- **Sickle Cell Clinic:** Assess academic, behavioral, and emotional functioning of children and adolescents with sickle cell disease. Multidisciplinary team includes medicine, nursing, transition services, and psychology.

- **Hemophilia Clinic:** Assess psychosocial, educational, and behavioral health concerns. Adult and pediatric clinics are held. Multidisciplinary team includes medicine, nursing, physical therapy, social work, genetic counseling, clinical research and pharmaceutical sales.

- **Brain Tumor Clinic:** A health maintenance clinic for patients previously treated for pediatric brain tumors. Multidisciplinary team includes hematology/oncology, neurosurgery, endocrinology, neurology, nursing, and psychology.

- **Taking on Life after Cancer (TLC) Clinic:** A survivorship clinic for patients who are at least 4 years off-treatment. Assess current psychosocial, behavioral, academic, and behavioral health functioning. Multidisciplinary team includes medicine, nursing, and psychology.

### 3. Sickle Cell Clinic

Trainees collect information about academic, behavioral, and emotional functioning of children and adolescents with Sickle Cell Disease. Common consultation include liaison with schools, medication adherence pill-swallowing interventions, nocturnal enuresis, and behavior management. Trainees also screen for neurocognitive deficits and refer families for neuropsychological assessment as needed. This clinic meets for a full day every Tuesday and one additional half-day per month. Trainees may be asked to follow up with ongoing patients during inpatient hospitalizations.

### 4. Hemophilia Clinic

Interns participate in the comprehensive hemophilia clinic one half-day per week. OUHSC has the only hemophilia center in the state; the clinic serves children from all over Oklahoma, as well as parts of Kansas, Arkansas, and Texas. Trainees interact with
a multidisciplinary team including the hematologist, physician’s assistant, hemophilia nurse, physical therapist, social worker, genetics counselor, clinical research associate, and pharmaceutical representative.Trainees assess psychosocial, educational, and behavioral health concerns and provide recommendations, referrals, and/or services as needed. Common consultations involve procedural distress with young children, adherence to medical regimens (often entailing encouragement of prompt treatment and regular implementation of preventive strategies), addressing problematic and health-risk behaviors, and parenting concerns.

c. Inpatient Services
   1. Inpatient Consultation & Liaison
      Pediatric psychology trainees participate in consultation and liaison services throughout OU Children’s Hospital. This rotation involves weekly attendance at inpatient rounds to discuss current patients and any potential contributions by psychology to their medical care. When consulted, interns provide an assessment and treatment plan to address presenting concerns and coordinate follow-up care in preparation for discharge as necessary. Interventions on this service are often brief, highly structured, and targeted to specific problems. Communication with the medical and nursing staff and timely intervention and documentation are required from all trainees. Common consultations include pain management, procedural distress, internalizing disorders, and adherence to medical regimens.

d. Other Pediatric Psychology Activities
   1. Research Opportunities in Pediatric Psychology
      • Ongoing research projects in Pediatric Psychology
      • Injury prevention in children and adolescents with hemophilia
      • Psychoeducational concerns among children and adolescents with sickle cell disease
      • Treatment of pediatric obesity
      • Screening for post-partum depression in mothers of infants in the NICU
      • Intervention for parental smoking cessation
      • Early screening in children with sickle cell disease
      • Pharmaceutical clinical trials

   2. Didactics in Pediatrics and Behavioral Health Psychology
      Primary Care Seminar
      • Primary Care Seminar meets twice monthly and is a forum for discussion and presentation of issues that commonly arise in providing behavioral health services in primary care settings.
This seminar is not exclusive to pediatric psychology, but focuses on behavioral health issues for those working in a primary care setting.

**Pediatric Grand Rounds**
- Trainees in pediatric psychology are encouraged, and depending upon their rotation, may be required to attend these seminars. Presentations are provided by the faculty at OUHSC, as well as invited lectures by outside speakers. Topics vary throughout the year.

**Pediatric Psychology Professional Issues:**
- This meeting is a forum for discussion of topics related to pediatric psychology. The format includes didactic presentations, group discussions, and journal club discussions.

**Pediatric Hematology/Oncology Imaging Conference:**
- This multidisciplinary seminar is attended by many specialists, including numerous medical specialty areas in pediatrics, (hematology/oncology, radiology, radiation oncology, surgery), medical students and residents, and child life. Scans from imaging techniques, such as MRI and CT scans, are reviewed and discussed in a multidisciplinary format.

**Pediatric Hematology/Oncology Psychosocial Rounds**
- This weekly meeting includes individuals from nursing, social work, physical therapy, child life, and nutrition. Discussions focus on patient and family functioning, staff members’ concerns regarding patients and their families, coordination of services, and updates regarding ongoing interventions.

5. Child Community Mental Health

The Child Community Mental Health Rotation is located on the third floor of the Williams Pavilion at the University of Oklahoma Health Sciences Center in the Child Section of the Department of Psychiatry and Behavioral Sciences. The Child Section serves children with a wide range of emotional and behavioral disabilities and their families. The mission of the Child Section is to provide education, assessment services, and individual and family psychotherapy to address the emotional, social, and behavioral needs of children and their families in a multidisciplinary setting. The Child Section provides training in assessment, psychotherapy skills, community mental health programs, and consultation and liaison services to psychology interns and fellows, to medical students, and to psychiatry residents and fellows. Social workers, psychiatrists and psychologists provide supervision to trainees. Psychology Interns may participate in training in the Child Community Mental Health Rotation by choosing the experiences offered as either a minor or major rotation. Interns attend a
Tuesday afternoon Diagnostic Clinic, participate in Consultation and Liaison activities, see individual child psychotherapy cases and implement a mental health education program in the Oklahoma City Public Schools. Descriptions of training opportunities are listed below.

a. **Individual Therapy for Children with Emotional/Behavioral Issues**
   Children ages 2 to 18 are referred due to concerns that the child has a behavioral/emotional issue that needs evaluation and/or treatment. Referral sources include physicians; public and private school teachers, counselors, and administrators; parents; and/or legal guardians/DHS. Evaluation and treatment services are provided by interns supervised by Dr. Sandra F. Allen, Ph.D.

b. **Diagnostic Clinic**
   Diagnostic Intake Clinic meets on Tuesday afternoons from 1:00 – 4:00 pm. This clinic offers opportunities to participate in a multi-disciplinary team; interview a child and family referred for various mental health concerns; diagnose, formulate, and make recommendations to the child and family; write up the results of the clinical evaluation; and make appropriate referrals for outpatient/inpatient services.

c. **Child Mental Health Education Programs**
   These programs take place in elementary school classrooms within the Oklahoma City Public Schools. The programs offer opportunities for the intern to learn about preventive mental health interventions in group settings; practice providing mental health education to elementary school children; function as a liaison between the medical center and the public schools; and consult with teachers, counselors, and school administrators regarding various aspects of program delivery.

d. **Child Psychiatry Consultation and Liaison Service**
   The Child Psychiatry Consultation and Liaison Service is located in various inpatient settings which provide medical services for children at OU Medical Center. The intern signs up for at least one 4-hour time slot per week to be available to provide consultation to pediatric attending physicians, fellows, and residents at OU Medical Center. In addition, one scheduled group supervision meeting is held weekly. The Consultation and Liaison Service offers opportunities for trainees to participate in pediatric psychological/psychiatric consultations located in the OU Medical Center; be educated in a consultation/liaison model which strives to provide education to the medical team, parents of the patient, and the patient regarding strategies for coping with psychological problems associated with a medical illness; and be a participant in a multi-disciplinary team with psychiatry fellows as these services are provided.

**C. VETERAN’S AFFAIRS MEDICAL CENTER ROTATIONS**
The Mental Health Services of the Veteran's affairs Medical Center offers a full range of evaluation and treatment services. These services are based in eleven units, all of which are available for intern rotations. The VA Psychology Service is composed of 23 Ph.D. clinical and counseling psychologists, as well as a number of psychological technicians and other support staff.

