



**Advanced Psychotherapeutics, PLLC and Center for
Neuroplastic Research**

**Clinical Psychology Doctoral Internship Training Program
Handbook**

2025-2026

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Advanced Psychotherapeutics, PLLC and Center for Neuroplastic Research

Clinical Psychology Doctoral Internship Training Program

Introduction:

Advanced Psychotherapeutics, PLLC and Center for Neuroplastic Research is a private practice treating moderate to severe forms of mental illness in all age populations. The owner and clinical director, Dr. Timothy Barclay is a licensed clinical psychologist in the Commonwealth of Virginia. The practice employs two clinical psychologists, five psychometricians, 13 licensed professional counselors, and two medical providers (licensed nurse practitioner, and a physician's assistant). The practice produces the largest volume of psychological/neurological testing in Central Virginia. We provide full-service behavioral health to include medication management. In addition to various forms of psychotherapy, we also specialize in noninvasive brain stimulation to treatment various mood disorders/behavior disorders, autism, and TBI. We have three brain imaging /treatment rooms using sLORETA and swLORETA (Standard and Standard Weighted Low Resolution Electromagnetic Tomography). Many of our doctors are published authors, researchers, and speakers with many different specializations to include trauma, sexual additions, substance abuse, play therapy and other forms of child therapy/parent skill training. We also have a board-certified forensic examiner who specializes in custody evaluations and other court-related evaluations. The practice has contracts with many surrounding counties, Department of Social Service agencies to provide testing and treatment for children and parents. We also have a large referral base from surrounding hospitals, medical, and counseling practices.

Our office is located in Forest Virginia within the Blue Ridge Mountain Range as is backdrop. We have 4,000 sq ft of space the includes a reception and waiting room area, kitchen/break room, conference room, two psychometrician scoring rooms, play therapy room, and 16 additional offices used for clinician use.

Aims, Goals, Training Objectives, Outcome Measures, and Procedures:

The goals of the program are to provide psychology graduate students from Liberty University's Clinical Psychology Program with the opportunity to grow from a level of basic understanding of the concepts of clinical practice to mastery from an accredited site and satisfy licensing requirements. These concepts include the learning and demonstration of clinical/critical thinking in case conceptualization, supervision and consultation, diagnosis and treatment planning, formal testing and report writing, and various applications of treatment to include psychotherapy and the incorporation of various adjunctive noninvasive brain stimulation interventions. Participants will also have opportunities to engage in ongoing research projects available on site.

The model of the psychology internship program is best summarized in terms of a professional psychology training model. Interns are selected through Liberty University's PsyD program using the matching procedures of the Association of Psychology Postdoctoral

and Internship Centers (APPIC). Applicants must be approved by their graduate program as being ready for doctoral internship, have completed 1000 hours of practicum experience 500 hours of which involves face to face contact with clients, and at least 75 hrs. of assessment experience. A minimum of 10 psychological evaluations which include assessment of cognitive functioning is recommended.

Training Model

Our training model is practitioner-scholar in nature and is both experiential and didactic. Interns are provided with a graded sequence of experience, increasing their responsibilities commensurate with their demonstrated needs and competency. This process promotes the development of clinical skills in assessment and treatment as well as professional development. Our internship is structured to provide individualized supervision as the interns work with a broad range of patients.

The training year emphasizes each intern's assessment and treatment skills, enabling them to transition into future roles as practitioners and healthcare providers in interdisciplinary settings. The professional growth and development of interns as they transition from graduate students to entry-level professionals is emphasized. Each intern will demonstrate achievement of core competencies by the year's end in assessment, psychological treatment and professional development as a psychologist. Interns' clinical experiences are integrated with scholarly review of research with an emphasis on evidence-based treatment.

To accomplish our goals, we provide support in the following areas to include access and training to all testing materials, computers used for assessment, secure internet access, dedicated office space to see patients, as well as dedicated office space used for specific interventions such as brain imaging equipment, psychometrician scoring rooms, and a library of testing and didactic resources.

Training Competencies and Evaluation:

Assessment/Diagnosis/Consultation –Interns will obtain experience and appropriate levels of competence in the following areas: interviewing, diagnosis, and consultation within multidisciplinary settings; administration, scoring, interpretation, and reporting results of intellectual, achievement, personality, and neuropsychological tests; focal and broad-based assessment approaches; use of assessment tools for program evaluation. Interns are expected to promptly and proficiently administer commonly used tests their areas of practice and autonomously (with supervisor consultation as needed) choose appropriate tests to be administered. By the end of the internship year, they also are expected to autonomously interpret test results and write well-organized psychological reports, answering referral questions clearly and providing referral sources with specific recommendations for patient care. They are expected to perform assessments of patients referred for consultation, incorporating mental status exams, structured interview techniques or psychological assessments, as needed, to answer referral questions.

Interns will be evaluated every 3 months. By the end of the 12-month period, interns should have a minimum score of 3 or higher (0-not at all; 1-somewhat; 2-moderately; 3-mostly; 4-very). All evaluations are reviewed personally with the intern by their supervisor.

1. Methods of training:

- a. the intern will receive experiential work with children, adolescents, and adults in outpatient settings
- b. individual and/or group supervision
- c. seminar topics on assessment, diagnosis, and consultation
- d. case conferences, clinical research presentations, and meetings of Liberty University, American Psychological Association Conferences, Virginia, Academy of Clinical Psychologists Conferences.

