

CAMC/West Virginia University School of Medicine, Charleston  
Department of Behavioral Medicine and Psychiatry  
Clinical Psychology Internship Handbook



## **WVU/CAMC Doctoral Internship Training Program**

This APA-accredited Predoctoral Internship in Clinical Psychology is sponsored by the Charleston Area Medical Center (CAMC) and the Department of Behavioral Medicine and Psychiatry at WVU School of Medicine in Charleston. This internship is a CAMC graduate medical education residency. The program offers an in-depth training experience in clinical and health psychology services at a large university-affiliated community medical center (CAMC). With emphasis on support and flexibility, our objective is to refine interns' clinical and scholarly skills so that they are prepared for work in a variety of settings.

### **Training Program Philosophy**

In brief, the WVU/CAMC internship is a clinical psychology training program in a medical setting. It is designed to train predoctoral interns in the broad and general skills required to function independently in entry-level professional positions, following graduation and the requisite licensure or certification. Training is sequential, cumulative, and graded in complexity in each rotation over the year. It is best described as following a professional/scholar model, with mentoring, solid clinical training and the utilization of the scientific literature to inform and shape practice, teaching and scholarly work. We firmly adhere to the integration of science and practice for internship training. In addition to the generalist training recommended at the internship level, we also offer an emphasis in clinical health psychology, consistent with our medical setting. We stress multidisciplinary and interdisciplinary functioning, multitheoretical approaches, and diversity sensitivity/competence. Also stressed are personal development and the crafting of one's professional identity.

### **Accreditation Status**

This internship is fully accredited by the APA Committee on Accreditation through the American Psychological Association, 750 First Street, NE, Washington, DC, 20002-4242, phone: 202-336-5979, and complies with all standards and regulations of the Association of Psychology Postdoctoral and Internship Centers (APPIC).

### **Orientation and Training Information**

Because ours is a large Academic Health Center complex with a variety of training rotations, it is important that the new intern have time to acclimate to the setting. Psychology interns are oriented to the medical center along with all new residents and medical students during a three-day orientation at the WVU Medical Education Building on the Memorial Campus, which features presentations on a variety of topics, including mutual expectations of the trainees and the training programs. They have pictures taken for ID badges, sign up for payroll and benefits, have lunch with the medical center leadership, and generally begin to settle in. This also gives interns time to meet and socialize not only with fellow interns, but also a number of other students and the faculty with whom they will interact during the year. During the next two weeks, time is set aside for the interns to tour each of the training settings, to become better acquainted with the faculty and support staff, and become familiar with the experiences offered at each rotation site. We also have lunches and picnics where staff and students can spend time in a social setting.

It is important that interns have the opportunity to bond with their fellow trainees in what we hope will be the beginning of mutually rewarding long-term professional and personal relationships. Not only will orientation occur at the beginning of the training year, but also when the intern begins a new required or optional training rotation. As the year progresses interns will be more familiar and comfortable with the medical center and the city and will need less specific guidance. The training director and internship faculty have an open-door policy, and interns are encouraged from the first day to feel free to ask whatever questions necessary as they fit into Charleston, from how to complete paperwork for conferences, to recommendations for car repair shops or veterinarians. It is our stance that people learn best when their anxiety is low, and we strive to maintain a training environment that is challenging and invigorating, but warm and supportive.

## **POLICIES AND PROCEDURES**

### **Overview of Due Process for Interns with Regard to Performance on Internship**

Internship is one of the most stressful periods of a psychologist's career. Graduate school friends and support systems are left behind, temporary housing is tolerated, a new environment must be mastered, new and sometimes challenging demands are placed upon interns, and dissertations and employment searches are sometimes juggled throughout the year.

It is the policy of the internship training program that psychology interns will be treated with dignity and always in a fashion consistent with the guidelines of the APA ***Ethical Principles of Psychologists and Code of Conduct*** ([www.apa.org/ethics/](http://www.apa.org/ethics/)). We do not anticipate that interns will have serious problems, and most issues can be addressed in an informal fashion in this environment of mutual respect and open communication.

But it is critical that interns understand if they feel they are being abused or treated unfairly [sexual harassment, exploitative dual relationships, expectations of them which clearly exceed their experience or training, etc.], they must contact the training director immediately with their concerns. If the problem involves the training director, then the intern must contact the associate director or another internship faculty member, and follow his or her concerns through to a satisfactory conclusion. In addition, psychology interns are employees of the Charleston Area Medical Center, and therefore the CAMC resident grievance procedure, found at:

<https://www.camcmedicine.edu/sites/camcmedicine/files/02282022%20Resident%20Handbook%20final.pdf> is used as needed.

### **Overview of Expectations**

Predoctoral psychology interns and the internship faculty have expectations of one another that vary in their degree of clarity.

A. Interns reasonably expect to receive high quality training in the practice of professional psychology. This training is further expected to take place in an environment of professional and personal safety and support. While all interns can anticipate receiving the same basic training, each rightfully expects to be valued for her or his uniqueness, and further assumes differences in training background, ethnic and racial heritage, gender, and lifestyle, will be respected.

Interns expect their performance to be evaluated, and to receive direct feedback in a timely fashion so that deficiencies may be addressed and corrected. They also expect to have the opportunity to evaluate their training and provide feedback to the program, and to assume their perspective will be valued and given serious consideration.

B. The faculty expect interns to perform competently in nine areas:

1. **Research/Scholarship:** Interns are expected to develop the skills to critically evaluate and disseminate research and apply the scientific method to practice. This will be demonstrated through scholarly activities (e.g. case conference, presentation, publication) at the local (including the host institution), regional, or national level.
2. **Ethical and Legal Standards:** Interns are expected to acquire and effectively incorporate professional standards in their work. Examples include adherence to the APA ***Ethical Principles and Code of Conduct***, relevant state laws regulating practice, and guidelines of the training institution.
3. **Individual and Cultural Diversity:** Interns will develop awareness and sensitivity working with diverse individuals. This will be demonstrated by their ability to independently work effectively with the range of diverse individuals and groups encountered during internship. Accepts self as a cultural being and applies knowledge, skills and attitudes regarding dimensions of diversity in their clinical work.
4. **Professional Values and Attitudes:** Interns are expected to engage in behavior that reflects the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong-learning and concern for the welfare of others. It is important they engage in self-reflection, activities to maintain and improve performance, responsiveness to feedback and supervision, and self-care. They should respond professionally in complex situations with greater independence across training.
5. **Communication and Interpersonal Skills:** Interns are expected to develop and maintain effective relationships with colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. They are expected to be able to produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated, and demonstrates a thorough grasp of professional language and concepts. They will demonstrate effective interpersonal skills and the ability to manage difficult communication well.
6. **Assessment:** Interns are expected to acquire the skills to assess patients with a variety of problems, utilizing evidence-based instruments and evaluation methods. They will develop the skills to select and

use assessment tools appropriate to the clinical needs of the patient, the clinical setting, and referral question, all while considering demographic and cultural influences. They will develop the skills to conceptualize and clearly communicate in both verbal and written forms assessment findings and recommendations to other professionals, patients, and as appropriate to patient families.

7. **Intervention:** Interns are expected to develop the skills to effectively work with diverse populations, and provide appropriate interventions in response to a range of presenting treatment concerns. They will demonstrate the ability to establish and maintain effective relationships with recipients of psychological services, develop evidence-based intervention plans specific to clinical goals, and implement interventions informed by literature, assessment findings, diversity characteristics and contextual variables. They will demonstrate the ability to modify and adapt effectively when a clear evidence-based intervention is lacking. They will learn to evaluate treatment progress and modify planning as needed to meet the needs of the patient.
8. **Supervision:** Interns will acquire the knowledge of supervision models and practices, and the ethical, legal and contextual issues of the supervisor role. They will demonstrate this knowledge in direct or simulated practice. Examples include but are not limited to role-played supervision with others, and peer supervision with other trainees.
9. **Consultation and interpersonal/interdisciplinary skills:** Interns will acquire knowledge of consultation models and practices, and provide useful and effective consultation services to other professionals. They will apply this knowledge with patients and families, other health care professionals, interprofessional groups or systems related to health and behavior.

**The following policy, developed by the Student Competence Task Force of the Council of Chairs of Training Councils, is operative:**

Students and trainees in professional psychology programs (at the doctoral, internship, or postdoctoral level) should know prior to program entry, and at the outset of training—that faculty, training staff, supervisors, and administrators have a professional, ethical, and potentially legal obligation to: (a) establish criteria and methods through which aspects of competence other than, and in addition to, a student-trainees knowledge or skills may be assessed (including, but not limited to, emotional stability and well-being, interpersonal skills, professional development, and personal fitness for practice); and, (b) ensure insofar as possible—that the student-trainees who complete their programs are competent to manage future relationships (e.g., client, collegial, professional, public, scholarly, supervisory, teaching) in an effective and appropriate manner. Because of this commitment, and within the parameters of their administrative authority, professional psychology education and training programs, faculty, training staff, supervisors, and administrators strive not to advance, recommend, or graduate students or trainees with demonstrable problems (e.g. cognitive, emotional, psychological, interpersonal, technical, and ethical) that may interfere with professional competence to other programs, the profession, employers, or the public at large.