The four VA funded interns spend a minimum of 1,500 hours at the VA. They will serve their three major rotations at the VA and will also have a VA psychologist as their primary supervisor. Interns can do minor rotations away from the VA, allowing the intern the opportunity to sample other settings in the larger Health Sciences Center.

The VA Psychology Service Staff is committed to a high quality of training. When working with interns, training needs are given a high priority. Caseloads are reasonable, leaving time for the intern to prepare for his/her cases by reading relevant material, conducting literature reviews, and viewing tapes.

Supervision is frequent and thorough. VA interns can expect to spend time viewing tapes of their work (and at times their supervisor's work) with their supervisor. Interns have the opportunity to see their supervisors at work. VA interns can often serve as co-leaders with their supervisors in group and family/marital psychotherapy. We see such work as collaborative. Interns work with supervisors to create innovative treatment plans, approaches, and projects.

VA interns will also have the opportunity to work and see their supervisors functioning in an excellent multi-disciplinary setting. In VA Mental Health Services, psychologists serve as administrative directors in four units working closely with the psychiatrist medical director. In four other units, the psychologist serves as director of the unit. Interns will have role models who are an active and effective part of the management of the services.

The Psychology Service is also committed to the overall well being of our interns. Interns will find themselves working with other staff that enjoy their work and find this challenging profession fun and exciting. Interns have access to an onsite professional library where computer literature search services are readily available. Interns can also take part in the Wellness Program and have access to an excellent facility featuring a walking track, basketball court, weight machines, and after work programs including aerobics, volley ball, etc. Interns will also receive training and work in the VA Computerized Patient Record System.

Interns choosing to work and learn at the VA have found it to be a rewarding and exciting place. Previous VA-funded interns have been very pleased with their experiences and had reported that their training here had provided an
excellent foundation for their careers. The following is a description of each of the available rotations.

1. **Substance Abuse Treatment Center (SATC)**
   The VAMC Substance Abuse Treatment Center (SATC) provides a continuum of specialized substance abuse treatment services within a comprehensive treatment program for veterans with active substance use disorders. Services provided by interns may include intake assessment; inpatient and outpatient consultation; case management, treatment planning, and participation on a multidisciplinary treatment team; patient education, individual, and group therapies; and outreach.

   The intern follows selected cases from initial contact, engagement in treatment, continuing care, and discharge. The intern has the opportunity for a variety of clinical experiences in the Substance Abuse Clinic Intensive Outpatient (SAC IOP) program, which is targeted for the veteran at a high risk for relapse and in need of a structured and supportive therapeutic milieu to provide ongoing stabilization and psychosocial rehabilitation. The intern will also provide continuing care in the SAC regular outpatient treatment program, which is targeted for maintenance of a drug-free lifestyle. SAC provides several special treatment tracks and/or groups, including extended opioid substitution therapy in addition to groups for women, PTSD, CMI, affect management, Seniors in Recovery, cocaine abuse, 12-step facilitation, and Native American veterans. Attention is given toward utilizing social and community support systems to bridge patients from formal treatment into extended recovery within the community. By the end of the SATC rotation, the intern will sharpen assessment, individual, and group therapy skills in the area of specialized substance abuse treatment.

2. **Health Psychology Clinic**
   The Health Psychology Clinic is a multidisciplinary treatment setting established to provide a psychological treatment interface to Medicine and Surgery Services. Two psychologists work on this unit. Five interrelated components can identify the activities of the Health Psychology Clinic: patient diagnosis, patient treatment, patient education, staff education, and research. Consultation/liaison is not a specific component of this Clinic. Rather, we place emphasis on effective and timely intervention following the diagnosis. Typically, we provide this on an outpatient basis.

   Brief, goal-oriented therapy is the intervention mode most often employed in this setting, although we do indicate long-term psychotherapy at times. Knowledge of general psychology is important, as applied behavioral techniques across a variety of settings and circumstances require creativity, initiative, and understanding of developmental and interpersonal, as well as medical, contributors to the clinical picture.
Major and minor rotations of the psychology intern reflect an interface of the intern's interests and the clinic's opportunities. The intern can arrange emphasis on special populations or procedures. However, the intern should expect a general introduction to the wide arena of behavioral medicine. Participation in applied research activities is also an opportunity for the psychology intern.

3. **Ambulatory Mental Health Clinic (AMHC)**
   The Ambulatory Mental Health Clinic (AMHC) is a comprehensive outpatient mental health triage and care delivery unit with 18,000 plus visits per year. It is a busy, productive, active setting in which to hone psychotherapy and diagnostic skills.

A staff composed of three full-time psychologists, six full- and part-time psychiatrists; a psychiatric social worker, a clinical nurse specialist, and a psychology technician specializing in biofeedback are all available in the main clinic for supervision. Additionally, there is a psychologist at the Crisis Intervention unit, a sub section of the AMHC. There are also two psychologists, a psychiatrist, and a clinical social worker on the PTSD unit, another sub section of the AMHC. Theoretical orientations are varied and include but are not limited to: psychodynamic, cognitive behavioral, humanistic, self-psychology, interpersonal process, transactional analysis, problem solving RET, and experiential.

Our setting is a topnotch, highly affiliated VA Medical Center with 175,000 outpatient visits and 75 specialty clinics a year, which allows us access to an extremely diverse population. The AMHC provides consultation on patients referred from the other outpatient specialty clinics as well as from the admissions area.

Experiences available for the intern selecting this rotation include several options from which to choose:

**c.** Providing outpatient mental health consultation services for patients referred from other clinics, the admissions area, and the emergency room. These patients' diagnoses range the spectrum of DSM-IV and allow the intern an opportunity to hone their skills of interviewing, diagnosing, and making appropriate case disposition with feedback to the referring physician in a relatively brief period.

**d.** Intensive psychotherapy with a variety of cases including individual, couples, and family treatment. In-depth psychotherapy supervision is a hallmark of this rotation, providing interns an opportunity to polish existing psychotherapy skills and acquire new approaches to understand and treat a multiplicity of patients.

**c.** Psychodiagnostic assessment experiences are available which utilize the extensive VAMC computer capabilities for objective testing and structured interviews as well as supervision of projective testing.
d. Biofeedback/Relaxation Training/Stress Management program experiences. Patients referred to this program include not only the more usual anxiety-based disorders but also many patients with physical disorders exacerbated by stress (headaches, GI disorders, low back pain, hypertension, etc.).

e. Group psychotherapy experience is available in the main clinic as well as our Crisis Intervention and Post Traumatic Stress Disorder (PTSD) sub units. Daily, weekly, and monthly groups are available.

f. Intensive treatment experience with the PTSD-diagnosed patient is available on our PTSD unit, a sub section of the AMHC. While the AMHC sees and treats individual patients with PTSD, there are also opportunities for participation in the intensive, daily PTSD program for interested interns.

g. Intensive treatment experience with the PTSD-diagnosed patient is available on our PTSD unit, a sub section of the AMHC. While the AMHC sees and treats individual patients with PTSD, there are also opportunities for participation in the intensive, daily PTSD program for interested interns.

h. Intensive daily treatment experience with functional patients going through some type of life crisis is available in the Crisis Intervention sub unit of the AMHC.

i. Two monthly groups for WWII Prisoners of War and their spouses are run by the AMHC social worker and available for participation. This is a good setting to better understand the long-term effects of PTSD as well as geriatric issues, including mortality.

j. Our clinical nurse specialist runs the weekly Prolixin groups for patients managed on injectable anti-psychotic medication. Exposure to this model of management of psychotic patients is available.

k. Training in the theories and practice of the use of psychotropic medication is available from AMHC psychiatrists and/or our doctoral level clinical pharmacist.

l. Weekly Family Therapy Case Conference in the AMHC. This is an informal case conference where the intern will have an opportunity to view videotapes of faculty and other trainees' work as well as presenting his/her own couples or family psychotherapy.

m. The opportunity for training and supervision in Mental Health Administration is also available to interns in the AMHC.

