

**The Clinical Psychology Internship  
Training Program Manual  
2026- 2027: Projected**

**A. Mission, Aims 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 (KUMC), provides the opportunity for the interns to develop competence in the practical application of the knowledge base of clinical psychology to diverse clinical populations seen in a broad variety of interdisciplinary programs at this academic medical center and affiliated clinics. Our specific aim is to foster the development of (a) well-rounded professionals who (b) relate to others in positive, constructive, and effective ways, (c) integrating all relevant information, (d) in order to evaluate and treat individuals in evidence-based approaches (e) within a broad range of interdisciplinary contexts, (f) while practicing in an ethical, professional manner. Our goal is to train individuals 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 and psychological aspects of physical conditions. The successful intern will achieve the core competencies expected at entry level into the profession. Moreover, we hope to support the development of professionals who can assume leadership roles in a range of professional activities including clinical care, education, research and advocacy.

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 full humanity of individuals with their unique identities, culture, 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 and communicating those findings effectively to the patient and others within an interdisciplinary context. 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 providing clinical psychological care 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 patient. Interns learn to work within an interdisciplinary context, in order to provide the best care. They are supported in the development effective communication and consultation skills, so that they can be of benefit to others who are caring for their patients, as well utilizing the wisdom of teachers and providers from other specialties to best help the patient. They also work alongside of trainees from many disciplines. Interns learn to treat a number of specialized populations by faculty who emphasize such areas as anxiety disorders, mood disorders, psychotic disorders, substance abuse disorders, disorders of childhood and adolescence, neuropsychological dysfunction, neurorehabilitation, integrated primary care, health psychology and behavioral medicine, specialized psychological evaluations for medical interventions, underserved populations and community outreach, psycho-oncology, neurology, bariatric services, and pain management. Various faculty members have expertise in evidence-based treatments including Cognitive Behavior Therapy, Acceptance and Commitment Therapy and other interventions from Contextual Behavior Science, Dialectical Behavior Therapy, Prolonged Exposure Therapy, Cognitive Processing Therapy, Exposure and Response Prevention Therapy, Contemporary Psychodynamic Psychotherapy, Cognitive Behavior Therapy for Insomnia, Motivational Interviewing, and Interpersonal Therapy, to name some major emphases. Interns are supported in the development of leadership skills, supervise, educate and train others, as well as conduct research in order to contribute to the body of scientific and scholarly knowledge in psychology.

## **B. Training Environment of Support, Engagement and Impact**

The Clinical Psychology Internship Program is committed to maintaining a supportive atmosphere of learning where interns, faculty, staff and patients from all walks of life can understand, accept and appreciate one another. The interns work with patients, staff and trainees of many different backgrounds and identities. Thus, it is important that we have an environment that fosters appreciation that one's own views and perspectives may differ those from those of others, so that we can treat everyone with respect and acceptance.

The internship's didactic and experiential training is aimed at developing an understanding of how to support all individuals represented among our patients as well as our trainees and staff. Its didactic training includes specific topics relevant to understanding this APA competency expectation.

The internship program has a unique seminar known as the Impact Seminar, which focuses on our effect and influence on others and how we can best understand support and accept one another. This takes place in monthly activities throughout the year. In addition to our programmatic commitment and emphasis, interns may participate in the Departmental Engagement and Impact Committee alongside psychology faculty and staff.

Additionally, the program is aligned with the broader commitments that the University of Kansas Medical Center makes to prioritize developing and implementing support efforts to foster a respectful, connected and engaged community across KU's campuses and instructional sites. For more information, visit the [University of Kansas's Impact & Belonging webpage](#).

The Clinical Psychology Internship Program does not discriminate based on 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. The program does not require adherence to any religious view or affiliation.

The Program has a longstanding commitment to improve mental health care for underserved populations and includes training for clinicians to treat persons who have cultural, economic and geographic barriers to health care. Such individuals may include those from rural and underserved communities, persons of low socioeconomic status, uninsured persons, homeless individuals, refugees, 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 strive to teach the clinical skills, knowledge-base and cultural sensitivity to be effective in working with such vulnerable people. The program has been successful in receiving several federal and regional grants and well as specific financial support from the Department that enable us to continue our efforts.

## **C. The Medical Center Setting**

The Internship in Clinical Psychology is a 12-month full time appointment within the Department of Psychiatry and Behavioral Sciences at the University of Kansas Medical Center. KU Medical Center's basic functions include research, education, patient care, and community service.