As such, within a developmental framework, and with due regard for the inherent power difference between students and faculty, students and trainees should know that their faculty, training staff, and supervisors will evaluate their competence in areas other than, and in addition to, coursework, seminars, scholarship, comprehensive examinations, or related program requirements. These evaluative areas include, but are not limited to, demonstration of sufficient: (a) interpersonal and professional competence (e.g. the ways in which student-trainees relate to clients, peers, faculty, allied professionals, the public and individuals from diverse backgrounds or histories); (b) self-awareness, self-reflection, and self-evaluation (e.g. knowledge of the content and potential impact of one's own beliefs and values on clients, peers, faculty, allied professionals, the public and individuals from diverse backgrounds or histories); (c) openness to processes of supervision (e.g., the ability and willingness to explore issues that either interfere with the appropriate provision of care or impede professional development or functioning); and (d) resolution of issues or problems that interfere with professional development or functioning in a satisfactory manner (e.g. by responding constructively to feedback from supervisors or program faculty; by the successful completion of remediation plans; by participating in personal therapy to resolve issues or problems).

C. In addition to meeting intern expectations stated in A, the program is also responsible for assisting the intern to meet the nine required performance objectives in B. The program should provide relevant information regarding professional standards, offer sufficient diversity of clinical experiences to demonstrate acceptable

professional skills, and monitor intern behavior to provide feedback and recommendations for improvement as needed. Interns are expected to perform in such a fashion as to receive acceptable ratings on intern evaluations on each rotation. Should they fall short of acceptable ratings, a plan of corrective action will be developed by the faculty member(s) involved, in collaboration with the training director.

**Performance Expected Competencies:** Intern competencies will be formally assessed quarterly. Interns are evaluated on the above listed nine Profession Wide Competencies required under the APA standards of Accreditation. Evaluation is based on the intern's ability to demonstrate or provide each element (i.e., knowledge, awareness, or skill) that comprises each competency.

**Minimum Level of Achievement for Completion:** A score of three on all nine milestone competency ratings

### **Relationship with Graduate Program**

Some contact will have taken place between the internship program and the home graduate department in the form of letters of recommendation and perhaps phone calls or email. Areas of intern strength and those in need of improvement will have been identified. Evaluations will be sent to the intern's graduate department at mid-year and at the end of the internship, unless the department requires more frequent evaluations, which will of course be provided.

If the intern demonstrates inadequate performance or impairment, more frequent contact will be maintained, so the internship program can consult with the training director of the graduate institution. Any official action taken by the training program faculty which has an impact on an intern's progress will be reported to the graduate program in writing.

### **Procedure for Program Response to Inadequate Intern Performance**

The entire psychology faculty comprises the Internship Training Committee. If an intern receives an inadequate rating in one of the nine major evaluation categories, this Committee will meet to discuss appropriate actions. The intern will be informed that a review of his or her performance is in process, and will be given the opportunity to respond to the evaluation. The Committee may: 1. Decide no further action is advised, or 2. make note of the problem and ask for more regular monitoring by supervisors. Should the problem continue, the Committee might institute the following: 3. a specified period of probation, with clearly defined expectations for performance improvement, or 4. suspension of the intern from certain activities, or 5. recommendation to the training director that the intern not complete the internship if the behavior does not change, or 6. recommendation to the training director that the intern be terminated from the program.

### **Intern Appeal Procedures**

If one of the above noted actions numbered 3 through 6 occurs, the intern will be informed in writing, and will be asked to indicate whether the action is accepted or rejected. If accepted, implementation occurs, and the home department will be notified in writing.

If the intern chooses to challenge the action, a Training Committee Review Panel will conduct a hearing with the intern, and submit recommendations to the training director. The training director is responsible for the ultimate decision, and it will be communicated to the intern and the home department. These procedures no way compromise the interns' use of the CAMC Institute for Academic Medicine's grievance policy located in the Resident Staff Handbook, nor their fundamental right to seek redress through legal counsel.

### **Implementation of Decisions**

The training director will meet with the intern to review decisions, and specify remedial procedures. Every effort will be made to give clear, specific feedback about expectations for improvement. The training director will approach this in a supportive and collegial manner, and encourage openness and sharing of perspectives. Reviews of performance will occur in a reasonable and timely fashion, so interns have adequate milestones against which to measure their progress.

### **Program Structure**

The year-long internship is divided into nine months of required experiences and four months where interns choose from a number of optional experiences. The required and optional rotations are mixed over the year, so all required experiences do not have to be completed before optional training begins.

## **ROTATIONS/CLINICS OVERVIEW:**

### *Note about Child and Adolescent Psychology Training Opportunities*

A number of clinical training rotations offer interns the opportunity to further their training in child and adolescent psychology. These clinical rotations offer training and experience in interprofessional collaboration, consultation, and direct service delivery in diverse settings. Please refer to the rotation descriptions for more information and the specific settings and training opportunities provided.

All interns are invited to participate in child/adolescent psychology rotations, to the extent that would meet their individual training goals for the internship year.

For interns who plan to seek Board Certification as a Child/Adolescent Psychologist (ABPP), it is important to note that you can meet ABPP Child/Adolescent internship requirements by participating in a combination of clinical rotations:

- Child and Adolescent Outpatient Psychology (Department of Behavioral Medicine & Psychiatry)
- Disordered Eating Center of Charleston
- Dialectical Behavior Therapy Services Program (Adolescent Program)
- Psychology Assessment (Child/Adolescent Evaluations)
- Family Resource Center
- Department of Family Medicine/Cabin Creek Health Systems Clinics (School-based Mental Health)

Current ABPP Specialty Requirements for Child/Adolescent Psychology (as of 2021-22) require that candidates complete an APA accredited internship registered with APPIC and that “at least fifty percent of this training should focus on child/adolescent populations” Interested interns are encouraged to complete documentation for this requirement in the Spring of their training year.

## **REQUIRED ROTATION DESCRIPTIONS:**

### **Adult Psychological Treatment Outpatient Rotation**

What do interns do? This is a service designed to hone basic skills in assessing new psychiatric patients, and either referring or providing treatment to them. The scheduling staff member maintains a list of all patients who are interested in psychological treatment. The patients comprise both men and women, across a wide spectrum of age and presenting problems. Referrals to the outpatient clinic come from physicians in the medical center or the community, from attorneys, from counselors, on follow up from the psychiatry inpatient program, through self-referral, and a variety of other venues. You are required to have a psychology faculty member supervisor assigned to each of your outpatient cases. In some cases, a psychology faculty member is assigned, but a physician or social worker provides primary specialized supervision, if that supervisor has special knowledge that could assist the patient, for example those recovering from childhood sexual abuse. Groups are also available. You will be required to read on the group specialty, be tutored by the group leader, and assume a co-leader role, which includes administrative, therapeutic and charting responsibilities. In addition to the weekly Intern Seminar, while you are on outpatient, on Thursday mornings you are expected to attend didactic training on Thursday mornings, which typically consist of Grand Rounds, scientific journal club, and the outpatient case conference. Some patients are seen only for several sessions of brief therapy, while others may be kept throughout the year.

How is intern progress measured? At first supervision is intense, since the supervisor and the intern don't know one another well. Cases are not screened for complexity in an official way, but if the situation seems dicey, threatening, there is involvement of law enforcement or attorneys, etc., then new interns will not likely be assigned these cases. At first the supervisor will want to join you with the patient, to assess the situation personally in addition to hearing your case presentation, and he or she may continue to meet with you and the patient to check in for some of the session. In supervision some might ask for videotapes. That varies from

supervisor to supervisor. It is critical that you learn to do a comprehensive initial evaluation, since your case formulation is only as good as the initial information you gather, and if you are off the mark at the outset, you will just perpetuate the mistake over time. Take your time and be comprehensive at first. Follow an outline provided with your material, or provided by the supervisor. Experiment with different outlines to find one that allows you to collect the relevant data.

Over time the supervision will become more collegial, as you get more comfortable with your knowledge and skill, and the supervisor has more trust in both. You will get more difficult cases, and while the supervisor retains ethical and legal responsibility for the case, the monitoring will be more egalitarian, with the supervisor counting on the intern to connect for feedback and consultation, rather than being a more passive recipient of the supervision.

Don't expect patients to correct you or keep you on track. They frequently don't have a clue what is supposed to happen in the therapy office. You should ask for assistance quickly if a problem is emergent. All faculty carry pagers and/or cell phones, their numbers will all be made available to you, and all faculty members are available after hours or at home. Be sure patients know how to reach us, and get your patients covered if you are planning to be out of town. Make sure to check for dangerousness to self or others, and assess as best you can for any medical problems that might contribute to or mimic psychological difficulties. If your patient is experiencing chest pain or severe headaches, dizziness, numbness, etc., seek a faculty physician immediately.

Over time you will become more comfortable and experienced, and develop what is called "pattern recognition." That is, you will begin to recognize clinical presentations more rapidly and more clearly with experience. Your case presentations will be more succinct and accurate. You will be able to diagnose more smoothly using the DSM. If you don't have a lot of outpatient experience, you will be learning some more advanced clinical skills. If you do have a good deal of experience, you need to take cases that are unfamiliar to you, e.g. if you have seen a lot of younger women, you may want to concentrate on older women and men. If you have anxiety disorder experience, you may want to concentrate on mood disorders or medical patients adjusting to their physical situations.

Supervisors will look at your empathy and rapport building, your cultural sensitivity, your understanding of the ethical implications of a case, your awareness of how your personal style and background might shape your case formulation, your knowledge of psychopathology and willingness to do single case research and clinical literature checks to expand that knowledge, and your ability to communicate to the patient, the referral source and the supervisor through oral and written means. Keep an open mind and be receptive to feedback. And remember you will be evaluating the supervisor as well.

Why is this valuable to the intern's career? The interview remains the bedrock of the clinical interaction, regardless of whether the student is planning a career with psychiatric or medical patients, in industry, forensics or psychological assessment. It is vital that you develop a style that allows the gathering of accurate information as efficiently as possible, process it quickly, be aware of danger signs, plan an intervention, and proceed with an eye to ethical and diversity issues that might shape the plan or its implementation. The better your ability to take a novel patient and learn about her or him, make a plan, and check the plan over time, the better you will be as a clinician. This is a foundation skill upon which the other more specialized duties are built.