2. Related outcome measures:

- a. intake reports
- b. assessment and consultation reports, chart notes
- c. intern weekly report documenting assessment experiences, supervision, and didactic training.
- d. supervisors' ratings on the items on the Psychology Intern Evaluation Form. Interns are expected to receive ratings at a level of competence of "3" or higher on a scale of 0-4 (as applicable) month evaluation periods. If a lower rating (i.e., "1" or "2") is received, the supervisor must specify in writing the remediation required, with specific dates for completion.

To successfully complete the internship program, interns must achieve ratings of "3" or higher on all evaluation items by all supervisors.

B. Psychological Intervention – Interns are expected to demonstrate competence in formulating useful case conceptualizations that draw on theoretical and research knowledge. Interns also are expected to formulate appropriate therapeutic treatment goals in collaboration with their patients, collaborating with patients in crisis to make appropriate short-term safety plans and to intensify treatment as needed. They are to present interventions that are well-timed, effective, and consistent with empirically supported treatments.

1. Methods of training:

- a. the intern will receive experiential work with children, adolescents, and adults in outpatient settings.
- b. individual and group supervision.
- c. seminar topics on theory and technique of interventions in general and with specific populations.
- d. case conferences, clinical research presentations, and meetings of Liberty University, American Psychological Association Conferences, Virginia, Academy of Clinical

Psychologists Conferences.

2. Related outcome measures:

- a. outpatient treatment plans, chart notes, treatment summaries, or discharge summaries
- b. Intern Weekly Report documenting therapy experiences, supervision, and didactic training
- c. interns are expected to receive ratings at a level of competence of "3" or higher on a scale of 0-4 (as applicable) month evaluation periods. If a lower rating (i.e., "1" or "2") is received, the supervisor must specify in writing the remediation required, with specific dates for completion.

To successfully complete the internship program, interns must achieve ratings of "3" or higher on all evaluation items by all supervisors.

- C. Scholarly Inquiry – Interns are expected to demonstrate competence in scholarly inquiry as relevant to patient assessment, diagnosis, and intervention. Interns are expected to seek out professional writings regarding assessment, diagnosis, and intervention as needed to enhance knowledge about a patient's psychological status. Interns engaged in research are expected to collaborate on a scholarly product by the end of the internship year.

1. Methods of training:

- a. the intern will receive experiential use of evidence-based assessment and treatment procedures in outpatient settings
- b. research participation in outpatient settings
- c. integration of science and practice in topic seminar series
- d. clinical research conference presentations to peers and supervisors
- e. departmental grand rounds
- f. observation of faculty role models

2. Related outcome measures:

- a. seminar evaluation forms documenting integration of empirical and clinical information
- b. oral presentation in Research Seminar documenting research skill/involvement
- c. interns are expected to receive ratings at a level of competence of "3" or higher on a scale of 0-4 (as applicable) month evaluation periods. If a lower rating (i.e., "1" or "2") is received, the supervisor must specify in writing the remediation required, with specific dates for completion.

To successfully complete the internship program, interns must achieve ratings of "3" or higher on all evaluation items by all supervisors.

- D. Awareness of and Sensitivity to Cultural Diversity and Individual Differences – Interns are expected to be sensitive to cultural and other individual differences in clinical work (assessment, consultation, and intervention), in research activities, and in didactic and case presentations.

1. Methods of training:

- a. the intern will receive clinical experience with inpatient and/or outpatient populations representing a wide range of sociocultural backgrounds
- b. discussion of individual differences in individual and group supervision
- c. seminar topics on individual differences and special populations
- d. monthly case discussions at the diversity case conference

2. Related outcome measures:

- a. supervisors' ratings on the "Awareness of and Sensitivity to Cultural a Diversity and Individual Differences" item of the Psychology Intern Evaluation Form.
- b. Interns are expected to receive ratings at a level of competence of "3" or higher on a scale of 0-4 (as applicable) month evaluation periods. If a lower rating (i.e., "1" or "2") is received, the supervisor must specify in writing the remediation required, with specific dates for completion.

To successfully complete the internship program, interns must achieve ratings of "3" or higher on all evaluation items by all supervisors.

- E. Ethical Conduct & Professional conduct – Interns will obtain experience and appropriate levels of competence in the following areas: ability to complete assignments in a timely manner; knowledge of ethical principles; attendance/participation in didactic activities; preparation of material for supervision; professional interactions demonstrating ethical behavior with patients and colleagues; and demonstration of positive coping strategies to manage personal and professional stressors to maintain professional functioning.

1. Methods of training:

- a. seminar topics on professional behavior and ethics
- b. time requirements for clinical tasks
- c. supervision
- d. observation of faculty role models

2. Related outcome measures:

- a. supervisors' ratings on the "Ethical & Professional Conduct" items of the Psychology Intern Competency Evaluation Form.
- b. Interns are expected to receive ratings at a level of competence of "3" or higher on a scale of 0-4 (as applicable) month evaluation periods. If a lower rating (i.e., "1" or "2") is received, the supervisor must specify in writing the remediation required, with specific dates for completion.

To successfully complete the internship program, interns must achieve ratings of "3" or higher on all evaluation items by all supervisors.

Program Requirements

The internship is a full-time (40-hour per week), one year program and will consist of clinical experience, supervision, and didactic training. To successfully complete the program, interns are required to complete 2000 hours of work. Interns receive a minimum of two hours of individual supervision with a licensed psychologist on a weekly basis. The program begins and ends on August 14th, or the closest weekday to these dates. The Minimal Level of Achievement (MLA) to successfully complete the program is completion of the minimum number of hours and achievement of an overall rating of 3 (Proficient Competence) on the internship evaluation indicating readiness for entry-level practice at the end of internship.