The University of Kansas Medical Center is a campus of the University of Kansas. KU Medical Center is located in Kansas City, Kansas, and includes schools of Medicine, Health Professions, Nursing, and Graduate Studies. It operates in conjunction with The University of Kansas Hospital, a large urban-based facility. Well over one hundred outpatient clinics and other patient care services and centers operate as part of the Medical Center's operations. The total number inpatient discharges per year is more than 83,000, and the number of outpatient visits to its clinics is over 2,000,000. KU Medical Center cares for a diverse patient population. Patients are individuals from many cultures, backgrounds, socioeconomic statuses, and locales, including many medically underserved individuals.

The Clinical Psychology Internship Program is planned and implemented within the Division of Psychology of the Department of Psychiatry and Behavioral Sciences by the Psychology Training Supervisors. The Director of Training of the Psychology Division is Edward E. Hunter, Ph.D., ABPP, who is also the Training Director of the internship program. The Department of Psychiatry and Behavioral Sciences sees approximately 6300 patients per year with wide ranging psychiatric diagnoses. In addition to outpatient clinics for adults and for children and adolescents, there are also a 47-bed adult psychiatry inpatient unit and an 84-bed child and adolescent inpatient psychiatry unit. Psychologists affiliated with the Department and internship are also stationed throughout KU Medical Center in various clinics and settings such as the NCI-designated Cancer Center, the Neurorehabilitation Program, the Family Medicine integrated care clinic, the Addiction Treatment Center, the Internal Medicine integrated care clinic, Neurology, Pediatrics, and the Spine Center, to name a few. KU Medical Center has a strong outreach presence, with intern involvement in such programs as the Center for Telemedicine and Telehealth, and community clinics programs and clinics serve many individuals from rural and underserved areas, as well as other underserved populations.

#### **D. Prerequisites**

The program is open to six qualified interns. Qualifications include enrollment in a Ph.D. or Psy.D. program in clinical or counseling psychology approved by the American Psychological Association or the Canadian Psychological Association. Interns should have completed all coursework and practicums required by their graduate program, possess a minimum of master's degree in psychology, and have passed their comprehensive examinations according to the requirements of their graduate program. Four of the positions are in the Comprehensive Track, and two are on the Underserved Populations Track. Other information regarding the qualifications and preferences for selection for the tracks, including Citizenship/Permanent Resident/Visa requirements for each may be found on KU Medical Center's [Clinical Psychology Internship webpage](#).

#### **E. Description of Training Program and Training Model**

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 interns they are supervising and teaching, and work toward the development of competence in establishing positive constructive working relationships with patients and other professionals. This supervision and training are directed toward 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, direct observation, and feedback, as well as constructive evaluation of progress toward the goal of competence in rapport-building, assessment, intervention, collaboration, science, and professionalism. Interns receive at least two hours of regularly scheduled individual supervision per week from Training Supervisors. Interns generally receive more regularly scheduled individual supervision from training supervisors than this, and interns always receive a total of at least two additional hours of general supervision from Training Supervisors per week. Clinical teaching, in which supervisors work alongside of the intern, such as on academically-oriented treatment teams, is emphasized, and further supervision is provided. Interns frequently receive clinical teaching from interdisciplinary providers such as medical providers, although psychologists are always the ultimate supervisors for their cases. Supervisors are always available as issues or problems emerge.

Interns experience supervision from multiple supervisors 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 both learn supervision throughout this role modeling experience, as well as practice clinical supervision themselves through either providing clinical supervision to other psychology trainees, trainees from other disciplines, or in simulated practice with other trainees. 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. 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.

Additionally, interns work with a mentor to design and carry out a clinical program evaluation research project. Interns furthermore are involved in providing clinical teaching and provide didactic offerings which are often case presentations including literature reviews of evidence-based evaluation and treatment. They present to multidisciplinary trainees and faculty. Interns furthermore provide several interdisciplinary psychotherapy workshops to medical student, enabling these future physicians to understand evidence-based psychotherapy, appreciate the value of psychological interventions, and implement basic interventions in practice, such as components of motivational interviewing.

## **F. Competency Expectations**

To meet the aims of the program and foster successful and well-trained interns, we have established our education and training to meet the profession-wide competencies identified by the American Psychological Association.

### Competency A: Research

Elements:

- i. The intern demonstrates the substantially independent ability to conduct research or other scholarly activities (e.g. case conference, presentation, publication).
- ii. The intern critically evaluates and disseminates research or other scholarly activity via professional publication or presentation at the local (including the host institution), regional, or national level.