#### Suggestions from Previous Interns:

- This is a service that runs much like a group private practice, so you need to be resourceful and tenacious in getting good cases and seeking appropriate supervision. This is different than training clinics you may be used to, since you will have supervision but some autonomy as well. You must have a psychology faculty supervisor on each case, and you can choose different ones for different cases. You can also have another, non-psychologist faculty member as a primary supervisor for some cases, but you still need a psychologist assigned to each case as secondary. Most of your supervision will come from the psychology faculty. Dr. Linton will discuss your training needs and perceived gaps, and you can go from there with your choices. Other therapists will also refer to you depending on your experience preferences and expertise.

- You may want to begin your outpatient experience early by picking up a couple of patients and following them throughout the year. You will have a half-day for outpatient clinic even when you are on the C/L or inpatient rotation, since you may pick up interesting and motivated patients from each of those rotations as well as others. Setting aside specified slots early for clinic time will ensure you will have a place for longer-term treatment.
- The outpatient staff scheduling coordinator keeps the list of referrals that you can peruse for interesting cases.
- On Thursday mornings please attend didactic presentations. You may be asked to participate or present through the year.
- If you need a clinic room to provide psychological treatment, ask front office staff for availability. Try to secure a clinic room early in the year to use consistently.

Supervisors:

Melisa Chelf Sirbu, Ph.D.

Patrick Kerr, Ph.D.

John C. Linton, PhD, ABPP  
Diplomate in Clinical and Clinical Health Psychology  
American Board of Professional Psychology

Jessica Luzier, PhD., ABPP-CCAP, CEDS-S  
Certified Eating Disorder Specialist, Intensively Trained in DBT

Chantel Weisenmuller, PhD, Director, Child Psychology  
Certified in TF-CBT, Certified in PCIT

Laura Wilhelm, Ph.D., A-CBT

*Medallion Psychological Associates Outpatient Option:*

There are also opportunities to see 1-2 patients in a fee-for-service- practice setting under the supervision of Susan Walker-Matthews, PhD. These hours will count towards outpatient rotation hours.

**Adult Psychiatry Inpatient Rotation (Required Rotation-1 month)**

What do interns do? The internship experience on the inpatient psychiatry service is designed to provide broad, active participation in the multidisciplinary treatment of adult psychiatry inpatients, with the goals of understanding the inpatient psychiatry process at a clinical and a systems level, and improving diagnostic, treatment, and consultation skills. Our psychology interns make contributions as full members of the interdisciplinary treatment team, participating in key professional activities on the unit and being involved, at some level, with all of the patients and dynamics among them.

The Behavioral Health Services Inpatient Unit is located on 6 East at the General Division Hospital, and is a modern, self-contained, secure psychiatry unit with one side providing additional security features for patients needing extra safety measures. Common presenting problems include the full range of psychiatric illnesses, with medical, personality disorder, and substance abuse comorbidities. We also have a fair number of geriatric patient admissions, which facilitates experience with both psychological and medical issues related to aging.

WVU Behavioral Medicine faculty psychiatrists are the admitting physicians for most patients and supervise the treatment teams for their patients. Working closely with the team, psychology interns participate in diagnosis, treatment planning, rounds, and discharge planning daily, and provide direct services to selected patients in the form of brief psychological assessment and psychotherapy. Interns receive regular supervision tailored to the particular activities performed from both psychology and psychiatry faculty. Ultimate responsibility for the interns' training remains with the psychology faculty.



Interns may begin their involvement as a first-line on-call contact in the Emergency Department, responding to the ED consultation request, and performing the initial interview and evaluation of acute patients, with an eye to the particular diagnostic and triage needs of that setting. Training in emergency psychiatry is provided in morning Emergency Room Check-in Case Conferences and by case review with advanced psychiatry residents and attending faculty psychiatrists. Ensuring continuity of care, interns follow up on the patients who are admitted to the psychiatry unit from the ED. For ED patients who are not admitted to the hospital, interns learn short-term crisis management techniques, community resource ideas, and alternative referral strategies.

With patients directly admitted to the inpatient floor, our interns are involved from the beginning via participation in the admission activities of the attending psychiatrist. Interns observe and contribute to initial patient interviews. In the daily life of the psychiatry service, multidisciplinary team rounds take place after ER check-in to discuss patient behavior and treatment issues. Following ER check-in, interns spend most of each morning participating in daily patient rounds and discussions with the team of attending psychiatrist, psychiatry residents, and medical students. Interns contribute as full team members in considerations of pathology, diagnoses, treatment, behavior issues, social factors, discharge planning, and team dynamics.

Interns provide brief psychological testing and individual psychotherapy to selected patients, under the supervision of psychology faculty, and may continue treatment on an outpatient basis after discharge. They participate as co-leaders of the daily 1:15 pm group therapy session, under supervision of psychology faculty.

Additional experiences during the remainder of the day include participation in family therapy sessions, consultations and informal conversations with the nursing staff, assistance with behavioral issues, and sensitization to the insurance authorization process with the social service team.

Overall, there is no aspect of the daily professional operation of the psychiatry service that interns are not involved in, and participation is encouraged by all represented disciplines. Our goal is to help our interns develop an innate "feel" for the patients, their illnesses, and interactions with the staff and other patients.

How is intern progress measured? Interns normally begin their four-week rotation by observing the activities of the unit and treating professionals to gain a sense of the activities and flow. Supervision is naturally more intense earlier on, as we gain a sense of each intern's skills, training needs, and confidence level. Interns generally move fairly quickly to a greater activity level and a higher level of independent contributions with less intense supervision, based on their previous experience and skills. This may include being a primary interviewer of new patients, seeing patients individually for brief psychotherapy interventions, assuming the lead role in facilitating group therapy, and taking on more decisional responsibilities. This is the expected pattern, and at the end of the rotation, interns should be ready to perform these roles in other professional settings and to work effectively with multidisciplinary teams.

Our interns are often sought out by the team for their diagnostic and testing skills and for their strengths in offering the broad view of the patients and their world that comes from the psychologist's perspective and prior training experiences. Feedback from the psychiatry faculty indicates that psychology interns provide valuable perspective to the inpatient setting via their breadth of training and willingness to suggest alternative ways of looking at issues affecting patient care.

Why is this valuable to the intern's career? Experience with inpatient psychiatry is a vital tool in the psychologist's training, regardless of the setting in which they ultimately practice. Inpatient involvement provides a valuable personal experience with acute psychopathology and its early treatment, which allows interns to develop a sense of how these serious conditions "feel," behave, and interact with other aspects of patients' lives. Experience with dual diagnoses enhances interns' ability to recognize and deal with these problems in this and other settings. The constant and close interface with both psychiatry and nursing brings a rich experience with medical issues related to treatment and an appreciation for the daily interactions and challenges of multidisciplinary treatment. Intersectionality considerations pervade each day's experiences. Ultimately, interns strengthen their ability to take in a broad range of information, process it in the context of each patient's overall situation, and perform or recommend appropriate treatments in a multidisciplinary context and a broad social milieu.

### Suggestions from Previous Interns:

- Get a key to the unit/elevator from Dr. Linton at the beginning of the rotation.
- At 1:15 pm each day is the afternoon therapy group, which you run with residents and a psychology attending.
- Afternoons can be used for one-on-one time with inpatients, inpatient testing and other assessments, or seeing clinic patients in the outpatient department.
- You are required to take at least one Emergency Department call on this rotation, but you are always with an MD resident. You take calls from 8 am to 11 pm. You wear street clothes during the day, but you can wear scrubs beginning in the evening. You can either stay in the call room or go home if you live close enough and return when you are contacted by your psychiatry resident teammate.
- Be sure to contact both the daytime [6am to 6pm] resident and the night float resident to let them know you are on call with them and what your contact information is. Also inform the unit clerk on the inpatient unit that you are on call. Don't wear neckties, long hair down, or dangling earrings on call in the Emergency Department, since upset, head-injured or intoxicated patients might grab onto something you would rather they didn't.

### Supervisors:

Laura Wilhelm, Ph.D., A-CBT

Patrick Kerr, Ph.D.

Other faculty as assigned

### **Consultation Liaison (C/L) Service (Required Rotation-Two Months Full Time or Four Months Part-Time)**

What do interns do? CAMC comprises three hospitals totaling nearly 1000 inpatient beds. Twenty-five of these beds are designated for psychiatric patients at this time. However, many of the medical patients in the hospital have significant psychological problems that either contribute to their medical status or result from it. Problems include mood and anxiety disorders, grief, loss and adjustment to illness and trauma, family problems, drug and alcohol abuse and dependence, and special behavioral problems such as inability to be weaned from a respirator. The approximately 800 physicians who practice here often need consultation on their patients from mental health professionals. While there are a handful of private psychiatrists or psychologists who are consulted to see inpatients here, the overwhelming majority of patients are referred to the WVU Behavioral Medicine C/L Service for assessment, evaluation and recommendations. The team is composed of two full-time psychiatrists who coordinate the program. Several other faculty attending psychiatrists also make rounds with the team each week or during the weekends.

The team is composed of several residents, either in psychiatry, medicine or family practice, one or two third year medical students, and a psychology intern. The team usually has about six members at any given time. Medical students rotate for two weeks, residents rotate for a month at a time, and the psychology intern stays on the service for two months full time or four months part time. A rather extensive verbal orientation is given by the attending, and supporting outlines and written material are also presented for interns to read. Consults are given to each member of the team democratically, and they are ordered through the electronic health record.

