

## **WELCOME**

Thank you for your interest in the APA accredited Psychology Internship program at Cherokee Health Systems (CHS). The Internship year may be the most important year of a psychologist's training. We strive to provide intensive and generalist professional training that develops an Intern's competence in providing psychological services within an integrated community setting. Cherokee's mission is to improve the quality of life of our patients through the integration of primary care and behavioral health services. We have always been committed to a high standard of excellence in the service of low-income, uninsured, and underserved populations and our unique structure and scope of services has allowed us to continue to fulfill this mission. Psychologists play an important role at CHS, providing much of the leadership for treatment programs and consultative services. In fact, CHS is the largest employer of psychologists in East Tennessee and has a longstanding commitment to the training of psychologists at the practicum and pre-doctoral Internship level. At Cherokee, psychologists are highly valued members amongst the multidisciplinary team of healthcare professionals that typically includes: primary care providers, psychiatrists, pharmacists, clinical social workers, nurses and case managers.

As both a Federally Qualified Health Center and a Community Mental Health Center, CHS serves an increasingly diverse population with a variety of behavioral health needs, thus allowing us to offer a variety of rich clinical training experiences. Interns participate in a unique range of clinical placements, including year-long rotations in integrated primary behavioral care and traditional outpatient mental health care and a minor rotation in the crisis stabilization unit.

## **ABOUT US**

***History:*** From our humble beginnings as a community mental health center in 1960, Cherokee Health Systems has grown to become a comprehensive health care organization serving over 65,000 East Tennesseans every year. In the 1980's the demand for quality health care in East Tennessee prompted Cherokee to expand beyond providing behavioral health services to offering primary care services. For nearly four decades, Cherokee Health Systems has been a national leader in the blending of primary care and behavioral health services and is known as a pioneer in the development of innovative health care solutions. Our scope of services has grown from exclusively providing behavioral health services to offering integrated medical and dental care as well. Today, CHS operates 24 offices in 14 East Tennessee counties and employs over 700 professional, support, & administrative staff.

Cherokee's mission is to improve the quality of life of our patients through the integration of primary care and behavioral health services. We are committed to a model of patient care that integrates medical and behavioral perspectives. We emphasize prevention and self-management concepts, partnering with our patients in a treatment approach that builds resiliency and encourages personal responsibility for one's health. We strive to improve the well-being of our patients by becoming their partner in healthcare. We are committed to evaluating the services provided and constantly strive to adopt or develop the best practice guidelines and treatment protocols that will best serve our patients, regardless of their ability to pay.

***What is Integrated Care?*** We believe in a holistic approach to health care called "Integrated Care." This biopsychosocial approach to health care addresses the whole person by blending behavioral health services with primary care. By combining the population based philosophy of care with the expertise of behavioral health, we are able to treat the whole person so that a broad scope of patient needs is met in our model of care. The model is very effective in meeting the complex needs of underserved populations and increasing access to quality healthcare. Psychologists serve as Behavioral Health Consultants working as part of the primary care team and are involved in assessment, intervention and consultation with patients. Services provided include diagnosis, education, behavior management and treatment for various behavioral health issues. Our Behavioral Health Consultants work with our primary care providers to appropriately assess behavioral health concerns and collaboratively design a comprehensive treatment plan.

***Location & Culture:*** East Tennessee is defined by the eastern third of the state, consisting of approximately 33 counties. The region is both geographically and culturally part of Appalachia and home to the Great Smoky Mountains National Park. The 2010 Census data indicated that the state of Tennessee is 77.6% White, 16.7% Black, and the state has a growing Latino community of 4.6%. Knoxville sits along the Tennessee River and the cost of living is below the national average. The city has a rich arts community and is home to the main campus for University of Tennessee. The Knoxville area also has a growing community of refugees, many of whom seek services at our clinics. Although CHS has its headquarters in Knoxville, the majority of the clinics serve rural populations. Patients vary widely in terms of education level and socioeconomic status, but tend to share common cultural values that are evident in both patient care and community

interaction. A strong sense of community, southern hospitality, the importance of faith and a family-centric focus characterize this region.