### Competency B: Ethical and Legal Standards

Elements:

- i. The intern is knowledgeable of and acts in accordance with each of the following: the current version of the APA Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and relevant professional standards and guidelines.
- ii. The intern recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve the dilemmas.
- iii. The intern conducts self in an ethical manner in all professional activities.

## Competency C: Individual and Cultural Diversity

### Elements:

- i. The intern demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
- ii. The intern demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service;
- iii. The intern demonstrates the ability to integrate awareness and knowledge of individual and cultural differences, including intersectionality, in articulating an approach to working effectively with diverse individuals and groups.
- iv. The intern shows the ability to apply a framework for working effectively with areas of individual and cultural diversity.
- v. The intern demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews differ with their own.

## Competency D: Professional Values, Attitudes and Behaviors

### Elements:

- i. The intern behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, the integration of science and practice, professional identity, accountability, and concern for the welfare of others.
- ii. The intern engages in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- iii. The intern actively seeks and demonstrates openness and responsiveness to feedback and supervision.
- iv. The intern responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

## Competency E: Communication and Interpersonal Skills

### Elements:

- i. The intern develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.

- ii. The intern demonstrates a thorough grasp of professional language and concepts and produces, comprehends and engages in communications that are informative and well-integrated.
- iii. The intern shows effective interpersonal skills and manages difficult communication well.

#### Competency F: Assessment

##### Elements:

- i. The intern demonstrates current knowledge and application of knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- ii. The intern demonstrates understanding of human behavior within its context (e.g. family, social, societal, and cultural).
- iii. The intern demonstrates to ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- iv. The intern selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity considerations and contextual influences (e.g., family, social, societal, and cultural) of the service recipient.
- v. The intern interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- vi. The intern communicates orally and written documentation the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

#### Competency G: Intervention

##### Elements:

- i. The intern establishes and maintains effective relationships with the recipients of psychological services.
- ii. The intern develops evidence-based intervention plans specific to the service delivery goals.
- iii. The intern implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- iv. The intern demonstrates the ability to apply the relevant research literature to clinical decision making.
- v. The intern demonstrates the ability to modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.

- vi. The intern evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing progress evaluation.

#### Competency H: Supervision

##### Elements:

- i. The intern demonstrates the ability to apply knowledge of supervision models and practices in direct or simulated practice such as direct or simulated practice with other trainees or other health professional (e.g. role-played supervision, peer supervision).
- ii. The intern demonstrates the ability to apply the supervisor skill of observing in direct or simulated practice (in areas such as those in i above).
- iii. The intern demonstrates the ability to apply the supervisor skill of evaluating in direct or simulated practice (in areas such as those in i above).
- iv. The intern demonstrates the ability to apply the supervisor skill of giving guidance and feedback in direct or simulated practice (in areas such as those in i above).

#### Competency I. Consultation and Interprofessional/Interdisciplinary Skills

##### Elements:

- i. The intern demonstrates knowledge and respect for the roles and perspectives of other professions.
- ii. The intern applies the knowledge of consultation models and practices in direct consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related health and behavior.

#### Rating for Underserved Populations Track Only:

#### Competency J: Underserved Populations Skills

##### Elements:

- i. The intern shows a working knowledge of health disparities, strengths and weaknesses of health care systems, and barriers to access to health care.
- ii. The intern has articulated goals to accomplish on internship on their Individual Development Plan which are specific to serving underserved populations, including service or learning in at least three of the following areas: clinical practice, advocacy, education/training, administration, and research.

- iii. The intern has demonstrated effective application of their knowledge-base on internship in at least two of the following areas: clinical practice, advocacy, education/training, administration, and research, with the goal of increasing service to underserved populations.

## **G. Summary of Clinical Experiences**

The internship year is divided into four quarters, with one major rotation per quarter. Interns also carry outpatients throughout the year. For all interns, there are required rotations in adult and child inpatient mental health. The adult major rotation will be on an adult inpatient psychiatry unit. The child rotation includes training on an inpatient child psychiatry unit. The rest of the year, interns participate in activities specific to their track. All interns are part of the same internship program and share its overall aims and competencies. However, there are two tracks within the program, the Comprehensive Track and the Underserved Populations Track.

The Comprehensive Track and the Underserved Populations Tracks are similar, in that they each offer a comprehensive exposure to mental health and health psychology in inpatient and outpatient populations.