Training is a priority in the AMHC. The AMHC psychologists enjoy supervising psychology interns and the intern's caseload with approximately two hours per week of supervision with each psychologist. Videotaping of cases is encouraged and a videotaping room is available for this purpose. We keep caseloads at a level to allow interns time to investigate further the diagnoses and conceptualizing of the cases with which they will be involved. Training needs and interests figure prominently in the establishment of goals for the rotation.
The case mix of the AMHC is quite diverse, sometimes referred to as a “living DSM-IV.” Consultation will expose the interns to this diversity. We only refer the more functional patients with the skills to engage in a therapeutic relationship to the psychotherapy waiting list. Interns are encouraged to select patients from the waiting list who meet the training needs of that particular intern. There is normally a good range of diagnoses, types of patients, ages, and ethnic backgrounds represented on the waiting list. While most of the patients are male, there are typically some female patients available for treatment. Since most mental health clinics have a higher representation of female patients, many interns look forward to this opportunity to broaden their experience working with male patients. For the intern interested in broadening his/her group therapy skills there are daily groups on both the Crisis Intervention Unit and the PTSD Unit.

The atmosphere of the clinic is supportive. Due to the high caliber of interns who have rotated through the clinic, there is always a positive anticipation by clinic staff when a new intern comes to the AMHC. The AMHC is a rotation where interns are encouraged to extend themselves to learn new skills while the clinic staff provides a supportive base out of which to function.

4. Neuropsychology - Veteran’s Administration
The Clinical Neuropsychology Laboratory is located in Building 3 of the VA Medical Center with additional office space and 1 clinic on the 8th floor of the main hospital. Two neuropsychologists and a postdoctoral neuropsychology fellow respond to requests for neuropsychological evaluations from throughout the hospital and surrounding Community Based Outpatient Clinics (CBOCs), with the most frequent requests coming from neuro-rehabilitation, OEF/OIF Polytrauma, neurology, inpatient psychiatry, neurosurgery, and the outpatient mental health clinics. The clinic does assessments for possible dementia in the elderly population, and evaluates the impact of other CNS pathology on cognitive abilities using a flexible approach to neuropsychological assessment. Assessment and treatment of adjustment difficulties in the rehabilitation population (patients with CVA’s, spinal cord injury, head trauma, or brain disease) is also an important activity.

In addition to assessment, the neuropsychologists are active in stroke rehabilitation and psychological readjustment for stroke patients and their family members. The neuropsychologist and intern also work with a support group for stroke recovery patients and their families.

The Neuropsychological Assessment Laboratory is richly equipped with a broad array of assessment instruments. As mentioned, a flexible approach to assessment is utilized, with the most commonly used instruments including various instruments from the Halstead-Reitan Battery, WASI, WAIS-IV, WMSE-III, RAVLT, CVLT-II, TMT Parts A & B,
WCST, RBANS and MMPI-2. A personal computer is available in the
laboratory for use in administering and/or scoring some assessment
instruments, and for some applications in cognitive rehabilitation.

Interns can expect to be involved in testing patients, co-interviewing
patients with the neuropsychologist, writing reports, team treatment
planning, and working as a co-therapist in the Stroke Recovery Group.
Additionally, individual psychotherapy aimed at dealing with adjustment to
physical and/or cognitive disability is part of the rotation. For those
interns unfamiliar with a rehabilitation setting, there is opportunity to
learn about the role of occupational and physical therapy and speech
pathology. The intern may negotiate other activities including involvement
in research projects.

5. Post Traumatic Stress Recovery Program (PTSD)
The Post Traumatic Stress Recovery Program is an outpatient treatment
program utilizing a multidisciplinary team approach within a day hospital
type format. One clinical psychologist provides the majority of
supervision on this unit. The focus of this program is on a specific anxiety
disorder (PTSD) and the patient population is composed of chronic
sufferers. The typical patient is a male Vietnam combat veteran who was
directly involved in intensive combat operations for an extended period.
Generally, he returned to the United States to a negative reception and
never successfully reintegrated into mainstream society. He has
continued to experience nightmares, explosive anger, depression, and
generalized as well as specific anxieties.

The primary treatment modality on this unit is group therapy. An intern is
treated as a staff member and is expected to participate as a co-therapist
in several of the variety of groups available, including patient education,
anger management, relaxation training, family relations, occupational
therapy, experiential therapy, spouse support, and intensive trauma
survivors group. Brief individual therapy, crisis intervention, and
admission evaluations are other aspects of the treatment program in
which an intern will be involved after some experience with primary
treatment components and with the program participants themselves.
This treatment program will certainly consider and integrate the particular
interests and skills of the intern as much as possible.

6. Family Mental Health Program (FMHP)
The Family Mental Health Program, housed in the Ambulatory Mental
Health Clinic of the VA Medical Center, offers services to a wide variety of
veterans and their families. The major goals for the Family Mental Health
Program rotation are for the intern to:
• Understand the rationale for intervention at the family level in addressing an individual’s symptoms
• Become familiar with various theories of family functioning
• Develop skills in assessing family strengths and problems and conducting family/marital therapy
• Gain experience with psychoeducational/support workshops for family members of veterans with a mental illness.

The intern will achieve these goals by providing family/marital therapy, participating in conjoint family therapy (as a co-therapist), joining in group discussions of videotaped family sessions in the multidisciplinary weekly Family Therapy Case Conference, and reviewing some literature on family therapy.

The Family Mental Health Program major rotation will involve 25 hours per week. The intern will carry a caseload of approximately eight families/couples. Some of the cases will be as co-therapist with the Director, while the majority will be as primary therapist. A variety of sources within the VAMC, including both medical/surgical and mental health units refer families. The program can direct rotation activities to the intern’s specific interests. Opportunities for program development, treatment outcome research, and consultation are available as well. A minor rotation of approximately 15 hours is also available.

Theoretical orientations and corresponding interventions vary and depend on the needs of the couple/family. Interns on this rotation will do eight hours per week of triage/consultation experiences in the Ambulatory Mental Health Clinic.

7. Psychiatry Inpatient Unit
The Psychiatry Inpatient Unit of the Oklahoma City VAMC is the main inpatient mental health teaching facility for the University of Oklahoma Health Sciences Center. The primary purpose of the unit is to admit and treat veterans who have significant psychiatric issues and require brief, inpatient stabilization. The secondary purpose of the unit is to train students from the various health sciences disciplines (psychology, medicine, nursing, pharmacy, occupational therapy, social work, chaplaincy, etc.) in providing appropriate patient care in an acute, inpatient setting.

With respect to training in psychology, our goal is to individualize each interns training experience, within the framework of a supportive and nurturing environment, in order to maximize growth in areas of weakness and refine areas of strength. The experiences offered on this rotation are directly applicable to crisis intervention, work with acutely psychotic patients, the chronically mentally ill, traumatized veterans, geriatric populations, and patients with personality and substance abuse disorders.
For those interns who are interested, there is also an opportunity to receive training in the administration of an inpatient psychiatric unit. The expectation is that by the end of the rotation the intern will be competent and comfortable in providing state of the art psychological services on any inpatient psychiatric unit.

In behavioral terms, depending on the needs of the intern, we aim to foster growth in the following areas:

- Confidence in working with acutely psychotic patients.
- Case conceptualization and diagnostic skills based on the DMS IV.
- Psychological testing skills.
- Individual and group therapy in an acute, inpatient setting.
- Familiarity with the role of psychologists in an acute care psychiatric unit.
- Familiarity with the issues and problems involved in the administration of an inpatient psychiatric ward.