## **INTERNSHIP OVERVIEW**

Our 12-month, APA accredited psychology Internship program is designed to integrate your formal academic preparation with comprehensive clinical training. The objectives of the clinical training experience are to expose Interns to the following:

- Diagnostic assessment, treatment, and consultation within a range of treatment modalities (e.g. integrated primary care, traditional mental health, crisis stabilization)
- Opportunities to work with specialists in multiple disciplines (e.g. family physicians, Internists, nurse practitioners, psychiatrists, pharmacists, social workers, nurses, case managers)
- A variety of theoretical orientations (e.g. cognitive-behavioral, systems, psychodynamic)
- Diverse developmental (children, adolescents, adults, elderly) and ethnic (rural Appalachian, African-American, Hispanic, urban, refugee) populations

***Training Model:*** The Internship program subscribes to a developmental model of training. A developmental model of training and supervision has been suggested (Finkelstein & Tuckman, 1997; Kaslow & Deering, 1994; Kaslow & Rice, 1985; Stedman, 1997) in order to facilitate the process of autonomy and professional development. Viewing the Internship as a developmental process helps supervisors individualize training to maximize the Intern's progress in transitioning from student to practitioner. Training is personalized and adapted to the trainee's level of functioning as new professional challenges are encountered.

***Structure:*** To allow for a diversified clinical experience, Interns participate in two, year-long major placements (Integrated Primary Behavioral Care and Traditional Mental Health) and have a week-long minor rotation (Crisis Stabilization). The Internship structure is also designed to allow for some flexibility for each Intern to shape their clinical rotations to increase the breadth, depth and diversity of their training. Prior to the start of the Internship and throughout the year, we work with each Intern to develop a schedule that is tailored to his or her own unique clinical interests within the core framework of the program. The Internship training experience is primarily focused on clinical assessment and intervention.

## **INTERNSHIP PLACEMENTS & SCHEDULE**

***Integrated Primary Behavioral Care (Major Rotation; 12 months, 2-4 days a week):*** The Integrated Primary Behavioral Care placement offers Interns the unique opportunity to train in the growing area of primary care psychology. Interns serve as Behavioral Health Consultants within a primary care setting (Family Practice, Pediatrics, Women’s Health and Internal Medicine) and are called upon by primary care providers to assess and treat patients presenting with behavioral concerns during a primary care visit. They then provide feedback to the medical provider regarding clinical impression, treatment, and coordinate follow-up appointments with the patient as necessary. As members of an interdisciplinary primary care team, Interns learn to apply psychological theory and techniques to address behavioral aspects of health and illness. Training also emphasizes understanding ethical issues that arise in a primary care setting and understanding the role of a psychologist on a primary care team. In this placement, Interns will provide a range of health psychology services to patients and medical providers, including:

- On-site and timely assessment
- Assessing readiness to change and utilizing motivational interviewing techniques
- Psycho-education and behavioral lifestyle change
- Management of behavioral factors in illness and health
- Implementation of evidence-based practice to address mental health concerns (primarily cognitive-behavioral, ACT, mindfulness and solution-focused therapy)
- Consultation and collaboration with primary care providers
- Facilitation of patient groups (i.e. weight management, stress reduction, pain management)

There are several primary care clinic locations that serve as sites for this rotation. In collaboration with the Intern, the Training Committee assigns a year-long placement at one clinic before the start of Internship. Interns with a particular interest in primary care psychology have the opportunity to expand their integrated care training to include an additional site. Typically, two Interns are placed at the “*Center City*” clinic, which is located near downtown Knoxville and serves an ethnically diverse, urban population that includes many indigent and homeless individuals. This fast-paced environment is typically staffed by 8-10 primary care providers and a large volume of patients are seen daily. Interns primarily consult and carry a caseload of adult, adolescent and pediatric patients. Interns can also rotate through “*Fifth Avenue*” clinic, an inner city clinic serving an adult homeless population, the “*Fifth Street*” clinic a rural internal medicine clinic in Morristown, TN, “*Dameron Avenue*” clinic, a pediatric clinic located within the Knox County Health Department, or “*Seymour*” clinic, which is a rural family medicine clinic south of Knoxville that serves individuals across the lifespan. This clinic provides both integrated care and traditional mental health services.