Comprehensive Track interns receive training in an inpatient adult psychiatry unit, inpatient child psychiatry unit, and outpatient psychiatry clinic. These interns also choose two major elective rotations (three months each) in a neurorehabilitation unit, an NCI-designated cancer center, or the specific clinical health psychology rotation ). These interns will have experiences with many kinds of health psychology assessments and interventions. Interns will have exposure to individuals with many types of medical conditions.

Interns on the Underserved Populations Track also receive training in an inpatient adult psychiatry unit, inpatient child psychiatry unit, and outpatient psychiatry clinic. They choose one elective rotation of three months in a neurorehabilitation unit, an NCI-designated cancer center, or clinical health psychology. They also receive a three-month rotation at a rural integrated primary care center including a focus on medication-assisted integrated substance abuse treatment in Community-Based primary care setting. Underserved Populations Track interns are recruited for special interest in underserved populations and the program is particularly committed to careers working in rural areas, such as establishing practices in primary care sites, working in integrated care in established settings, or using telehealth outreach to primary care centers.

Training on both tracks is intended to develop interns who will become clinicians, educators, researchers, supervisors, administrators and advocates for health psychology, mental health conditions and substance abuse disorders. We are particularly committed to overcoming health disparities as they occur in the public on multiple levels related to cultural, racial, economic status, geography, and stigmas, as well as intersections among these.

### **Comprehensive Track Full Structure:**

Comprehensive Track interns will participate in the following required full rotations (three months each):

1. Inpatient Adult Psychiatry
2. Inpatient Child Psychology/Psychiatry

Comprehensive Track interns will choose two full elective rotations (three months each) from among:

1. Cancer Center
2. Neurorehabilitation Program
3. Clinical Health Psychology

Comprehensive Track interns will carry patients approximately hours per week in the outpatient Psychiatry Clinic.

Comprehensive Track interns may elect to do an activity with the Psychological Evaluations for Medical Interventions Program. (PEMI)

Comprehensive Track interns may elect a mini-rotation experience in programs such as the bariatric clinic, neurology clinics or pain management unless they do the clinical health psychology rotation in which case they will have exposure to these areas as part of that full elective rotation.

#### **Underserved Populations Track Full Structure:**

Underserved Populations Track interns will participate in the following full rotations (three months each):

1. Inpatient Adult Psychiatry at KU Medical Center
2. Inpatient Child Psychiatry at KU Medical Center
3. Ashley Clinic/Southeast Kansas Mental Health Center Integrated Primary Care (or other rural primary care clinic)

Underserved Populations Track interns will choose an additional full elective rotation (three months each) from among:

1. Cancer Center
2. Neurorehabilitation Program
3. Clinical Health Psychology

Underserved Populations Track interns will carry e hours of outpatients throughout the year in the Outpatient Psychiatry Clinic at KUMC.

Underserved Populations Track interns spend one half-day per week for at least 3 months in the Addictions Treatment Center at KUMC.

Underserved Populations Track interns will also:

1. Receive specialized training in, and clinical experience with, the KU Center for Telemedicine and Telehealth system.
2. Participate in the Project ECHO or other outreach program (Interns will prepare and present an educational offering to rural or other underserved area consumers, providers or the public).
3. Participate in the Underserved Populations Touring Activity which will involve visits to multiple sites including FQHCs and/or CCBHCs, underserved community mental health centers, substance abuse clinics, and/or state hospital.

#### **H. Selected Service Delivery Areas**

**Outpatient Psychiatry Service.** The Adult and Child Outpatient Psychiatry Service includes 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 most commonly diagnosed with disorders such as Major Depression, Bipolar Disorder, Anxiety Disorders, Psychotic Disorders, Personality Disorders and Developmental Disorders. Interns carry patients for approximately 5 hours per week (3 hours for the Underserved Populations Track (Ups Track)) This is a required activity lasting throughout the year.

**Note that interns may not carry over outpatients from another rotation, except patient that are primary psychiatry patients (i.e. Inpatient Psychiatry). This is because the rotation is intended to provide training in patients who have a primary psychiatric disorder and affords opportunity to collaborate with psychiatry residents.**

**Adult Inpatient Psychiatry.** The Adult Inpatient Psychiatry facility is a 47-bed inpatient psychiatric unit for acutely ill psychiatric patients at the University of Kansas Health System's Strawberry Hill campus. The hospital offers a comprehensive multidisciplinary team experience for the psychology intern. The intern also works with trainees in a variety of disciplines which includes psychiatry, social work, nursing, and occupational therapy, among others. This is a full required rotation lasting one quarter.