Intern Expectations:

Interns provide direct intervention services that may include individual, group, family, adult, and couple's therapy. Interns are required to be familiar with relevant literature, updated research, techniques of rapport building, and strategies of evidence-based interventions. Interns are evaluated on their ability to demonstrate an organized conceptual understanding of the client's problems and ability to apply such in treatment. Additionally, the interns need to differentiate among various intervention strategies to facilitate treatment, identify therapeutic needs and work towards their resolution, identify cultural factors, maintain appropriate therapeutic boundaries, and utilize a variety of intervention techniques. Interns are also expected to be aware of their own cultural influence on the treatment process, and to keep adequate and relevant progress notes. Empirically validated treatment approaches are reviewed in individual and group supervision as well as covered during clinical training at the beginning of internship during orientation. Additionally, other treatment approaches and issues (e.g., treatment planning) are the main subject of focus of the Training Seminars.

Interns gain extensive experience in methods of conducting consultation. They also consult regularly with representatives from community agencies and other professionals involved in their clients' cases to provide direction and to obtain useful diagnostic information. The diversity of the clients and staff provides the interns with the opportunity to develop and demonstrate cultural sensitivity and competence in their interactions with others. Methods of consultation, the role of the consultant, and approaches to engaging resistant individuals are discussed at length during the intern's individual and group supervision.

Interns have various opportunities for exposure to program evaluation in the internship program. In each of the bi-monthly training seminars, interns are asked to evaluate the usefulness of the seminar via the Professional Development Evaluation Survey. These training seminar evaluations have helped shape the didactic experience for the internship program. Interns also evaluate the internship program as a whole twice annually with the Psychology Internship Evaluation Form which is instrumental in making improvements for the internship program.

Interns have the opportunity to learn about the process and methods of supervision. The interns will be assigned one or two practicum students during the year to supervise. This experience is aligned with the program's Mentor - Practitioner model where main supervisors mentor interns and interns mentor practicum students. Interns schedule weekly supervision with the assigned practicum and document supervision in the "Weekly Documentation of Supervision" form. The intern is given a consultative, supervisory role with the practicum student and may be involved in co-therapy. Within the Mentor-Practitioner model of training, the practicum students look to the interns as mentors, and will often seek input from the interns as role models for their own development. Interns are provided with the opportunity to explore this relationship in individual

and group supervision. Furthermore, supervisors frequently invite interns to join them for supervision of practicum students, thus providing in vivo supervision of supervision as well as role modeling. Interns actively participate and provide their feedback for the practicum students' evaluations. Interns are expected to become familiar with the empirical and scientific bases of assessment and treatment approaches. During supervision with the practicum students, interns provide assignments to read relevant research and applied clinical practice articles relevant to assessment and treatment interventions.

Interns have access to a personal computer, laptop for scoring assessments and Internet access for resources. When learning a new assessment or therapy skill or technique, interns are encouraged to collect research information to facilitate their interventions. Although interns are provided with a curriculum at the beginning of the year, the training supervisors as well as other supervisors e-mail the students with relevant literature throughout the entire year.

Schedule:

Monday: Didactic Training: 2-3 hrs. Supervision 2 hrs.

Wednesday: Supervision 2 hrs.

Monday-Friday: Outpatient Clinical Work: 30 hrs.

Didactic Experience:

Didactic training will be no less than 8 hours per month and be conducted by staff. Training will consist of case presentation/conceptualization, seminars on various assessments, treatment modalities with hands on experience, peer supervision, and case presentations.

Specific training will be in areas of various noninvasive brain stimulation techniques to include the use of:

- qEEG
- Neurofeedback
- Transcranial Direct Current Stimulation
- Photobiomodulation
- Pulsed Electromagnetic Fields

- Therapeutic Intervention Training will consist of:
 - EMDR
 - Attachment
 - Enhanced CBT
 - Existential Therapies
 - Reality Based Therapies

- Samples of assessment taught include:
 - All Weschler scales
 - PAI, MMPI, Millon inventories
 - Achievement
 - Autism Diagnostic Interview-revised
 - Parental Capacity Assessment

Other areas of didactic training will consist of the following:

- Building Strong Clinical Relationships and Stage of Change
- Principles of Recovery and Resiliency
- Neurodevelopmental Concepts and Applications
- Differential Diagnosis and Good Case Conceptualization
- Interventions with people in acute risk: suicidal, parasuicidal, aggressive, and highly reactive states
- Identifying and Treating Psychosis
- Group Therapy Techniques
- The Involuntary Commitment Process
- Dialectical Behavioral Therapy and DBT-Informed Approaches to Treatment
- Psychopharmacology
- Treatment of People with Personality Disorders
- Treatment of Sex Offenders
- Incapacity to Proceed and Capacity Restoration
- Treatment of Trauma
- Treatment of Grief and Loss
- Treatment of Deaf and Hard of Hearing Individuals
- Spirituality and Health Outcomes
- Primary Care and Integrated Health
- Gender Development and Sexuality

Professional Development Didactics:

- Adjusting to Internship
- Early Career-Building
- Risk Management in Practice
- Trauma-Informed Care
- Expert Testimony
- Preparing for the EPPP and Licensure
- Job Searching and Career Opportunities
- Ethical Issues

- Boundaries and Dual Relationships
- Cultural Competency in Practice
- Compassion Fatigue, Burnout, and Self-Care

Supervision:

Supervision is provided as follows:

A minimum of four hours per week two of which are individual from a primary supervisor (licensed psychologist) who is assigned to the intern for the entire year.