*Some of the supervisors for this rotation include:*

*Center City clinic: Parinda Khatri, Ph.D. & Suzanne Bailey, Psy.D.*

*Fifth Ave clinic: Suzanne Bailey, Psy.D. & Eboni Winford, Ph.D.*

*Dameron Avenue clinic: Emily Corwin, Ph.D.*

*Seymour clinic: Sara Propst, Ph.D.*

***Traditional Outpatient Mental Health (Major Rotation; 12 months, 1 - 3 days a week):*** This rotation provides opportunities for both short and long-term individual psychotherapy, as well as group, family and couples' therapy. All Interns carry an independent, full-case load of child, adolescent and adult patients over the course of the year. During a full day, most Interns are scheduled to see 1-2 intakes and 5-7 on-going therapy cases. Because of the nature of the patients seen at Cherokee and caseload size, Interns have the opportunity to work with a wide-range of mental health issues and often have cases from the majority of DSM diagnostic categories. Interns develop and refine skills in clinical interviewing, diagnostic clarification, treatment planning, intervention, documentation, and coordination of care with on-site psychiatry and case management, when appropriate. During the course of care, Interns frequently interact with other community agencies such as: schools, medical providers, Department of Children's Services and the legal system.

The majority of Interns complete this rotation at one site, the "North Knox" office, which provides behavioral health services and is located approximately 15 minutes north of downtown Knoxville. The office location tends to attract a variety of patients from both urban and rural areas, who represent a range of socio-economic backgrounds. At this site Interns have 1-2 hours of individual supervision and 1 hour of group supervision each week. If Interns are interested in specific clinical training opportunities such as: rural populations, Latino populations, child and adolescent therapy, severe and persistent mental illness, then the outpatient placement may be split between two sites (i.e. one day at North Knox office and 1 ½ -2 days at another location). Other locations include the "5<sup>th</sup> Street" clinic (described below).

Interns can also elect to pursue a trauma track at the North Knox location that offers specialized training in trauma work. The trauma track provides interns with an opportunity to learn effective ways to address trauma related issues such as nervous system imbalances, interpersonal/attachment issues, dissociation, nonverbal memories, and maladaptive cognitive schemas. While the approach is holistic and individualized, there will be opportunities to utilize empirically proven manualized approaches as well.

*Some of the supervisors for this rotation include:*

*5th Street clinic: Carter Miller, Ph.D.*

*North Knox clinic: Adair Allen, Ph.D. & Bill Richards, Ph.D.*

***Crisis Stabilization Unit Rotation (Minor Rotation; at least 1 week):*** This placement at our "5th Street" clinic is located in Morristown, TN (approximately one-hour northeast of Knoxville). The Crisis Stabilization Unit (CSU) provides 3-4 day voluntary inpatient treatment for adults experiencing a mental health crisis. All Interns will spend one week of their internship training on the Crisis Stabilization Unit. During that week, Interns will accompany mobile crisis on consultations in area hospitals, jails and other settings. Interns also have opportunities to sit in on crisis evaluations, co-lead or lead support groups and provide therapy to individuals on the inpatient unit.

*Some of the supervisors for this rotation include:*

*5th Street clinic: Carter Miller, Ph.D.*

*Revised 11/20/18*

**Sample Intern Schedule:**

	<b>Mon</b> Integrated Care (Center City)	<b>Tues</b> Traditional MH (N Knox)	<b>Wed</b> Traditional MH (N Knox)	<b>Thurs</b> Integrated Care (Center City)	<b>Fri</b> Traditional MH (N Knox)
8a	Behavioral Health Consults & Follow-ups	Didactic Seminar	Therapy Patients	Individual Supervision	Therapy Intake
9a				Behavioral Health Consults & Follow-ups	Group Supervision
10a		Therapy Patients			
11a		Intern Lunch Meeting & travel to afternoon	Individual Supervision		
12p	Lunch		Lunch	Lunch	Lunch
1p	Individual Supervision	Therapy Intake	Treatment Team	Behavioral Health Consults & Follow-ups	Therapy Intake
2p	Behavioral Health Consults & Follow-ups	Therapy Patients	Therapy Intake		Therapy Patients
3p			Therapy Patients		
4p		Individual Supervision			

## CLINICAL SUPERVISION & MENTOR PROGRAM

Interns receive a minimum of four hours of formal supervision a week, including three hours of individual and one hour of group supervision. Licensed doctoral level psychologists conduct all supervision. All clinical supervisors are readily available and have an “open door” policy allowing for additional informal supervision as needed. Each Intern is assigned a mentor, based on mutual interests, to guide and help consolidate their training experiences while developing a professional identity. Each Intern will have their mentor as a clinical supervisor for at least part of the year, and will meet with their mentor regularly throughout the entire training experience.