**Child Inpatient Psychiatry.** The Child Inpatient Psychiatry facility is housed at the University of Kansas Health System- Marillac Campus. This inpatient psychiatry hospital provides the intern with exposure to acutely ill psychiatric patients who are children or adolescents. The program 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 primary emphasis on assessment, although interns participate on multidisciplinary teams and do groups. This is a full required rotation lasting one quarter

**Neurorehabilitation Psychology.** The intern works with patients on a rehabilitation, burn, and other medical units with patients who have experienced traumatic brain injuries, stroke, spinal cord injuries, other neurological issues, amputations, and burn injuries. Interns receive training in brief cognitive and emotional screens and brief therapeutic interventions in an interdisciplinary team atmosphere (e.g. physicians, rehabilitation therapists, nursing, pharmacy, social work, etc.) This is a full elective rotation for one quarter.

**Clinical Health Psychology.** The interns participate on several interdisciplinary teams in specialty and primary care settings. Within the rotation, interns elect up to three day-long training experiences during that quarter. These choices include primary care (Internal Medicine Clinic), neurology (Parkinson's Disease, Epilepsy subspecialties, and sleep neurology- CBTi), pain psychology (Spine Center), bariatrics, and advanced heart therapy. Psychodiagnostic Evaluations for Medical Interventions (PEMI) also take place for all interns on this rotation. This is a full elective rotation for one quarter.

**The Cancer Center.** The Cancer Center is a comprehensive multidisciplinary outpatient facility on the Westwood Campus of the Medical Center which includes psychological services (psycho-oncology) for the patient population served. Interns work closely with medical teams in this experience. This is a full elective rotation for one quarter.

**Psychosocial Evaluations for Medical Interventions.** This is an elective mini-rotation for Comprehensive Track Interns in which the intern performs psychological evaluations before a variety of procedures such as spinal cord stimulators, bariatric surgery and organ transplant. Recommendations for psychosocial needs are made, and capacity to manage the procedures and/or needed supports to do so are assessed and reported. This is a 4 hour per week three month elective rotation which is available for Comprehensive Track interns only. It is also only available if the intern does not elect the Clinical Health Psychology rotation as they will receive train in the above areas during that rotation.

**The University of Kansas Addiction Treatment Center.** This center is an integrated network of clinical and academic professional specialized in treatment, research and education of addictive disorders. It provides integrated care in the Medication for Opioid Use Disorders (MOUD) model including medications, behavioral therapies such as contingency management and case management services to persons dependent on opiates, methamphetamines, alcohol and other drugs of abuse. Interns participate in individual therapy, group therapy, and interdisciplinary collaboration with the medical providers. This is a required rotation for the Underserved Populations Track.

**Ashley Clinic/Southeast Kansas Mental Health Center.** This organization provides integrated primary care at four rural clinics situated in Iola, Chanute, Humbolt and Yates Center, KS. This is a Certified Community-Based Behavioral Health Center (CCBHC- an official designation of the Substance Abuse and Mental Health Administration (SAMHSA)) of the federal government. The locations offer a broad range of services—family medicine, pediatrics, and lab/imaging, clinical therapy, medication-assisted treatment (for opioid/substance use disorders- OUDs/SUDs), and pharmacy services. They provide integrated care within their rural community settings. Interns work alongside of the counselors and social workers, APRN-NPs and physicians as well as other types of medical providers. They receive training in providing services including integrated behavior health, OUD/SUDs and mental health services to rural populations in at least one of the clinics. Note: There may be other options for the specific c, primary care clinics in other health systems. This is a full required rotation and is available for the UPs Track only. Although it is desirable for interns to spend time in provided housing (for 3 days of the week) at the rotation site, a telehealth option may be available.

**KU Center for Telemedicine and Telehealth (KUCTT).** The Center is a state- of- the- art network connecting patients and health practitioners throughout the state of Kansas. Interns participate in the provision of telemental health services of evaluation and treatment within the network of hospitals, schools and clinics, generally in rural and underserved areas. They may also participate in consultation and educational services. Noteworthy is that a major portion of the patients are children and families. This is a full year rotation of four hours per week for UPs Track interns and is a required activity.

**Ryan White Program at the University of Kansas Medical Center.** The Ryan White program provides case management and health services to persons living with HIV/AIDS who would otherwise be unable to afford treatment. Interns can provide a limited number of outpatient visits to patients from this program within their Outpatient Psychiatry Rotation. This is an elective activity which is only open to the Underserved Populations Track interns.

**Additional Mini-rotations.** Depending on availability, interns may select a mini-rotation in some other activities including the Neurology Clinic, Gender Affirming Care, or Behavioral Pediatrics.

