Health Service Psychology Internship Training Program
Program Manual 2025-2026

Rev. 4/2025

Waypoint Wellness Center

Annapolis, Severna Park, and Linthicum, Maryland
Established 2015

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Introduction to Waypoint Wellness Center

Waypoint Wellness Center is a multi-disciplinary, outpatient behavioral health practice serving ages four and up in Anne Arundel County, Maryland. We have offices in Annapolis, Severna Park, and Linthicum, Maryland, with therapists and prescribers at each location. Our over 40 clinicians include psychiatrists, psychiatric nurse practitioners, health service psychologists, school psychologists, social workers, and counselors. Our staff is highly skilled and enjoy a great deal of collaboration with interns, as it is important for trainees to be exposed to a range of quality, evidence-based care.

Waypoint was established in 2015 by Drs. Tana Clarke and Allyson Kett. It started with a simple mission to provide consistent and effective evidence-based, multi-disciplinary mental health treatment to our surrounding community. Our goals were to create a positive and supportive physical, social, and professional work environment. We have found that this provides a crucial element of care, for both our clients and clinicians, to make the most of their time together. Waypoint has a strong foundation in the value of increasing access to care for all populations. For this reason, we are committed to providing insurance-based care and have a range of programs to create access in underserved communities.

The community we serve and the populations we access are diverse. Anne Arundel County is a region along the Chesapeake Bay in Maryland that is diverse in landscape, socio-economic range, and has a rich immigrant population that makes for a culturally and racially diverse referral base. With the US Naval Academy, Fort Meade, and Andrew's Air Force Base located close, we also serve a large population of service members, veterans, and their families.

Clinically, Waypoint serves some of the most complex and high need psychiatric cases, due to our multidisciplinary team based approach. Many of Waypoint clinicians are trained in hospital settings, and it is important to us to utilize the collaborative and innovative products of team based care. We receive referrals for the full range of psychiatric concerns, and have clinicians with expertise to treat most issues. We refer out cases involving active substance abuse and active primary eating disorders, but can effectively treat most other concerns. We have strong relationships with local providers and agencies, and do our best to model a collaborative, team-based approach across our community outside of Waypoint.

Training Program Aim: To train, support, prepare, and empower interns to be skilled and adept clinicians in the science and practice of psychology, to be applied in a variety of settings. This aim is accomplished by providing a diverse clinical experience for interns, surrounded with supervision, consultation, and case coordination opportunities with a diverse range of mental health professionals both within and outside of Waypoint. All services provided at Waypoint, as well as all clinical approaches addressed during training, have a proven evidence base.

Vision: Waypoint Wellness Center will transform mental health access to care with the goal of leaving no community underserved. Increasing access to evidence-based, collaborative treatment through innovative delivery models will improve overall community mental health in Maryland.

Guiding Values
- Dedication to the mental health industry, practice, and community
- Support of mental health colleagues
- Collaboration with all professional colleagues
- If we can't help, find someone who can
- Creativity, challenging of norms, and innovation are necessary to improve care
- Clinician well being is everyone's well being
- Ethical understanding, competence, consistency, and self-reflection as a foundation
- Weekly supervision is a lifetime part of a clinical career
- Provide access to the best possible treatments for all
- Our diversity can be a source of strength and pain, and must be embraced and nurtured

Clinical and Community Services

Outpatient Services
Outpatient services involve traditional assessment and treatment in an outpatient private practice setting. Interns are provided a private office to conduct individual, family, or couples therapy. Caseloads are established jointly between intern and supervisor to address clinical areas of growth. Interns will have access to prescribers and other mental health professionals to consult with at each setting, and are encouraged to learn as much as they can from all of their colleagues. Caseloads typically are about 50/50 in-person/virtual, but can be adjusted for clinical preferences and need.

Psychological and Psycho-educational Testing
Waypoint provides a range of comprehensive psychological and psycho-educational testing. Within this clinic, screening evaluations as well as educational advocacy and coaching to assist with 504 and IEP planning is also provided.

Group Therapy and Programming
Waypoint runs a variety of skills groups and process groups. Interns are encouraged to co-lead these groups with an experienced clinician, and this is a valuable opportunity for clinicians to develop at their own pace. Below are groups that are have run or are currently running at Waypoint.

- Social Empowerment for Neurodivergent Youth
- Executive Functioning Skills Training for Middle Schoolers
- Adolescent Female Process Group
- Support Program for Military Spouses

School Mental Health Consultation
Waypoint works with several local private elementary, middle, and high schools to provide onsite mental health and learning support, structured to each organization's unique needs. Interns have opportunities to provide more direct care in school settings, or to assist with programmatic implementation if desired. A licensed health service psychologist from Waypoint will be present onsite with the intern at all times. Opportunities include:

- Psychoeducation or training of school staff
- Psychological screening and assessment and outcome monitoring
- Workshops, groups, or psychoeducation of enrolled students and/or their families
- Mental health safety assessment services
- Individual support services provided to students during specified hours
- Consultation for program development, implementation, and/or modification.
- Collection and analysis of behavioral information and related data as necessary to initiate and deliver appropriate services
- Report-writing, including consolidation of observations, recommendations, and/or related information.
- Feedback/delivery of impressions, recommendations, and/or results of testing, observations, and/or program evaluation.

