

9-5-12

Dear Dean Green,

The following is a summary of my sabbatical activities for 2011-2012. I completed a full-time internship as part of my work toward licensure as a clinical psychologist. I am trained as a developmental psychologist which is primarily a research area rather than applied field of psychology. I have been working toward additional training in my field which allows me to provide clinical services to individuals, mainly children and adolescents. This training has taken about five years part time and culminated in the year-long internship which was my sabbatical.

The clinical internship is a standard part of clinical licensure in all 50 states. To apply for internship, one must have a doctoral degree in clinical psychology or an equivalent program and two years of practicum training. It is a competitive matching process and involves an application and interviews at sites the prior year. About 25% of applicants do not get an internship and must reapply in subsequent years. During the year, interns provide a range of clinical services to clients. They receive extensive supervision, training, and feedback.

My internship was at Wellspan Behavioral Health in York. I chose Wellspan because it is known for providing training from an evidence-based approach using a cognitive-behavioral model. They also offer a variety of populations to work with, and I was able to get a range of experiences that really enriched my training. At Wellspan, most of my time (about 30 hours a week) was spent in direct patient care. I saw around 20 patients per week in an outpatient clinic. All of these individuals were receiving Medical Assistance and so were a largely poor and underserved population. About 40% of my outpatient services were provided to Latino patients, about 30% to Caucasians, and 20% to African Americans. The remaining 10% were Asian. In addition, the majority (about 75 %) of my patients were children or adolescents under age 18. Most of my work with these individuals was focused on helping families cope with behavior problems and family conflict. I also spent one day a week at an inpatient psychiatric unit, where I would conduct individual and group sessions and make rounds to assess patients. These patients were institutionalized for safety to themselves or others, and were typically more seriously ill than the outpatient population.

Supervision is a critical part of internship year. I was provided with 2 hours of individual supervision per week with licensed clinicians who had extensive experience in the field. These sessions involve reviewing of my cases, troubleshooting any legal or ethical issues, and professional development. They also involve review of videotapes of sessions with patients, which was required every quarter. We also were given an hour of group supervision, which was a meeting with a clinical team (other therapists, psychiatrists, and sometimes support staff) to review cases or other clinical issues that arise. We also had an hour per week of peer supervision for all trainees.

Training was very intensive. Each Tuesday morning we had a two-hour seminar which involved readings, discussions, and practice in clinical theory and methods. One Friday per month was a half-day or full-day training on a clinical topic, provided by some of the most esteemed experts in the country. These trainings included topics such as sleep disorders, treating trauma, and substance abuse. Interns also have a year-long project which they choose early in the year and develop through reading and case examples. At the end of the year, interns give a presentation to the entire behavioral health system of providers (about 100 people) on their topic. Mine was an examination of avoidance processes in psychotherapy. This project allowed me to integrate empirical research in clinical psychology with my work with many of my patients.

My internship evaluations were overwhelmingly positive and my development as a clinical psychologist was determined to be progressing very well. What remains is for me to complete a year (or 1750 hours) of supervised work, part of which is teaching and integrating clinical work into my teaching and research. I look forward to this as my clinical training has brought a fresh perspective on topics I have taught for years. It has also given me rich case examples to use in my teaching. I continue to see patients on a part time basis as well. I must also pass a national exam, for which I am currently preparing and plan to take over the winter break.

Thank you again for the opportunity to use my sabbatical year toward this intensive experience. It has been among the most challenging and rewarding work I have done and I anticipate many additional professional and personal rewards from it.

Sincerely,

Kerrie D. Smedley