Interns are evaluated four times a year in eight areas of competency: Intervention, Assessment, Consultation & Interdisciplinary Collaboration, Identification as a Psychologist & Self Knowledge, Relationship Between Science and Practice, Supervision, Program Evaluation, and Diversity Training as described below. All competencies are assessed at three levels: Basic; Intermediate and Advanced. All completed intern evaluations are kept in a locked file in the office of the Director of Training.

Professional Appearance Policy

The personal appearance of our interns contributes to the image of the practice, community and our profession. Further, as health service providers, personal appearance and hygiene have a significant effect on ensuring a professional and safe environment for patients that focuses on their needs in the delivery of quality patient care.

The expected professional attire can be broadly described as business casual.

Due Process Procedures

An intern's performance is evaluated four times a year. In situations in which it is determined that problems presented in the intern's performance are too significant to wait for normally scheduled review the following procedures are undertaken, when any of these evaluation procedures are undertaken the results of the evaluation are shared with the director of training of the intern's doctoral program. Problematic behavior and performance are noted in the intern's evaluation and will be used in the Due Process Procedure.

I. Definition of Problematic Behavior/Intern Performance

During the course of the internship situations may arise in which the intern's level of

performance, attitude, and willingness to perform duties or inability to control personal reactions may interfere with the intern's professional functioning to a degree that rises to a level of a problem in the opinion of the intern's supervisor. Such behaviors may include but are not limited to:

- Failure to address a problem when it is identified in supervision.
- A skill deficit that cannot be improved by educational intervention.
- Behaviors which require an inordinate amount of attention from the supervisory staff.
- Behavior that does not change with remediation over time.
- Behavior that negatively impacts client care.
- Behavior that negatively affects the intern's ability to function on a team.
- Behavior that violates agency standards.

II. **Remediation and Sanctions**

Once a problem has been identified as not having been solved within the normal supervisory framework, there is a stepwise system of intervention which includes:

1. Verbal Warning-the supervisor discusses the seriousness of the problem with the intern: no written record is kept.
2. Written Acknowledgement-if the problem is not corrected within two weeks, the intern receives written notice that.
 - The training director has been informed of the problem (if the training director is the intern's supervisor in any Due Process or Grievance procedure the assistant training director will substitute for the training director).
 - The verbal warning that was given is acknowledged.
 - The training director will become involved in the solution of the problem (a meeting will be held among the training director, the supervisor and the intern).
 - The written acknowledgement will be placed in the intern's personnel file to be removed when the problem is successfully addressed.
3. Written Warning-if the problem is not corrected within two weeks, the intern will receive written indication that includes the following:

Description of the problematic behavior

- Actions needed for remediation.
- Timetable for corrective action
- Consequences of failure to correct behavior.
- Intern's rights with regard to review of the action

This document along with the intern's written response will go into the intern's personnel file.

III. Remediation Plan

A remediation plan will be determined by the supervisor, in consultation with the training director, which will include the following:

- Increased levels of supervision
- Additional didactic training (if necessary)
- Reduced or altered caseload to create time to focus on the problem.
- Recommendations of, and assistance in, finding personal psychotherapy, (if indicated)
- Time period over which progress is to be evaluated.
- Probationary period-during the time during which the remediation plan is carried out, the intern will be on probation. During this period the intern will receive:
- Increased supervision.
- A letter specifying reasons for unacceptable ratings, recommendations for change, time frame expected for change and the evaluation procedure the progress of which is reviewed by the training director.
- Dismissal from the internship-if after corrective measures have been taken, the intern is unable or unwilling to correct the problematic behavior, the intern will be dismissed, and the intern's academic institution will be informed that the intern will not complete the internship.

Due Process-the intern's response

The intern has the right to be able to respond to the actions taken with regard to problematic behavior and to be assured that the process of intern evaluation is fair and not personally based. In order to insure this, the following procedures are in place:

- Expectations with regard to professional functioning are addressed at the outset of the internship.
- Routine written evaluation procedures as noted above, are scheduled during the internship.
- Interns are given adequate time to respond to actions taken by the program.

Interns' Concern about Training

Efforts are made to provide interns a comprehensive experience to practice. If an intern has questions about the methods/practices of their training, they are informed that they must first address any concerns to their supervisor who will address them. If the intern's

concerns are not properly addressed with the supervisor, the intern can file their concern with the Director of Training in writing for clarification. If the matter is not resolved at this level, the matter is escalated to the Appeal Process.

Appeal Process

If the intern wishes to challenge a decision made at any step in the Due Process procedure, the intern may request an Appeals Hearing before the Training Committee. This request must be made in writing to the Director of Training within 5 working days of notification regarding the decision with which the intern is dissatisfied. If requested, the Appeals Hearing will be conducted by a review panel convened by the Training Committee and consisting of themselves (or another supervisor, if appropriate) and at least two other members of the training faculty who work directly with the intern. The intern may request a specific member of the training faculty to serve on the review panel. The Appeals Hearing will be held within 10 working days of the intern's request. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel may uphold the decisions made previously or may modify them. Decisions made by the review panel will be shared with the intern and the intern's home doctoral program.

If the intern is dissatisfied with the decision of the review panel, they may appeal the decision, in writing, to the Director of Training. If the intern is dissatisfied with the decision of the Director of Training, they may appeal the decision, in writing, to the Practice Administrator. Each of these levels of appeal must be submitted in writing within 5 working days of the decision being appealed.

The Practice Administrator has final discretion regarding the outcome. Decisions made during these appeal processes will be shared with the intern and the intern's home doctoral program.