Community partnership with Charting Careers
Waypoint has treatment teams working within highly underserved communities to provide mental health services and access to care. We partner with a local non-profit agency called Charting Careers, as their community impact teams help to refer and engage the community in our services. Interns can work in specific roles, such as individual or group therapist, clinical team lead, or community program development and implementation. The Waypoint treatment team works closely with one another throughout this rotation.

Forensic Services Division
Opportunities to provide court ordered psychological evaluations or parental fitness evaluations are available as training experience. In addition, interns can provide court ordered treatment or reunification therapy. Interns will learn how to confidently navigate legal influences on their care and will become competent at providing excellent clinical care in the challenge context of legal involved cases under the close supervision of a licensed health service psychologist with forensic experience.

Internship Overview

Our 12-month, 2000 hour psychology internship program is designed to facilitate each individual trainee's formal academic training and clinical experience with a more complete and sophisticated clinical program. Our goal is to provide opportunities for a variety of unique clinical training experiences that will be valuable to the community we serve as a whole.

The training model of our program emphasizes supervised clinical experience based in graduated exposure to advanced clinical applications. Our model aims to utilize our vast array of practitioners from multiple disciplines to facilitate the intern's identified training goals and to develop them as competent clinicians and leaders in the field of psychology. Each intern will have a primary supervisor who is a licensed doctoral health service psychologist and will meet for 1 hour weekly. Interns will be assigned supervisors that align with their individual training goals in assessment and therapy, and are located at the same office site. The second hour of weekly individual supervision will be with a different adjunct supervisor that also aligns with intern training goals Didactic experiences will be provided focusing on advanced clinical skills, case formulation, delivery of evidence-based treatment, ethical challenges, professional consultation and application of psychological principles across disciplines, implementation of psychology into private practice setting, the business of private practice, as well as process and boundary work to address the challenges of a career in mental health.

Training Goals and Objectives

To develop health service psychologists who are competent and adept at administering and disseminating evidence-based psychological assessment and intervention

- Interns will demonstrate competence in diagnostic and psychological assessment of individuals with a range of clinical concerns and age
- Interns will obtain proficiency and skill in administering a range of evidence-based psychological interventions
- Interns will demonstrate sensitivity, understanding, awareness, and skill when working with diverse individuals and communities
- Interns will become adept at selecting appropriate modes of treatment and treatment plans to meet the client where they are

To develop the unique skill sets possessed by health service psychologists, and to promote health service psychologists working in impactful, effective, and innovative career settings and structures.

- Assessment of individual cognitive, emotional, social, developmental, adaptive, psychiatric, achievement, motivation, personality, etc.
- Assessment of structures and processes in groups and organizations that promote or impair individual and group mental health
- Gathering, synthesizing, and analyzing information to create novel solutions to client problems
- Ability to communicate to disciplines across educational, medical, scientific, and legal professions to create and lead comprehensive treatment teams
- Adaptable skills for roles in cross-disciplinary settings such as forensic, school, organizational mental health, community clinical programs, and technology and policy
- Ability to access funding structures and approaches, when appropriate, to enhance and expand the delivery of clinical care

For new health service psychologists to emerge from our training as exceptionally responsible to both themselves and their clients through using boundaries and effective therapeutic relationships.

- Interns will have the opportunity to experience a variety of professional roles and experiences
- Foundational skills surrounding ethics and standards will be established
- Interns will be encouraged to identify the roles that are restorative and the roles that are challenging, to allow them to structure their career to manage burnout
- Regular opportunities to discuss and develop boundaries and self-care through supervision and consultation
- Intern well being, adjustment, and training and career satisfaction will be discussed and prioritized by supervisors and the Waypoint team

Our goal is to facilitate emerging health service psychologists and their discovery of their own unique identity and direction in their clinical career, as we believe that the best clinicians function in their ideal role. As an organization, COVID helped us all see how close burnout can be for any of us, and we are more determined than ever to help the next generation of health service psychologists to establish effective clinical habits and healthy personal boundaries to promote long and fulfilling careers.

All training and care delivered at Waypoint is evidence-based and well documented as such. Within that framework, we encourage a diverse range of approaches amongst our clinicians. Our health service psychologists have specialities in the following areas. Trainees are required to participate in twice weekly lunch group supervisions and monthly group consult/dinners. Trainees can observe and participate in any of the care offered throughout Waypoint, and

opportunities are listed below. Interns are encouraged to interact with trainees from other disciplines, including psychiatry, nursing, social work, and counseling and formal opportunities to do so will be offered regularly.

Clinical Modalities	Clinical Conditions
Cognitive Behavioral Therapy	Depression
Dialectical Behavioral Therapy	Anxiety
Interpersonal Therapy	Trauma/PTSD
Acceptance and Commitment Therapy	Bipolar spectrum disorders
Cognitive Processing Therapy	Psychosis
Psychodynamic Therapy	ADHD
Behavioral Parent Training	Learning disorders
Exposure and Response Prevention	Autism spectrum disorder
Psychological and psychoeducational assessment	Obsessive compulsive disorder
Health Psychology	Personality disorders
Family Therapy	Child behavior disorders
Group Therapy	Panic disorders
	Other anxiety disorders

Primary Rotation

General outpatient year long clinical rotation (child or adult track)

- Primarily outpatient brief assessment and treatment
- Implementation of evidence-based treatment
- Consultation with internal and external providers, as well as outside agencies including higher level of care, educational institutions, community supports, and legal professionals
- 15-20 hours of individual, family, or couples therapy per week
- Option of 1-2 ongoing group-based interventions
- Caseload tailored to trainee experience and interests
- Primary supervision provided by licensed health service psychologist that aligns with the training needs and located at the same office site.