The intern then goes to see the patient. Most of the consults are either in the General Hospital or Memorial Hospital, although some are at Women's and Children's, so you may have to drive. The intern goes to the patient's floor, locates and reads the chart, and then meets with the patient. Finding space for a confidential interview is a special challenge in this setting, since often patients share a room. If possible, ask the staff to get the patient up, if that is possible, and take him or her to another room, for example a nurse's conference room or lounge if available. If not, you will have to improvise. Pull the curtain, speak in a low voice, and be aware of sensitive matters that might be overheard. You have to get the job done, and at times it may be necessary to ask visitors to leave, which is often unpopular. Be careful about announcing that you are from psychiatry, since some patients don't wish to have that known to others.

The outline for the consultation is clear and the attending will expect you to follow it. When you have gathered the requisite information, a consult must be written in a timely fashion, following the outline presented. Later in that day, usually about 1pm, the team reconvenes, and team members present their case to the attending in a group setting. Each case is discussed in some detail, and then the attending and the team begin walking rounds to see each patient, where the person is re-evaluated by the attending, and the team may discuss the case again. The case is then followed with varying degrees of intensity until the patient is discharged. Sometimes interns develop such a good rapport with patients that they follow them in the outpatient clinic after discharge.

During the C/L rotation, much of the supervision is from medical staff. The intern will also meet for weekly supervision with a psychology faculty member to discuss his or her cases, and the supervisor will read your consults. This is a busy service, and if doing it full time interns should avoid scheduling anything else during this time. You will have a half-day a week for outpatient clinic, to follow your other patients. Other than that, you will be extremely active all day in this service.

How is intern progress measured? For the first week or so the intern “shadows” another intern on the service and then a psychiatry resident, to learn how to find a particular room, to read and comprehend the chart in its most elementary form, and to conduct an interview and write a consult. At that stage the intern is observing and takes little responsibility for the process. Over time, interns will take their own cases, and while initially the attendings will not expect the intern to be particularly accurate or efficient, with time these expectations will rise. Keep in mind that we assume you know nothing about this, that you are a blank slate. Some interns have a great deal of C/L experience before they come to internship, and in fact some come from backgrounds such as nursing. These students are familiar and comfortable with the hospital environment. Others have no background, and that is fine. We take interns where they are, and progress is measured against their own baselines.

Over time the intern will do a more detailed evaluation, will develop more confidence in suggesting a treatment plan, and will present with greater comfort to peers and the attending. He or she will consult with nursing and other allied health staff with more skill and comfort, and communicate more directly with referring physicians. The intern will become more familiar with medicines, medical procedures, and the hospital environment, including the unique norms and rules therein. Unique ethical presentations regarding confidentiality in verbal and written interactions outside of the protected “mental health environment” will be understood more clearly and addressed with greater ease. The ability to work as a team member will be assessed constantly. Most of the tasks involve rapid assessment, short-term intervention, and consultation.

The liaison part of this rotation involves consulting with staff, particularly nursing staff and support therapists, about their programmatic needs, or in some cases the special problems caused by a particularly difficult patient, and how this affects their unit functioning. The psychologist supervisor should clear such requests for consultation, and a plan of intervention discussed before attempting a liaison contact.

This is a fairly intense rotation, with a steep learning curve, but the ability to master so much new knowledge and practice so many new techniques is a unique feature of the program. Wear comfortable shoes and pace yourself.

Why is this valuable for the intern’s career? Health psychology and behavioral medicine are booming areas of growth for professional psychology. It is our belief that psychology is a health, and not just a mental health, profession. Understanding the wide variety of illnesses and trauma attendant to such a large hospital, and the unique contributions made by each of the other specialists to the patient’s care allows for a much better understanding of all your patients. Cancer patients with depression and depressed patients with cancer are the same patients, differing only in the primary diagnosis of interest to the specialist evaluating them. This is valuable training in developing clinical psychological skills, but also increasing your understanding of the medical world and major players in it. This information and these skills will make you a more experienced professional who is marketable in a variety of positions.

Suggestions from Previous Interns:

- You are responsible for seeing your consult (s) prior to rounds and following up on previous consults, as needed. Please see the C/L Handbook for more details.
- It's a good thing to fix yourself a notebook with the following things available:
  1. A list of telephone numbers for various floors/departments
  2. Cell numbers of residents and attendings
  3. The call schedule
  4. Consult guidelines
  5. Blank consultation forms
  6. MMSE forms
  7. Interview guidelines
- You are to see all of the consults during the a.m. and page the on-call MD attending to see when he/she would like to round. They usually want to round by mid-morning because they are also doing ECT and covering the inpatient unit. All consults received by about 4pm should be seen that day. Those received after 4pm that are not STAT can be seen first thing the next morning.
- **If you want specific days off, make sure to tell the chief resident who is making up the schedule as soon as possible! Requested days off are first come, first served. Once you know which months you are doing consult, determine if you need to have certain days off, for example to attend scheduled weddings, graduations, vacations, etc. If you do not ask, you may not be able to get that time off if others want it as well. It is never too soon to ask, even months in advance.**
- When contacting another resident or attending, be sure to provide your call back number. Sometimes people delay calling back if you do not identify yourself, because they think you are a routine call from the floor.

#### Supervisors:

John C. Linton, PhD, ABPP  
 Diplomate in Clinical and Clinical Health Psychology  
 American Board of Professional Psychology

Various psychiatry faculty members

#### **Psychological Assessment (Required Rotation- 2 months total)**

What do interns do? Interns complete psychological assessments over the course of a two-month full-time rotation. The first month will consist of full-test batteries for patients referred for a psychological or neuropsychological evaluation. After successful completion of the expectations within the first month, the intern will then have the option to complete pre-approved test batteries/enhanced screeners in the rotation of their choice, pending both supervisors' approval.

This experience will include training in clarifying referral questions, appropriate interviewing techniques for the assessment process, test selection, administration, and scoring, test interpretation, and communication of results to referral sources and patients. In addition to the above skills, interns will also be expected to gain an understanding of how issues such as test reliability and validity, generalizability of test results, and social and cultural factors impact the testing process. Referral questions and types of patients seen are, as much as possible, based on the area of interest of the particular intern and the intern and supervisor will work to choose appropriate assessment cases from the referrals available. The majority of the referrals are neuropsychological referrals, particularly with geriatric patients. There is also an opportunity for the interns to observe or assist with forensic evaluations upon request.

For the second month of this rotation, pending supervisors' approval, you will have the option to complete testing in a rotation of your choice. For example, if you primarily wish to work in a career in eating disorders, you may want to consider administering tests in the DECC clinic. This will require you to request permission from Dr. Jessica Luzier and Dr. Keener to complete your second half of the rotation in that clinic. You will also need to work with both the supervisor of record for that second rotation and myself in terms of test selection, interpretation, and patient feedback. It is extremely important to note that just mood/behavior screeners only will not count as a full assessment battery. We will meet with the supervisor of record to discuss a plan for your

second month. You also have the option to continue seeing patients in the psychological/neuropsychological assessment clinic during your second month as well.

How is intern progress measured? Progress is measured in a graduated fashion. Initial assessment of interns is based on the skill level possessed when they begin the rotation and progress is based on that initial benchmark. Areas evaluated include all those expected to be mastered by the intern and include: Ability to interact with referral sources to clarify questions to be answered, ease of conducting the interview and comprehensiveness in obtaining necessary information from patients and other sources, accuracy and appropriateness of test selection to answer the referral question, appropriate test administration and scoring, ability to integrate research findings, background information, interview information, and test results into an appropriate case formulation, and finally, accuracy in conveying those results to referral sources and patients. Although the intern may initially need a high level of supervision while performing the various duties included in the assessment process, less supervision should be required at each stage of the process as they gain greater competence. In addition, greater accuracy in test interpretation, and case formulations should be observed both in terms of increasing sophistication in discussing cases and in well written test reports. **It is important to note that your rough drafts of your reports will be considered when measuring your progress throughout this evaluation.**

Rotation Schedule: The intern and the supervisor will meet at the start of the rotation to discuss your schedule in more detail. During the first week of the rotation, the interns will begin by observing the supervisor complete a clinical interview and administer test measures. The interns will also spend this week practicing administering commonly used tests to the supervisor. For the next two weeks, interns will spend one to two days a week in actual test administration and one to two days performing the other tasks necessary to complete the evaluation, such as researching issues relevant to the referral and report writing. The final week of the first month is used to wrap up any reports or feedback sessions with the patients.

**During your first month, all testing appointments start at 8:30 A.M on Monday, Wednesday, and Thursdays. Forensic patients are scheduled for 9:00 A.M. on Tuesdays.** These times unfortunately conflict with didactics and we will discuss your schedule in more detail during the first week. Expect at least **two** supervision times to discuss each individual patient. We will meet prior to seeing the patient to prepare for your upcoming patient and after scoring is completed to discuss case conceptualization. We can also schedule time in between to review the rough draft of your report.

Your second month in the rotation will depend on the other rotation you choose to complete testing. We will meet with the supervisor of record to discuss a plan for your second month.

Why is this valuable for the intern's career? The value to the intern's career includes competence in an area that is one of the primary domains of the Clinical Psychologist. Having knowledge of psychological assessment techniques allows the individual to use validated, scientific approaches to obtain information about patients that may not be as easily obtained through other methods, such as interviewing techniques. It can provide insights into the functioning of a patient that can be essential to working with patients and their families. Even if the intern does not actually perform psychological assessments in their career, the knowledge of what can be provided from an evaluation, knowing what information they want to obtain, how to get that information, and being able to evaluate and interpret results on their own, provides a valuable tool that many other mental health disciplines lack.

