The Clinical Psychology Internship
Training Program Manual
2016-17 (Projected)

A. Mission and Philosophy of the Clinical Psychology Internship

The internship in clinical psychology in the Division of Psychology, Department of Psychiatry and Behavioral Sciences, at the University of Kansas Medical Center, provides the opportunity for the interns to develop competence in the practical application of the knowledge base of clinical psychology to clinical problems seen in a broad variety of programs in this academic medical center. Our approach is intended to develop interns who will emerge from this experience in route to becoming clinical psychologists— independent professionals possessing the ability to assess and treat the clinical psychological aspects of patients with a wide range of common mental disorders. The successful intern will achieve the ability to utilize psychological principles to develop and carry out essential plans of clinical psychological evaluation and treatment.

The Program philosophy begins with the understanding that the clinical psychological needs of patients can be determined by appropriate individualized assessment, based on the body of scientific knowledge in psychology, and on the basis of a positive, supportive clinician-patient relationship. Such a method takes into account the whole person with their unique individual characteristics and particular life circumstances. Empirical knowledge can also inform the clinician of appropriate approaches to use in developing and implementing a formulation and treatment plan for the identified clinical problems in the individual patient. The goal of intervention in all cases is to alleviate psychological and/or physical suffering or distress, and/or to alter problematic or unhealthy behavioral patterns which may contribute to distress or to disease. This understanding of the meaning of practicing clinical psychology is the basis for our approach to training the interns.

The Program values training the interns to implement, in a practical and flexible manner, specific assessment methods and interventions based on empirically-supported knowledge as these fit the needs of the given patient. Furthermore, interns learn to work with specialized populations by faculty who emphasize such areas as anxiety disorders, mood disorders, psychotic disorders, substance dependence disorders, disorders of childhood and adolescence, neuropsychological dysfunction, neurorehabilitation, integrated primary care, behavioral medicine, telemedicine and telehealth, and psycho-oncology. Faculty strive to develop interns who are well-rounded professionals, emphasizing relating to others in constructive, positive, and effective ways, integrating all relevant data so as to evaluate and treat each specific individual, and practicing according to the guidelines and ethical principle of The American Psychological Association.

B. Cultural and Individual Diversity

The Clinical Psychology Internship Program is strongly committed to supporting cultural and individual diversity and does not discriminate on the basis of race/ethnicity, color, religion, sex, including marital status, national origin, ancestry, age, sexual orientation, gender expression, disability, genetic information, or veteran status in its recruitment, retention, or development of interns, faculty or staff. We welcome and encourage well-qualified individuals with a commitment to diversity to apply for positions in our program. We aim to foster an attractive and nurturing atmosphere of learning where diverse interns, faculty, staff, and patients can understand, accept and appreciate one another. The internship's didactic and experiential training are aimed at fostering an understanding of diversity as it relates to professional psychology. Its didactic training includes specific topics relevant to understanding and fostering diversity, which are integrated into the clinically-oriented presentations. We will continue to develop and maintain an environment that makes cultural competency/proficiency attainable for all interns, students, faculty, and staff. The patient population with which the interns work is quite diverse, as are the students, residents and staff at the Medical Center. The Program supports and adheres to the very specific nondiscrimination policies of the school of medicine which are found at http://www2.kumc.edu/somcatalog/info/policies.html. The Program also supports the mission of The Office of Cultural Enhancement and Diversity at KUMC, whose goals and policies are found at: http://www2.kumc.edu/oced. The University has a diversity initiative; more information can be found at that website.

The program has a strong commitment to training clinicians to treat persons who have cultural, economic and geographic barriers to health care. An advisory consortium group, consisting of the internship faculty and distinguished community leaders, experienced in working with underserved vulnerable and disadvantaged populations, has been directing our efforts to serve such individuals. The group encourages and advises us on appropriate clinical and didactic activities that focus on the special circumstances of these persons. Such individuals include those in rural and underserved communities, persons of low socioeconomic status, the uninsured, persons from variously disadvantaged backgrounds, vulnerable children and families, persons with substance abuse, persons who have been mistreated or abused, low income HIV/AIDS sufferers, persons with disabilities, and individuals with a chronic mental illness. We
The Program training model emphasizes supervised clinical practice, supported by didactic methods and role modeling. The Program is an organized sequence of training experiences beginning with an orientation to the setting and to the internship, a planned sequence of didactic coursework, and participation in clinical practice structured to an appropriate level of complexity for the developing intern. In its emphasis on supervised experience, the training model recognizes the unique skills of its individual Training Supervisors, who each develop a supportive relationship with the intern(s) they are supervising and teaching, and work toward the development of competence in establishing positive constructive working relationships with patients and other professionals, identifying or assessing patterns of clinical problems specific to their areas of expertise, selecting and implementing appropriate responses and in general techniques for addressing the clinical problems identified, including evaluating outcomes, working effectively with other professionals, and in all instances practicing according to APA Ethical Guidelines.