Supplemental Rotations (must choose at least one full year or two half year rotations)

<u>Assessment rotation (full year)</u>

- Year long rotation to develop/advance the intern's psychological and psycho-educational assessment skills, including the following:
- Assess full range of psychiatric, cognitive, learning, adaptive, and emotional abilities
- Administer and interpret psychological tests
    - Weschler (WISC-V, WAIS-IV, WMS), Woodcock-Johnson Cognitive and Academic, Feifer Academic Assessments, IVA-2, Rorschach, TAT, Roberts, MMPI-3, ADOS-2
    - This includes didactics on administration and interpretation of psychological tests.
- Write efficient and effective psychological reports
- Engage in regular meetings with clinical team
- 10-15 hours per testing case
- Supervision provided by Tana Clarke, PhD and our experienced school psychologist, Scott Brain, NCSP

Forensic rotation (full year)
- Court-ordered assessment (parental fitness, psychological, juvenile assessment)
- Court-ordered/court-involved treatment (family reunification, rehabilitative)
- Regular meetings with clinical team
- Time varies depending on case
- Supervision provided by Tana Clarke PhD or Allyson Kett PsyD

School mental health rotation (half year)
- Weekly, twice monthly, or once monthly visits virtually or in-person to a Maryland private school
- Student/staff psycho-education/training
- Individual brief assessment, case management, brief consultative intervention, creation and administration of specialized education accommodations, coordination of multi-disciplinary team
- Implementation of group based interventions including skills groups, support groups, awareness activities, prevention programs
- Regular meetings with clinical team
- 6-8 hours per week
- Supervision provided by Tana Clarke, PhD

Community mental health rotation (half or full year)
- Individual assessment and treatment of diverse populations with limited resources
- Opportunities to work directly in the community
- Coordination with local agencies including schools, treatment providers, county and state agencies
- Implementation of group based interventions including skills groups, support groups, awareness activities, prevention programs
- Regular meetings with clinical team
- 4-5 hours per week
- Supervision provided by Tana Clarke PhD

Supplemental Clinical Experiences

- DBT/ACT track under the supervision of Tana Clarke, PhD
- Psychiatric care observation/education under the supervision of Danielle Mitch, PMHNP-BC
- Primary care rotation (pediatric or adult) under the supervision of Danielle Mitch, PMHNP-BC
- Peer supervision/mentorship with 1-2 doctoral externs during their 9-10 month externship
    - As a means to achieve the competency in Supervision, interns will practice as a senior peer supervisor with psychology externs. The goal of these experiential roles is to prepare the interns to become effective clinical supervisors in the future, utilizing a chosen model of supervision and providing mentorship to trainees in the development of competence and skills in professional practice. This will be done under the supervision of their primary clinical supervisor as well as receiving didactics and support during their weekly seminar or group with Dr. Tana Clarke.
    - Interns are paired with 1-2 psychology externs who they will meet with twice per month of 30-60 minutes

Didactics
- Weekly 60 minute seminar focused on case formulation and treatment of various presenting problems with Suzanne Linkroum, PhD and other special guest speakers. Topics will vary and are listed in Addendum B.

- Bi-Weekly seminar focused on current research and evidence based treatment in the private practice setting and training on how to be an effective clinical supervisor with Tana Clarke, PhD. This will include quarterly presentations and discussions applying current research and treatment planning with a current client. Specific topics are listed in Addendum B.
- Monthly seminar focusing on ethical business management in the private practice setting including but not limited to, billing appropriately and ethically, insurance based care, progress note education and review, building a private practice, marketing. Led by Allyson Kett, PsyD. Specific topics are listed in Addendum B.
- Monthly lunch and learns on various topics and presenters in the mental health field with entire Waypoint community. Specific topics will vary and are listed in Addendum B.

Additional Waypoint-wide Experiences
- Bi-Weekly virtual process group led by Tana Clarke, PhD
- Bi-annual Waypoint social events, including our annual summer beach party and winter party
- Optional consult groups with various clinicians specializing in the specific area of focus, such as DBT, Trauma-focused care, Family/Couples Therapy.
- Weekly peer consultation/lunch with treatment team at assigned site
- Monthly practice-wide gatherings for consultation and team building, Past events have included group exercise classes, site hosted dinners, pickle ball tournament, happy hours.
- Supplemental supervision with selected Waypoint clinicians based on speciality/experience
- Training library of treatment resources, manuals, educational videos/materials on google drive

Supervision
Each intern will meet a licensed health service psychologist, for 1 hour per week. Interns will be assigned supervisors that have experiences with their specific internship goals in therapy and are site specific. For example, if an intern is on the child track they will be placed with an adolescent/child health service psychologist. The primary supervisor will be located in the same office location as the intern. Additional supervision will be provided by an adjunct training clinician. Supervisor assignments for the year will be determined during our onboarding process prior to beginning the internship.