*Dr. Keener will provide the intern with an assessment rotation manual with additional information at the start of the rotation.*

Supervisor: Jillian Keener, Psy.D., Director, Neuropsychological and Psychological Assessment Services  
Neuropsychologist

## **OPTIONAL ROTATION DESCRIPTIONS:**

### **Research Rotation**

What do interns do? The Research Rotation provides interns with an opportunity to participate in a variety of ongoing clinically oriented research projects in the WVU Department of Behavioral Medicine and Psychiatry or departments with which we partner in WVU and CAMC. Interns may participate at any level of the research process ranging from data collection in experimental studies and serving as assessors or project therapists in clinical trials, to management of research databases and presentation of research results. Interns are expected to prioritize the completion of their dissertation research, and typically do not participate in a research rotation before their work with their dissertation is complete.

How will intern progress be measured? Intern progress in the Research Rotation will be based on the extent to which they demonstrate the ability to fulfill their agreed upon roles and goals for the projects in which they participate, and their ability to connect their research activities with the clinical applications of those activities.

Why is this important for the intern's career? Clinical psychology is founded on empirical science. From behavioral interventions to assessment to psychopathology, understanding the scientific foundations of our field through direct involvement to clinical research enhances clinical work. Additionally, involvement in research in an academic medical center affords both unique opportunities for clinical science, and enhances research design and management skills through the application of existing skill sets in a hospital-based setting.

Supervisors are faculty mentors chosen by interns.

### **Cancer Center**

What do interns do? The CAMC Cancer Center is a fully integrated oncology center, which offers interns the opportunity to experience and work in the field of psycho-oncology. Interns may have the opportunity to provide services in outpatient therapy (individual, group, couples, and family), acute tertiary in-patient therapy, consultations, warm-handoffs, and psychological assessment, while interacting with a multidisciplinary treatment team. Treatment is provided for a variety of conditions across the lifespan, focusing on oncology patients as well as their caregivers. In addition to clinical training, interns have the option of attending didactic presentations, such as Tumor Board and Ethics Grand Rounds, and participating in multi-disciplinary integrated teams such as Oncology Collaborative and Oncology Committee, as well as Patient Education/Navigator meetings.

How will intern progress be measured? Goals of this rotation are for the intern to obtain knowledge and/or experience in psycho-oncology as well as experience working within an integrated medical team. No prior experience in the field is necessary. Interns will begin the rotation by shadowing and doing co-therapy and may advance to treating patients independently under supervision as they progress. Upon completion of the rotation, interns will be adept at distress screening in cancer patients and be able to discuss common mental health concerns experienced by cancer patients and their families. They will also be able to describe empirically supported interventions in the field of psycho-oncology.

Why is this valuable for the intern's career? Skills attained at the cancer center rotation may generalize to any integrated health setting. These skills include behavioral health screening and intervention as well as becoming comfortable working with a variety of healthcare providers and being a part of a patient's treatment team. Moreover, the number of cancer survivors is expected to increase as medical treatments advance. Having knowledge of psychosocial issues experienced by cancer patients, survivors, and their families will become increasingly more important.

Supervisor: Jennifer Hancock, Psy.D.

### **Cardiac Rehabilitation**

What do interns do? On this rotation interns will have the opportunity to participate in individual and/or couples' therapy with cardiac patients, depending on patient need. Interns can participate in intake screening and diagnostic assessment pertinent to a cardiac population. They can co-lead or lead psychoeducational classes for rehabilitation participants and families. Interns can observe cardiac surgery if desired. Interns will become part of a close-knit multidisciplinary team while on this rotation.

How will intern progress be measured? Successful completion of the rotation is determined based on the intern's progress through the experiences/involvement described above. No prior experience in the field is necessary. Interns can choose to shadow the attending psychologist or advance toward more independent functioning under close supervision, depending on intern preference and comfort level. Upon completion of the rotation, interns will be able to discuss the psychological challenges associated with cardiovascular disease. They will also become aware of the role of behavioral health in cardiac rehabilitation.

Why is this valuable for the intern's career? This rotation is especially valuable to any psychologist planning a career in the health psychology arena. Cardiovascular disease continues to be the number one cause of death and disability in the U.S. for men and women. Interns will benefit by learning directly about mind-body relationship issues and become more adept at working with individuals in this population particularly challenged by depression, anxiety, anger, and stress.

Supervisor: Melisa Chelf Sirbu, Ph.D.

### **Child and Adolescent Outpatient Psychology**

Department of Behavioral Medicine & Psychiatry

What do interns do? Interns completing this rotation work closely with Child Psychiatry colleagues to provide comprehensive care for children age 2-17. Children and families present to the Department of Behavioral Medicine and Psychiatry with a range of complex behavioral health care needs. Common presenting concerns include: ADHD, disruptive behaviors, violent behaviors, trauma history, family separation, anxiety, depression, motor and vocal tics, and social difficulties. We also serve children presenting with developmental delays, autism spectrum symptoms, and psychogenic nonepileptic seizures. Many children are referred from other mental health providers in the community and/or have a history of inpatient psychiatric treatment. Services offered include Parent-Child Interaction Therapy, behavioral parenting intervention, Cognitive Behavioral Therapy, Trauma Focused-CBT, and Habit Reversal Training (CBT for tics/Tourette's Disorder).

In our team-based approach to behavioral health treatment, interns will participate in multidisciplinary team meetings for patients with greater symptom severity and greater care coordination needs. Interns have the opportunity to develop team coordination and leadership experience in facilitating team meetings about specific patients. Additionally, interns are encouraged to join their child/adolescent patients in psychiatric medication visits, to provide the intern with additional understanding of psychiatric medication management and foster a holistic approach to behavioral health care.

Multidisciplinary training opportunities include Department Grand Rounds/Didactics, team meetings with psychiatry residents on the Child Therapy residency rotation, and other targeted training as requested (e.g., prior didactic series with Dr. Jessica Talley, Child Psychiatrist, focused on child psychiatry consults). Interns may also wish to participate in ongoing child/adolescent clinical research with our multidisciplinary team, which includes psychology, psychiatry, and pediatrics.

For interns wishing to gain further experience in navigating multisystem needs of children/adolescents with high acuity psychiatric symptoms who are at risk of out-of-home placement, there are additional training opportunities in multisystemic intervention, coordination of care, and advocacy.

Given the typical course of treatment for child/adolescent presenting needs, the length of this rotation may be one semester or full year.

How is intern progress measured? Interns will begin by meeting with their clinical supervisor to develop training objectives for the rotation and to complete a supervision contract. As part of this discussion, the intern and supervisor will discuss the number of patients to be seen and preferred presenting concerns. Supervision and training are provided from a developmental, competency-based model. Training activities will be targeted toward the intern's objectives and level of experience and could include: observation only, co-therapy, live observation of intern therapy sessions, and/or asynchronous supervision of intern therapy activities. Formative feedback is provided in weekly supervision meetings, with summative evaluation feedback provided to the intern at the midpoint and end of their training rotation. Evaluation is based upon observations of clinical work,

review of clinical documentation, engagement and responsiveness during clinical supervision, and feedback from department team members (when available/appropriate).

Why is this valuable for the intern's career? The intern receives excellent preparation to function in a number of settings, including outpatient mental health and pediatric inpatient programs. The intern is prepared to work collaboratively with medical and allied health colleagues in a university affiliated medical center or primary care settings, as well as with youth with multisystem involvement (e.g., CPS, juvenile courts).

Supervisors:

Chantel Weisenmuller, PhD, Director, Child Psychology  
Certified in TF-CBT, Certified in PCIT

Jessica Luzier, PhD., ABPP-CCAP, CEDS-S  
Certified Eating Disorder Specialist, Intensively Trained in DBT

**Cognitive Behavioral Therapy Training (length is variable depending on intern training preferences/needs)**

What do interns do? When interns formally participate in the elective CBT training program, they learn the cognitive behavioral model, the importance of case conceptualization, specific cognitive and behavioral techniques, and evidence-based interventions for several psychological disorders, as well as transdiagnostic functional mechanisms in psychopathology and treatment. Traditional CBT and "third-wave" approaches are incorporated. In the didactic seminar, interns engage in textbook and video discussions, strategy demonstrations, and role-plays to develop and practice their CBT skills. For interns entering our program with more advanced CBT skills, opportunities for co-teaching aspects of the CBT seminar are available. More in-depth study and implementation of cognitive-behavior therapy also occurs through participation in the weekly CBT supervision group, in which members each have at least one case they follow. Additionally, during 6-East inpatient group therapy sessions, interns foster basic group therapy skills along with experience using structured, interactive CBT activities to optimize group learning.

How is intern progress measured? Success is measured on the basis of interns' self-report of their progress, their level of involvement in supervision sessions, and patient case conceptualization and outcome considerations. Direct observation, review of session clips, and ratings on the Cognitive Therapy Rating Scale may also be incorporated. Upon completing the CBT training program, interns should be able to assist patients in 1) understanding the cognitive behavioral model; 2) using cognitive restructuring and defusion techniques to achieve a more functional relationship with external and internal experiences; and 3) implementing behavioral activation, exposure strategies, and enhanced commitment to goal development and value-based living.

Why is this valuable for the intern's career? Thousands of empirical studies have shown CBT to be beneficial in treating depression, generalized anxiety disorder, panic disorder, social anxiety disorder, anger problems, chronic pain, and marital distress, to name a few conditions. In a time when payers demand fewer therapy sessions and clearer demonstrations of patient progress, it is essential for interns to develop competency in psychological treatments with scientifically-proven results.

Supervisor: Laura Wilhelm, Ph.D., A-CBT

**Integrated Primary Care**

What do interns do? The Integrated Primary Care rotation offers a variety of training opportunities. Interns have the option to participate in both urban and rural primary care clinics. They are welcome to tailor their rotation experience to include any preferred combination of the following settings: WVU Department of Family Medicine (urban), Clendenin Health Center (rural), and Sissonville Health Center (rural). The rural primary care track of this rotation is an extremely valuable opportunity to address the needs of a population of patients who have been characteristically underserved. Such patients often have difficulty accessing mental health facilities for care, and are more likely to find comfort in behavioral health interventions offered in an integrated primary care setting.