Clinical supervision is case-based, and utilizes discussion, direction, observation and feedback through supervisor presence, as well as constructive evaluation of progress toward the goal of competence in rapport-building, assessment, intervention, collaboration, and professionalism. A total of at least two hours of regularly scheduled individual supervision per week from training supervisors is assured. Interns generally receive more regularly scheduled individual supervision from training supervisors than this, and interns always receive a total of at least four hours of general supervision from training supervisors or other internship staff per week. Clinical teaching, in which supervisors work alongside of the intern, such as on academically-oriented treatment teams, is emphasized. Supervisors are available on site at all times as issues or problems emerge.

Interns experience supervision from multiple supervisors in order to enhance their depth of learning and awareness of diverse styles of competent practice, as well as to help them find which styles best complement their emerging professional identities. Also, the interns learn clinical skills through the many opportunities to observe the supervisors practicing clinical psychology in the various settings where the supervisors are working. Interns may choose or be assigned a specific additional faculty mentor as desired. Didactic experiences focus on the professional delivery of
clinical psychological services emphasizing psychological concepts, and the use of current scientific knowledge, principles, and theories as applied to the clinical problems manifested in patients in the Medical Center’s programs, including its outreach efforts. Professional conduct and ethics, as well as standards for providers of psychological services, including consultation and supervisory methods, are also presented in the didactic format with the emphasis on practical application.

To add another level to their training, the interns also work with a mentor to design and carry out a clinical program evaluation. Interns furthermore may be able to do a small amount of teaching activity and supervision under supervision.

F. Educational Goals, Objectives and General Competency Expectations

Goal 1  The clinical psychology intern will establish and maintain positive, constructive, and effective working relationships with patients.

Objectives

- Demonstrate capacity to empathize with patient experiences, including recognizing and responding appropriately to suffering and distress, reflecting and summarizing patient experiences accurately, and conveying understandings of problems in ways that contribute toward improvement in patient functioning.
- Maintain appropriate professional boundaries.
- Interact with patients in a flexible and respectful manner even when the patient is very disturbed or uncooperative.
- Recognize the effect of the intern’s personal behavior on the patients’ experiences.
- Engage well with and respond with sensitivity and effectiveness to those who have cultural, economic or geographic barriers to health care.
- Engage well with and respond with sensitivity and effectiveness to individuals of diverse individual factors, cultures, environments and circumstances
- Use supervision to discuss the difficulties that arise in working relationships with patients.

Goal 2  The clinical psychology intern will know how to accurately assess, formulate, and track the clinical psychological functioning in patients with a broad range of common mental disorders.

Objectives

- Conduct through clinical psychological interviews including: establishing rapport, assessing presenting problems, assessing personal, social, occupational, and other life role functioning, assessing the mental status, assessing problems with mood, reality testing, anxiety, personality, substance abuse, stress response and cognitive functioning, accurately diagnosing disorders including common conditions in childhood and adolescence, evaluating the development, history, and context of problems identified, gathering basic medical history and assessing previous treatment and response to treatment.
- Appropriately assess according to the DSM-5 and ICD 10 diagnostic systems.
- Appropriately assess risk factors for suicidal and aggressive behaviors.
- Accurately assess in consideration of individual differences including age, culture, disability status and other special circumstances.
- Utilize information from all relevant sources in evaluating difficulties, such as the family, the school system, and other systems involved with the patient.
- Accurately administer, score and interpret psychological and neuropsychological tests to assess personality, psychiatric disorders, and basic neurocognitive functioning such as attention, concentration, memory,
language-based functioning, perceptual-organizational functioning, and executive functioning, as well as using the information derived from these instruments appropriately.

- Formulate problems in ways that lend themselves toward empirically supported intervention approaches.
- Monitor the course of problems treated using empirical means
- Demonstrate an intermediate to advanced level of understanding of the process of program evaluation.

**Goal 3** The clinical psychology intern will apply appropriate psychological interventions for a broad range of common mental disorders.

