

Program Description
Doctoral Internship in Health Service Psychology
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Counseling Center
University of Maryland, Baltimore County (UMBC)

I. INTRODUCTION

A. University of Maryland, Baltimore County (UMBC)

UMBC is a state-run, co-educational university, part of the University System of Maryland. Designated as an Honors University, the campus offers academically-talented students a strong undergraduate liberal arts foundation that prepares them for graduate and professional study, entry into the workforce, community service, and leadership. The university has around 11,000 undergraduate students and an additional 2,500 graduate students. UMBC's student body is among the most diverse in the United States. About 18% of the student population identify as African or African-American, 21.5% as Asian or Asian-American, 7% as Hispanic/Latino and about 4% as multiracial. There are approximately 750 international students (500 graduate, 250 undergraduate), representing over 80 countries. About 54.5% of the student body identify as male and 45.5% as female (UMBC Office of Institutional Research, 2017-2018). The campus is located on 500 acres 15 minutes from Baltimore's Inner Harbor and 30 minutes from Washington, D.C.

B. UMBC Non-Discrimination Policy Statement

The University of Maryland, Baltimore County (UMBC) does not discriminate on the basis of race, color, national origin, ancestry, ethnic background, genetics, disability, age, sex, gender identity and expression, marital status, sexual orientation, religion, creed, and/or veteran status in admission to and participation in education programs and activities, or employment practices in accordance with federal laws, including, but not limited to Titles VI and VII of the Civil Right Act, Title IX of the Education Amendments, Section 504 of the Rehabilitation Act, and the Americans with Disabilities Act as amended, as well as state laws, and regulations.

C. The Counseling Center

The mission of the Counseling Center is to foster students' psychological development and emotional well-being and to support students in attaining their academic and personal goals. Our multidisciplinary staff work with students, faculty, staff, families, and administration to support students and to create a healthy, diverse, supportive and inclusive multicultural learning community. This is accomplished through counseling and psychotherapy, preventive and educational programming, consultation and outreach. We also strive to contribute to the training and development of multi-culturally competent mental health professionals.

Clinical services offered by our multi-disciplinary staff include mental health assessment, brief individual psychotherapy, group therapy, couples therapy, psychiatric consultation, crisis intervention, and referral assistance. The Counseling Center has a comprehensive and active outreach program and offers workshops, mental health screening, tabling events, and training on a multitude of topics related to mental health. There is a focus on suicide prevention, stigma reduction, and improving access to services to all students. The MindSpa offers students a quiet retreat for meditation and relaxation as well as self-directed biofeedback programs and a massage chair. All counseling services are free and confidential.

The Counseling Center is staffed by eight licensed psychologists, a licensed clinical social worker, and a part-time psychiatrist; two staff members provide administrative support. Clinical staff work from a variety of theoretical orientations, including (but not limited to) psychodynamic, interpersonal, family systems, humanistic, and cognitive-behavioral, and emphasize integrating evidence-based practice into their clinical work.

The Counseling Center views training as an essential part of our mission. In addition to the doctoral internship, externship training is offered to graduate students in APA-approved doctoral clinical and counseling psychology programs. A social work internship for Master's students at the University of Maryland at Baltimore is offered as well. Counseling Center trainees have the opportunity to gain clinical experience working with a wide variety of presenting concerns and symptoms, including stress, anxiety, depression, relationship problems, academic concerns, grief and loss, sexual assault or abuse, disordered eating, and drug and alcohol use/abuse. The student population offers the opportunity to work with clients from diverse cultural and ethnic backgrounds. In 2017-2018, about 22% of clients identified as African or African American, 19% as Asian or Asian American, 6% as Hispanic/ Latino, and about 7% as multi-racial. Approximately 6.6% of clients were international students and about 31% were transfer students. Clients identify all along the spectrums of gender identity and sexual orientation, although the majority identify as female (54%) and heterosexual (71.5%).

In 2016, the Counseling Center and University Health Services began working on integration in order to provide holistic care to students; attend to the overall health and well-being of the campus community; to more completely confront the array of problems students present in health services; improve access for students to mental health services through the removal of stigma-related barriers; and to align resources to meet student and community needs. We are excited about the potential for greater integration and collaboration, particularly as it will enhance training opportunities in Health Service Psychology.

II. THE DOCTORAL INTERNSHIP PROGRAM

A. Mission and Model

The Counseling Center at UMBC offers a Doctoral Internship in Health Service Psychology to qualified graduate students in APA-approved programs in clinical and counseling psychology. Our overall aims are: 1) to develop core evidence-based knowledge and clinical skills necessary for the independent practice of Health Service Psychology and 2) to develop professional attitudes, behaviors, and identity as

a psychologist. First and foremost, our training is designed to achieve the profession-wide competencies necessary for independent practice in Health Service Psychology as outlined in the Standards of Accreditation by the American Psychological Association (APA). (See Appendix I.) Within the broader competency of Intervention, our internship offers extensive training and experience in individual therapy, group therapy, crisis intervention, and outreach. There may also be opportunities for therapy with couples. The internship program is designed to train practitioners who are primarily interested in developing the competencies and confidence for work as psychologists in a comprehensive university counseling center, although our intern graduates are prepared to work in a variety of clinical settings. For a full listing of the Elements for each of the profession-wide competencies specific to the internship program, please see Appendix II.

The Counseling Center operates from a Practitioner-Scholar model of training, focusing on applying the knowledge that interns have gained from courses, seminars, research, and readings into their clinical work to develop profession-wide competencies for a Health Service Psychologist. Our aims for our internship program include 1) the development of core evidence-based knowledge and clinical skills for the independent practice of Health Service Psychology and 2) the development of professional attitudes, behaviors, and identity as a Health Service Psychologist.

Our training program emphasizes the importance of (1) integrating theory and scientific knowledge into clinical practice, (2) developing advanced evidence-based clinical skills, (3) enhancing multicultural awareness and competency; (4) increasing self-awareness and using the “person of the therapist” to inform their work; (5) attending to, and advancing, the intern’s developmental level (6) fostering professionalism and collaboration within a multidisciplinary team; and (7) solidifying a professional identity as a psychologist.

To achieve the aims of the internship, the program incorporates the following:

- Opportunities to learn through direct clinical experience
- Observation and review of clinical work through video-recording or live supervision (e.g., by co-leading therapy sessions)
- Individual, group, and peer supervision
- Supervision of Supervision
- Seminars and other professional development opportunities to enhance the interns’ knowledge of the current literature and varying theoretical perspectives so as to integrate these into practice
- Opportunities to collaboratively consult within a multidisciplinary team about clinical work
- Mentorship to foster the development of a professional identity and career path as a psychologist

The internship program at the Counseling Center works from a developmental perspective by assessing each individual intern’s entering skill levels and working to expand their skills beyond that level. Training proceeds in a sequential fashion, allowing for interns to gradually assume increasing levels of autonomy. Intern seminars are planned so that trainees are introduced in didactic form to topics that coincide with where they are in their developmental process and where they are in the training year. For example, supervision seminars are provided before interns begin supervising externs; group therapy

seminars are presented early in the interns' training before groups are running and then again as the interns have had opportunities to co-lead groups.