8. Community Living Center and Palliative Care

The purpose of the Geropsychology Rotation is to offer training and experience in meeting the mental health needs of older adults. The CLC is a 31-bed unit located on the 4th floor of the OKC-VAMC that provides rehabilitation, palliative and hospice care. The average length of stay for residents on the CLC is a month. Patients on the CLC are assessed by an interdisciplinary team that includes members from Medicine, Nursing, OT, PT, Recreation Therapy, Psychiatry, Psychology, Pharmacy, Social Work, Nutrition, Speech, and Chaplain Services. The interdisciplinary treatment team meets weekly to develop an individualized care plan to meet the needs of each CLC resident. Family conferences are conducted to review the proposed care plan, discuss any questions or concerns, and prepare the resident and family for transition from the hospital to the home or other setting. The intern participates in an interdisciplinary team setting designed to assist the veteran in recovery to as independent a lifestyle as possible.

The rotation offers the following activities:

- Assessments (neuropsychological bed-side screenings, MSE's, psychosocial evaluations, some formal testing)
- Individual therapy (brief cognitive behavioral therapy, problem solving, adjustment to illness, change in lifestyle, behavior modification, pain management, relaxation training, etc.)
- Group psychotherapy (cognitive rehabilitation, problem solving, reminiscent therapy, etc.)
- Palliative and hospice care (pain assessment, behavioral interventions, end of life issues, family therapy, etc.)
- Readings in geriatrics (with the psychology supervisor and the Geriatric Journal Club)
- Training on Interdisciplinary treatment team functioning
• Home visits (Hospital Based Home Care Program).

9. **The OEF/OIF Readjustment Program**
The OEF/OIF Readjustment Program offers specialized, multidisciplinary outpatient services to returning veterans from the conflicts in Iraq and Afghanistan. These veterans are at particularly high risk for PTSD and other anxiety disorders, depression and TBI. Further, readjustment problems in areas such as occupational functioning and family relationships are common.

The treatment team consists of a Clinical Psychologist, Licensed Clinical Social Worker, and part-time Psychiatrist. The focus is on providing short term, evidenced-based treatment as part of a multidisciplinary treatment team. The primary treatment modality is individual psychotherapy, but group therapy and psychoeducational groups are also offered. The trainee may have an opportunity to be involved in outreach activities to OEF/OIF veterans and training to community agencies and other treatment facilities about the needs of OEF/OIF veterans.

10. **Primary Care Mental Health**

In the OKC VA, Primary Care is the patient’s first point of entry into the health care system and the place patients typically look for treatment for most of their health care needs. In fact, research indicates that over half of all visits to primary care settings have a psychosocial component. The Primary Care Mental Health Clinic is an integrated program consisting of a psychologist, a psychiatrist, a RN Case Manager and a Post Doctoral Fellow located on site in the Primary Care Clinics. We provide “front line” triage and assessment for patients referred by PCPs and/or those who screen positive for depression, PTSD, anxiety, and alcohol misuse. We provide short-term behavioral counseling as well as several psychoeducational groups for patients wanting to learn to manage their anxiety, depression, and sleep problems. We work with the Diabetes Education Team in educating patients about the psychosocial aspects of managing their disease and provide the behavioral health component for the Quick Assess Medical Appointment Clinic. Interns who rotate in PCMH will learn how to provide abbreviated clinical services in an integrated model, consult daily with Primary Care Providers, and develop a working knowledge of basic medical terminology, common medical disorders, psychological co-morbidities, and frequently prescribed medications in Primary Care. The intern is expected to attend the Primary Care Seminar on the 2nd and 4th Wednesdays of the month at 12:00.

11. **Veterans Recovery Center (VRC)**
The VA is continually at the forefront of providing innovative mental health services, and one of the latest examples of that innovation at the
Oklahoma City VA is the Veterans Recovery Center (VRC). The VRC is an intensive outpatient treatment program that serves Veterans living with severe mental illness that significantly disrupts their daily functioning. Services at this supportive learning center are based on the core components of psychosocial rehabilitation and recovery-oriented care. The concept of recovery is founded on the understanding that people with significant mental health disabilities can and do overcome the limitations of their illnesses and successfully fill self-chosen, valued roles in the community. The focus includes the client being actively involved in their own care; services being individualized and person-centered; identifying and utilizing personal strengths; treating the whole person, not just symptoms; empowerment through education and support; respect; and creating a sense of hope. At the VRC, Veterans living with significant mental health challenges can build skills that aid in creating and pursuing goals for leading a meaningful, fulfilling life. The VA has determined that all of its mental health services will eventually move to recovery-oriented care, but the VRC is the first and currently only rotation to offer training in this progressive approach.

The VRC staff is comprised of a psychologist, psychiatrist, clinical social worker, registered nurse, and vocational rehabilitation specialist. Treatment is provided using a multi-disciplinary approach with a high level of collaboration among staff and with our clients. The intern experience in the VRC allows for involvement at all levels. Treatment delivery is primarily through the offering of interactive psychoeducational classes, including a number of evidence-based curricula, with learning experiences taking place in the classroom and out in the community. There is also ample opportunity for providing individual therapy, assessment, development of initial and comprehensive recovery plans, and case management. The intern is considered one of the staff and as such is involved in ongoing program development, providing input that shapes the program as it grows. Major and minor rotations are available.

VI. DESCRIPTION OF CLINICAL TRAINING ACTIVITIES (MINOR ROTATIONS)

Providing interns with as much flexibility as possible in determining their internship experiences is a very high priority for us.

We feel interns are self-directed professionals who have personal ideas about what specific experiences they want during their internship. For this reason, we have created a Minor Rotation system. A minor rotation consists of 15 hours a week of time that the intern can spend gaining experiences in a given area of their choice. Each intern over the course of the year has 3 different minor rotation experiences. The interns have considerable flexibility in deciding how these 15 hours of time are spent. Any major rotation can also serve as a minor rotation.
The intern's funding source does not determine the choice of minor rotation experiences. For example, an intern funded by the Veterans Affairs could spend 15 hours of his/her time throughout the whole year in a non-VA minor rotation experience (e.g. Child Study Center, Center for Child Abuse and Neglect or OUHSC neuropsychology). Minor rotations give interns the opportunity to sample many of the experiences we have to offer regardless of funding source.

Minor rotations, like major rotations, are typically of four months duration. We allow a considerable amount of flexibility. An intern could choose to have a given minor rotation experience (e.g. Pediatric Psychology) for one four-month rotation or they could expand that to two four-month rotations if they so desire. The intern largely makes the decision as to what minor rotation to experience; however, as within any system, there are some constraints.

An intern can obtain a minor rotation experience in all areas where we offer major rotation experiences. In other words, all of the 16 major rotations listed earlier in this brochure can also be a minor rotation. The only difference between a major and a minor rotation is the amount of time spent in the activity - 25 hours for a major rotation and 15 hours for a minor rotation. Following are the only minor rotations not offered as major rotations.

VII. HOW INTERNS SPEND THEIR TIME

A question interns frequently ask is "Well, this sounds like a wonderful program with many opportunities, but how would I spend my time if I came to Oklahoma?" In order to summarize this information visually for you right brain folks, we have presented below a diagram.

<table>
<thead>
<tr>
<th>1st Rotation</th>
<th>2nd Rotation</th>
<th>3rd Rotation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Rotation</td>
<td>= 25 hours</td>
<td>Minor Rotation</td>
</tr>
<tr>
<td>Seminars</td>
<td>= 7 hours</td>
<td>Extra Psychotherapy</td>
</tr>
<tr>
<td>Total</td>
<td>= 52 hrs/ wk</td>
<td></td>
</tr>
</tbody>
</table>

Please note, for all three rotations, an intern has major rotation experiences for 25 hours a week and a different minor rotation experience for 15 hours a week. Also note, throughout the whole year, approximately five hours a week are spent in psychotherapy experiences beyond what is obtained on major or minor rotations. The intern will spend approximately seven hours in seminars. The total amount of time formally scheduled each week is roughly 52 hours; however, our time studies revealed the interns typically work between 52 and 55 hours per week. This 52 hours also includes time spent reading. The reason
some interns work over 52 hours is, with so much to learn, they choose to do so. Interns equally have the right to choose to not work beyond 52±3 hours and we protect that right. With so many opportunities, interns find it hard to pass up valuable learning experiences. Approximately three hours of supervision per week is included within the hours allotted to major rotation, minor rotation, and psychotherapy.