**Objectives**

- Appropriately apply a reasonable range of intervention approaches to particular clinical problems and diagnostic conditions.
- Effectively utilize empirically supported interventions for specific clinical problems.
- Administer interventions in a flexible, individually formulated approach, considering all pertinent individual factors including social circumstances, medical status, age, culture and disability status.
- Demonstrate competence in applying interventions with appropriate consideration of the special circumstances of individuals with cultural, economic or geographic barriers to health care.
- Appropriately use systemic interventions such as working with family members, coordinating with the school system/work setting, and working with other systems and professionals involved with the patient.

**Goal 4** The clinical psychology intern will be able to work effectively with other professionals, consult appropriately, and appreciate the unique and relevant contributions of others to the patient’s needs.

**Objectives**

- Relate positively and constructively with other professionals.
- Consider the possibility of co-morbid medical or neurological illness and make appropriate referrals.
- Recognize clinical psychological manifestations likely to be due to an underlying medical condition.
- Recognize the need for neuropsychiatric referral.
- Responds appropriately to a range of diversity among professionals and others involved in the patient’s care.
- Works effectively with other professionals who work in underserved areas.
- Demonstrate appropriate supervisory skills (may include formal supervision or clinical instructions to students such as practicum students or medical students)
- Effectively present the results of a program evaluation and provide feedback to the program.

**Goal 5** The Clinical Psychology intern will conduct himself or herself at all times as a responsible professional, and according to the Ethical Principles and Practice Guidelines of the American Psychological Association.

**Objectives**

- Fulfills professional responsibilities such as timely attendance at activities, active and productive participation in clinical experiences and learning opportunities, attending and actively and constructively
participating in supervision, seeking out assistance or supervision appropriately, and completing paperwork appropriately and in a timely manner.

- Practice according to the ethical principles of Beneficence and Nonmaleficence, Fidelity and Responsibility, Integrity, Justice, and Respect for People’s Rights and Dignity.

G. Summary of Clinical Experiences

The training for all four interns includes a core of similar clinical experiences, but there are two tracks in the program, one of which has a greater emphasis on training to serving underserved populations. The comprehensive track features the required and elective rotations described in the Summary of Clinical Rotations section below. The underserved track features all of the required and elective rotations as the comprehensive track. It is for individuals who have an interest in and at least some prior experiences in working with underserved individuals, and who envision working with such individuals in their future careers. The underserved track interns also participate in additional activities. For instance, these interns receive specific training in utilizing telemedicine technology which can provide services to rural and underserved individuals, and they will carry a greater load of individuals among their cases who have cultural, economic or geographic barriers to access to health care. Furthermore, underserved track interns will have several small elective activities such as tours of rural and other underserved community facilities and a rotation or mini-rotation in in centers such as the Ryan White HIV/AIDS program.

The internship year is divided into four quarters, with one major rotation per quarter. Interns also carry outpatients throughout the year. For all interns, adult and child major rotations involving working with psychiatric conditions are required. The adult major rotation will be on an adult inpatient psychiatry unit. The child rotation includes training on an inpatient child psychiatry unit and a concentrated outpatient experience. In some cases, it may be possible to participate in a developmental disorders program, and/or in a behavioral pediatric consultation program. Interns will select among other elective rotations for the other two quarters of the year. These other major elective rotations include training on a neurorehabilitation unit, an NCI-designated cancer center, or an integrated primary care clinic. In some cases interns may be able to elect to include a continuation of their experiences in a given major rotation. For instance, the program may approve an intern who wishes an increased concentration in inpatient psychiatry to do a second major rotation on an inpatient psychiatry unit as one of their electives. The interns in the underserved track will receive approximately four hours per week of clinical work utilizing the telemedicine facilities. All interns will have exposure to many kinds of behavioral medicine assessments and interventions. Interns will have exposure to individuals with many types of medical conditions. All interns will participate in consultation and liaison activities.

H. Selected Service Delivery Areas

Outpatient Psychiatry Service. The Adult Outpatient Psychiatry Service and the Child Outpatient Psychiatry Service include: The Medical Office Building and other patient care areas in the Department of Psychiatry and Behavioral Sciences in which faculty and trainees including clinical psychology interns see patients to provide clinical services. Patients are of diverse cultural backgrounds and are diagnosed most commonly with disorders such as Major Depression, Bipolar Disorder, Anxiety Disorders, Psychotic Disorders, Personality Disorders and Developmental Disorders. This is a required activity.