Grievance Procedures

If an intern experiences problems with the training program for any reason that can include but not limited to complaints about evaluations, supervision, stipends/salary, harassment, workload, scheduling, etc..or any other issue:

The intern should try to settle them in the following sequence:

- Attempt to settle them informally.
- Bring the problem to the attention of the training director.
- Submit a written complaint to the training director who must convene a Training Committee meeting within 3 days to review the complaint.

The review process will include the following:

- Review of the written complaint and collection of data (which will be made available to the intern).
- A report, including recommendations, will be prepared by the training director within 3 days.
- A decision as to the resolution of the problem will be made by the training director within 3 days of the report.
- If the final decision is disputed by the intern, the intern can contact the agency Human Resources Department to discuss the situation.
- If the training director is the intern's supervisor in any Due Process or Grievance procedure, the assistant training director will substitute for the training director.

Please sign this acknowledgement page and return it to the Clinical Training Director.

Acknowledgment

I acknowledge that I have received and reviewed the Due Process and Grievance procedures of the Advanced Psychotherapeutics Doctoral Internship Program. I agree to abide by the procedures outlined in this document. I have been provided with a copy of the document to keep in my files.

Print Name

Signature

Date

Application and Intern Selection:

Interns will be selected from Liberty University's PsyD program. As students will rotate through the practice through their practicum experiences, the site will select two students from the program to complete the internship experience.

To be considered, the following is required:

- Completion of their formal coursework for the Clinical Psychology degree
- Successful proposal of a dissertation
- Successful passing of a Comprehensive Examination
- Completion of a minimum of 500 intervention hours, 75 assessment hours, and 1000 practicum hrs.
- Minimum of three years of graduate training
- Minimum of 10 integrated assessment reports
- Successful Background Check
- Drug use, including recreational cannabis, is prohibited. Employees may not be under the influence of any illegal drugs, alcohol, or cannabis while at work or on duty. Drug testing may be required. Any violations could lead to corrective action, including immediate termination.

Selection Process:

Students are selected through the PsyD program of Liberty University. Two students will be selected from applicants who

- Demonstrate high ability for achievement and success.
- Individual and program goals
- Internship readiness as evaluated by the academic program.
- Desire to further research efforts

Stipend:

The annual stipend paid to each intern is set at \$32,000. Interns will also receive paid holidays that coincide with the practice work calendar. These holidays include New Year's Day, Martin Luther King Jr., Memorial Day, Independence Day, Labor Day, Thanksgiving (Thursday and Friday), and Christmas Day.

Interns will also receive 4 personal days that can be taken as sick leave.

Internship Application and Match Policies

Applicant Requirements

To be considered eligible for the Advanced Psychotherapeutics Internship Program, the following is required:

- Completion of their formal coursework for the Clinical Psychology degree
- Successful proposal of a dissertation
- Successful passing of a Comprehensive Examination
- Completion of a minimum of 500 intervention hours and 75 assessment hours
- Minimum of three years of graduate training
- Minimum of 10 integrated assessment reports
- Successful Background Check
- Proof of Internship Readiness as noted from the academic program evaluation.

offenses which are not directly related to his/her clinical work. Offenses from youth will be discussed on a case-by-case basis.

- Drug use, including recreational cannabis, is prohibited. Employees may not be under the influence of any illegal drugs, alcohol, or cannabis while at work or on duty. Drug testing may be required. Any violations could lead to corrective action, including immediate termination.

Application Nondiscrimination Policies

Advanced Psychotherapeutics invites all applicants from the Liberty University PsyD program and does not discriminate based on age, race, or gender. The Advanced Psychotherapeutics Internship Program abides by APPIC regulations and policies. No person at this site will solicit or use any ranking information from an applicant prior to Match Day.

Selection Process

Applicants are contacted for an interview. Intern selection is based on a combination of the following factors:

1. Degree of fit between applicant's goals for training in the cover letter and application forms with the practice mission and training goals.
2. Fulfillment of minimum qualifications for candidates (outlined above).
3. Three recommendation letters, with at least one from a former supervisor.
4. Previous clinical and psychological assessment experience.
5. General knowledge base of the research and best practice treatments for outpatient private practice.
6. Sensitivity to the unique needs of multicultural populations.

How to Apply

Applications must be submitted via the online APPIC Application for Psychology Internship (AAPI). Instructions for applying to the Advanced Psychotherapeutics Internship Program are available at the APPIC website www.appic.org.

Questions regarding the program or the application process can be directed to:

Tim Barclay, PhD., Director of Training

Advanced Psychotherapeutics, PLLC

1047 Vista Park Dr. Ste A

Forest VA 24551

434-316-3543

Appendix A: 2024-2025 Didactic Training Schedule

Month	Week	
August 8/5	Week 1 2.5 hrs.	Orientation to Advanced Psychotherapeutics Presenters: Dr. Tim Barclay (clinical director and supervisor) and Dr. Gary Sibcy (clinical supervisor)
8/12	Week 2 2 hrs.	Overview and use of practice management software, note system and codes. Presenter: Dr. Tim Barclay
8/19	Week 3 2.5 hrs	Best Documentation Practices and Measurement-Based Care: Presenters: Dr Gary Sibcy
8/26	Week 4 3 hrs.	Intelligence Testing & Psycho-Educational Assessment Presenter: Dr. Gary Sibcy
September 9/2	Week 1 3 hrs.	Evidence-based Therapy Approaches Presenter: Dr. Gary Sibcy
9/9	Week 2 3 hrs.	qEEG in Assessment and Treatment. Presenter: Dr. Tim Barclay
9/16	Week 3 3 hrs.	The Use of Neurofeedback. Presenter: Dr. Tim Barclay
9/23	Week 4 3 hrs.	Neurofeedback: Week 2 Presenter: Tim Barclay
9/30	Week 5 2.5 hrs.	The Use of Bioregulation Therapy Presenter: Dr. Tim Barclay
October 10/7	Week 1 2 hrs.	Bioregulation Therapy: Week 2 Presenter: Dr. Tim Barclay
10/14	Week 2 2.5 hrs.	ADHD Assessment and Best Practice Treatment Recommendations Presenter: Drs. Gary Sibcy and Tim Barclay
10/21	Week 3 2.5 hrs.	Autism Assessment and Best Practice Treatment Recommendations Presenters: Dr. Gary Sibcy
10/28	Week 4 2 hrs.	Integrated Report Writing Presenter: Dr. Tim Barclay
November 11/4	Week 1 2 hrs.	The Use of tDCS Presenter: Dr. Tim Barclay
11/11	Week 2 2 hrs.	Diversity Sensitivity Training Presenters: Dr. Gary Sibcy