During the urban WVU Family Medicine rotation, interns are involved in both clinical and teaching responsibilities. Interns see patients who are referred for behavioral health services through the department's outpatient clinic as well as the rural Cabin Creek Health Systems Clinics (Sissonville and Clendenin Health Centers). At the beginning of the rotation, interns shadow attending psychologists, participate in co-therapy, and then gradually begin seeing patients under close supervision. Clinical cases are discussed and presented throughout the rotation. Interns are expected to assist in precepting during Family Medicine resident clinic hours and during the clinic day at the rural health centers. Precepting affords the intern a unique opportunity to collaborate in patient care and to teach medical professionals what they know about human behavior.

While precepting, interns will also learn more about the referral process for patients with behavioral health problems, and will provide a valuable resource for patients at the Family Medicine and health centers. Finally, all interns are expected to present at least one didactic lecture for the residents or students while on this rotation. The topic can involve behavioral medicine or health psychology. Interns have the opportunity to attend the Family Medicine grand rounds lectures every Tuesday and Thursday. They will also gain a broader understanding of various health psychology topics such as nicotine dependence, hypertension, diabetes, and obesity. Interns on the rural primary care rotation are encouraged to attend Process Systems Team and Behavioral Health Consultant meetings to observe the processes behind service delivery that promote access to behavioral health care and address challenges in the greater health care system.

How is intern progress measured? Progress is measured by how well the intern handles the rigors of the clinical and teaching responsibilities while on the urban or rural track. Those who do well will see patients on their own with supervision. Those who do not progress as well will continue to do co-therapy. Expectations for intern progress are tailored to their level of experience, and responsibilities are gradually increased throughout the rotation. A successful intern will deliver an hour-long research-based lecture to the Family Medicine residents on an approved topic. Also, successful interns will demonstrate the capability to adequately and competently precept during resident clinic hours as evidenced by increased comfort when collaborating with medical professions and by being a more active member of the interdisciplinary team.

Why is this valuable for the intern's career? The value lies in the setting. Primary care is an excellent place to deliver behavioral health services, and an expanding area of practice nationally. A psychologist in this setting is valued by medical staff, and there are abundant referrals. Interns learn the importance of having behavioral health professionals integrated in family practice. They also learn a good deal about medical education and the role of behavioral sciences in a primary care clinician's training, which is a valuable perspective to have. In addition, training in integrated primary care affords interns an opportunity to learn how to communicate effectively across health care disciplines, a skill interns can use in a variety of settings later in their careers. Psychologists often treat patients referred by their primary care clinicians, and this rotation will provide context regarding those referral sources. Trainees are also provided with training in rural health care, which is critical to the future of psychological practice.

#### Supervisors:

Scott Fields, PhD, Director of Behavioral Sciences at WVU-Charleston Department of Family Medicine;  
Certified Tobacco Treatment Specialist

Emily Selby-Nelson, PsyD

#### **Dialectical Behavior Therapy Services Program**

What do interns do? The WVU DBT Services Program rotation provides broad and in-depth specialty training in all components of Dialectical Behavior Therapy (DBT) under the supervision of DBT program faculty.

*The Comprehensive DBT Rotation:* This option is a 12-month/year-long rotation designed to develop full competency in DBT. Interns on the Comprehensive DBT rotation progress through the following stages in our training program:

1. **Rotation Stage:** *Shadowing and Observing (Weeks 1-2)*

#### **Tasks and Targets:**

1. Orient: Interns orient to DBT Model: Become familiar with the components of DBT, and schedule of DBT services.
2. Attend: Interns begin attending DBT services: attend consultation team meeting; attend DBT skills class for adults and/or adolescents; attend pre-treatment consultation sessions with a prospective rotation supervisor (no active participation in services is expected or required at this stage).
3. Decide: Interns determine whether comprehensive DBT training matches their training goals; if so, interns identify how they will make space for all aspects of DBT throughout the internship year.
4. Commit: Interns make a commitment to a comprehensive DBT rotation, or to a shorter DBT skills training rotation; meet with supervisor for DBT commitment session.

## 2. **Rotation Stage: Orientation & Active Engagement (Weeks 3-4)**

### **Tasks and Targets:**

1. Orientation: Interns continue familiarizing themselves with DBT model of treatment
2. Active Engagement: Interns begin participation in DBT services:
  - a. Consultation Team: Attend all consultation team meetings; contribute to consultation team discussions; provide consultation to teammates.
  - b. Skills Training: Co-lead and substantively contribute to adult and/or adolescent DBT skills training class activities- e.g., provide patients with feedback on skills use; intervene in problematic patient behaviors during skills class, assist with in-class skills demonstrations as needed- complete clinical documentation for assigned DBT skills training class patients
  - c. Individual DBT: begin to evaluate patients referred for pre-treatment consultation; attend pre-treatment consultation sessions with chosen rotation supervisor if appropriate; begin meeting weekly for individual DBT supervision.

## 3. **Rotation Stage: Supervised Participating (Weeks 5+)**

### **Tasks and Targets:**

1. Interns increase and sustain engagement in DBT services as follows:
  - a. Consultation Team: Attend all consultation team meetings; accept assignment to lead consultation team meetings on a rotating basis with other teammates; provide consultation to teammates.
  - b. Skills Training: Co-lead and substantively contribute to adult and/or adolescent DBT skills training class activities as described above; complete clinical documentation for assigned DBT skills training class patients; participate in all co-leadership roles: prepare and lead didactics across at least one full DBT skills module; participate as homework review lead across at least one full DBT skills module; lead DBT skills class independently with other trainees when appropriate
  - c. Individual DBT: provide individual DBT to a minimum of 2 comprehensive DBT program patients; provide skills coaching by phone between sessions to all comprehensive program patients; consult with supervisor regarding skills coaching calls between sessions and after hours in real time and as needed; meet individually with supervisor at least once per week for DBT patient supervision.

### How will intern progress be measured?

- DBT Theory: Interns are expected to develop a progressively clearer understanding of the theoretical foundations of DBT, including the basic model of DBT case conceptualization, and the biosocial theory. Progress will be evaluated based on the extent to which interns demonstrate their ability to accurately differentiate patients who are and are not appropriate for DBT; and to accurately connect the components of DBT theory and case formulation to their patients' behavioral, interpersonal, emotional, and cognitive presentations.
- DBT Structure: Interns are expected to develop a clear understanding of the methodology and techniques for structuring a therapy session in DBT based on the DBT treatment target hierarchy. Progress will be evaluated based on the extent to which interns demonstrate their application of this structure to individual therapy sessions, either in session reviews or review of session recordings.
- DBT Techniques: Interns are expected to develop a thorough working knowledge of the full range of DBT techniques and strategies. Intern progress will be assessed based on the extent to which she/he demonstrates the effective and appropriate application of DBT technique and strategies.
- DBT Skills: Interns are expected to develop an advanced working knowledge and thorough understanding of all the skills taught in DBT, and effective methods of teaching these skills to patients. Intern progress will be evaluated based on the extent to which interns demonstrate the ability to teach

and coach appropriate DBT skills at appropriate times in individual therapy sessions; and the extent to which interns are able to effectively communicate these skills to patients in DBT skills training classes.

*The DBT Skills Training Rotation:* This option is for interns who are interested in a basic introduction to DBT by learning more about some components of DBT. This rotation is for interns who are NOT interested in learning the full DBT model. This rotation consists of a commitment of either 8 or 16 weeks, during which interns co-lead at least two adult and/or adolescent skills training class modules, and attend weekly consultation team meetings. The emphasis is on exposure to the skills taught in DBT, and to the inner workings of a DBT consultation team.

Why is this important for the intern's career? Suicidal behaviors and non-suicidal self-injury are prevalent among adults and adolescents with psychiatric disorders, and lead to tremendous suffering. DBT continues to be the intervention with the strongest scientific support for its efficacy in reducing and eliminating life-threatening behaviors and emotional suffering in people with complex psychopathology. The treatment structure, biosocial theory, dialectical philosophy, and skills taught in DBT are essential components of a clinical toolbox for providing the most compassionate, scientifically-based treatment to people suffering from the effects of pervasive emotional and behavioral dysregulation. Additionally, DBT is in high demand and low supply. DBT training provides interns with the opportunity to develop unique clinical skills that are highly sought after across settings.

Supervisors:

Patrick Kerr, Ph.D.

Jessica Luzier, PhD., ABPP-CCAP, CEDS-S  
Certified Eating Disorder Specialist, Intensively Trained in DBT

Chantel Weisenmuller, PhD, Director, Child Psychology  
Certified in TF-CBT, Certified in PCIT

Laura Wilhelm, Ph.D., A-CBT

**Disordered Eating Center of Charleston (DECC)**

What do interns do? Interns who work with eating disorders will learn the following components necessary in providing comprehensive outpatient treatment for Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder, OSFED, ARFID, and some feeding disorders:

- Physiological, medical and psychological sequelae of malnutrition or erratic eating
- Assessment of eating disorder symptomatology and progression of the disorder(s)
- Cognitive-behavioral therapy-enhanced (CBT-E) protocol for treatment of eating disorders
- Application of family-based therapy (FBT) family therapy concepts to the treatment of eating disorders
- Heightened awareness of size prejudice in society and self and myth vs. reality concerning correlations between weight and health problems
- Coordinating care on an interprofessional treatment team, alongside Registered Dietitians and medical partners

Interns will be part of the WVU Disordered Eating Center of Charleston team. In this capacity, they will work with psychologists, physicians and nutritionists to provide comprehensive, wraparound care for patients and families in the Department of Behavioral Medicine. Interns will regularly consult with other clinicians to ensure consistency in treatment recommendations. They will attend weekly treatment team meetings, as well as meet regularly with Dr Luzier for clinical supervision. Interns have opportunities to work with Dr Talley (child psychiatrist) and the Registered Dietician.