Adult Inpatient Psychiatry Unit. The Adult Inpatient Psychiatry Unit is an 18 bed inpatient psychiatric unit for acutely ill psychiatric patients. The Unit offers a comprehensive multidisciplinary team experience for the psychology intern. The intern also works with trainees in a variety of disciplines which may include psychiatry, social work, nursing, and occupational therapy. This is a required rotation.

Child Inpatient Psychiatry Unit. The Child Inpatient Psychiatry Unit is housed at the Marillac Center, an off-site facility. Marillac Center is staffed by the University of Kansas Medical Center Psychiatry and Behavioral Sciences faculty including psychology. This inpatient psychiatry unit provides the intern with exposure to acutely ill psychiatric patients who are children or adolescents. The Unit offers a short stay in a dynamic multidisciplinary team treatment setting. The intern also works with trainees in a variety of disciplines which may include psychiatry, social work, nursing, and expressive therapies. There is a strong emphasis on assessment during this rotation. This is a required rotation.

Neurorehabilitation. The inpatient unit serves a population with rehabilitation needs such as traumatic brain injury, spinal cord injury and stroke. Interns receive training in neurocognitive assessment in addition to treatment, and may receive some training in neuropsychological assessment in this setting. The intern works with a multidisciplinary team including trainees from other fields (e.g. medicine, occupational therapy. This is an elective rotation.
Primary Care. Interns work in the Family Medicine clinic using an integrated model. The intern generally rounds with a team including physicians, pharmacology students, and other students. They provide, often immediate, behavioral health interventions, and may follow up with patients. This is an elective rotation.

Consultation and Liaison. Psychologists are also consulted throughout the Hospital for many behavioral medicine issues, and interns participate in evaluations and interventions with these patients. This is a required activity.

The Cancer Center. The cancer center is a comprehensive multidisciplinary outpatient facility which includes psychological services (psycho-oncology) for the patient population served. This is an elective rotation.

Telemedicine and Telehealth. The KU Center for Telemedicine and Telehealth offers telemedicine services utilizing interactive televideo for consultations between healthcare providers and patients. The Kansas telehealth network has access to over 100 sites throughout the state. This is a required activity for interns in the underserved populations track.

Other Activities. Training is offered in several other areas through the medical center including the Ryan White HIV/AIDS program, and grant programs treating, researching, or educating individuals with health conditions in underserved areas or to underserved individuals. These other activities are all elective, but the intern chooses among them. The grant program opportunities are subject to grant funding and availability. All of these other activities are open only to the underserved track interns. In addition, underserved track interns participate in activities including touring of underserved community facilities such as a federally-qualified health center and mental health center, participating in mentoring a high school student from a disadvantaged background, and presenting an educational offering to an underserved community. Our Advisory Consortium Group may recommend additional elective supplemental training for interns in the underserved populations track.

Service delivery expectations are as follows: All interns must devote at a minimum of 1800 hours (usually 2000 hours) to the internship activities during the year of training. A minimum of 900 hours of direct service is required. Direct service includes clinical psychological assessment, clinical psychological testing, clinical psychological intervention, consulting, test scoring and interpreting, report writing, and documentation.

I. Supervision

Each intern must have at least two hours of individual supervision weekly, and at least two hours of other general supervision. Typically, interns will receive more individual supervision than this, depending upon supervisors and settings. Interns receive a great deal of their learning from clinical teaching; they often participate in clinical and consulting activities with their supervisors and with other clinical teachers. Each intern is assigned a rotation supervisor in their major rotation areas where they are working, who provides at least one hour of supervision per week. In instances where a supervisor is providing an intern with outpatient supervision of a single or small number of cases, scheduled supervision with that supervisor must occur for each patient, with availability of the supervisor at any time. Interns also meet weekly with the Director of Training. Each case has a supervisor. Interns must let their supervisor know of any cases that they take on. The supervisor on each case is the primary contact person for supervision. The intern should go to that individual first for supervision on that case. In the event that the supervisor cannot be reached, or in an urgent situation, any of the licensed psychologists on staff of the Division of Psychology, or any training supervisor should be contacted for assistance. All supervisors are available at any time for supervisory consultation, and coordinate their supervision with that of the other primary supervisor. Supervisors notify the interns of coverage during scheduled absences.

J. Didactic Training

The Psychology Division, being part of a large teaching hospital and medical center, adopts a clinical teaching model. In this model, teaching is provided by psychology faculty and by multidisciplinary faculty in the clinical teams on their rotations. However, this does not replace regularly scheduled case-based supervision with the intern by the training supervisor. While “classroom” activities take place as described below, we believe that the didactic training that takes place in the service provision sites is at least as important as classroom training.