VIII. INTERN SELECTION OF MAJOR AND MINOR ROTATIONS

By now, after reading all the various rotations, I am sure you have found some which have whet your appetite. With such a wide variety of choices, there are very few major areas in psychology which are not represented by a rotation placement. One of the frustrations of being in such a large comprehensive training center is certain choices must be made. By choosing one rotation, one must give up another rotation and this can be a frustrating experience, we have referred to this problem as a kid in a candy store phenomenon. There is so much from which to choose it is not possible to eat, much less digest, all we have to offer. In fact, there is enough material to learn here for several years’ training experience. We try to give interns as much flexibility as possible in choosing which rotations they want. However, in any system there must be certain constraints. Although it is not possible to list all the constraints here, we will list the more important ones.

Following a description of the available rotations during orientation week, the interns will have the option to select rotations as an intern class or have the intern director make the selections based on the intern’s preferences. In the majority of cases, the intern class opts to meet together to work through desired rotation choices. At this meeting, the interns would discuss their preferences for the 3 rotations. Subsequent to this meeting, the first rotation is officially determined. Although the interns have discussed their preferred options for 2nd and 3rd rotations, these will not be officially determined until just prior to the start of these rotations (October for 2nd rotation & February for 3rd rotation). In this way, the interns reserve the right to make changes to their original selections due to new information obtained, feedback from other interns or faculty, or personal preference changes.

On many rotations, only one intern is present on that rotation at any given time, although a few rotations can provide for more than one intern placement.

As mentioned previously, an intern’s funding source determines where the three major rotations will be. For example, if you are funded through the Pediatric and Child Clinical Psychology program, your three major rotations will be in the child area. Similarly, if you are funded by the Veteran’s Administration, your three major rotations would be at the Veteran’s Administration. As stated earlier, minor rotations are not determined by your funding source. You can choose minor rotations anywhere in our system.
You will make a request for a particular funding source on selection day when you make your computer match request. You could request, for example, that you only be considered for one particular funding source. You may say, “I only wish to be considered for a VA funded position.” You could also request to be considered for two funding sources. You might indicate for example, “I want to be considered for either Pediatric and Child Clinical Psychology or the V.A. position.” Obviously, an intern’s choice of a funding source is an extremely important decision and is done when you submit your ranking list to the National Matching Source. Our program has 3 different program codes corresponding to our three funding sources (VA Medical Center, Pediatric and Child Clinical Psychology, and Adult Neuropsychology).

Notice again you have 15 hours per week for minor rotation experiences. These minor rotation experiences can be taken anywhere within our consortium. Thus, if you are a VA funded intern and you want experiences in Pediatric and Child Clinical Psychology, you could obtain this during the 15-hour minor rotations.

We consider ourselves a general internship and think interns should have both adult and child experiences. To receive both adult and child experience, each VA funded intern and adult neuropsychology funded intern will have at least two child or pediatric minor rotations. Similarly, each pediatric and child funded intern will have at least two adult focused minor rotations.

IX. SEMINARS ATTENDED BY ALL INTERNS

The internship offers several seminars, some yearlong and others for specified parts of the training year. Four seminars are required as part of the core internship program: (1) the Case-Centered Psychotherapy Seminar, (2) the Intern Assessment Seminar, (3) Behavioral Medicine Teaching Conference the second Thursday of each month and (4) the Director’s Meeting. Psychology interns attend the weekly Neuropsychology Case Conference on an optional basis.

A. Case-Centered Psychotherapy Seminar

This seminar meets weekly for one and one-half hours and is attended by all psychology interns. The focus of this conference is on psychotherapy cases carried either by a faculty member or by an intern. This seminar is practice based and has two major areas of focus. The first area consists of presentations by faculty members of psychotherapy cases they are seeing or have seen or of particular approaches they use in the treatment of certain populations. During the sessions presented by faculty members, specific theoretical approaches are covered (cognitive-behavioral therapy, behavioral modification, dynamically oriented therapy, family therapy, etc.). The goal of the session is to illustrate how these very experienced psychotherapists conduct therapy.
The second area involves presentations by each of the interns. Each intern will present a case they are currently seeing. Other interns and the faculty present will then discuss the case. During the course of the year, the intern will present a total of three times. The goal of the session is to give the intern experience doing professional level case write-ups and presentations. Interns not presenting that week are given the opportunity to develop their skills as case discussants.

B. Intern Assessment Seminar

The Intern Assessment Seminar meets weekly for two hours focusing on the general area of clinical assessment. It focuses primarily on assessment for much of the year and a number of sessions deal specifically with the clinical assessment of children. The child section is designed to assist the intern in the basics of interpretation of testing materials as applied to children. One month of the Intern Assessment Seminar concerns Neuropsychology. The object of this section is to increase interns’ knowledge of neuropsychology through the clinical presentation of patients with neuropathology. The interns are introduced to basic concepts in neurology and neuropsychology so that principles of brain-behavior relationship can be applied to the neurodiagnostic process. Approximately three months of the seminar are devoted to the interpretation of psychological tests as applied to adolescents and adults. The principal format in these presentations actual case material and will demonstrate the special issues involved in testing child, adolescent, and adult patients. The seminar also includes presentations on professional ethics, sociocultural issues, managed care, and other professional issues. An important aspect of this seminar is the intern group chooses the topics for the last three or four months of the seminar and suggests possible faculty members to present.

C. Behavioral Medicine Teaching Conference

The Behavioral Medicine Teaching conference is a series, which includes presentations of clinical case studies, research, and current issues in psychiatry and the behavioral sciences. Departmental faculty and staff, as well as faculty from other Health Sciences Center departments and visiting professors from throughout the country, present in this series.

X. OPTIONAL SEMINARS

A. Clinical Neuropsychology Case Conference

A psychology intern may elect to attend and participate in the Continuing Case Conference in Neuropsychology. The purpose of this conference is to provide greater knowledge of neuropsychology to the participants. It is, as indicated above, an optional seminar. The conference meets once a week for
one and one-half hours; its focus includes the clinical presentation of brain-damaged patients and didactic presentation on neuroanatomy, neuropathology, and neuropsychology. Participants include interested faculty and staff neuropsychologists from the community, postdoctoral neuropsychology fellows, clinical psychology interns, and occasionally a behavioral neurologist or other physician.

B. Didactics in Primary Care/Behavioral Health Psychology Seminar

Primary Care Seminar meets twice monthly and is a forum for discussion and presentation of issues that commonly arise in providing behavioral health services in primary care settings. This seminar focuses on behavioral health issues for those working in a pediatric or adult primary care setting. Interns working in Adolescent Medicine Clinic, General Pediatrics Clinic, and the VA Primary Care Clinic attend this seminar, although it is open to all trainees wishing to attend. Presentations include models of service delivery in primary care, conducting brief, problem-focused intake evaluations, health and behavior billing codes, psychopharmacology, and motivational interviewing. Treatment strategies for common presenting problems in primary care are addressed such as sleep problems, dementia, elimination disorders, behavior management, medication adherence, pain management, and implementation of dietary or lifestyle changes.

XI. OUTPATIENT PSYCHOTHERAPY ACTIVITIES

As previously indicated (see Scope of the Internship Program in the general description of the internship), each intern is encouraged to devote a minimum of five hours per week in individual or group psychotherapy beyond the psychotherapy experience received on individual rotations. The intern’s primary supervisor supervises this psychotherapy.