11/18	Week 3 2.5 hrs..	Mood Disorders Assessment and Best Practice Treatment Recommendations Presenter: Dr. Gary Sibcy
11/25	Week 4 2.5 hrs.	Personality Disorder Assessment and Best Practice Treatment Recommendations Presenter: Dr. Tim Barclay
December 12/2	Week 1 3 hrs.	Attachment Theory Presenter: Dr. Gary Sibcy
12/9	Week 2 2.5 hrs.	Attachment Theory: Week 2 Presenter: Dr. Gary Sibcy
12/16	Week 3 2 hrs.	The Use of Photobiomodulation Presenter: Dr. Tim Barclay
12/23	Week 4 3 hrs.	Parenting Capacity Assessment, Report Writing, and Court Testimony. Presenter: Tim Barclay
12/30	Week 5	Christmas Break
January 1/6	Week 1 2 hrs.	Parenting Capacity Assessment, Report Writing, and Court Testimony: Week 2 Presenter: Tim Barclay
1/13	Week 2 2.5 hrs.	Principles of Recovery and Resiliency Presenter: Dr. Tim Barclay
1/21	Week 3 2 hrs.	The Use of Audiovisual Entrainment. Presenter: Dr Tim Barclay
1/27	Week 4 2 hrs.	The Use of Audiovisual Entrainment: Week 2. Presenter: Dr Tim Barclay
February 2/3	Week 1 2 hrs.	Professional Identity Development Presenter: Dr. Tim Barclay
2/10	Week 2 2.5 hrs.	Research Methods Presenter: Dr. Gary Sibcy
2/17	Week 3 2.5 hrs.	Identifying and Treating Psychosis Presenter: Dr. Gary Sibcy
2/24	Week 4 3 hrs.	Differential Diagnosis and Good Case Conceptualization. Presenter: Dr. Gary Sibcy

March 3/3	Week 1 3 hrs.	Enhanced CBT. Presenter: Dr. Gary Sibcy
3/10	Week 2 2.5 hrs.	Floortime and Working with Children. Presenter: Tim Wilson, LPC.
3/17	Week 3 2.5 hrs.	Acceptance and Commitment Therapy (ACT): 1 Presenter: Tim Wilson, LPC
3/24	Week 4 2 hrs.	Acceptance & Commitment Therapy (ACT): Part 2 Presenter: Tim Wilson, LPC
3/31	Week 5 3 hrs.	DBT. Presenter: Cait Taylor, LPC.
April 4/7	Week 1 2 hrs.	DBT. Week 2: Presenter: Cait Taylor
4/14	Week 2 2.5 hrs.	Trauma-Focused CBT Presenter: Erin Foster, LPC.
4/21	Week 3 2.5 hrs.	Trauma-Focused CBT. Week 2: Presenter: Erin Foster, LPC.
4/28	Week 4 2.5 hrs.	Psychopharmacology: Presenter: Carrie McKinney, LPN-C.
May 5/5	Week 1 2.5 hrs.	Subpoena with Dr. Trina: When the Psychologist receives an Expert Witness Subpoena Presenter: Dr. Gary Sibcy
5/12	Week 2 2.5 hrs.	Ethical Guidance: Dr. Gary Sibcy
5/19	Week 3 3 hrs.	Depressive Disorders. Presenter: Gary Sibcy
5/26	Week 4 2.5 hrs.	Anxiety Disorders Presenter: Dr. Tim Barclay
June 6/2	Week 1 3 hrs.	Empirically Validated Therapy Approaches Presenter: Dr. Gary Sibcy
6/9	Week 2 2.5 hrs.	Empirically Validated Therapy Approaches. Week 2: Presenter: Dr. Gary Sibcy
6/16	Week 3 2 hrs.	Empirically Validated Therapy Approaches. Week 3: Presenter: Dr. Gary Sibcy

6/23	Week 4 2.5 hrs.	Integrated Health Care and the Behavior Health Consultant Model Presenters: Dr. Tim Barclay
6/30	Week 5 2.5 hrs.	Supervision Models, Ethics Best Practices Presenter: Dr. Gary Sibcy
July 7/7	Week 1 2 hrs.	Supervision Models, Ethics Best Practices: Week 2 Presenter: Dr. Gary Sibcy
7/14	Week 2 2.5 hrs.	Common Ethical Mistakes and How to Avoid Them Presenter: Dr. Gary Sibcy
7/21	Week 3 2.5 hrs.	PTSD and Dissociation Assessment and Best Practice Treatment Recommendations Presenter: Dr. Gary Sibcy
7/28	Week 4 3 hrs.	Preparing for the EPPP and Licensure: Dr. Tim Barclay
August 8/4	Week 1 2 hrs.	What's next? Steps for pursuing licensure and career options after internship Presenter: Dr. Tim Barclay

Appendix B: Intern Evaluation Form

Intern Evaluation

(To be Completed by the Supervisor)

Trainee Name:

Name of Placement:

Date Evaluation
Completed:

Name of Person Completing Form (please
include highest degree earned):

Licensed Psychologist: Yes
No

Was this trainee supervised by individuals
also under your supervision? Yes No

Type of Review:

Initial
Review

2nd Qtr

3rd Qtr

Final

Dates of Training Experience this Review Covers: _____

Was this evaluation reviewed personally with the intern? Yes No

Rate each item by responding to the following question using the scale below:

How characteristic of the trainee's behavior is this competency description?