Note that interns on the Comprehensive Track are not requires to select a mini-rotation but may select one and no more than two (including PEMI). Interns on the Underserved Populations Track do not select a mini-rotation due to the amount of specialized training they receive within the program, although they may take Ryan White patients in the Outpatient Psychiatry Clinic. Interns who elect the Clinical Health Psychology rotation should not also do a mini-rotation as the activities of mini-rotation choices are also part of the Clinical Health Psychology rotation. **Interns may not select a mini-rotation in a setting where they are going to do a full elective rotation in that setting or have completed a full elective rotation in that setting.**

Service delivery expectations are as follows: All interns must devote at a minimum of 1800 hours (actual hours are typically closer to 2000). Interns devote 40 hrs. per week 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 other documentation.

## **I. Supervision**

Each intern will 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 through clinical teaching; they often participate in clinical and consulting activities with their supervisors and with other multidisciplinary 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 or biweekly with the Division of Psychology Director of Training. Each case has a primary 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 discuss all cases with their assigned supervisor. However, all training supervisors are available at any time for supervisory consultation and coordinate their supervision with that of the primary supervisor. In the event that the supervisor cannot be reached, or in an urgent situation, any of the training supervisors should be contacted for assistance. Supervisors notify the interns of coverage during scheduled absences. Barring public health or other emergencies, supervision takes place in person as do didactic activity, although virtual connections from sites within KUMC facilities may be used for convenience according to telehealth policies.

## **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 and supervision is provided by psychology faculty and teaching by multidisciplinary faculty in the clinical teams on their rotations. While “classroom” activities take place as described below, we believe that the didactic training that occurs on the service provision sites is at least as important as classroom training.

### **Intern Core Didactic Series – Friday – 9:00am – 10:30 am and 9:00 am to noon during the summer.**

This is a series of presentations which include psychological assessment and treatment of a variety of disorders including psychological interventions with medical conditions, mood, anxiety, substance abuse, brain injury, and psychosis, as well as presentations on neuropsychology, consultation, treating underserved populations, supervision, program evaluation, ethics and professional issues, disability, multiculturalism, and other timely topics. Attendance is required. *4019 School of Nursing (SON)- Locations may change for individual activities; please check your calendar for a change for the activity on that date.*

**Advanced Psychotherapy Group Supervision/Training- Weekly.** These are group activities led by psychology faculty for interns to facilitate development of advanced level intervention skills. They include supervisory and educational. Required. *4019 School of Nursing (SON)*

### **Psychiatry and Behavioral Sciences Grand Rounds – Some Tuesdays – September through June – 8:00am – 9:00am**

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. Grand Rounds are recorded for future viewing. *Remote link.*

## **K. Other Scheduled Didactic/Training Activities**

**Professional Development Series (supervision-didactic/ participant-driven format). Monthly. 8:00 am-9:00 am Fridays.** These are group meetings for interns focused on personal professional and career development. *4019 School of Nursing (SON)*

**Impact Seminar (supervision/didactic/participant-driven format). Monthly. 8:00 am-9:00 am Fridays.** This is training in cultural and individual diversity. *4019 School of Nursing (SON)*

**Training Director’s Seminar. Monthly. 8:00 am-9:00 am Fridays.** These include activities oriented toward self-reflection and intern group development over the course of the year. *4019 School of Nursing (SON)*

**Division Director’s Seminar. Monthly. 8:00 am-9:00 am Fridays.** These are opportunities to interact with the Division Director on a regular basis. *4019 School of Nursing (SON)*

## L. Other Policies and Information

**Academic Accommodations.** Persons in need of accommodations should visit and review the [Apply for Academic Accommodation webpage](#).

**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.

**Administrator/Coordinator:** The Administrator/Coordinator of the Clinical Psychology Internship Program, Charlotte Iannaci, is available to assist with administrative matters such as coordinating leave time, managing internship records, or answering general questions. The Division administrative assistant, Malik Williams, can assist with general questions or coordinating needs of interns.

### **Academic Records:**

Intern files are maintained permanently and under lock and key in the Internship Coordinator's office or on password-protected network drives. These records contain, at a minimum, the application (AAPI), training plan for that intern (rotations, elective chosen), evaluations and progress through the program, institution-required documents, and certificate of completion. Files also contain correspondence including any following the completion of the program such as forms for licensure and intern evaluations of the program (unless it is a formal grievance). After 7 years, any paper records are put in storage within the Medical Center under lock and key but are permanently maintained. Interns also formally enroll through the registrar's office to further document their attendance in the program. Any complaint or grievance against the program is maintained separately from the internship file as per institutional policy. Such a complaint or grievance would be maintained under lock and key in the coordinator's office until the next Site Visit. The information contained in the complaint or grievance would be treated by the Program in a confidential manner by those who would need to be privy to the information in order to carry out the Grievance process.