Locations
Interns will be assigned to office locations based on the convenience and closeness to the interns home residence. Each of our three office locations provide the same multidisplinary services. There is not one site that only specializes in one specific approach to treatment, age group, or diagnoses. Training for interns **does not differ** based on office location. The program is divided into two, location-based tracks to accommodate interns residing closer to Washington DC (DC Track: Annapolis/Severna Park offices) as well as interns residing closer to Baltimore, MD (Baltimore Track: Linthicum/Severna Park offices). Location details include:

<u>Annapolis</u>
- 7 individual offices (5 windowed) with waiting room and administrative area
- ADA compliant
- Conference/group room
- Primary licensed health service psychologist on site: Tana Clarke, PhD (adult and child track, primary assessment supervisor)

<u>Linthicum</u>
- 5 individual offices (4 windowed) with waiting room and administrative area
- ADA compliant
- Primary licensed health service psychologists on site: Suzanne Linkroum, PhD (adult track), Nicole Berger, PsyD (child and adult track, undergoing licensure)

- Severna Park
- 7 individual offices (5 windowed) with waiting room
- ADA compliant
- Conference/group room
- Primary licensed health service psychologist on site: Allyson Kett, PsyD (child and adult track)

Sample Schedule
Hours and schedule to be determined jointly between program and trainee

WEEKLY CALENDAR: TESTING/SCHOOL

Time	Monday	Tuesday	Wednesday	Thursday	Friday
09.00	Documentation	Individual therapy	Documentation	Individual therapy	Didactic seminar
10.00	Drop-in consult	Individual therapy	Documentation	Round-up	School Psych
11.00	Individual supervision	Individual therapy	School team mtg	Individual supervision	School Psych
Lunch mtg	Lunch	L & L/Specialty Consult	Group supervision	Lunch	Lunch
13.00	Individual therapy	Individual therapy	Testing	Testing	School Psych
14.00	Individual therapy	Individual therapy	Testing	Testing team meeting	School Psych
15.00	Individual therapy	Social dinner	Testing	Testing	School Psych
16.00	Documentation	Social dinner	Testing	Testing	Consult

WEEKLY CALENDAR: FORENSIC/COMMUNITY/GROUP

Time	Monday	Tuesday	Wednesday	Thursday	Friday
09.00	Documentation	Individual therapy	Documentation	Forensic	Didactic seminar
10.00	Drop-in consult	Individual therapy	Documentation	Round-up	Individual therapy
11.00	Individual supervision	Individual therapy	Com tx team mtg	Individual supervision	Individual therapy
Lunch	Group tx team mtg	L & L/Specialty Consult	Group supervision	Lunch	Lunch
13.00	Group 1	Individual therapy	Community program	Forensic	Individual therapy
14.00	Group 2	Individual therapy	Community program	Forensic team meeting	Individual therapy
15.00	Group follow up	Social dinner	Community program	Forensic	Individual therapy
16.00	Documentation	Social dinner	Community program	Forensic	Consult

Intern Evaluation Process

Each intern will be evaluated on the nine Profession-Wide Competency areas throughout the training year as outlined in the tables in Addendum A. Successful completion of the internship program requires demonstration of expected competencies as well as meting the minimum specific internship target goals/requirements listed below. Upon successful completion of the internship program, the intern receives a Health Service Psychologist Internship Certificate of Completion.

Performance goals/requirements
Interns are expected to develop the following core competencies
- Professional interpersonal behavior
- Seeking consultation/supervision
- Professional responsibility and documentation
- Efficiency and time management
- Knowledge of and demonstration of ethical behaviors and MD and federal laws
- Administrative competency
- Patient rapport
- Sensitivity to patient diversity
- Objective awareness of own cultural and ethnic background
- Diagnostic skill
- Psychological test selection and administration
- Psychological test interpretation
- Assessment writing skills
- Feedback regarding assessment
- Patient risk management and confidentiality
- Case conceptualization and treatment goals
- Therapeutic interventions
- Effective use of emotional reactions in therapy
- Group therapy skills and preparation
- Seeking current scientific knowledge
- Consultation assessment
- Consultative guidance
- Supervisory skills

Performance Evaluation
Ongoing feedback in weekly individual and group supervisions and meetings will occur. Interns will also participate in case presentations for additional sources of feedback.

Trainees will be evaluated twice yearly by both direct supervisors, and any adjunct supervisors on a range of clinical and professional competencies documented in the evaluation. See Addendum C for a sample Intern Competency Assessment Form. All supervisors will meet prior to mid-year and end-year feedback to discuss intern development in preparation for feedback. Feedback will be strengths-based and collaborative with a continual focus on the trainee's clinical development.

Interns can request additional meetings with supervisors for feedback or training planning at any time. Interns will also complete a self and program assessment at mid and end of year. Intern's psychology programs will receive relevant evaluation materials.

Rights and Responsibilities

Rights:
1. Access to appropriate supervision and guidance.
2. Opportunities to learn and develop clinical skills.
3. Respectful treatment and protection from discrimination or harassment.
4. Confidentiality of client information.
5. Fair evaluation and feedback on performance.