Intern Core Didactic Series - Friday - 9:00am - 10:00am and 9:00am to noon during the summer.
This is a series of presentations which include psychological assessment and treatment of a variety of disorders including pain, mood, anxiety, substance abuse, brain injury, and psychosis, as well as presentations on neuropsychology, consultation, supervision, program evaluation, ethics and professional issues, disability, multiculturalism, and other timely topics. There is a significant didactic contribution for all interns on working with underserved populations, which are frequently encountered on most of our rotations. Didactic presentations occur weekly throughout the internship year. Attendance is required. 1020 Olathe Pavilion
Summer Core Resident Training Program- Tuesdays 8:00am to noon - July to September.
This is a series of intensive didactic presentations by psychiatry and psychology faculty and advanced residents. While targeted for first year psychiatric residents it has been found to be very valuable for psychology interns learning about somatic treatments for psychiatric disorders and the integration of psychology with psychiatry medicine. Furthermore, the residents benefit from, and learn through, the involvement of the interns in this activity. Required. Location TBA.

Psychotherapy Series - Approximately every other week. Days/times TBA.
These are group activities led by psychology faculty for interns to facilitate development of advanced level intervention skills. Required. 1020 Olathe Pavilion

Psychiatry and Behavioral Sciences Grand Rounds - Some Tuesdays - September through June - 8 am - 9:00 am
A series of guest speakers present on timely topics in mental health. Attendance is optional, but may be attended if not engaged in other duties. 3015 Sudler Auditorium

K. Other Policies and Information

Attendance Requirements. To ensure that interns receive adequate training on all rotations, any intern who misses more than 25% of any rotation will be required to make up that portion of the rotation which they missed. Furthermore, interns may not complete the program if they have attended less than 90% of the required didactics.

Computer Services. Interns will be given an e-mail address and internet access including the Medical Center’s website so that they may correspond, receive and obtain information. Interns are also given access to the electronic medical record in which the do most of their clinical documentation.

Dress Code and Decorum. Professional attire should be worn in patient care areas. Interns are expected to present a clean, neat and professional appearance at all times. The Medical Center identification badge is to be worn whenever involved in clinical or administration activities. Conduct consistent with the dignity and integrity of the profession is required in all contacts with patients, families, and other health professionals. Patient confidentiality is a paramount issue, so discussion of any case material is limited to private areas. The use of alcoholic beverages or drugs that impair judgment while on duty is prohibited, as is the consumption anywhere on the Medical Center premises.

Keys. The Clinical Psychology Internship Administrator distributes the keys to the intern’s office and to the floors (Olathe Pavilion). When interns finish a rotation, they must turn in their keys.

Library Services. Interns also have access to many journals online through the Dykes library accounts. The main campus library also has a selection of specialty journals and texts. Interns may also request materials via the interlibrary load service. Whenever interns take something from the library it must be signed out. The main library requires the intern’s ID number.

Mail Box. Every intern is assigned her/his own box in the Psychology Division Office 1021 Olathe Pavilion. Written communications will be delivered there.

Personal and Sick Leave. Interns may request up to three months per year of leave for reasons of personal or family illness, serious health condition, disability, or the birth or adoption of a child. Interns may elect to use a portion of the allotted vacation instead of personal leave time. Such loss of training time may need to be made up by extension of the training program at the end of the internship. For a brief illness, interns are allowed up to 10 days of paid sick leave per year. For women who are breast-feeding after returning to work, there is a private place designated to express milk in Room 2044 Wescoe Pavilion. Interns who are aware of a medical leave in advance of the leave should complete a leave request form to insure proper approval and coverage is obtained. Interns must notify the Clinical Psychology Internship Administrator as well as the appropriate personnel at their assigned training site before the day begins or as soon as reasonably possible if they are not reporting to work due to illness.

Photocopying/FAX. Materials required for patient care or professional use may be copied in Room 1012 Olathe Pavilion. The Department FAX machine is located in Room 1011 Olathe Pavilion. The FAX number is 913-588-6414.

Secretarial Support. Typing and other secretarial work interns may need to have done during their rotations can be taken to the Psychology Secretary in Room 1013E Olathe Pavilion.