Another example can be seen the process to prepare interns to conduct intake assessments. (See Appendix V. Intake Training Form). Interns first learn about initial assessments and intakes at the Counseling Center in a seminar format during orientation. After first observing senior staff conduct intakes, they then co-lead the intake sessions, taking on an increasingly active role in the session based on their level of competency. Finally, staff observe interns conducting the intake independently before they are permitted to conduct them on their own. Interns with prior experience with intakes may be able to independently conduct their own intakes after three intakes. Interns with little to no experience and/or a lower level of competency will have live supervision for a longer period of time. Likewise, supervision of intakes will be more intensive as the interns initially conduct their own intakes and will decrease in intensity as interns become more experienced.

Counseling Center staff members strive to model that professional development extends well beyond the internship year. They strive to demonstrate that theory and research inform clinical work and that clinical work is enhanced through discussion and learning from the experience of others. Staff and interns join together for case consultation meetings to share ideas about their work with clients. Professional development programs for clinical staff are integrated throughout the year to enhance knowledge about topics particularly relevant to college students. Staff value and stress the importance of integrating multicultural competency and social justice into all our endeavors.

The training program supports interns in enhancing their sense of professionalism, working within a multidisciplinary setting, and developing administrative skills that accompany clinical practice and the running of mental health agencies. Interns are incorporated into staff meetings and meetings with other departments within the Division of Student Affairs. This inclusion allows for interns to experience many of the ins and outs of counseling center operations and reinforces the importance of collaborating with partners across, and outside of, the wider campus community. Professional, ethical, and legal issues are addressed in seminars as well as in supervision, staff meetings, and other professional development programs.

B. Accreditation Status

The Counseling Center is accredited by the International Association of Counseling Services Inc. (IACS) and provides all services within the guidelines adopted by this agency. The internship has been a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) since 2011. The internship program was granted accreditation by the American Psychological Association (APA) in 2014 through 2021.

Questions related to the internship program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979

Email: apaaccred@apa.org

C. Program Aims, Competencies, and Elements

The central aims of the internship program are: 1) the development of core evidence-based knowledge and clinical skills for the independent practice of Health Service Psychology and 2) the development of professional attitudes, behaviors, and identity as a psychologist. Interns will be trained in profession-wide competencies for psychologists, as described by the American Psychological Association (See Appendix I). Specific clinical competencies emphasized and expanded upon in the training include brief initial assessment, brief individual therapy, group therapy, crisis intervention, and the provision of clinical supervision. Prevention and outreach are major areas of focus in the center and for the internship. Other professional skills that are developed include consultation and program development and evaluation. Opportunities may be available for couples therapy and career counseling.

The importance of providing all clinical and professional services with a high level of multicultural competency is emphasized. The program provides opportunities for professional development in administrative and case management skills, peer supervision, and multidisciplinary collaboration. Professional identity emphases include demonstrating responsible professional behavior and values including: integrity; accountability, and concern for the welfare of others; knowledge and application of ethical and legal standards; a commitment to self-awareness; the value and importance of enhancing multicultural competency in all of our work; the importance of seeking consultation; and the value of ongoing engagement in scholarly activity, including consideration of research and development in the field of psychology and/or participation in research activities. For a complete list of the Elements associated with the competencies for the internship program, please see Appendix II.

III. COMPONENTS OF THE INTERNSHIP

The aims and competencies of the training program are achieved primarily through the supervised activities. Through these activities, interns gain and demonstrate relevant competencies. All intern activities at the Counseling Center are considered germane to the training program. However, for the purpose of clarity, the training program can be characterized in terms of 1) clinical services, 2) professional training and development, 3) professional identity development, and 4) other administrative and professional activities (See Appendix VI. Intern Hours and Weekly Schedule).

A. Clinical Services

- 1. Assessment.** Interns conduct an average of four initial evaluations, or intakes, each week. The number of intakes will vary over the course of the internship to assist interns in building an initial caseload, to achieve a sufficient number of clinical hours, and to manage clinical demand. For example, interns may be assigned as many as five or six intakes during the early Fall semester to build a caseload. There may be times during the semester where all staff need to add an extra intake to accommodate heavier clinical demand. During the Spring semester, interns typically have a reduced number of intakes as they begin to supervise an extern. If a trainee's caseload becomes larger than what is anticipated with assigned intake slots, a temporary reduction of intake placeholders can occur in consultation with the clinical supervisor and clinical coordinator.

Intakes are conducted using a semi-structured format. Intakes form the basis for establishing rapport, clarification of client needs and goals, behavioral observation, diagnostic assessment, and treatment and disposition planning. All clients complete a variety of self-report measures when they arrive for their intake appointment, including the Counseling Center Assessment of Psychological Symptoms (CCAPS). In addition to reviewing the 62-item version of CCAPS the client completes at intake, interns assess client symptoms and progress at each session using the 34-item version of the CCAPS.

Interns will be trained in BASICS, which is used for Alcohol and Other Drug (AOD) assessments. There may also be opportunities for career assessment, although most of this is done through the Career Center.

- 2. Psychotherapy.** Most of the clinical work at the Counseling Center consists of short-term individual therapy. The Counseling Center operates from an Absorption Model, where clinicians typically continue to work with clients they see for an intake. Infrequently, exceptions are made if there is a need for a referral to another staff member (e.g., due to a conflict of interest or the client does not consent to being video-recorded). The Counseling Center employs a brief treatment model. Although statistically, the average number of sessions a little over five (5), there is a wide range in length of treatment, with many students having only one or two sessions and a smaller number having in excess of 10. Clinical staff take an individualized approach to treatment planning, taking into account primarily client treatment needs, but also considering overall clinical demand and staff availability. There is a referrals coordinator as well as a social work intern who can assist clinical staff in facilitating referrals to treatment providers and centers off campus for those clients who need long-term and/or specialized treatment.

Interns may have the opportunity to conduct couples therapy depending on availability of such cases. It should be noted that both members of the couple must be currently enrolled at UMBC in order to be eligible for services. With rare exceptions, clients who are seen in couples' therapy are not also being seen for individual therapy due to clinical service demand.

Interns are typically expected to see an average of 14-16 client hours per week, although the number may be higher in times of peak demand and lower during winter and summer breaks. The number may also vary depending on the number of groups the intern is (co-)leading. It is important to note that within the context of the Absorption Model, due to the number of intakes and expected weekly clinical hours, it is not always possible to see most individual therapy clients on a weekly basis.