Responsibilities:
1. Adhering to professional ethics and standards.
2. Maintaining client confidentiality.
3. Engaging in ongoing learning and skill development.
4. Following the policies and procedures of the training site.
5. Seeking and being open to feedback from supervisors and peers.

Grievance and Due Process Procedures

Due process and grievance procedures will attempt to provide balance to power differentials between trainees and staff, as well as to provide a structured, affirming, and supportive forum to give voice to all parties with the shared goal of improving understanding, communication, and functioning of both the training program and the trainees.

Due Process
Due process may be initiated by program training team member in the following examples, and similar such instances.
- Intern exhibits a problematic pattern of behaviors that negatively impacts their development and performance in the intern role. Behavior patterns must include multiple (rather than single or isolated) and associated behaviors that have been observed through multiple information sources.
  - Domains in which impairments may be evident include interns' client retention or clinical care, misalignment of values between program and intern, delayed development in program and professional competencies, or multiple evaluation ratings below expectations.
  - Example intern behaviors that may trigger due process include but are not limited to: poor attendance for training or clinical activities, untimely/improper documentation or communication with training/clinical team, or disrespectful behavior towards colleagues/ staff or clients.

In response to identifying trainee concerns, the intern's direct supervisor will verbally address and discuss relevant behavioral observations, along with the supervisor's rationale for concerns during the next scheduled individual supervision. Intern should have the opportunity to reflect and respond to the supervisor. Supervisor will then facilitate the verbal development of a remediation plan that both parties agree to. If the intern progresses in stated goals within two to five weeks, and all parties agree remediation has occurred, no additional documentation or intervention is required.

Grievance
Interns are encouraged to provide any ongoing feedback to training staff as a regular communication format. Students may also elect to initiate grievance procedures if they observe any patterns of program systems/actions that negatively impact intern training/development.
- Examples of concerns that interns may have about the training program include administrative/organizational inefficiency, insufficient or ineffective supervision, failure to meet intern expectations of training opportunities/experiences, workload challenges, interactions with colleagues, along with similar such instances.

In response to identifying program concerns, intern should verbally address their experiences with supervisor during the next individual supervision. If intern concerns are related to their direct supervisor, they may elect to provide verbal feedback to another supervisor within the program. Intern and supervisor will then develop a verbal remediation plan that both parties agree to. If the program progresses in stated goals within two to five weeks, and all parties agree remediation has occurred, no additional documentation or intervention is required.

Notice and Hearing

If informal/verbal grievance or due processes do not lead to the identified goals within five weeks, either party may provide written notice requesting a hearing between intern and training staff. Therefore, should the program determine informal verbal remediation was ineffective they may trigger a due process hearing. Similarly if an intern determines insufficient benefits from informal efforts they may file a written grievance that will trigger a grievance hearing. Hearing procedures should provide interns the opportunity to express their opinions publicly to program staff in a respectful and affirming engagement. The hearing must occur within 10 business days of receiving written notice, and must involve the training director (or designated representative) along with two additional training staff members. Training director will appropriately record, document, and summarize the events of the hearing. Hearing will aim to clarify and document the specific professional concern at issue, detail steps each party will take to work toward remediation, and include corresponding objective goals and timelines. Documentation of this meeting will be provided by program within five business days after scheduled meeting. All concerns must be directly tied to the trainee and program expectations detailed in the training manual and evaluation indices.

- Potential strategies that may be used in remediation include: increasing or enhancing individual or group supervision, modifying the supervision form, delivery, or modality, referrals to external community supports, or modifying/reducing intern training responsibilities.

A follow-up meeting including all participants from original hearing will be set within three to six weeks to evaluate progress and/or adjust efforts. The team will continue to meet at regular intervals until the problem is determined by all parties to be remediated. Should adequate progress not be achieved within a six to eight week follow-up window, Waypoint will contact the intern's graduate program to identify additional supports.

Appeal

Intern has the right to appeal any actions taken by the training director within the due process and grievance protocols. Intern can do so through written contact with the practice owner and COO, Dr. Kett (drkett@waypointwellnesscenter.com), as well as their respective academic training program. Intern should include a dated summary of all supporting information and relevant supporting documentation. Dr. Kett will then coordinate a response in collaboration with Dr. Linkroum, Waypoint compliance officer. Written response to the appeal will be provided within five business days to the intern. Should the intern have remaining concerns regarding the appeal outcome, they may choose to make a complaint outside of the Waypoint training program through contact with the Maryland Board of Psychology at 4201 Patterson Ave #5, Baltimore, Maryland 21215 or (410)764-4787.

Application procedure

Qualifications: Applicants must be advanced students in good standing in APA-accredited graduate programs in clinical, counseling, or school psychology (Ph.D./Psy.D).

- Must be accepted for doctoral candidacy in accredited psychology program prior to internship
- Must have successfully passed comprehensive exams or milestones and all basic coursework
- Applicants must have a letter of endorsement from the Director of Training certifying eligibility for internship
- Must have education, training, and experience in evidence based assessment and treatment

Selection Process

Waypoint Wellness Center is committed to abiding by APPIC policies, and no individuals associated with this institution will solicit, accept, or use any ranking related information from any intern applicant. Waypoint Wellness Center is an equal opportunity employer and adheres to APPICS's nondiscrimination policies.