**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, research library data bases, and access information on the internet relevant to the internship. Interns are also given access to the electronic medical record in which they 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 always. 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.

**Library Services.** Interns have access to many journals online through their Dykes library accounts. Interns may also request materials online via the interlibrary loan service.

**Mail Box.** Each intern is assigned her/his own box in the Mail Room in 4040 School of Nursing. Written communications will be delivered there and/or by email.

**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 exhaust vacation and sick leave in such an instance, in which case the remainder will be unpaid. 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 may obtain information about locations and other support at the [KUMC Lactation Resources Page](#).

Interns who are aware of a medical leave in advance of the leave should complete a leave request form to ensure proper approval and coverage is obtained. Interns must notify the Clinical Psychology Internship Coordinator and Training Director, 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 in Room 4040 School of Nursing. The FAX number is 913-588-6414.

**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 (10 business days) notice. As soon as they become aware of or plan an absence, it is essential that they block their O2 schedules for any outpatients so as not to disrupt patient care anymore than necessary. Interns may obtain a vacation request form from, and should turn it in to, the Clinical Psychology Internship Coordinator, Charlotte Iannaci, so that she can verify the number of days the intern has available. Interns must have their request approved by all rotation/elective supervisors for activities occurring on those days before submitting their request to the Training Director for final approval. 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 may be asked to present a summary of their experiences to other trainees and faculty. ***Interns may not take vacation days during the first two weeks of assumption of clinical duties of the internship, or during the last two weeks of the internship. Vacation time within the first two weeks of a new rotation is discouraged. A graduation activity takes place in the last two-four weeks of the program for the interns, and interns are expected to attend.***

#### **Holiday Days off:**

Independence Day: Saturday, July 4, 2026

Labor Day: Monday, September 7, 2026

Veterans Day: Wednesday, November 11, 2026

Thanksgiving Day: Thursday, November 26, 2026

Day After Thanksgiving Day: Friday, November 27, 2026

Christmas Day: Friday, December 25, 2026 (note December 26 is NOT a holiday)

New Year's Day: Friday, January 1, 2027

Martin Luther King Jr. Day: Monday, January 18, 2027

Memorial Day, Monday: May 31, 2027

Juneteenth, Friday: June 18, 2027

Discretionary Day (may be used after 6 months of start date- must declare 1 month in advance to block schedules)

Note: For Veteran's Day and Juneteenth, you must block your schedule in all outpatient clinics including KU Center for Telemedicine and Telehealth.

#### **M. Evaluation of Interns**

Interns are formally evaluated by their supervisors at least once each six months and at the completion of each rotation. The Training Director provides formal evaluation mid-year and at the completion of the program. 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. Documentation that the intern has reviewed the feedback is indicated by confirmation either on the evaluation form or by endorsing an email from the data manager (Ann Manzardo). Intern progress is considered by the Psychology Internship Training Supervisors at their monthly meetings as they

become available. Intern evaluations are provided as a RedCap survey (electronic survey sent to their KUMC email).

The evaluations of interns by supervisors are to provide feedback to the intern regarding their performance, to ensure that interns are progressing satisfactorily, and so that any problems or issue that may arise can be addressed as soon as possible. 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. The minimal level of achievement for an intern is a “good” rating on each of the elements of the competencies identified on rating forms. Ratings below good (i.e. “failing”) on any element of any competency indicates a very significant concern that must be resolved in order to complete the program. Such a failing rating or ratings would prompt a review by the Training Director with the Training Supervisor(s) who provided the rating(s). Specific steps to resolve the problem would be provided to the intern in writing, the intern would be provided opportunities to discuss the concerns with the Training Supervisor and the Training Director, and the intern would be notified in writing of perceived progress toward, and resolution of, the concern. Any deficiencies identified (failing ratings) must be addressed and a determination made of the intern’s successful completion of the internship by the Training Director in consultation with the Training Supervisors, in the overall evaluation at the end of the internship year (all elements resolved to at least fair rating by the Training Director). Disciplinary action or termination would occur only under the most serious circumstances, and after Due Process. At this level of concern, the procedures to address the concerns would follow the Performance Concerns and Due Process established by the Program including the notification of deficiencies, steps to remediate performance concerns, communication with the program, and notification of when problems are resolved.