### DIDACTIC TRAINING

Interns participate in three hours of weekly didactic seminars designed to provide Interns with advanced education in assessment and intervention on a wide range of psychological disorders and issues related to professional development and practice. Because CHS employs a large number of psychologists and health care professionals, presenters are typically different each week and present on their area of expertise. Presentations cover a wide range of topics (see list of some past topics below). Interns also participate in various training opportunities available internally for all CHS clinical staff.

<b>List of sample didactic presentations:</b>		
Anxiety, Mood, Psychotic, Depressive, Childhood, & Personality Disorders	Autism Spectrum Disorders & Role of the Therapist	Psychology in Current Health Care Climate
Substance Abuse Assessment & Treatment	Psychopharmacology for Adults, Children and Pregnant Women	Working with Diverse Populations: Hispanic, African-American, Gay & Lesbian, Rural Appalachian, Refugee
Trauma Assessment & Intervention	Primary Care Psychology	Diabetes Health Education
Crisis Management	Primary Care Medicine	Child Development
Professional Practice & Ethics	Public Health	Spirituality & Health
Parenting Interventions	Group Therapy	Financial Management for Psychologists
Positive Psychology	Chronic Pain	Psychologist in Academia
Forensic Psychology	Obesity Management	Dialectical Behavior Therapy
Childhood Sexual Abuse	Behavioral Medicine	Providing Supervision
Family & Couples' Therapy	Motivational Interviewing	Patient Termination Issues
Anger Management	Health Disparities	Postdoctoral Process
Disrupted Attachment	Pediatric Psychology	Preparing for EPPP & Transition to Professional Practice

## **ADDITIONAL TRAINING EXPERIENCES**

There are several additional training experiences embedded in the Internship program.

- Interns participate in Treatment Team meetings for at least one of their placements. This one-hour meeting takes place weekly and is attended by all medical and behavioral health providers at the clinic to discuss patient care.
- Interns serve as representatives to the psychology Internship training committee to provide input and feedback on their Internship experiences during the course of the year
- Interns participate in at least 3 community service and public advocacy events in the community.
- Interns spend 4-5 weeks leading group supervision of Clinical and Counseling Psychology graduate students who are completing a traditional outpatient mental health practicum at CHS.
- Interns are able to attend the Integrated Care Training Academy, which is presented by Cherokee Health Systems. Participants travel from around the country to learn about our model of integrated care (see website [www.cherokeetraining.com](http://www.cherokeetraining.com)).
- In collaboration with supervisors and the Training Committee, arrangements can be made for exposure to different aspects of services offered in the organization, for example, shadowing a psychiatrist or shadowing a Behavioral Health Consultant at a different clinic than the Intern's assigned site.

## **EVALUATION**

Evaluations of Interns are scheduled every trimester. Interns are provided with written and oral feedback regarding their progress and professional development. Interns provide formal feedback to their supervisors three times a year and the Internship Training Director on a semi-annual basis. Interns also complete a self-assessment during three evaluation periods (beginning, midpoint and end of Internship) to develop and monitor their training goals. Interns meet formally with the Internship Training Director and/or Associate Training Directory monthly and more often as needed to review progress and discuss training issues.



## **INTERNSHIP BENEFITS**

***Stipend:*** \$28,000 paid in 26 biweekly payments.

***Insurance and Retirement Plan Benefits:*** Cherokee Health Systems offers a comprehensive benefits plan for psychology Interns, which is the same plan available to all full-time employees, including health insurance, dental insurance, optional life and disability insurance and a retirement plan. Please refer to the CHS Benefits summary for more detailed information.

***Vacation and Leave:*** All Cherokee employees enjoy a total of eight paid holidays per year. Additionally, Interns are allocated 20 days of paid time off (PTO) to use for vacation, dissertation research, sickness, medical or dental appointments and other personal business. Interns are also allowed up to 5 additional days leave per year for professional development and continuing education.