The intern selects a primary supervisor (i.e., long term supervisor) and meets at least one hour per week with this supervisor. Please note the intern chooses the supervisor rather than having one assigned. In this way interns can select a mentor whose theoretical orientation and style fits well with their goals for internship.

XII. PSYCHOTHERAPY WITH OUTPATIENT MEDICAID PATIENTS

Each intern rotating through OU Medical Center, including Children's Hospital and CSC/CCAN, will see up to eight outpatient Medicaid patients per week, generally in psychotherapy. The patients may be adult, child, or adolescent and can be seen in individual or group therapy, family therapy, cognitive retraining, or for psychological or neuropsychological assessment. These Medicaid patients are seen as part of the activities on major and minor rotations as well as primary supervision and this does not require additional time beyond the 52-hour work...
week. VA interns having a minor rotation at the University Hospital will see four Medicaid patients per week.

XIII. EVALUATION POLICIES AND PROCEDURES

At the beginning of the internship year, each intern's past academic training, experience, and skills are examined by the primary supervisor. The supervisor confers with the intern to evaluate the intern's basic skills and professional aspirations. The information gained is then used in planning the interns' training experiences. As stated earlier, the intern's choices are given significant importance in rotation selection; however, other factors such as funding source, other interns' preferences, and limitations on the number of interns on any given rotation are considered.

The intern's rotation supervisors, and others who have professional contact with the intern, evaluate the intern's performance on each rotation. This information is then fed back to the intern.

At the end of approximately five months, each intern completes a mock oral examination by three faculty members (two of whom the intern chooses). This mock examination has two purposes: 1) to provide the intern with practice and feedback to prepare for the licensure oral exam, and 2) to assess basic therapy and assessment skills. While this evaluation is not pass/fail, the intern will be provided feedback about their ability to think on their feet, oral exam strategy, and additional experiences they may want to pursue before the end of the internship year.

The Clinical Training Committee thinks evaluation supervision is a two-way street and actively seeks regular feedback from the interns concerning their supervision, training activities, and the quality of the seminars. This information is used to improve the internship experiences. The University of Oklahoma Health Sciences Center awards an official certificate to the intern upon successful completion of the internship.

XIV. CLINICAL TRAINING COMMITTEE (CTC)

Although the internship director has overall responsibility for the internship program, input from the Clinical Training Committee is obtained. This Committee is composed of a Chair, who is the Director of Clinical Psychology Internship Training, an Associate Director representing the Veteran's Affairs Medical Center, and all of the psychologists who have direct clinical contact with interns. Because intern input is of crucial importance, an intern representative attends these meetings.

The Committee meets monthly, usually on the fourth Tuesday of the month. The interns select one representative to attend these meetings, except when intern evaluations are on the agenda.
This Committee discusses policy decisions related to the Clinical Psychology Training Program and makes recommendations to the internship director, who is ultimately responsible for the internship program.

A half-day retreat is held near the end of the internship year to allow the Clinical Training Committee members and interns to (a) evaluate the current training year's activities and (b) plan for the next year's program.

XV. **INTERN STIPENDS, BENEFITS, AND SUPPORT**

The OUHSC internship offers the stipends and fringe benefits described below. Intern salary stipends are determined each year and are published on the APPIC website and also presented in this brochure. Once published, the stipend is firm.

A. Stipend level: 2010-2011 $21,525 for the University of Oklahoma Health Sciences Center Neuropsychology and Pediatric Child Clinical Psychology; VA Interns receive $23,974.

B. Benefits: Student benefits include library and parking privileges for VA funded interns and use of the Family Medicine Clinic for Outpatient Health Services on a fee for service basis. The Department provides Student Health Insurance for all non-VA interns. VA interns can elect to receive health insurance through the VA; the VA pays a portion of the health insurance. VA interns make their health insurance selection from a number of insurance choices during VA orientation. This insurance then becomes effective approximately two weeks after that selection. Health Insurance for all other interns becomes effective July 1.

C. Vacation and Academic Leave: 10 working days vacation, 5 days academic leave.

D. Liability Insurance: The Department provides professional liability insurance.

XVI. **TRAINING ACTIVITIES IN CERTAIN EMPHASIS AREAS**

Our training program is a **GENERAL CLINICAL PSYCHOLOGY INTERNSHIP.** However, within this context there are opportunities to make choices concerning training experiences resulting in emphasis area training. There are emphasis area training programs in clinical neuropsychology and in child abuse and neglect. By selecting one of these training emphasis areas, an intern will give up certain other training opportunities.

A. **Training in the Emphasis Area of Clinical Neuropsychology**

The International Neuropsychology Society (INS), in collaboration with the APA's Division of Clinical Psychology (Neuropsychology, Division 40), set up a
task force to delineate the educational requirements of clinical neuropsychologist. This report is summarized in the January 1987 issue of The Clinical Neuropsychologist (pp. 29-34). We feel our program meets these requirements. Our program also meets the Houston Conference Guidelines which are summarized in the Archives of Clinical Neuropsychology, 13, 2, pgs 160-165, Feb 1998.

Very clearly, our internship is a general internship in clinical psychology in which we expect an intern to learn basic clinical psychological skills such as psychotherapy, psychological assessment, consultation, etc. All of our interns, regardless of their special interest, will gain experience and competencies in these areas. This is the primary purpose of our internship.

However, if an intern is interested in gaining emphasis area experience in clinical neuropsychology, it is possible to do this through making a series of logical choices for major and minor rotation experiences. The INS-Division 40 task force in this report states as follows, “a clinical neuropsychology intern must devote at least 50 percent of a one year full time training experience to neuropsychology.” In addition, at least 20 percent of the training experience must be devoted to general clinical training to ensure a competent background in clinical psychology. The task force goes on to specify a variety of activities an intern must have to gain special training in clinical neuropsychology. Our neuropsychology faculty believes our program meets these criteria as specified in the task force report. As stated earlier, the neuropsychology emphasis area which meets the INS/APA Division 40 guidelines and the Houston Conference Guidelines is available within either the adult track or within the child track.

If a given intern is interested in meeting the task force requirements for clinical neuropsychology training, they could do so in either the adult or child emphasis area. The way this would be accomplished is through selecting certain rotations which have a strong neuropsychological focus (the Neuropsychology Laboratory in the William’s Pavilion at the OU Medical Center, the Veteran's Affairs Neuropsychology Laboratory, and the Pediatric Neuropsychology Laboratory at the Child Study Center). Interested interns would also utilize their minor rotation experiences to obtain neuropsychological training.

Thus, for example, if an intern were to select two major rotations dealing primarily with adult or child neuropsychology from the above list and if they were to select one minor rotation in another neuropsychology area, they would obtain sufficient neuropsychological experience to meet these guidelines. We realize only a few interns would be interested in making these selections. By making these choices, other choices would not be available to them.
By no means is an intern expected to choose the emphasis area in neuropsychology training, but if the interns were interested, the training is available to them. If you are interested in the specialized training, you should indicate this on your application. If an intern has an interest in neuropsychology, but does not want to dedicate 50% of their training to this area they are able to participate in neuropsychology experiences.

As mentioned earlier, our internship is a general internship designed to meet APA accreditation criterion. As a result, interns must show competence in the general area of clinical psychology regardless of whether or not they chose this emphasis tract.

Our program has seven full-time faculty members whose main clinical area is clinical neuropsychology. We also have two part-time, off campus, voluntary faculty neuropsychologists. Five of these nine neuropsychologists are board certified. Five clinical neuropsychologists work mainly with adults, one works with both children and adults, and one focuses on children. There is a wide variety of neuropsychological training experiences available. As mentioned elsewhere in this brochure, the Neuropsychological Assessment Laboratory at OU Medical Center is primarily assessment oriented. The Veteran's Affairs program in neuropsychology is primarily assessment oriented with adults, but has some treatment and rehabilitation opportunities. The Child Study Center Neuropsychology Clinic is primarily child assessment oriented.