Applications must be submitted by November 15 consisting of the following:

- Cover letter that addresses applicant's prior experience, goals for internship, and areas for development
- Curriculum Vitae
- Graduate transcripts (undergraduate and Masters program)
- Sample psychological report if available
- 2-3 letters of reference, at least one from a licensed health service psychologist

Interns will be invited for an interview in December if selected.

All applications and inquiries should be directed to:

Tana Clarke, Ph.D., Internship Training Director
drclarke@waypointwellnesscenter.com
Waypoint Wellness Center
166 Defense Hwy, Set, 203
Annapolis, MD 21401

Internship Benefits

Stipend: $40,000 paid in 26 bi-weekly payments
6 paid holidays
Three weeks PTO
401K match
Professional liability covered through Waypoint
Expenses covered for the required MD Psychology Associate license, including application and fees

Addendum A

Profession-Wide Competencies and Program-Specific Competencies		
Competency:	*(i) Research*	
Elements associated with this competency from IR C-8 I	• Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications). • Disseminate research or other scholarly activities (e.g., case conference, presentation, publications at the local (including the host institution), regional, or national level.	
Program-defined elements associated with this competency (if applicable)		
Required training/experiential activities to meet each element.	• Monthly didactics dedicated to developing intern understanding and utilization of scientific information and processes. Integration into all training, supervision, and didactic processes. • Presentation and peer support for intern independent research activities and progress • Evaluation and analysis of individual, group, and organizational data tracking and outcome monitoring • Presenting/discussing current and emerging clinical research	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	How outcomes are measured: • Competency Assessment Form (CAF) • Goal 5 • Mid-year and year-end (additional assessments utilized as needed throughout training)	Evaluation tool and self-study location: •
Minimum levels of achievement (MLAs) for each outcome measure/ evaluation tool listed above.	Mid-year: 3 Year-end: 5	
Competency:	*(ii) Ethical and legal standards*	

Elements associated with this competency from IR C-8 I	• Be knowledgeable of and act in accordance with each of the following:
	  ○ the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
	  ○ Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
	  ○ Relevant professional standards and guidelines.
	• Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
	• Conduct self in an ethical manner in all professional activities.	

Program-defined elements associated with this competency (if applicable)		
Required training/experiential activities to meet elements	• Weekly supervision with licensed clinical health service psychologist/compliance officer • Weekly case consultation addressing ethical principles • 2 hours weekly optional drop-in consultation for ethical consults	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	How outcomes are measured: • Competency Assessment Form (CAF) • Goal 1 • Mid-year and year-end (additional assessments utilized as needed throughout training)	Evaluation tool and self-study location: •
Minimum levels of achievement (MLAs) for each outcome measure/ evaluation tool listed above.	Mid-year: 3 Year-end: 5	

Competency:	*(iii) Individual and cultural diversity*	
Elements associated with this competency from IR C-8 I	• An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves. • Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service. • The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles. • The ability to apply a framework for working effectively with areas of individual and cultural diversity. • The ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.	
Program-defined elements associated with this competency (if applicable)		
Required training/experiential activities to meet elements	Didactics regularly scheduled throughout training process focused on the individual developmental process of interns in their personal and contextual understanding of diversity, as well as the clinical implications and applications of the interns cultural awareness and competence.	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	How outcomes are measured: • Competency Assessment Form (CAF) • Goal 2 • Mid-year and year-end (additional assessments utilized as needed throughout training)	Evaluation tool and self-study location: •
Minimum levels of achievement (MLAs) for each outcome measure/ evaluation tool listed above.	Mid-year: 3 Year-end: 5	

Competency:	*(iv) Professional values, attitudes, and behaviors*	
Elements associated with this competency from IR C-8 I	• Behave in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others • Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness. • Actively seek and demonstrate openness and responsiveness to feedback and supervision. • Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.	
Program-defined elements associated with this competency (if applicable)		
Required training/experiential activities to meet elements	Individual and group supervision, peer consultation, case coordination and consultation, participation in didactics	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	How outcomes are measured: • Competency Assessment Form (CAF) • Emphasis on goals 2, 6 and 7 • Mid-year and year-end (additional assessments utilized as needed throughout training)	Evaluation tool and self-study location: •
Minimum levels of achievement (MLAs) for each outcome measure/ evaluation tool listed above.	Mid-year: 3 Year-end: 5	

Competency:	*(v) Communications and interpersonal skills*	
Elements associated with this competency from IR C-8 I	• Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. • Demonstrate a thorough grasp of professional language and concepts; produce, comprehend and engage in communications that are informative and well-integrated. • Demonstrate effective interpersonal skills and the ability to manage difficult communication well.	
Program-defined elements associated with this competency (if applicable)		
Required training/experiential activities to meet elements	Training/didactics in professional and multidisciplinary case coordination and management. Developmental efforts focused on preparing intern for working in multidisciplinary teams in a variety of settings. Regular access to health service psychologists, as well as psychiatrists, psychiatric nurse practitioners, social workers, and licensed counselors will facilitate a comprehensive contextual understanding of the mental health landscape.	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	How outcomes are measured: • Competency Assessment Form (CAF) • Emphasis on goals 6, 1, and 2 • Mid-year and year-end (additional assessments utilized as needed throughout training)	Evaluation tool and self-study location: •
Minimum levels of achievement (MLAs) for each outcome measure/ evaluation tool listed above.	Mid-year: 3 Year-end: 5	