***Professional Liability:*** Interns are covered for their Internship training activities under Cherokee's professional liability insurance (\$1,000,000.00 per claim and \$3,000,000.00 aggregate).

***APPIC Membership and APA Accreditation:*** The Cherokee Health Systems Psychology Internship program is American Psychological Association (APA) accredited and an approved member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Initial accreditation by the APA was granted in 2005. The last APA site visit occurred in September, 2017 at which time the program was fully reaccredited for 10 years. The next APA site visit will occur in 2027.

## **APPLICATION PROCEDURE**

**Qualifications:** Applicants must be advanced students in good standing in APA-approved graduate programs in clinical or counseling psychology (Ph.D. or Psy.D.). Intern applicants should have completed a minimum of three years of graduate training, completed basic required academic coursework, successfully passed their doctoral comprehensive or qualifying examinations and have the endorsement of their graduate program Director of Training.

**General Application and Selection Procedures:** The Cherokee Health Systems Psychology Internship Program is APA accredited and an approved member of the APPIC. We agree to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any Intern applicant. CHS is an equal opportunity employer and adheres to APPIC's nondiscrimination policies.

The application must be submitted by the **first Friday in November**. After all applications have been screened by our Training Committee, selected applicants will be invited for an on-site interview in early January. Applicants will have the opportunity to meet with several of our faculty. Interviewees are provided lunch, which they share with current Interns in order to gain the Interns' input on their training experience. Interviews provide an opportunity to assess goodness of fit for both Internship program and Intern applicant. Our program will participate in the computerized match. Program code number is **1324**.

**Contact Information:** For any additional information that may be required to assist you in the application process contact:

Parinda Khatri, Ph.D., Internship Training Director  
*parinda.khatri@cherokeehealth.com*  
Cherokee Health Systems  
2018 Western Avenue  
Knoxville, TN 37921  
865-544-0406

or

Sandra Greear, Internship Program Assistant  
*sandra.greear@cherokeehealth.com*  
865-934-6710

## **CHS INTERNSHIP TRAINING COMMITTEE FACULTY**

**Adair Allen, Ph.D.** (University of Tennessee, Knoxville, 1999). Psychologist. Interests: assessment and treatment within the Hispanic population, working with young children and their parents.

**Suzanne Bailey, Psy.D.** (Xavier University, 2008). Associate Director of Clinical Training, Psychologist and Behavioral Health Consultant in Primary Care. Interests: primary care psychology, substance abuse.

**William Berez, Ph.D.** (University of Tennessee, Knoxville, 1976). Director of Community Mental Health Services, Chief Compliance Officer, Psychologist. Interests: program administration, individual and group psychotherapy, ethics.

**Emily Corwin, Ph.D.** (Louisiana State University, 2014). Psychologist and Behavioral Health Consultant. Interests: treatment of children with disruptive behavior and developmental concerns, pediatric primary care psychology.

**Parinda Khatri, Ph.D.** (University of North Carolina at Chapel Hill, 1996). Chief Clinical Officer, Director of Integrated Care, Psychologist, Behavioral Health Consultant. Interest: primary care psychology, training, behavioral medicine.

**Brittany McCafferty, Ph.D.** (University of Toledo, 2014) Psychologist and Behavioral Health Consultant. Interests: primary care psychology, treatment of severe and persistent mental illness, women's health.

**Carter Miller, Ph.D.** (Texas A&M University, 1993). Vice President of Psychosocial Rehabilitation Services, Psychologist, Behavioral Health Consultant. Interests: chronic illnesses, paraprofessional training and development, community psychology.

**Sara Propst, Ph.D.** (University of North Carolina at Greensboro, 2011) Psychologist, Behavioral Health Consultant. Interests: primary care psychology, childhood obesity.

**Bill Richards, Ph.D.** (University of Tennessee, 1993). Psychologist. Interests: trauma work, couples therapy, work with patients with personality issues.

**Eboni Winford, Ph.D.** (University of North Carolina, Charlotte, 2013). Psychologist, Behavioral Health Consultant. Interests: primary care psychology, behavioral medicine, psychopharmacology, religion, spirituality, health.