- 3. Group Therapy.** The Counseling Center typically offers a variety of therapy groups, including interpersonal process groups, population-specific support groups, and skills training groups. Group therapy may be considered either as a main treatment modality or in conjunction with individual therapy. Interns should consider the option of group therapy during the intake appointment and thereafter as relevant and appropriate. Interns are expected to co-lead at least one interpersonal process group and one support or skill training group over the course of the

internship. Interns may have the opportunity to lead or co-lead another group, depending on availability of clients. They may also have the opportunity to develop a group in their area of interest with the guidance of staff during the second half of the year, depending on center needs and resources as well as student interest and availability. Developing and sustaining additional groups cannot be guaranteed. However, staff members are committed to maintaining the strength of the group program, and group experience for interns is a priority.

- 4. Crisis Intervention and Consultation.** Interns provide daytime urgent assessment and after-hours on-call consultation services beginning in the Fall semester and then throughout rest of the internship. They provide consultation to students, faculty, staff, and family members, and conduct brief evaluations, triage, and crisis intervention for students. Seminars on crisis intervention and consultation are offered prior to their undertaking this experience. In the Fall semester, interns start with daytime urgent assessment, where they will see students in crisis or who are experiencing a sense of urgency in the need to be seen, and they consult with faculty, staff, family members, or even other students who are concerned about a student. A senior clinical staff member will be available for immediate consultation. Interns review crisis interventions and consultations during regularly scheduled supervision with their primary supervisor. After demonstrating sufficient competence, interns assume an increasingly more independent role at their supervisors' discretion, eventually assuming responsibility for after-hours emergency coverage, with backup provided by a licensed staff member. During regular business hours, the Director of Health and Counseling, the Associate Director for Clinical Services, and/or the Training Director are available for consultation. If they are unavailable, any senior staff member can be consulted.
- 5. Outreach.** Interns are actively involved in the Center's Outreach and Consultation Services to students, faculty, staff, family members, and others within the UMBC community around mental health issues. Outreach activities may include tabling at resource fairs, training of residence hall assistants, participation in student and parent orientation programs, campus-wide mental health screenings, and topic-focused presentations and workshops. Interns are expected to offer a minimum of 20 hours of outreach activities, which may also include consultation (e.g., meeting with Residential Life staff). Interns may have the opportunity to supervise externs on the development and delivery of outreach.

Program development and evaluation are integral parts of the Outreach experience, and interns are expected to develop a specialized Intern Project based on their own interests as well as the needs of the Counseling Center and the wider UMBC campus community (see Appendix IX). The Intern Project can be a year-long experience, incorporating ideas for how the project can provide a sustainable legacy for the UMBC community. Senior staff provide mentorship and assistance throughout the process. Interns offer a formal presentation to clinical staff.

- 6. Consultation.** As described above, consultation will consist of providing assistance to faculty, staff, and parents (or other family members) who are concerned about a student; consultation may also be provided to UMBC students who are concerned about another student (e.g., their roommate). In addition, Interns may also develop liaison relationships with student

organizations, departments within the Division of Student Affairs, or other offices on campus to provide consultation related to student mental health needs and concerns.

7. **Supervision of Others.** Interns provide individual clinical supervision for externs in the spring semester. They will meet with their supervisee for one hour a week and will be responsible for the oversight of the extern's clinical cases, viewing video-recordings of supervisee's client sessions, reviewing and signing case notes, and completing the Weekly Supervision Log. Interns are responsible for offering informal feedback throughout supervision and completing the formal extern evaluation form in conjunction with other supervisors. Interns will be supervised on their supervision (Sup of Sup) by a licensed staff psychologist.

B. Professional Training and Development

1. **Supervision.** Supervision is an essential part of training during the internship, highly valued by Counseling Center staff. Supervision is rooted in evidence-based practice and will consider a variety of theoretical approaches. Review of video-recorded sessions is an important component of supervision. Interns are expected to regularly review their video recordings both inside and outside of supervision. Supervisors will also independently review video-recordings and provide feedback outside of supervision.
 - a. Individual Supervision. Each intern has two hours of individual supervision per week with their primary supervisor, who will be a licensed psychologist. Interns will have two different primary supervisors, switching mid-year, to offer a variety of theoretical orientations and supervisory styles. Interns complete Weekly Supervision Logs to help with case management.
 - b. Group Supervision. In the first half of the year, interns will meet once a week for group supervision, which will be facilitated by a licensed psychologist. Interns will have the opportunity to provide feedback to, and receive feedback from, their peers about their clinical cases. There will be opportunities for interns to share video-recordings during group supervision. There will be an intentional focus on addressing diversity factors of both the interns and their clients to broaden and deepen multicultural awareness and skills.
 - c. Supervision of Group Therapy. When groups are actively running, interns will receive one hour of individual supervision from their group co-leader or from a supervisor if they are independently running a skills-based group. All group sessions are recorded if they run a group independently, so supervision will incorporate video review of group sessions.
 - d. Supervision of Supervision. Interns begin to supervise externs during the spring semester. Prior to the start of the semester, Interns will meet weekly for one hour of individual Supervision of Supervision with a licensed psychologist. The Intern's supervisor will also be providing individual supervision for the same extern, with the rare exception of extenuating circumstances. Review of video-recordings of supervision sessions is an integral part of Sup of Sup.

- e. Supervision of Outreach. Interns will meet with the Assistant Director of Mental Health Promotion, Outreach and Evaluation periodically throughout the year for supervision as needed.
2. **Intern Seminars.** Throughout the year, Interns attend a weekly, 80-minute seminar that is designed to provide didactic and experiential opportunities to explore topics relevant to working in a university counseling center in greater detail. Senior clinical staff as well as professionals from outside the Counseling Center provide these seminars. (See Appendix VIII. Intern Seminar Schedule). Interns are expected to prepare for the seminars by reading professional references provided by the presenters to enhance discussion during the seminars. It is important to note that it is likely that there will not be sufficient time to complete the readings during normal business hours, particularly during periods of high clinical demand.
 3. **Professional Development.** Senior staff and interns regularly meet as a group for the purpose of furthering professional development. Activities may include didactic presentations, discussion of journal articles, and multicultural dialogues. Interns will also have opportunities to attend Student Affairs professional development events.
 4. **Case Consultation and Presentation.**
 - a. Case Consultation and Critical Case Review. All clinical staff meet three weeks per month for peer consultation and critical case review, typically splitting up into two smaller groups. This is a time when senior staff as well as interns are able to informally consult about their cases as well as provide feedback to other staff members. The beginning of Case Consultation will be devoted to track and briefly review the status and treatment plan of clients who present with a high degree of risk or some other significant treatment-related issue.
 - b. Case Presentation. All clinical staff meet once per month for case presentation. During case presentation, an individual case is presented in detail for consultation. A formal case summary, including consultation questions to be addressed, is prepared and distributed in advance for other staff members to review and reflect upon. CCAPS and other assessment data, are included. In addition, a journal article, reading, or other professional reference is also offered to enhance the discussion; the reading can be related to theoretical or scientific literature especially relevant to the purpose of the consultation question(s) and/or can be for the purpose of enhancing multicultural knowledge related to the clinical case. Interns are expected to offer feedback to the staff member or trainee who presents a case. Interns will present at least one case each semester and are expected to include pre-selected video-recording(s) to illustrate themes.