Vacation Leave. Interns are provided a maximum of three weeks (15 days) per year. Vacation requests must be submitted as soon as interns know of their plans and in all cases giving a two week notice. Interns may obtain a
vacation request form from the Clinical Psychology Internship Administrator, Lesley Leive, so that she can verify the number of days the intern has available. Interns must have their request approved by all rotation/elective supervisors before submitting their request to the Clinical Psychology Internship Director. Requests will be considered on a first-come-first-served basis. Rotation supervisor approval and available days are the primary bases for granting leave requests. Interns may request up to five days of professional leave for examinations, conferences and job/post-doc interviews. Interns who attend professional conferences are asked to present a summary of their experiences to other trainees and faculty. Interns may not take vacation days during the first two weeks or the last two weeks of the internship.

L. Intern Evaluations

Interns are formally evaluated by their supervisors at least once each six months and at the completion of each rotation. However, interns are generally given ongoing feedback about their progress in oral fashion, and interns are encouraged to discuss how they are progressing if they have any concerns. Formal evaluations are reviewed directly with the intern at the time of the completion of the evaluation by the supervisor completing the evaluation, for the purpose of facilitating constructive dialogue. Intern progress is considered by the Psychology Internship Training Supervisors at their monthly meetings as they become available. Intern evaluations are available for the intern’s review in the Internship Administrator’s Office, Room 1005 Olathe Pavilion. Interns also evaluate the site supervisor at the completion of each rotation as well as the site and internship as discussed under Internship Evaluations below. These are reviewed regularly by the Training Director who uses them to provide feedback to the supervisor.

The evaluations of interns by supervisors are to provide feedback to the intern regarding their performance, to insure that interns are progressing satisfactorily, and so that any problems or issue that may arise can be addressed as soon as possible. In addition to rotation evaluations, information from other sources may be considered. These may include record reviews, staff reports, and anonymous patient assessments. Critical feedback from an evaluation does not generally indicate that there is a problem with performance such that the intern is failing in the program. The program accepts interns with the expectation that they will successfully complete the program. Disciplinary action or termination would occur only under the most serious circumstances, and after due process. If there were ever any such level of concerns regarding performance, this would be reflected in a “failing” grade on one or more of the objectives of the evaluation, and would prompt a review by the Training Supervisors of which the intern would be informed. Such a meeting would be to determine how to facilitate improvement in performance and the means by which to do so, unless the problems was of such a serious nature that it was determined that it could not be resolved by the Program. Any deficiencies identified (failing ratings) must be resolved (at least a fair ratings) for all objectives on the standard Intern Evaluation Form as determined by the Training Director in consultation with the Training Supervisors, in the overall evaluation at the end of the internship year.

M. Due Process and Grievance Policies

Due process and grievance policies are in a document which is given to the intern at entry to the program along with the Training Manual, and is available at any time upon request of the Internship Coordinator or Director of Training.

N. Internship Evaluations

At the end of each clinical rotation, or every six months, interns should evaluate the quality of the rotation and the Training Supervisor. The appropriate form will be placed in the intern’s mailbox or given directly to the intern. Interns may also elect to evaluate any site supervisor or rotation at any time. To do so, they should request the appropriate form from the Internship Administrator or Training Director. Interns are asked to evaluate the site at the completion of each rotation, the overall internship at the completion of the internship, at the one year follow-up, and periodically thereafter. Interns are encouraged to stay in touch with the program as we are all interested in your accomplishments and invested in your success.

O. Accreditation Status

The Internship Training Program at The University of Kansas Medical Center, Department of Psychiatry and Behavioral Sciences, Division of Psychology, is accredited by The American Psychological Association. The address and telephone number of the Commission on Accreditation is listed below:

Office of Program Consultation and Accreditation
750 First Street, NE • Washington, DC • 20002-4242
Phone: 202-336-5979
Reports and other material related to accreditation status may be obtained as appropriate by contacting the Training Director, Edward Hunter, Ph.D. ABPP, or the Internship Administrator, Lesley Leive, at 913-588-6401.

P. Other Affiliations

We are listed as a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). The internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

Q. Stipends

Pay for the Comprehensive Track of approximately $30,000 is anticipated for the 2016-17 academic year. Stipends for the Underserved Populations Track are also anticipated to be $30,000.

R. Website

Further information about the Clinical Psychology Internship Program, The Department of Psychiatry and Behavioral Sciences, and The University of Kansas Medical Center are accessible at: http://www.kumc.edu/psychiatry/predocprog.html.

S. Faculty

A list and information about Departmental faculty is available at the website: http://www.kumc.edu/psychiatry, and a list of all internship faculty can be found at http://www.kumc.edu/psychiatry/predocprog.html.