Interns are permitted to observe Dr. Luzier for a one-month observational rotation, or to commit to 6-12 months of more intensive training. Interns are expected to treat 3 or more patients on their DECC rotation, and cases may be tailored to intern training goals.

How will intern progress be measured? Intern progress will be evaluated as follows: Interns will be expected to demonstrate an increasing familiarity with treatment components, and will be expected to demonstrate increasing ability to independently conceptualize cases and present detailed treatment planning. Interns will also be expected to participate actively in the DECC treatment case conferences and present articles for discussion at DECC journal club.

Why is this important for the intern's career? All of us are inundated on a daily basis with misinformation about weight and health. Clients presenting for a wide range of complaints will at some point during therapy express weight/health/eating concerns. Training in treatment of eating disorders prepares interns not only to treat these diagnoses, but also to assist non-eating disordered patients improve sustainable health behaviors.

Supervisor: Jessica Luzier, PhD., ABPP-CCAP, CEDS-S  
Certified Eating Disorder Specialist, Intensively Trained in DBT

## **Family Resource Center Child and Adolescent Rotation**

### Components:

- **Outpatient Psychotherapy** – Interns may participate in providing outpatient psychotherapy services to a range of child and adolescent patients, within the context of our free-standing outpatient mental health office (run much like a group private practice). Patients present with a wide range of psychosocial backgrounds and presenting concerns. Some examples of the types of concerns treated in this rotation include disruptive behavior, adjustment difficulties, anxiety disorders, mood disorders, relationship problems, self-injury, and trauma. (Brown and Hughes)
- **Assessment-** Interns may participate in providing assessment services to children presenting with various referral questions. Common areas of assessment include autism spectrum disorder, attention-deficit/hyperactivity disorder, learning disability, developmental delay, and giftedness. (Brown)
- **Pediatric Oncology-** Our affiliation with the Charleston Area Medical Center system allows interns the opportunity to participate in the multidisciplinary Pediatric Oncology Team. The team also includes social workers, chaplains, research coordinators, nurses, nutritionists, pharmacists, child life specialists, and oncologists. We provide ongoing support for children/adolescents and their families undergoing cancer treatment in our hospital system. (Brown and Hughes)
- **FACES Clinic-** Interns have the opportunity to participate in a multidisciplinary clinic through the Cleft and Craniofacial Center, in which youth patients with craniofacial abnormalities (cleft palate and/or lip, etc.) are seen for brief assessment and monitoring. This experience is multi-disciplinary, and includes professionals such as dentists, otolaryngologists, speech therapists, and maxillofacial surgeons. (Brown)

### Rotation Intensity Options:

#### **Full Year**

- Best for interns who are seeking competency in child/adolescent psychology and/or who would like to specialize in pediatric psychology after graduation
  - Requirements:
    - Interns spend at least 1 full day (or 2 half days) per week with the FRC
    - Interns participate in outpatient therapy, assessment, and medical/pediatric experiences
    - Maintenance of a small to moderate caseload of outpatients
    - Completion of at least one independent assessment

#### **Six months** (July to December or January to June)

- Best for interns who would like to gain additional experience in, or exposure to, pediatric psychology
  - Requirements
    - Interns spend at least one day per week with the FRC
    - Interns participate in at least three of the four rotation components

#### **Three months** (Aug-Oct, Jan-Mar, Apr-Jun)

- Best for interns with little or no experience in pediatric psychology, who want some exposure to apply in future clinical practice
  - Requirements

- 1-2 days a week involved in some combination of FRC rotation components
- No expectation to maintain own caseload (co-therapy/observation/consultation only)
- Participate in one or more components

#### Supervision and Evaluation:

- Supervision will be scheduled individually for thirty minutes to an hour weekly, depending on caseload and work volume. Interns will participate in supervision with the supervisor of each component in which they are involved. Format and scheduling of supervision is flexible, in collaboration with the supervisor.
- If an intern has a specific area in which they are interested in further developing knowledge, or has a clinical case requiring review of the scientific literature, supervisors may assign readings on more narrow topics.
- Completion of clinical documentation is expected within 48 hours from the time of the patient contact.
- Interns with specific training goals or areas of interest should communicate those with their supervisor(s) at the outset of the rotation, so that the experience can be tailored as much as possible to meet intern training needs.
- Formal evaluation (summative feedback) will occur at the mid-point of the rotation, and again at the end of the rotation. At these time points, interns will be evaluated for progress in the development of nine core competencies, as evidenced through their work on this rotation. Informal evaluation (formative feedback) will occur in the context of ongoing supervision conversations, when supervisor(s) will provide constructive suggestions, observations regarding intern strengths, and areas for further growth.

#### Supervisors:

Jocelyn Burum Brown, Psy.D.

Jennie Storer Hughes, Ph.D.

#### **Medical Rehabilitation (One Month)**

What do interns do? On this rotation interns evaluate and treat patients who are admitted to the CAMC Medical Rehabilitation Center, located on 2-South at General Hospital. Patients on medical rehabilitation are typically spinal cord injured or impaired, amputees, post stroke, head injured or otherwise medically compromised. Interns gain experience in initial interviewing with a diverse and challenging population, some of whom may have problems with information processing, communication and memory. Interns will write consultations on the patient's chart, and progress notes thereafter. They attend various therapies such as physical, occupational, speech and recreation therapy. They are assigned a day to each of these to shadow the therapist and learn what that person does with patients, functioning in an assistive role to the therapist. Interns attend family conferences with other professionals, offering input to the group meeting relative to psychological issues in the case being staffed at that time.

How is intern progress measured? Interns will gain increasing familiarity with the medical conditions and physical challenges facing their patients, and gain knowledge about the goals and direction of each of the other therapies, and how they interact on the rehabilitation team. They will become more sensitive to the presenting signs and symptoms of emotional distress in disabled patients, including fears of disfigurement, dysfunction and abandonment, as well as how particular medical conditions shape psychological adjustment. They will begin to recognize increasingly familiar patterns more quickly and with improved accuracy. Working with professionals from nursing, physiatry, and the therapies noted above, the intern will find his or her place on the team and be increasingly comfortable in that role. Supervision will be less necessary over time, from doing the consult with the supervisor, to doing the consult and immediately presenting to the supervisor, to having the supervisor read the written report after the fact. Greater independence, more direct contact with the referral staff, and more independent involvement in family/staff conferences are all markers of progress.

Why is this valuable for the intern's career? Medical rehabilitation is a rapidly emerging growth area for professional psychology, with many new positions opening annually. Many of your patients seen in other venues will have physical problems like those to which you will be exposed on the medical rehabilitation rotation, increasing your sophistication with these important issues.

Supervisor: John C. Linton, PhD, ABPP  
Diplomate in Clinical and Clinical Health Psychology  
American Board of Professional Psychology

### **Psychological/Neuropsychological Assessment Optional Rotation (3-6 months)**

If an intern is interested in just having some additional assessment training, then the rotation will add an extra month to your required rotation, making your assessment experience 3-months total. If an intern is interested in gaining more experience in neuropsychological assessment in hopes of applying to postdoctoral programs in Neuropsychology, then this rotation is six months long.

What do Interns do? This provides an opportunity for additional assessment experience for interns. While the primary focus of the rotation is typically neuropsychological in nature, the Psychological Assessment Service provides the entire medical center with evaluations, and the opportunity exists to arrange other assessment experiences. An intern that is primarily more focused on neuropsychology will have the opportunity for additional supervision time for neuropsychological assessment didactics.

Dr. Keener will provide additional material at the beginning of the rotation to review the duties, expectations, and additional information about the rotation.

Supervisor: Jillian Keener, Psy.D., Director, Neuropsychological and Psychological Assessment Services  
Neuropsychologist

### **Women's Health Rotation**

#### Components:

- **CAMC Obstetrics and Gynecology Center** – Interns are embedded in the outpatient clinic, where they work collaboratively with OB/Gyn health providers (residents, attending physicians, nurses, midwives, peer recovery coaches) to provide services to patients receiving outpatient care. Clinic hours are divided into “High Risk” and “Resident Follow Up” services, and interns may arrange their time according to their particular populations of interest. Consultations are developed through warm hand-offs with other residents. Interns provide brief intervention for patients, and consultation to treatment team members. Common concerns include: peripartum concerns, infertility and pregnancy loss, trauma and abuse, substance use, sexual health concerns, physical health concerns, interpersonal relationship distress, and adjustment to new motherhood. Supervisor Dr. Hughes
- **FRC Women's Health Outpatient** - Interns can maintain a caseload of patients seen at the Family Resource Center. Patients are generated through referrals developed from the Obstetrics and Gynecology Center, relationships with community providers, and other self-identified patients. Patients seen for brief intervention in the OBGyn Center can be seen at the Family Resource Center for more intensive follow-up care, according to intern interest and assessment of clinical need. Supervisor Dr. Hughes
- **Women's Health Integrated Primary Care (Cabin Creek Health Systems)** – Interns can work as members of the behavioral health team to see women's health patients for both individual and co-therapy. Common presenting problems include: infertility, pregnancy loss, chronic pelvic pain, peripartum mood disorders, and sexual health concerns (PCOS, endometriosis, sexual pain or dysfunction). Interns can also elect to serve as a Behavioral Health Provider to respond to warm hand-offs which may include a variety of women's health cases. Supervisor Dr. Layh

#### Other Optional Activities:

**Resident Didactics** – Interns can provide a didactics training to CAMC OB/GYN residents on a topic related to women's health. Previous topics included: chronic pelvic pain, motivational interviewing, weight bias, intimate partner violence, and mental health screening.