Not at All/Slightly	Somewhat	Moderately	Mostly	Very
0	1	2	3	4

If you have not had the opportunity to observe a behavior in question, please indicate this by circling "No Opportunity to Observe" [N/O].

Near the end of the rating form, you will have the opportunity to provide a narrative evaluation of the trainee's current level of competence.

FOUNDATIONAL COMPETENCIES

I. PROFESSIONALISM

1. Professionalism: as evidenced in behavior and comportment that reflect the values and attitudes of psychology.					
1A. Integrity - Honesty, personal responsibility and adherence to professional values					
Adherence to professional values infuses work as psychologist-in-training; recognizes situations that challenge adherence to professional values	0	1	2	3	4
1B. Deportment					
Communication and physical conduct (including attire) is professionally appropriate, across different settings	0	1	2	3	4
1C. Accountability					
Accepts responsibility for own actions	0	1	2	3	4
1D. Concern for the welfare of others					

Acts to understand and safeguard the welfare of others	0	1	2	3	4
11E. Professional Identity					
Displays emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professional development	0	1	2	3	4
2. Individual and Cultural Diversity: Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.					
2A. Self as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and Context					
Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation	0	1	2	3	4

Not at All/Slightly = 0 Somewhat = 1 Moderately = 2 Mostly = 3 Very = 4 No Opp. = [N/O]

2B. Others as Shaped by Individual and Cultural Diversity and Context					
Applies knowledge of others as cultural beings in assessment, treatment, and consultation	0	1	2	3	4
2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context					
Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others	0	1	2	3	4
2D. Applications based on Individual and Cultural Context					
Applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively with diverse others in assessment, treatment, and consultation	0	1	2	3	4
3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.					
3A. Knowledge of Ethical, Legal and Professional Standards and Guidelines					
Demonstrates intermediate level knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations	0	1	2	3	4
3B. Awareness and Application of Ethical Decision Making					
Demonstrates knowledge and application of an ethical decision-making model; applies relevant elements of ethical decision making to a dilemma	0	1	2	3	4
3C. Ethical Conduct					
Integrates own moral principles/ethical values in professional conduct	0	1	2	3	4

Not at All/Slightly = 0 Somewhat = 1 Moderately = 2 Mostly = 3 Very = 4 No Opp. = [N/O]

4. Reflective Practice/Self-Assessment/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.					
4A. Reflective Practice					
Displays broadened self-awareness; utilizes self-monitoring; displays reflectivity regarding professional practice (reflection-on-action); uses resources to enhance reflectivity; demonstrates elements of reflection-in-action	0	1	2	3	4
4B. Self-Assessment					
Demonstrates broad, accurate self-assessment of competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills	0	1	2	3	4
4C. Self-Care (attention to personal health and well-being to assure effective professional functioning)					
Monitors issues related to self-care with supervisor; understands the central role of self-care to effective practice	0	1	2	3	4
4D. Participation in Supervision Process					
Effectively participates in supervision	0	1	2	3	4

II. RELATIONAL

5. Relationships: Relate effectively and meaningfully with individuals, groups, and/or communities.					
5A. Interpersonal Relationships					
Forms and maintains productive and respectful relationships with clients, peers/colleagues, supervisors and professionals from other disciplines	0	1	2	3	4
5B. Affective Skills					
Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback nondefensively	0	1	2	3	4
5C. Expressive Skills					
Communicates clearly using verbal, nonverbal, and written skills in a professional context; demonstrates clear understanding and use of professional language	0	1	2	3	4

III. SCIENCE

6. Scientific Knowledge and Methods: Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.					
6A. Scientific Mindedness					
Values and applies scientific methods to professional practice	0	1	2	3	4
6B. Scientific Foundation of Psychology					
Demonstrates intermediate level knowledge of core science (i.e., scientific bases of behavior)	0	1	2	3	4
6C. Scientific Foundation of Professional Practice					

Not at All/Slightly = 0 Somewhat = 1 Moderately = 2 Mostly = 3 Very = 4 No Opp. = [N/O]

Demonstrates knowledge, understanding, and application of the concept of evidence-based practice	0	1	2	3	4
7. Research/Evaluation: Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.					
7A. Scientific Approach to Knowledge Generation					
Demonstrates development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology	0	1	2	3	4
7B. Application of Scientific Method to Practice					
Demonstrates knowledge of application of scientific methods to evaluating practices, interventions, and programs	0	1	2	3	4

FUNCTIONAL COMPETENCIES

IV. APPLICATION

8. Evidence-Based Practice: Integration of research and clinical expertise in the context of patient factors.					
8A. Knowledge and Application of Evidence-Based Practice					
Applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences	0	1	2	3	4
9. Assessment: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.					
9A. Knowledge of Measurement and Psychometrics					
Selects assessment measures with attention to issues of reliability and validity	0	1	2	3	4
9B. Knowledge of Assessment Methods					
Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances	0	1	2	3	4
9C. Application of Assessment Methods					
Selects appropriate assessment measures to answer diagnostic question	0	1	2	3	4
9D. Diagnosis					
Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity	0	1	2	3	4