#### **N. Internship Evaluations by the Intern and Feedback to the Program**

Interns formally evaluate the rotation 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 also evaluate the Training Supervisor at the completion of the program. All evaluations are anonymous and are not reviewed until after the completion of the program. All information is gathered as RedCap surveys and the responses of individual interns are deidentified. The information is gathered by a faculty member who is a non-psychologist and is not a Training Supervisor (Ann Manzardo). At the end of each clinical rotation, or every six months, interns evaluate the quality of the rotation regarding their experience of how well the training prepared them in each of the competences. They may also provide narrative reviews. The appropriate survey will be provided to the intern via email. Interns also evaluate the Training Supervisors on rotations. Interns may also provide written feedback at any time to any Training Supervisor, Training Director, or Division Director. Additionally, anonymous didactic activity feedback is gathered following each presentation and is provided to the presenter and Training Director to be used in the following year. All evaluative feedback is carefully considered by the Training Director and/or Division Director for feedback for following the year and is shared with the individual faculty member of the rotation or activity. Interns become part of our program and play a vital role in its ongoing growth. This will always be your internship. Interns are encouraged to stay in touch with the program as we are all interested in your accomplishments and invested in your success.

In addition to the formal mechanisms, Interns are encouraged to discuss their experiences of the program, provide feedback, and express any concerns regarding the program or its personnel with the Training Director, and/or the Director of the Division of Psychology. The program is very interested in any feedback that will help us in quality improvement. Although it can be difficult to give feedback to the program or supervisors if it is evaluative, it is part of the internship program to encourage and promote open communication. As well, give and take discussion can help clarify in a way that unilateral formal documents cannot. Interns are also encouraged to discuss their experiences on their rotations or activities and provide feedback to their specific Training Supervisor(s) including any concerns about their training. An intern or group of interns may also request to meet with the Training Director, Director of the Division of Psychology, Chair of the Department of Psychiatry and Behavioral Sciences or the PTSC to discuss any concerns or seek informal resolution of a problem. Interns have regular meetings with their Training Supervisor, and with the Training Director as a group and individually, and with the Director of the Division of

Psychology as a group. Furthermore, intern representatives may meet with the Training Supervisors Committee Meeting after each rotation major to provide observations and feedback to the program. Any of these venues may be used with matters for which the intern or group of interns wish to discuss their experiences on internship, give feedback to the program, seek resolution of issues or problems, if possible, or provide feedback regarding concerns that may not be immediately solved, but for which they feel the program needs intern input. As a general rule, unless there is a reason to address at a higher level, it is recommended that interns address any issues at the local-most level first (i.e., in order, Training Supervisor or Training Director, Director of the Division of Psychology, Chair of the Department of Psychiatry and Behavioral Sciences, Dean of Postdoctoral Affairs and Graduate Studies). There is generally open communication between Training Director and Training Supervisors although interns should feel free to discuss with any party how to address any sensitive concerns and express their wishes for when the feedback should be conveyed to the individual or program, if at all, so that interns can have an avenue for private discussion with trainers. The exception would be incidents of gross professional misconduct of personnel that requires immediate action.

If there are serious concerns, and none of the above informal or formal measures have been effective in resolving them or are judged by the intern to be unfeasible for conveying problem(s) to the satisfaction of the intern or are otherwise not matters that can be resolved in these settings, the intern has the option to institute a formal Grievance against the Internship Program or its personnel. The procedure for filing a grievance is described in the Performance Concerns and Due Process Document provided at the beginning of the program. The intern should indicate in writing that they specifically have a grievance against the program or personnel, and that they are not intending to simply provide feedback, express a concern regarding the program or personnel, and/or seek resolution of a problem on an informal basis.

#### **O. 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 Training Director.

#### **P. 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, Charlotte Iannaci, at 913-588-6428.

#### **Q. Other Affiliations**

We are 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 for purposes other than those specifically related to the Match requirements.

#### **R. Stipends**

Compensation for all the Clinical Psychology Interns of \$36,500 is for the 2025- 2026 academic year.

#### **S. Health Insurance**

Interns must provide proof of health insurance. Subsidized policies are available through the institution.

#### **T. Website**

Further information can be found at the [Clinical Psychology Internship Program webpage](#), the [Department of Psychiatry and Behavioral Sciences webpage](#) and [the University of Kansas Medical Center homepage](#).

#### **U. Faculty**

[Doctoral Internship Faculty](#)

[Department of Psychiatry and Behavioral Sciences Faculty](#)