C. Professional Identity Development

1. **Professional Behavior.** Professional values shared by all staff of the Counseling Center include integrity, accountability, and concern for the welfare of others, reflecting the profession-wide competence of professionalism for psychologists. Professional behaviors for all staff include taking responsibility for their schedules, meeting expectations of the work place, working cooperatively and courteously with others, representing the department well, and demonstrating sensitivity to diversity issues in their interactions within and outside the department. Interns are expected to demonstrate behavior consistent with Counseling Center policies and procedures and the UMBC Staff Handbook (<https://hr.umbc.edu/policies/> or <https://umbc.app.box.com/v/staffhandbookpdf>). Professional staff model these behaviors for interns and provide necessary instructive information and constructive feedback regarding expected standards.
2. **Ethical and Legal Practices.** Interns are expected to be aware of, and behave in a manner consistent with, current ethical standards established by the American Psychological Association's Ethical Principles and Code of Conduct. They must follow all Maryland state legal statutes regarding the practice of psychology. Interns receive training in ethical, legal, and professional standards through intern seminars, supervision, and professional development programs.
3. **Scholarly Activity.** Interns are expected to demonstrate a commitment to scholarly activity. They remain current with the scientific basis for clinical practice in Health Service Psychology through readings, intern seminars, supervision, and professional development programs. They demonstrate scholarly activity and competence by working to complete research requirements for their degrees, participating in intern seminars, and practicing in a manner that is informed by theory and research. Interns are required to complete an Intern Project that is based on theory and research and serves to promote the mission of the Counseling Center. Program evaluation will be an essential component of the Intern Project (see Appendix IX for details).
4. **Supervision and Consultation.** Supervision and consultation are necessary components of effective clinical practice regardless of one's level of training and experience. As described above, interns will receive both individual and group supervision by licensed staff members. Interns are expected to discuss their work with their clients and offer feedback to other staff members in group supervision, peer supervision, and case conference. When dealing with clients in crisis, it is the expectation that interns will consult with their supervisor and/or other senior staff members in a timely manner, particularly early in the internship as they build competency in crisis intervention.
5. **Evaluation and Feedback.** The Counseling Center recognizes the importance for interns to receive timely feedback regarding their progress and performance in their clinical work and professional behaviors. Informal feedback is an integral part of supervision. In addition, mid-way through each semester, the Intern Evaluation Form will be reviewed in an informal manner to help interns evaluate their progress. Formal assessment of the interns' progress will be made twice a year, in January and July; these evaluations will become a part of the intern's file. Interns are evaluated on all of the competencies listed herein. The Intern Evaluation Form will be

reviewed during Orientation and during supervision (see Appendix X). The Training Director will gather and submit all evaluation forms and submit a copy to the Intern's Director of Clinical Training twice a year.

6. **Awareness of Self.** Training staff at the Counseling Center value the power and complexity of the therapeutic relationship. Although Counseling Center staff and interns come from a variety of theoretical backgrounds, therapists' awareness of themselves and their reactions to clients inform all our clinical work. Consequently, in our intervention, supervision, and training activities there is a focus on the "person-of-the-therapist" and how this may impact the quality and effectiveness of work with clients and consultees. Self-awareness is essential for therapists to provide accurate empathy and to ensure that therapists meet the ethical imperative to "do no harm". Self-awareness minimizes the possibility that therapists will gratify their own needs at the expense of their clients.

The Counseling Center training program views supervision as a means for trainees to learn how to assess and intervene with clients as well as to recognize, understand, and manage their own personal reactions to those under their care. We believe that the therapist's response to the client "in the room" can be an important vehicle for understanding and helping the client. As such, an integral part of supervision is exploration of such issues. Interns are expected to explore and reflect upon their feelings and reactions to clients both individually and in supervision. Interns are encouraged, but not required, to participate in their own therapy to enhance their self-awareness and self-care.

7. **Multicultural Competency.** As a staff, we are deeply committed to developing our own multicultural competencies and those of our interns. An understanding of the impact of culture and diverse and intersectional identities is integrated into every aspect of the work we do in direct services, training, scholarly activity and research. We define culture and diversity broadly, allowing our definition to encompass race, ethnicity, age, gender and gender identity and expression, sexual orientation, socioeconomic status, language, nationality, citizenship status, acculturation, religious (non-)affiliation or spirituality, (dis)ability status, relational and family status, and body type and size. Interns are also expected to familiarize themselves with, and follow, the University of Maryland System's Policies of Non-Discrimination (see page 4).

Comprehensive understanding of the impact of culture is seen by our staff as an integral ingredient of competent psychological practice. We ascribe to APA's position statement "Preparing Professional Psychologists to Serve a Diverse Public: A Core Requirement in Doctoral Education and Training" which can be found at <http://www.apa.org/pi/lgbt/resources/policy/diversity-preparation.aspx>. We train interns to be well-rounded Health Service Psychologists with the competencies to serve clients representing different forms of diversity. In providing this training, we commit ourselves to creating a supportive training environment that allows for self-exploration and the development of psychological flexibility.

As such, participation in the internship training program will not only involve increasing one's skills and knowledge base with regard to multicultural competency, but will involve self-exploration as well as some level of self-disclosure within the context of furthering personal awareness and professional development. Interns are expected to incorporate multicultural perspectives into supervision of externs, group therapy, outreach programming, and case presentations.

Interns must demonstrate a willingness to serve people who represent the full range of identities. Refusal to engage in these efforts or failure to reach the exit criteria identified for the competencies may result in dismissal from the program. Diversity issues and multicultural competency are attended to in seminars; individual, group, Sup of Sup, and peer supervision; case conference; and other professional development programs.