As is clear from the above description, there are so many neuropsychological possibilities available at the University of Oklahoma Health Sciences Center that no one intern could take full advantage of all of them in the course of one year's training. It can be frustrating having only a limited amount of time and a wide range of training activities available. We also have three postdoctoral trainees in our APA approved postdoctoral Neuropsychology Specialty Program. Interns have the chance to interact with these neuropsychology postdoctoral fellows which further enriches their training. A number of our postdoctoral neuropsychology fellows were former interns in our program.

**B. Training in the Emphasis Area of Child Abuse and Neglect**

A unique opportunity available to psychology interns at the University of Oklahoma Health Sciences Center is participation in the Interdisciplinary Training Program in Child Abuse and Neglect (ITP). The Department of Pediatrics at OUHSC was selected by the National Center on Child Abuse and Neglect in 1987 as one of three medical schools in the United States to implement a graduate training program in child abuse. The OUHSC program is the only school that continues to provide this advanced training.

The ITP is an eight-month program for advanced students in psychology, medicine, law, nursing, social work, public health, dentistry, and related
disciplines. The program provides the equivalent of 12 credit hours of training in administration, clinical practice, policy formulation, child advocacy, and research in the field of child abuse and neglect. Interns are not required to enroll for class credit.

The requirements of the program are: attendance at weekly seminars from September through April, clinical experience with child abuse cases, cross-discipline practicum activities (such as attending the Child Protection Committee meetings at CHO, going on an investigative call with a Child Protective Services worker, and observing treatment of adult sex offenders), participation of a mock trial, and completion of a project related to child abuse. The students will be exposed to both OUHSC and national experts in the area of child maltreatment.

Following acceptance into the internship at OUHSC, interns can apply for admission to the ITP. If interns choose to participate in the ITP, their first minor rotation will be ITP.

A second emphasis track program is available to interns at OUHSC. Interns who are accepted into the ITP can apply to participate in the Interdisciplinary Training Initiative for Underserved Children (ITIUC). This federally funded program for psychology trainees provides training in evidence-based treatment and professional development for interns working with underserved children. A small stipend is provided for interns who participate in the ITIUC. For more information see: www.oumedicine.com/ITIUC

C. Training in the Emphasis Area of Developmental Disabilities (LEND)

The LEND Program is an interdisciplinary education program that includes a variety of didactic, practicum and research experiences based on the Oklahoma LEND foundational components of family-centered care, interdisciplinary teaming, cultural competency and inclusive practices. Leadership issues include interdisciplinary team dynamics, service delivery systems, child-family advocacy, policy analysis, legislation, legal and ethical issues, local and state resources, funding and statewide systems change. Students would participate in a two-semester course with students from public health, medicine, physical therapy, occupational therapy, speech and language, social work, nutrition, dentistry, and nursing, as well as a self-advocate and parent advocate. In addition, students will have 300 or more didactic, practicum, and research hours, which will include an individual and group leadership project. For more information see: www.oumedicine.com/body.cfm?id=1516

The Oklahoma LEND program prepares students for leadership roles as professionals with interdisciplinary skills to support community-based partnerships with professional colleagues and families with children who have
neurodevelopmental and related disabilities. Interns may be involved in LEND in varying capacities. The LEND has a long-term trainee program that includes two semesters of didactic/interdisciplinary courses, practicum experiences, family practicum experiences, individualized projects, a class team project, and a research project. Students would take a fall and a spring semester interdisciplinary course that would be scheduled in the evening (Thursday – 3 hours). In addition to the course, the students would attend interdisciplinary practicum activities, would provide assessment, consultation, and therapy for children with disabilities, and would develop a special project with the classmates. The second minor rotation would be dedicated to the LEND program, in which the intern would attend the class and be involved in a range of clinical, training, and research activities. The major site for the first and third rotations would designate 5 of the 25 hours to LEND activities. For more information, contact Dr. Silovsky at 271-8858.

**DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES**
**Current Scholarly Interest of Geographic Full-time Faculty**
**2010-2011**

**ADAMS**, Russell, Ph.D., ABPP,
Neuropsychology Assessment Laboratory - OU Medical Center - William's Pavilion
Russell-Adams@ouhsc.edu; Telephone: (405) 271-8001, Ext. 47680
(1) Clinical neuropsychology, (2) Individual psychotherapy, (3) Forensic neuropsychology

**ALLEN**, Sandra F., Ph.D.
Child Outpatient - OU Medical Center - William's Pavilion
Sandra-Allen@ouhsc.edu; Telephone: (405) 271-8001, Ext. 47601
(1) Outpatient psychotherapy with adults, (2) Individual play therapy with children, (3) Community outreach and primary prevention strategies, (4) School consultation, (5) Group therapy for children in school settings

**Avritt**, Lindsay R., Psy.D.
Staff Psychologist, Suicide Prevention Clinician
Oklahoma City Veterans Affairs Medical Center
Lindsay.Avritt@VA.gov

**BALACHOVA**, Tatiana, Ph.D.
Center on Child Abuse and Neglect
Developmental and Behavioral Pediatrics
Tatiana-Balachova@ouhsc.edu; Telephone: (405) 271-8858
(1) FAS/FASD and prevention of alcohol exposed pregnancies, (2) Child Abuse and Neglect, (3) Cultural and international issues in child abuse and neglect, and (4) Parent-Child Interaction Therapy.

**BIGFOOT**, Dolores Subia, Ph.D.
Pediatric Psychology/Child Abuse and Neglect - Center on Child Abuse & Neglect
Dee-BigFoot@ouhsc.edu; Telephone: (405) 271-8858
(1) Cultural application with American Indians and Alaskan native (2) Parent-Child Interaction Therapy (Behavioral Parent Training), (3) Child Abuse and Neglect, (4) Parent Training For Parents With Adolescent Sexual Behaviors, (5) Children And Families Responding To Trauma.

BONNER, Barbara L., Ph.D.
Pediatric Psychology/Child Abuse and Neglect - Child Study Center
Barbara-Bonner@ouhsc.edu; Telephone: (405) 271-8858
(1) Assessment and treatment of a) children who have been abused or neglected, and b) children and adolescents with inappropriate or illegal sexual behavior, and (2) Research on children and adolescents with sexual behavior problems and child abuse related fatalities

BOWLING, Ursula, Psy.D
Family Mental Health Program - VAMC
Ursula-Bowling@ouhsc.edu; Telephone: (405) 456-5183
(1) Family and Couples Therapy; (2) individual and group psychotherapy; (3) parenting issues; (4) family adjustment following trauma; (5) altruism and caretaking behaviors

CHAFFIN, Mark, Ph.D.
Pediatric Psychology/Child Abuse and Neglect - Child Study Center
Mark-Chaffin@ouhsc.edu; Telephone: (405) 271-8858
(1) Treatment of children and adolescents with problematic sexual behavior; and (2) Research on dissemination of evidence-based treatment, and prevention of child maltreatment

Cherry, Amy, Ph.D.
Pediatric Psychology/Section of General Pediatrics - Children's Hospital
Amanda-Cherry@ouhsc.edu; Telephone: (405) 271-4407
(1) Primary care psychology, (2) screening for post-partum depression among mothers of infants in the NICU, and (3) program development and evaluation.

CULBERTSON, Jan, Ph.D.
Child Study Center
Jan-Culbertson@ouhsc.edu; Telephone: (405) 271-6824, Ext. 45129
(1) Child neuropsychological assessment and rehabilitation, (2) Pediatric Psychology, (3) Forensic neuropsychology (4) Neurodevelopmental assessment of autistic spectrum and other disorders; 5) Parent-child interaction therapy 6) Individual psychotherapy with children and adolescents

DOERMAN, Alan, Psy.D., ABPP, cl
Family Mental Health Program – VAMC
Alan.Doerman@va.gov; Telephone: (405) 456-2390 or 456-2391
(1) Individual psychotherapy, (2) Couples work, (3) Psychoeducational multifamily groups (REACH Project)

DYCUS, William, Ph.D.
Day Treatment Center – Oklahoma City VA Medical Center – Building 3
William.Dycus@va.gov; Telephone: (405) 456-3626
(1) Outpatient individual and group psychotherapy; (2) couples/family psychotherapy; (3) sexual violence recovery; (4) psychosocial rehabilitation and recovery.