Competency:	*(vi) Assessment*	
Elements associated with this competency from IR C-8 I	• Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology. • Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural). • Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process. • Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient. • Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective. • Communicate the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.	
Program-defined elements associated with this competency (if applicable)		
Required training/experiential activities to meet elements	Weekly individual supervision targeting intern development in psychological assessment Intern will complete 1-6 psychological assessments depending on individual training goals and experience Intern will learn to incorporate psychological assessment principles into all clinical activities	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	How outcomes are measured: • Competency Assessment Form (CAF) • Goal 3 • Mid-year and year-end (additional assessments utilized as needed throughout training)	Evaluation tool and self-study location: •

Minimum levels of achievement (MLAs) for each outcome measure/ eval tool listed above.	Mid-year: 3 Year-end: 5	
Competency:	*(vii) Intervention*	
Elements associated with this competency from IR C-8 I	• Establish and maintain effective relationships with the recipients of psychological services. • Develop evidence-based intervention plans specific to the service delivery goals. • Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. • Demonstrate the ability to apply the relevant research literature to clinical decision making. • Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking. • Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.	
Program-defined elements associated with this competency (if applicable)		
Required training/experiential activities to meet elements	Intern will spend approximately 50% of their direct clinical service hours on clinical intervention of individuals, families, or groups. Individual and group supervision will serve to provide live developmental training opportunities. Didactics will be targeted toward clinical experiences the interns will be engaged in	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	How outcomes are measured: • Competency Assessment Form (CAF) • Goal 4 • Mid-year and year-end (additional assessments utilized as needed throughout training)	Evaluation tool and self-study location: •
Minimum levels of achievement (MLAs) for each outcome measure/ evaluation tool listed above.	Mid-year: 3 Year-end: 5	

Competency:	*(viii) Supervision*	
Elements associated with this competency from IR C-8 I	• Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees. • Apply the supervisory skill of observing in direct or simulated practice. • Apply the supervisory skill of evaluating in direct or simulated practice. • Apply the supervisory skills of giving guidance and feedback in direct or simulated practice.	
Program-defined elements associated with this competency (if applicable)		
Required training/experiential activities to meet elements	Two hours of individual supervision weekly targeting the development of psychological competencies of individual interns, as well as two hours of group supervision/consultation with licensed mental health professionals.	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	How outcomes are measured: • Competency Assessment Form (CAF) • Goal 7 • Mid-year and year-end (additional assessments utilized as needed throughout training)	Evaluation tool and self-study location: •
Minimum levels of achievement (MLAs) for each outcome measure/ evaluation tool listed above.	Mid-year: 3 Year-end: 5	

Competency:	*(ix) Consultation and interprofessional/interdisciplinary skills*	
Elements associated with this competency from IR C-8 I	• Demonstrate knowledge and respect for the roles and perspectives of other professions. • Apply the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.	
Program-defined elements associated with this competency (if applicable)		
Required training/experiential activities to meet elements	Multidisciplinary consultation and observation opportunities available within organization in the form of weekly lunch/consultation groups, monthly dinners, and weekly learning/didactics that include health service psychologists, psychiatrists, psychiatric nurse practitioners, social workers, and counselors within our organization. Frequent consultation and communication with outside agencies (schools, social services, community organizations, and legal professionals) are built into developmental training.	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	How outcomes are measured: • Competency Assessment Form (CAF) • Goal 6 • Mid-year and year-end (additional assessments utilized as needed throughout training)	Evaluation tool and self-study location: •
Minimum levels of achievement (MLAs) for each outcome measure/ evaluation tool listed above.	Mid-year: 3 Year-end: 5	

Addendum B

2025-2026 Didactic topics

Case formulation & Treatment: 60 minutes, weekly on Fridays
48 total didactic hours Suzanne Linkroum, PhD unless otherwise specified