D. Administrative and other Professional Activities

- 1. Case Management.** Interns are expected to complete case management activities relevant to the clients with whom they are working. These activities include completing intake summaries, case notes, termination summaries, and necessary correspondence in a timely and professional manner. Interns make appropriate referrals to, and collaborate with, Counseling Center colleagues, other medical or mental health professionals, and other on- and off-campus resources as relevant. Interns consult with faculty, staff, administrators, other treatment professionals, and family members as appropriate and only as allowed by APA ethical standards and Maryland legal statutes. Interns work with their supervisors to conduct case management in an ethical and legal manner, with special attention to confidentiality. They are responsible along with their supervisors for making sure that relevant documents are counter-signed by licensed staff.
- 2. Staff Meetings.** Interns are expected to attend and participate in all staff meetings, which typically occur on a regular basis during the semesters and less frequently during summer break.
- 3. Training Director-Intern Meetings.** Interns will meet together with the Training Director once a month. This forum will provide an opportunity for the interns to discuss matters related to the internship year, examine intern cohort dynamics, and stay informed about professional and/or other developments within the Counseling Center, the university, or the community outside of UMBC. In addition, the Training Director will meet individually with each of the interns at the beginning, middle, and end of each semester to review goals, progress, and address any other issues.
- 4. Committees or Task Forces.** Interns may have the opportunity to join a Counseling Center committee and/or a committee or Task Force within the Division of Student Affairs. Membership and/or participation will be at the discretion of the Director of Health and Counseling, in consultation with the Training Director.

IV. EVALUATIONS

A. Evaluation of Interns

Throughout the year, there will be on-going informal communication between the intern and their supervisor addressing the intern's strengths, weaknesses, and/or problematic behaviors. Mid-way through each semester, the supervisors and Training Director will informally review the intern's levels of competency based on the Intern Evaluation to provide more specific feedback about the interns' progress towards meeting the aims and competencies of the internship. Formal evaluations will be completed twice a year, in January and July (see Appendix X. Intern Evaluation Form). These evaluations will become a part of the intern's permanent record. The formal evaluations are designed to represent the informal feedback that the intern has been receiving throughout the year. Evaluations will be based on a fair and accurate appraisal of the intern's work.

Criteria for Passing Ratings on Intern Evaluation Form

Mid-Year: In order to maintain good standing and to progress through the training program, interns are expected to achieve an average minimum rating of 5 out of 10 ("Satisfactorily Proficient") on the Intern Evaluation on the mid-year evaluation. In addition, at least 50% of all Profession-Wide Competencies and their associated Elements must be rated as Satisfactorily Proficient (5) or higher. Ratings of 1 or 2 ("Not Proficient") will be subject to remediation efforts and more intensive supervision; ratings of 3 or 4 ("Minimally Proficient") may be subject to additional training and/or remediation.

End-Year: By the end of the internship, interns are expected to achieve an average minimum rating of 7 out of 10 ("Highly Proficient") for each of the Profession-Wide Competencies and their associated Elements. In order to successfully pass the internship, at least 90% of all Profession-wide Competencies and their associated Elements must be rated as 5 or above ("Satisfactorily Proficient"), with no ratings of 1 or 2 ("Not Proficient").

The supervisor(s) and Training Director will discuss the quantitative ratings and qualitative feedback on the evaluation with the intern, and each will electronically sign the evaluation form. Interns are to sign evaluation forms within five (5) business days. Interns will have the opportunity to respond, in writing, to any ratings or comments with which they disagree; this document will remain part of the evaluation (see Appendix XV: Due Process and Grievance Procedures for details). The Training Director will review all evaluations and will submit a copy to the Intern's Director of Clinical Training in a timely manner.

If an evaluation reveals that the Intern is having minor difficulties, the Training Director will meet with the Intern to discuss the nature of difficulties and clarify expectations. The Training Director may also (a) obtain more information from the supervisor (or other relevant staff members); (b) consult with the Director of Health and Counseling; (c) consult with the Training Committee; and/or (d) consult with the Intern's Director of Clinical Training.

If the Intern appears to have significant skills deficit and/or problematic behaviors, the following process will be initiated:

1. The Training Committee will meet to discuss the nature of the difficulties, identify corrective actions already implemented, and make recommendations for a remediation plan. Concomitantly, the Director of Clinical Training at the Intern's graduate program will be consulted. A preliminary determination will be made as to whether the difficulty appears to be of a long-standing nature or specific to this particular internship. The Director of Clinical Training will be consulted regarding a plan for remediating the skills deficit(s) and/or addressing the problematic behavior.
2. Based on the recommendation(s) of the Director of Clinical Training as well as the Training Committee, the Intern may be required to follow a remediation plan to address the specific area(s) of difficulty. The remediation plan will be forwarded to the Director of Clinical Training for review and monitoring.
3. The Intern will be appraised, in a timely manner, of progress towards successfully remediating areas of skill deficits and/or problematic behavior.
4. Failure to successfully resolve the area(s) of difficulty could result in an unsatisfactory completion of the internship and/or termination of the internship at the Counseling Center.
5. If the Intern disagrees with the Remediation Plan and/or other decisions made by the Training Director and/or the Training Committee, the Intern can initiate the Grievance Procedure.

Interns are encouraged to review the Due Process and Grievance Procedures at the start of the internship and to refer to this document throughout the year. (See Appendix XV for details).

B. Evaluation of Training Staff

Although informal feedback and open communication are encouraged throughout the course of the internship, interns will also be given the opportunity to provide formal feedback to their supervisors and Training Director. Interns will complete an evaluation for each of their supervisors (i.e., primary, group therapy, Sup of Sup) at the end of the supervision period (typically 6 months) and will discuss these with their supervisors (See Appendix XI). In addition, at the end of the internship, interns will complete an evaluation form of the Training Director, which will be discussed in an individual meeting with the Training Director (See Appendix XII).

C. Evaluation of Internship Program

Toward the goal of demonstrating a commitment to excellence through self-study, assuring that the program's mission and aims are met, enhancing the quality of professional education and training obtained by our interns and training staff, and towards contributing to the fulfillment of UMBC's educational mission, interns shall complete various evaluations of the Internship. In addition to evaluations of the training staff as described above, seminar evaluation forms will be completed for each seminar or seminar series that the intern attends (See Appendix XIII). Interns will complete the Final Evaluation of Internship at the conclusion of the internship (See Appendix XIV); Interns will meet individually with the Training Director to review this evaluation and solicit any additional feedback. Finally, Intern graduates will be asked to complete a Post-Internship Survey approximately one year after they successfully complete their internship training. There may also be times when additional feedback is

solicited (e.g., during an APA site visit) in order to maintain APA accreditation. Interns are expected to comply with these requests even after they have successfully completed the program.

V. INTERNSHIP POLICIES

A. Eligibility and Selection of Internship Applicants

In order to be considered for application review, potential applicants to the internship program must be enrolled in an APA-accredited doctoral program in Clinical or Counseling Psychology. Academic coursework and preparation must be in accordance with APA accreditation standards, and all required coursework must be completed prior to the start of internship. To be considered for the internship, applicants need to have passed their comprehensive/qualifying examinations, successfully submitted their proposal for dissertation, and accrued a minimum of 500 intervention hours at the time they submit their application. The Counseling Center values diversity and encourages applicants of diverse ethnic, racial, age, religious, sexual orientation, and other backgrounds to apply.