Not at All/Slightly = 0 Somewhat = 1 Moderately = 2 Mostly = 3 Very = 4 No Opp. = [N/O]

9E. Conceptualization and Recommendations					
Utilizes systematic approaches of gathering data to inform clinical decision-making	0	1	2	3	4
9F. Communication of Assessment Findings					
Writes adequate assessment reports and progress notes and communicates assessment findings verbally to client	0	1	2	3	4
10. Intervention: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.					
10A. Intervention planning					
Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation	0	1	2	3	4
10B. Skills					
Displays clinical skills	0	1	2	3	4
10C. Intervention Implementation					
Implements evidence-based interventions	0	1	2	3	4
10D. Progress Evaluation					
Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures	0	1	2	3	4
11. Consultation: The ability to provide expert guidance or professional assistance in response to a client's needs or goals.					
11A. Role of Consultant					
Demonstrates knowledge of the consultant's role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher)	0	1	2	3	4
11B. Addressing Referral Question					
Demonstrates knowledge of and ability to select appropriate means of assessment to answer referral questions	0	1	2	3	4

Not at All/Slightly = 0 Somewhat = 1 Moderately = 2 Mostly = 3 Very = 4 No Opp. = [N/O]

11C. Communication of Consultation Findings					
Identifies literature and knowledge about process of informing consultee of assessment findings	0	1	2	3	4
11D. Application of Consultation Methods					
Identifies literature relevant to consultation methods (assessment and intervention) within systems, clients, or settings	0	1	2	3	4

V. EDUCATION

12. Teaching: Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology.					
12A. Knowledge					
Demonstrates awareness of theories of learning and how they impact teaching	0	1	2	3	4
12B. Skills					
Demonstrates knowledge of application of teaching methods	0	1	2	3	4
13. Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.					
13A. Expectations and Roles					
Demonstrates knowledge of, purpose for, and roles in supervision	0	1	2	3	4
13B. Processes and Procedures					
Identifies and tracks progress achieving the goals and tasks of supervision; demonstrates basic knowledge of supervision models and practices	0	1	2	3	4
13C. Skills Development					
Demonstrates knowledge of the supervision literature and how clinicians develop to be skilled professionals	0	1	2	3	4

Not at All/Slightly = 0 Somewhat = 1 Moderately = 2 Mostly= 3 Very = 4 No Opp. = [N/O]

13D. Supervisory Practices					
Provides helpful supervisory input in peer and group supervision	0	1	2	3	4

VI. SYSTEMS

14. Interdisciplinary Systems: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.					
14A. Knowledge of the Shared and Distinctive Contributions of Other Professions					
Demonstrates beginning, basic knowledge of the viewpoints and contributions of other professions/professionals	0	1	2	3	4
			[N/O]		
14B. Functioning in Multidisciplinary and Interdisciplinary Contexts					
Demonstrates beginning knowledge of strategies that promote interdisciplinary collaboration vs. multidisciplinary functioning	0	1	2	3	4
14C. Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes					
Demonstrates knowledge of how participating in interdisciplinary collaboration/consultation can be directed toward shared goals	0	1	2	3	4
14D. Respectful and Productive Relationships with Individuals from Other Professions					
Develops and maintains collaborative relationships and respect for other professionals	0	1	2	3	4
15. Management-Administration: Manage the direct delivery of services (DDS) and/or the administration of organizations, programs, or agencies (OPA).					
15A. Appraisal of Management and Leadership					
Forms autonomous judgment of organization's management and leadership	0	1	2	3	4
15B. Management					
Demonstrates awareness of roles of management in organizations	0	1	2	3	4
15C. Administration					

Not at All/Slightly = 0 Somewhat = 1 Moderately = 2 Mostly= 3 Very = 4 No Opp. = [N/O]

Demonstrates knowledge of and ability to effectively function within professional settings and organizations, including compliance with policies and procedures	0	1	2	3	4
16. Advocacy: Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level.					
16A. Empowerment					
Uses awareness of the social, political, economic or cultural factors that may impact human development in the context of service provision	0	1	2	3	4
16B. Systems Change					
Promotes change to enhance the functioning of individuals	0	1	2	3	4

Not at All/Slightly = 0 Somewhat = 1 Moderately = 2 Mostly = 3 Very = 4 No Opp. = [N/O]

Overall Assessment of Trainee's Current Level of Competence

Please provide a brief narrative summary of your overall impression of this trainee's current level of competence. In your narrative, please be sure to address the following questions:

- What are the trainee's particular strengths and weaknesses?
- Do you believe that the trainee has reached the level of competence expected by the program at this point in training?
- If applicable, is the trainee ready to move to the next level of training, or independent practice?

Not at All/Slightly = 0

Somewhat = 1

Moderately = 2

Mostly= 3

Very = 4

No Opp. = [N/O]



Advanced Psychotherapeutics, PLLC. and Center for Neuroplastic Research

This is to certify the successful completion of the
Advanced Psychotherapeutics, PLLC.
INTERNSHIP IN CLINICAL PSYCHOLOGY.

_____ [intern name] _____

Has completed 2000 Hours
in Clinical Psychology from
August 4th, 2025, to August 7th, 2026.

Timothy H. Barclay, PhD.

Clinical Training Director

Advanced Psychotherapeutics, PLLC.

Gary A Sibcy, PhD.

Training Supervisor

Advanced Psychotherapeutics, PLLC.