FERRELL, Sean W., Ph.D.
Substance Abuse Treatment Center – VAMC
Sean.Ferrell@va.gov; Telephone: (405) 271-3218
(1) Addictive Disorders, (2) Motivational Interviewing, (3) Psychopathology, (4) Primary Care Interventions

FISCHER, Pamela, Ph.D.
Primary Care Mental Health - VAMC
Pamela.Fischer@va.gov; Telephone: (405) 456-3634 or 456-4106
(1) Integrated mental health services in primary care (2) Psychological management of Health and Disease, (3) Post traumatic Growth/Forgiveness (4) Interpersonal group psychotherapy.

FOLEY, Dana, Ph.D.
Outpatient Clinic - VAMC
Dana.Foley@va.gov; Telephone: (405) 456-5546
(1) Outpatient psychotherapy with adults, (2) Psychodiagnostic assessment of adults, (3) Adult survivors of abuse, (4) Women veteran's health care

FUNDERBURK, Beverly, Ph.D.
Pediatric Psychology/Center on Child Abuse and Neglect - Child Study Center
Beverly-Funderburk@ouhsc.edu; Telephone: (405) 271-8858
(1) Parent-Child Interaction Therapy (behavioral parent training), (2) Child Abuse and Neglect, (3) Disruptive Behavior Disorders in young children.

GECZY, Bela, Ph.D.
Psychiatry Inpatient Unit - VAMC
Bela.geczy@va.gov; Telephone: (405) 456-3191
(1) Clinical supervision and training; (2) Mental health administration; (3) Inpatient brief psychotherapy; (4) Severe and Persistent Mental Illness

GILLASPY, Stephen, Ph.D.
Pediatric Psychology/Section of General and Community Pediatrics – OU Children’s Physician’s Building and Children’s Hospital
Stephen-Gillaspy@ouhsc.edu; Telephone (405) 271-4407
(1) Pediatric Psychology (2) Primary Care Psychology (3) Health Psychology (4) Child Maltreatment (5) Access to child mental health services (6) Program Development
HECHT, Debra B., Ph.D.
Clinical Child Psychology/Center on Child Abuse and Neglect - OU Medical Center - Children's Tower
Debra-Hecht@ouhsc.edu; Telephone: (405) 271-8858
(1) Evaluation and treatment of children who have experienced child maltreatment, (2) Development and evaluation of treatment programs for children.

HUDSON, Peggy, Ph.D.
Mental Health Clinic/Health Psychology Clinic – VAMC
Peggy.Hudson@va.gov; Telephone: (405) 456-5546
(1) Individual and group psychotherapy; (2) Health psychology; (3) Posttraumatic Stress Disorder; (4) Primary care psychology

JONES, Dan E., Ph.D.
PTSD Unit - VAMC
DanE.Jones@va.gov; Telephone: (405) 456-5367
(1) Post traumatic stress disorder, (2) Anxiety disorders, (3) Sleep disorders: insomnia and parasomnias, (4) Eating disorders

JONES, Herman, Ph.D., ABPN
Neurology - OU Medical Center - Everett Tower
Herman-Jones@ouhsc.edu; Telephone: (405) 271-4113
(1) Assessment and intervention of neurobehavioral impairments, (2) Psychological and psychosocial impact of acquired disability (e.g. stroke, brain trauma, spinal cord injury), (3) Violent and homicidal adolescents

LEBER, William, Ph.D.
Neuropsychology - VAMC
William.Leber@va.gov; Telephone: (405) 456-3140
(1) Neuropsychological aspects of depression, dementia, alcoholism, and Persian Gulf illnesses, (2) Cognitive behavioral treatment of depression and anxiety, (3) Stress management and treatment of psychophysiological disorders, (4) Psychotherapy outcome research

LINCK, John Ph.D.
Neuropsychology Clinic- VA Medical Center
John.Linck@va.gov; Telephone: (405) 456-3082
(1) Clinical neuropsychology, (2) Individual psychotherapy

MASON, Patrick J., Ph.D., FICPP
Geriatrics - VAMC
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XVIII. APPIC MATCH POLICIES

This internship site agrees to abide by the APPIC policies. No person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

XIX. OKLAHOMA CITY

Oklahoma City, the capital of the state, is a Sunbelt city with approximately one million people in the metropolitan area. An interesting short description of Oklahoma City can be found on the following website:

http://www.youtube.com/watch?v=XtspPuAywfo and
http://www.youtube.com/watch?v=YEEi8yWACs

Oklahoma City boasts a pleasant climate with four distinct seasons, a low cost of living, and an abundance of diverse cultural opportunities. The “cost of living hotlink,” http://www.homefair.com, gives a comparison between any two major cities in the United States. We encourage all applicants to go to this link and compare Oklahoma City’s cost of living with that of other cities where they may be applying. You will likely be pleasantly surprised.

The Oklahoma City Philharmonic Orchestra presents both classic and pop series with internationally renowned guest artists. Repertory companies offer a variety of stage presentations each season, and Ballet Oklahoma presents a popular and exciting series of performances as well.

If you enjoy the outdoors, Oklahoma City is the place to be. There are a multitude of parks, tennis courts, and golf courses, including Oak Tree Golf and Country Club, the site of a previous PGA Championship. Several lakes offer
excellent opportunities for sailing, windsurfing, fishing, swimming, and picnicking. Oklahoma City is also home to Frontier City and White Water theme parks, and the Oklahoma City Zoo (one of the country's best "natural setting" zoos). Other attractions include the widely recognized National Cowboy and Western Heritage Museum; the beautiful Myriad Gardens/Crystal Bridge; the Omnidome Theater Kirkpatrick Science and Air Space Museum, a unique science and art attraction which includes the International Photography Hall of Fame, Kirkpatrick Planetarium, and Omniplex Science Museum; the Oklahoma City National Memorial; and the Oklahoma City Museum of Art.

Oklahoma City hosts several festivals and fairs annually. The Festival of the Arts displays the finest talents in visual, culinary, and performing arts, and has been designated one of the top ten outdoor festivals in the United States. The Red Earth festival is the largest national celebration of Native American culture, featuring the finest Native American dancers and artists from the U.S. and Canada.

Oklahoma City is home to a number of sports teams: An NBA Team - Oklahoma City Thunder; a minor league baseball team – the Oklahoma City Redhawks; and an arena football league team- the Yard Dawgz.

You will find Oklahoma City a comfortable and affordable place to live, a desirable place to work, and a fun place to enjoy. Educational, recreational, and cultural opportunities abound. More importantly, you will discover the friendly and industrious people of Oklahoma will make wonderful neighbors and colleagues.

XX. THE CAMPUS

The University of Oklahoma Health Sciences Center in Oklahoma City serves as the State's principal educational and research facility for health care professionals. The Colleges of Medicine, Dentistry, Nursing, Pharmacy, Public Health, Allied Health, and Graduate College are all located on the 200-acre Health Sciences complex. Also on campus are three hospitals; Veteran's Affairs Medical Center, OU Medical Center - Children's Hospital and Presbyterian Hospital; a medical library; and other federal, state, and private health care and research institutions. The campus' mission is three-fold: teaching, research, and patient care.

Located one mile south of the state Capitol and approximately two miles from the business and financial center of the city, the OU Health Sciences Center is easily accessible from anywhere in the metropolitan area.

The OU Health Sciences Center continues to expand its educational and treatment programs. With this growth has come the challenge and excitement of a growing medical center, committed to excellence in education, patient care, and biomedical research.