Successful applicants have demonstrated a strong interest in working with young adults and college student mental health, although they often have experience across a variety of clinical settings. Typically they are interested in increasing their breadth and depth of knowledge and clinical experience not only in individual and group therapy, but also in outreach, consultation, and supervision. Furthermore, successful applicants have conveyed a strong interest in working with multi-culturally diverse people in order to enhance their multicultural awareness and competence. Most have an interest in working in a university counseling center after graduation, although past interns have gone on to careers in other settings as well. It is strongly preferred that applicants have clinical experience in a college counseling center, although we will consider those with relevant experience if a strong case is made for why the applicant is interested in such an internship setting.

The Doctoral Internship program at the UMBC Counseling Center is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and participates in the APPIC National Match Process. All internship applications must be submitted via the on-line APPIC Applications for Psychology Internship (AAPI On-line) system, available at www.appic.org (click on "APPI On-Line"). The program code for this internship is 208711. We ask that recommenders use the Standardized Reference Form (SRF), which is available on the AAPI website. The application deadline is November 1.

Applications are initially reviewed by at least two staff members (potentially including a current intern) who each assign an initial rating based on the applicant's educational preparation, clinical experience, personal essays, and letters of recommendation. The Selection Committee will then identify applicants who seem to be the best match based on their training needs and interests and the Counseling Center's clinical and other training opportunities. Approximately 25-30 applicants will be offered interviews each year.

Applicants will be notified via email whether or not they will be offered an interview no later than December 15th. Interviews will be scheduled for the beginning of January, typically the first or second week; in-person interviews are preferred, but video-conferencing interviews are available without

prejudice. Interviews will last a half day (either a morning or afternoon session) and will include a one-on-one interview with the Training Director as well as individual interviews with two groups of staff members. For each session, applicants will meet as a group with the current interns and will have the opportunity to ask them about their internship experiences. An optional tour of campus will be offered for those who are interested.

The Counseling Center abides by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

B. Trainee Self-Disclosure Policy

Training staff at the Counseling Center value the power and complexity of the therapeutic relationship. Because of this value, in our interventions, supervision, and training activities there is a focus on the “person-of-the-therapist” and how this may impact the quality and effectiveness of work with clients and consultees. In accordance with APA Ethical Principles, Section 7.04, interns are expected to reflect upon and share the ways that their own personal qualities, experiences, and reactions influence and are impacted by their clinical work in supervision and other training settings. Such exploration and disclosure is not intended to serve as psychotherapy for the intern and is focused on enhancing self-awareness and professional development as related to the intern’s clinical practice during the internship. Supervisors and other training staff are expected to explore relevant information in a respectful, non-coercive manner within the context of a safe, supportive professional relationship.

Also in accordance with APA Ethics Code, Section 7.05, it is important for interns to be aware that the due process procedures for our training programs indicate that the staff may require interns to obtain psychotherapy in those cases in which a trainee or his/her behavior is deemed problematic. (See Appendix XV, Due Process and Grievance Procedures for details.)

C. Status and Benefits

The internship is scheduled to begin on the third Monday in July and end on the second Friday in July of the following year. The current internship stipend is \$26,000. Interns will have the status of Contingent I employees. Given this status, interns are not eligible for the State of Maryland Employee benefit package. However, interns are eligible to purchase subsidized health and dental insurance, prescription drug coverage, life insurance, and accidental death and dismemberment policies. These premiums will be billed to the intern on a regular basis and are considered post-tax given the employment status of the interns. Interns have full access to UMBC library and recreation facilities at no cost.

Interns are able to purchase a staff parking pass (for a yearly fee). As an alternative, for those without a car or who prefer public transportation, interns have free access to UMBC transit by using their employee ID or “Red Card” (see <http://www.umbc.edu/transit/>). For additional information, visit the UMBC parking website at <http://parking.umbc.edu/> and refer to Parking on Campus at UMBC in Appendix XVI.

Although not formally eligible for state leave benefits based on intern employment status as Contingent I employees, the Counseling Center offers the following internal benefits for the interns. Interns are eligible for up to 15 days of Paid Time Off (PTO), which can be used for vacation, illness, or

bereavement. Partial days out will be deducted from their PTO or they are expected to compensate for those leave hours. Interns are strongly discouraged from taking extended vacation time during the Fall or Spring semester due to the clinical demand and to ensure that the minimum Direct Clinical Service requirement is met.

In addition to PTO, interns will have off for 14 University-recognized holidays; some of these holidays must be taken during the week between Christmas and New Year's Day, when the university is closed. Up to five (5) days of professional time to attend conferences or workshops, dissertation defense, and/or to attend graduation or job interviews may be granted in consultation with, and at the discretion of, the Training Director and the Director of Health and Counseling. (See Appendix XVI for Professional Leave Policy.) Administrative Time Out will be granted whenever UMBC is closed for inclement weather or other conditions. Interns will be exempted from any furlough days and will receive Administrative Time Out to cover related time out. Interns will be paid for Administrative Time Out.

Because the internship must be a 12-month experience per APA accreditation and most state licensing laws and because the Counseling Center needs some time to transition between intern classes, interns will be granted five (5) days of Administrative Time Out to be taken only during the last week of the internship and only if the intern has met the required minimum number of total (2000) and direct clinical service (500) hours. In the event that the minimum hours requirements have not been met, the last week of internship can be used to make up hours; in that case, no additional Administrative Time Out will be granted.

All decisions regarding paid time off will take into account clinical needs and intern progress towards meeting the requirements for minimum clinical (500) and total (2000) hours necessary for successful completion of the internship. It is imperative to understand that interns will not meet the minimum of 2000 total hours if they only work 40 hours a week and if all paid time off is taken. Because they sign a one-year employment contract, and because most states require a 12-month full-time internship, Interns are expected to work through the end date of their contract regardless of when they reach 2000 hours.

Interns are provided with their own office, which includes, at a minimum, a desk and office chair, two therapy chairs, file cabinet, and book case. They are provided with an office telephone and a university computer with internet access and the capacity for video-recording. Titanium is used for scheduling and maintaining electronic records. Thumb drives are provided to store videotaped sessions. Administrative assistance is available as needed. There may be funds available for professional development programs (See Policy for Professional Development Leave and Funds in Appendix XVI).

D. Parental Leave

The Counseling Center acknowledges that interns may choose to have or adopt children during the internship year. To help accommodate intern's possible need for appropriate parental leave to allow for bonding with new children, post-partum recuperation, and/or establishment of breast feeding, while also ensuring that interns meet the program's requirements, the Counseling Center will work with interns regarding parental leave. In the event that parental leave is required, UMBC, local, state, and federal regulations will be considered. The Counseling Center acknowledges that psychology interns are not required to disclose a need for parental leave prior to Match Day.