**Quality Improvement Project** – Interns can create and implement a QI project for Cabin Creek's Federally Qualified Health Centers on a topic related to women's health

**Groups** – Interns have the option to develop a group which can be held at either the FRC or KCHC, in person or virtually. Examples of group topics include intuitive eating, adjustment to new motherhood, infertility/pregnancy loss, postpartum anxiety/depression.

## Rotation Intensity Options:

### **Full Year:**

- Best for interns who are seeking competency in women's health and/or who would like to specialize in women's health following graduation.
  - Requirements:
    - Interns spend at least 2-days per week with the Women's Health rotation and must participate in all three primary components (hours can be allocated according to individual intern interest)
    - Maintenance of a small to moderate caseload of outpatients
    - Didactic presentation for CAMC OB/GYN residents
    - QI project completion at CCHS

### **Six Month (July to December or January to June):**

- Best for interns who would like to gain additional experience in women's health.
  - Requirements:
    - 1-2 days dedicated to Women's Health rotation
    - Interns will be able to maintain a small caseload of patients and gain experience with evidence-based treatments.
    - Participation in 2 Women's Health primary components (hours can be allocated according to individual intern interest)
    - Didactic presentation for CAMC OB/GYN residents

### **3 Month (Aug-Oct; Jan-Mar; Apr-June):**

- Best for interns with little or no experience in women's health. Interns can gain exposure to women's health topics which they can apply to their clinical practice in future settings.
  - Requirements:
    - 1-2 days a week involved in some combination of Women's Health activities
    - No expectation of maintaining own caseload (co-therapy and consultation only)
    - Participation in the CAMC OBGYN Outpatient Center and/or WH IPC rotation
    -

## Supervision and Evaluation

- Supervision will be scheduled individually for thirty minutes to an hour weekly, depending on caseload and work volume. Interns will participate in supervision with the supervisor of each component in which they are involved. Format and scheduling of supervision is flexible, in collaboration with the supervisor.
- If an intern has a specific area in which they are interested in further developing knowledge, or has a clinical case requiring review of the scientific literature, supervisors may assign readings on more narrow topics.
- Completion of clinical documentation is expected within 48 hours from the time of the patient contact.
- Interns with specific training goals or areas of interest should communicate those with their supervisor(s) at the outset of the rotation, so that the experience can be tailored as much as possible to meet intern training needs.
- Formal evaluation (summative feedback) will occur at the midpoint of the rotation, and again at the end of the rotation. At these time points, interns will be evaluated for progress in the development of nine core competencies, as evidenced through their work on this rotation. Informal evaluation (formative feedback) will occur in the context of ongoing supervision conversations, when supervisor(s) will provide constructive suggestions, observations regarding intern strengths, and areas for further growth.

## Supervisors:

Jennie Storer Hughes, PhD

Marlee Layh, PhD

## **SUPERVISION**

Supervision is provided by psychology faculty as well as faculty from other disciplines. While supervision is regularly scheduled, the internship's goals stress the fostering of a sense of the intern's professional independence over time and experience. Supervision will be close at first, less close as you progress in training. Psychology interns are viewed as residents by the medical center, and junior colleagues by faculty.

They are involved in constant daily clinical give and take. Interns often spend long blocks of time with faculty members as they engage in professional activities. It is through these interactions that the majority of mutual assessments of ability take place. However, interns will be required to demonstrate a certain level of competence in a variety of specific areas of clinical psychology. While individual differences in theoretical orientation are expected, we feel well-trained clinical psychologists must have a core of traditional clinical and research skills at their disposal.

### **DIDACTIC TRAINING**

CAMC Department of Behavioral Medicine and Psychiatry is a setting that stresses support and nurture for students in training. We are busy and we are good, but that doesn't mean we can't take time to care for one another. Visitors to our program often comment on the sense of warmth and interpersonal respect that is obvious among staff, faculty, and trainees across disciplines.

In addition to informal contacts, learning also takes place in a number of scheduled presentations and seminars. Didactics are presented at two levels for psychology interns:

1. All psychology interns meet for Intern Seminar with one psychology faculty member on Monday mornings from 8:00 to 10:00 am. Material presented in this seminar is specific to the needs of psychology interns.
2. Rounds and seminars of general interest to all professions in the Department are presented on Thursday mornings. A wide variety of topics are presented. Some are in a continuing format, while others such as Grand Rounds offer different topics each week. Each intern gets a listing of the next week's didactics in his/her mailbox the week before, and the information is also updated weekly on the departmental website.

### **SPECIAL NOTE ON DIVERSITY, HEALTHCARE DISPARITIES, AND CULTURAL HUMILITY**

Diversity is infused in all clinical interactions, both on the part of the clinician as well as the patient. Our duty as psychologists is to recognize and attend responsively to systemic, implicit, and explicit bias. All intern lectures and supervision should incorporate issues of diversity and culture. We have a diversity / cultural humility / healthcare disparities seminar quarterly, presented by interns, faculty, and guest speakers. Topics are monitored by the Residency Coordinator. **Interns present one Grand Rounds presentation** on a topic of their choice relating to diversity and cultural humility, and healthcare disparities.

Orientation and review of expectations for this presentation will be reviewed by Dr. Luzier in early July of the internship year. Interns coordinate scheduling and topic choice with Dr. Luzier, in concert with other faculty mentors. Interns are expected to review their presentations ahead of time with a psychology faculty member to better understand how to discuss sensitive topics in an academic medical center setting. Our expectation for the presentation is an explicit focus on diversity and healthcare disparities as the primary goal. Ideas for expansion include issues of privilege, research on stigma in healthcare and other settings, differential access to care, case examples of stigma and exclusion, etc.

### **LIFE IN CHARLESTON, WEST VIRGINIA**

Charleston is the state capital of West Virginia, and the medical center campuses are located close to the impressive state capitol complex. Charleston is a beautiful river city, combining small town charm with larger city amenities. The Charleston metro area comprises a population of around 250,000. Getting around the city is easy with its extensive interstate system, and traffic jams are virtually unknown, saving the busy intern valuable time in commuting. Nearby Charleston are extensive areas for outdoor exploring, white water rafting, hiking and climbing, as well as downhill and cross-country skiing. The river supports pleasure craft and paddle wheelers, and festivals occur throughout the year. Cultural events from symphony to ballet, bluegrass to rock, little theater to Broadway road shows, combine to stimulate one's evenings and weekends. And the low crime rate and community warmth make Charleston an ideal city in which to train.



**List of attractions:**

Clay Center for Arts and Sciences

Capitol Street and Capitol Market

East End Historic District

Kanawha State Forest

New River Gorge National Park & Preserve (Fayetteville; approximately 66 minutes away)

**Local Festivals/Events:**

Art Walk (Every third Thursday of the month)

Live on the Levee (Fridays, May-September)

Mountain Stage

Wine and Jazz Music Festival (6/25/22)

Taco Festival (6/25/22)

Wheelwash Craft Beer Festival (6/30/22-7/1/22)

Charleston Sternwheel Regatta (6/30/22-7/4/22)

Summerfest (8/17/22-8/20/22)

Charleston Ribfest Regatta (9/8/22-9/11/22)

Mound Arts and Crafts Festival (9/10/22)

OktoberWest (9/24/22)

Taste-of-All (10/1/22)

FestivFALL I (10/7/22-10/9/22)

FestiFALL II (10/10/22-10/16/22)

West Virginia Book Festival (10/21/22-10/22/22)

Celtic Calling Gathering (3/3/22-3/5/22)

Foam at the Dome Craft Beer and Music (4/29/22)

Vandalia Gathering (5/26/22-5/28/22)

Rolls on the River (pepperoni roll festival; June 2023)

Yakfest (nearby in St. Albans, WV; June 2023)

FestiVALL (June 2023)

**Restaurants:**

1010 Bridge: 1010 Bridge Rd, Charleston, WV 25314

Black Sheep Burritos and Brews: 702 Quarrier St, Charleston, WV 25301

\*Chow Tai: 26 1/2 B Shrewsbury St, Charleston, WV 25301

Dem 2 Brothers and a Grill: 423 Virginia St W, Charleston, WV 25302

Hale House: 212 Hale St, Charleston, WV 25301

\*Lola's Pizza: 1038 Bridge Rd, Charleston, WV 25314

\*Pies and Pints: 222 Capitol St, Charleston, WV 25301

Plaza Maya: 3112 Chesterfield Ave B, Charleston, WV 25304

Sokolata: 4600 MacCorkle Ave SW, South Charleston, WV 25309

\*The Loopy Leaf (vegetarian): 700 Virginia St E, Charleston, WV 25301

Tricky Fish: 1611 Washington St E, Charleston, WV 25305

Yen's sandwiches: 606 D St, South Charleston, WV 25303

### **Coffee and Tea Shops:**

Appalachian Tea: 613 Ohio Ave, Charleston, WV 25302

Caffe Romeo: 1026 Bridge Rd, Charleston, WV 25314

Coal River Coffee Company South Charleston: 2000 Union Carbide Drive, South Charleston, WV 25303

Daily Dose Cafe: 5206, 1/2 MacCorkle Ave SE, Charleston, WV 25304

Mea Cuppa Coffeebar: 800 Smith St, Charleston, WV 25301

Mea Cuppa Coffee Lounge: 715 Bigley Ave, Charleston, WV 25302

\*Starlings Coffee & Provisions: 1599a Washington St E, Charleston, WV 25311

Taylor Books: 226 Capitol St, Charleston, WV 25301

\*denotes gluten free options available