August 1	Introduction/Planning/Goals
August 8	Ethics in practice
August 15	MD Law and HIPAA
August 22	How to write a treatment plan
August 29	How to write a treatment plan
September 5	Diagnostic Skills
September 12	Diagnostic Skills Part 2
September 19	Behavioral Case Formulation
September 26	How to write a progress note
October 3	Cognitive Behavioral Case Formulation
October 10	Cognitive Behavioral Case Formulation
October 17	Progress note round 2
October 24	Family Systems
October 31	Family Systems
November 7	Applied Approaches and Case Examples: Family Systems
November 14	Current Psychodynamic Approaches - Formulation
November 21	Current Psychodynamic Approaches
December 5	Applied Approaches and Case Examples: Family Systems
December 12	Treatment - Depression
December 19	Treatment - Depression, Case examples, applications
January 9	Treatment. Anxiety
January 16	Treatment. Anxiety, Case examples, applications
January 23	Treatment. Trauma
January 30	Treatment.Trauma, Case examples, applications
February 6	Neuroscience of Trauma
February 13	Grief
February 20	Supporting Families of Transgender Children
February 27	LGBTQIA+-affirming care (guest speaker: Darren Freeman-Coppadge, Ed.D)
March 6	Coparenting/Custody (guest speaker: Jill Gasper, PhD)
March 13	Autism/Behavioral Therapy
March 20	Understanding and Treating Trichotillomania
March 27	Military PTSD & Suicidal Ideations
April 3	Part 2 - Neuroscience of Trauma
April 10	Treatment with the Military (guest speaker: Todd Vance PhD)
April 17	Couples Therapy
April 24	Returning to intimacy in long term relationships (guest speaker: Jillian Amodio)
May 1	Current Treatments of ADHD in Children
May 8	Reconnecting with joy through inner child work and M-BCT (guest speaker: Jillian Amodio, LGSW)
May 15	Current Treatments of ADHD in Adults
May 29	Psychiatric prescribing: Overview (guest speaker: Danielle Mitsch, PMHNP)
June 5	Psychiatric prescribing: Applications for psychologists (guest speaker: Jaqueline Burke, PMHNP)
June 12	Psychiatric prescribing: Inpatient adolescents (guest speaker: Margot Ferrigno, PMHNP)
June 19	Psychiatric prescribing: Content review and synthesis (guest speaker: Danielle Mitsch, PMHNP)
June 26	Longevity through the lifetime as a psychologist (guest speaker: Raymond Mosko, PhD)
July 10	Preparing for transfer and referral
July 17	Coordinating care best practices
July 24	Preparing to graduate!
July 31	Summary/Review of Year

Current Evidence-Based Treatment: 60 minutes, bi-weekly on Wednesdays
24 total didactic hours Tana Clarke, PhD unless otherwise specified

August 6	Intros/Outline of Didactic seminar
August 20	Evidence based safety assessment and planning
September 3	Functional behavior analysis and applications
September 17	Measurement and outcome monitoring
October 1	Clinical Supervision: Concepts
October 15	Clinical Supervision - Skills and Strategies
October 29	Behavior management
November 12	Current research update
November 26	Skills training models
December 10	Third wave behavioral approaches
January 7	Higher levels of care
January 21	Critical analysis of treatment outcome research
February 4	Behavior management follow up
February 18	Exposure based approaches
March 18	Integrating evidence based tools
April 1	Digital applications to assist with clinical care (guest speaker: Eric Sullivan of Uneo Health)
April 15	Addressing disordered eating in outpatient settings (guest speaker: Jennifer Rollins, LCSW)
April 29	How nutrition and diet impact mental health (guest speaker: Alex Raymond, RD)
May 13	Approaches in pediatric and health psychology (guest speaker: Elana Leibovitch, PsyD)
May 27	Working with incarcerated youth (guest speaker: Nadia Maghsadi, PsyD)
June 10	Special education and disability accommodations
June 24	Identifying your personal identity as a psychologist
July 8	Planning your dream career
July 22	Summary/Review of Year

The Business of Private Practice 60 minutes, every third Friday
12 total didactic hours Allyson Kett, PsyD unless otherwise specified

August 1/September 2	Billing CPT Codes, Diagnosis (ICD10), & Electronic health records
August 1/September 2	Progress Notes vs. Process Note - how to document
October 17	Progress Note Review (Feedback from group on samples)
November 21	Ins/Outs of Insurance-Based Care
December 19	Confidentiality with Teenagers & Duty to Report
January 16	Legal involvement (family law, court orders, subpoenas, etc.)
February 20	How to start a private practice
March 20	Applying for jobs/ CV development
April 17	Mock interviews
May 15	Marketing yourself & Social media - the private you and the professional you (*Guest speaker: Jillian Amodia, LGSW)
June 19	Consulting with colleagues - when things go wrong!
July 24	Other areas of practice - consulting, workshops, coaching, etc. (“Guest speaker: Samantha Straub, LCPC)

Monthly Lunch 'n Learns: 60 minutes, every 4th Tuesday
12 total didactic hours Varied presenters

August 5	The mental health needs of inner city youth, specifically Woodside Gardens and other Annapolis neighborhoods -Charting Careers
September 2	Affirmative therapy for transgender communities -Carrie Cleveland, LCSW-C
October 7	Clinical hypnosis and mindfulness meditation -Akira Otani, Ed.D
November 4	Reproductive-related mood syndromes in women, such as post-partum and peri menopausal depression and the treatment of mood disorders during pregnancy. -Kristina Money, MD, psychiatrist
December 2	Technology, social media, and mental health -Erin Castleberry, MS, LCPC, NCC
January 6	Mental health treatment in Emergency Medicine -Danielle Mitsch, PMHNP-BC
February 3	The importance for relationship and sexual literacy in modern youth -Jillian Amodio, LGSW
March 3	EMDR & IFS-Informed EMDR therapy -Molly Stackhouse, MS, NCSP, LCPC, LPC
April 7	Integrated mental health treatment in primary care -Andie Sancarranco, MSN, AGPCNP-BC, PMHNP-BC, CRNP
May 5	Mental health support in the school setting and Coordination of Care -Samantha Straub, MS, LCPC
June 2	Sport psychology - Scott Brain, MS.Ed., NCSP
July 7	IEPS and 504 plans: All you need to know -Lesley Eget, LCPC, DEd