In consideration of client needs and overall needs of the center, the Counseling Center requests that any intern requesting parental leave provide as much advance notice as possible. Interns are strongly encouraged to consider their own training needs and the need to complete specific hour requirements when making requests for parental leave. A written agreement will be developed that addresses the amount of leave time that will be taken, the extent to which paid leave is available, and a plan for the intern to complete the requirements of the training program. Upon return from parental leave, the Counseling Center will work with interns to provide for space for expression and storage of breast milk (if a mother chooses to breast feed) or leave to accommodate care for sick children.

E. Internship Hours

At a minimum interns are expected to be at the Counseling Center from 8:00 a.m. to 5:00 p.m. Monday through Friday. Interns are encouraged to take one hour for lunch as part of their self-care. Interns (as well as senior staff and other trainees) are discouraged from scheduling clients during the 12:00 lunch hour. There will be times during the year when it is necessary to work additional evening or weekend hours, particularly for outreach programs. Interns are required to cover after-hours emergency consultation, typically for a minimum of one two-week period of time in both the Fall and Spring semesters. It is likely that interns will find that they need to work extra hours in order to keep up with clinical and administrative work, particularly during periods of high clinical demand during the Fall and Spring semesters. Interns are expected to complete seminar or other professional development readings on their own time. However, all work-related hours will contribute to the total number of hours required for successful completion of the internship.

Interns are required to complete a minimum of 2000 hours, including a minimum of 500 hours of direct clinical service, which includes individual, group, and couples therapy, outreach presentations, consultation, crisis intervention, and supervision of trainees. As noted above, it is unlikely that interns will be able to meet the 2000 hour minimum without working more than 40 hours a week and taking all time off. Interns who intend to accrue more than 2000 hours as required for licensure in other states can be readily accommodated. (See Appendix III: Criteria for Completion of Internship and Appendix VII: Intern Caseload Benchmarks.)

F. Successful Completion of the Internship

Successful completion of the internship will be dependent on a number of factors, including, but not limited to, accruing a sufficient number of clinical (500) and total (2000) hours to meet the threshold for licensure in most states. In order to successfully pass the internship, at least 90% of all Profession-wide Competencies and their associated Elements must be rated as 5 or above (“Satisfactorily Proficient”). (See Appendices I and II for a detailed listing of the Competencies and Elements). A minimum of 20 hours of outreach presentations and consultation, co-leading at least two therapy groups, two case conference presentations, and active participation in meetings, seminars, and supervision are required. In addition, interns are required to complete an Intern Project (see Appendix IX for details). There can be no serious ethical violations or legal breaches. The internship will not be considered complete until all client notes are completed, signed, and reviewed by their supervisor. (See Appendix III: Criteria for Completion of Internship.)

Although designed as a one-year internship, we understand that there may be extenuating circumstances (e.g., extended leave of absence for illness, accident, parental or other family leave) when this is not possible. While we will work with interns to meet all criteria (including number of clinical and total hours) for completion of the internship, all hours and other criteria must be completed within two years.

G. Record Keeping Policy

The program documents and permanently maintains accurate records of the interns' training experiences, evaluations, and certificates of internship completion for evidence of the interns' progress through the program and for future reference and credentialing purposes.

The program also keeps information and records of all formal complaints and grievances of which it is aware that have been submitted or filed against the program and/or against individuals associated with the program since its last accreditation site visit. The Commission on Accreditation will examine a program's records of intern complaints as part of its periodic review of the program.

VI. INTERNSHIP RESPONSIBILITIES

A. Intern Responsibilities

1. Interns accepted for internship shall report to the Training Director on the agreed upon date and time and complete the Intern Orientation process (see Appendix IV. Intern Orientation Schedule).
2. Interns must comply with all Counseling Center policies and procedures as outlined in the Policies and Procedures Manual as well as all UMBC personnel policies and procedures.
3. Interns will adhere to appropriate guidelines for attendance and notification of absence. All requests for leave must be sent to the Training Director for approval. It is the responsibility of the Intern to notify their supervisor(s) of any planned absence. In the event of an unexpected absence, it is the responsibility of the Intern to notify the front desk by phone as well as notify the Training Director via email at the earliest opportunity.
4. Interns must sign and submit the Confidentiality Agreement for Clinical Staff to the Training Director on the first day of their internship.
5. Interns will complete all tasks in a timely manner (see Appendix XVI. Intern Weekly Checklist).
6. Interns shall attend, and participate in, staff meetings, case consultation, and staff training events deemed appropriate by the Training Director and/ or their supervisors. Interns are encouraged to attend UMBC's staff training events (e.g., professional development programs for the Division of Student Affairs) during their internship year.
7. Interns will complete evaluations regarding supervisors at the middle and end of the internship (see Appendix XI. Intern Evaluation of Supervisor Form).
8. Interns will complete evaluations for each intern seminar in a timely manner (see Appendix XIII. Seminar Evaluation Form).
9. At the end of the internship, interns shall complete an evaluation of the Training Director as well as an evaluation of the internship (see Appendix XII. Intern Evaluation of Training Director Form and Appendix XIV. Final Evaluation of Internship).

B. Staff Responsibilities

1. The Training Director is responsible for communicating with the Intern's Director of Clinical Training at their graduate program. The Training Director is responsible for completing and forwarding any materials required by the Intern's graduate program regarding their performance to the Intern's Director of Clinical Training.
2. The Intern's Director of Clinical Training shall be invited, in writing and by informal telephone contacts, to provide clarity regarding their expectations for the internship and to visit the training site in order to see the facility, meet the staff, and become better informed about the training program.
3. All staff psychologists shall participate in the internship program in order to provide the interns with a variety of role models.
4. The intern's supervisors are responsible for providing ongoing supervision and monitoring of the intern's clinical skills and professional conduct.
5. Supervisors shall complete and submit the Intern's signed mid-year and end-year Intern Evaluation forms to the Training Director. The Training Director will forward these evaluations to the Director of Clinical Training at the Intern's graduate program (see Appendix X. Intern Evaluation Form).
6. The Training Director shall be informed immediately by the Intern and/or the Intern's supervisor of any problem(s) or potential problem(s) between the Intern and any client, supervisor, other staff (including other trainees), UMBC, and/or the Intern's academic institution. If the conflict involves the Training Director, the trainee will address any concerns with the Director and/or another senior staff psychologist. Please refer to the Due Process and Grievance Procedures in Appendix XV. The Intern's Director of Clinical Training will be consulted in the event of any concerns about the Intern's behavior and/or competency.
7. Counseling Center staff members abide by all state and local statutes regulating the professional conduct of licensed psychologists, psychiatrists, social workers and counselors. Psychologists abide by accepted APA ethical standards, including the prohibition from engaging in dual relationships with interns.

VII. INTERNSHIP STAFF

Doha Chibani, MSW, LCSW-C., Referrals Coordinator. Ms. Chibani is a magna cum laude undergraduate alumna of UMBC's psychology program. She graduated with a Master's degree in clinical social work from the University Of Maryland Baltimore. Prior to joining the counseling center, Ms. Chibani provided therapeutic services to individuals on the Autism Spectrum, refugees, survivors of torture and trauma as well as victims of sexual abuse. In addition to clinical practice, she has spent several years involved in mental health and social service research. Ms. Chibani espouses an integrative approach to therapy that incorporates trauma focused cognitive behavioral, developmental and existential components within a solution focused brief model. She has a strong interest in supporting the multicultural and international students, the transfer, commuter and non-traditional returning student body, as well as the LGBTQ population. She is fluent in English, Arabic and French.

Amber Hager, Ph.D., Staff Psychologist. Dr. Hager graduated from the University of Georgia for her undergraduate degree and completed a Master's degree in Marriage and Family Therapy from Syracuse

University in 2006. After providing clinical services for several years in home-based, residential, and outpatient substance abuse settings, she earned a Ph.D. in Clinical Psychology from the California School of Professional Psychology at Alliant International University in San Francisco. She completed her doctoral internship at the University of San Francisco Counseling and Psychological Services Center and her postdoctoral residency at University of New Haven Counseling and Psychological Services Center. Her approach to therapy is integrative, including time-limited psychodynamic, postmodern family systems, feminist, and cognitive behavioral theories. She has particular interest and training with anxiety and panic disorders, LGBTQ identity development, diversity and inclusion, the use of mindfulness in therapy, relationship issues, and program administration and training.

Bruce Herman, Ph.D., Director, Health and Counseling. Dr. Herman graduated from Cornell University with a degree in Industrial and Labor Relations. He obtained his Ph.D. in Counseling Psychology from the University of Illinois at Champaign-Urbana. He came to UMBC in July 2012. Before UMBC he worked at Towson University Counseling Center from 1999-2012. Prior to that, from 1991-1998 Dr. Herman worked as a Psychologist at Loyola College in Maryland. Dr. Herman has also taught in the Psychology and/or Education Departments at Towson University, Loyola College and University of Illinois. For many years, he also maintained a private psychotherapy practice. He led the Towson University Suicide Prevention Program and obtained grant support from the Substance Abuse and Mental Health Administration Garret Lee Smith Suicide Prevention Grant. He is interested in the integration of mindfulness in psychotherapy, campus suicide prevention and mental health promotion, interpersonal psychotherapy, multicultural counseling and sexual orientation and gender identity concerns.

Whitney Hobson, Psy.D., Staff Psychologist, Groups Coordinator. Dr. Hobson is a licensed psychologist who graduated from the American School of Professional Psychology at Argosy University, Washington, D.C. with a PsyD in Clinical Psychology. Dr. Hobson completed her doctoral internship at Basics Group Counseling, LLC through the Mid-Atlantic Internship Consortium providing individual and family therapy as well as psychological assessments to individuals of varied ages. She completed a postdoctoral fellowship followed by a position as a Behavioral Health Consultant at Chase Brexton Health Care in Randallstown, MD. During her time there Dr. Hobson spent two years providing clinical and outreach services in the form of individual, family, and couples therapy to both general and pediatric populations, serving individuals from diverse and varied backgrounds and within the LGBTQ community. Dr. Hobson uses an integrative approach to therapy and conceptualization primarily derived from cognitive-behavioral and relational-culture theories. Dr. Hobson's interest and clinical experience include the treatment of anxiety and depression, grief and loss and its broader application to adjustment and life transitions, establishment of identity and empowerment, interpersonal effectiveness, and culturally/socially focused issues.

Soonhee Lee, Ph.D., Interim Assistant Director/ Training. Dr. Lee is a licensed psychologist who earned her doctoral degree in Clinical Psychology from the University of Rochester. She completed her doctoral internship and postdoctoral fellowship at the University of Rochester Counseling Center and then worked at the University of Delaware as a staff psychologist before joining the UMBC in 2016. Dr. Lee uses a mindfulness-based integrative approach in therapy that includes modern brief psychodynamic therapy, interpersonal psychotherapy, emotionally-focused therapy, and dialectical behavior therapy. Her

special interests include couples/relationship issues, multicultural/diversity issues, anxiety-spectrum disorders, life transition, grief, supervision and training.

Kris Sagun, Ph.D., Associate Director, Clinical Services. Dr. Sagun is a licensed psychologist who graduated from Temple University with a Ph.D. in counseling psychology. She completed her doctoral internship at the Johns Hopkins University Counseling Center and a post-doctoral fellowship at the Center for Eating Disorders at Sheppard Pratt Hospital in Baltimore. In addition to her training and professional experiences in college counseling at a variety of institutions, Dr. Sagun has experience working in other college student affairs settings including residential life, disability services, and health promotion. Dr. Sagun maintains an affirmative and integrative orientation towards therapy that utilizes an humanistic, cognitive-behavioral, and psychodynamic foundation. Her special interests include college adjustment, anxiety, family of origin issues, LGBTQ identity development, working with student athletes, supervision training, and clinical service administration.

Chinedu Varma, M.D., M.P.H Consulting Psychiatrist. Dr. Varma is an undergraduate alumnae of UMBC, where she was a Meyerhoff Scholar. She was an Interdisciplinary Studies major, with a focus on Bio-medical Ethics. She earned her Master's of Public Health degree, with a focus on Epidemiology and Biomedical Statistics from the Johns Hopkins Bloomberg School of Public Health. She graduated from the Johns Hopkins School of Medicine. She completed a General Psychiatry residency at the Johns Hopkins Hospital and a Child and Adolescent Psychiatry Fellowship at New York-Presbyterian University Hospital of Columbia and Cornell. Dr. Varma joined the UMBC Counseling Center in 2016 and provides psychiatric consultation and medication management. She is also a consulting psychiatrist at Bowie State University Counseling Center.

Patricia L. Wick, Ph.D., Staff Psychologist, Externship Coordinator. Dr. Wick graduated from the State University of New York, Stony Brook with a Bachelor's Degree in Psychology, with a minor in Child and Family Studies. She received her doctorate in Clinical Psychology from the University of Miami (FL) after completing a doctoral internship at Taylor Manor Hospital (now Sheppard Pratt at Ellicott City). She completed a post-doctoral fellowship in Eating and Affective Disorders at the Sheppard and Enoch Pratt Hospital. She has been licensed in the state of Maryland since 1991 and has worked in out-patient, in-patient, clinic, government, and academic settings. She has maintained a private practice since 1992. Dr. Wick is integrative in her work, with specific emphases on psychodynamic, interpersonal, and family systems approaches. She is open and affirming of all aspects of diversity. She has interests in training and supervision, mood and anxiety disorders, eating disorders, trauma (particularly sexual assault and relationship violence), and women's issues.