

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES

TRENTON PSYCHIATRIC HOSPITAL
HEALTH SERVICE PSYCHOLOGY INTERNSHIP
TRAINING PROGRAM

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Revised 12/15

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**THE HEALTH SERVICE PSYCHOLOGY INTERNSHIP TRAINING PROGRAM
OF
TRENTON PSYCHIATRIC HOSPITAL**

ACCREDITATION

The Psychology Department of Trenton Psychiatric Hospital (TPH), in conjunction with the New Jersey Division of Mental Health and Addiction Services offers a one year, full-time (1750 hours), APA-accredited internship in Clinical Psychology. We have been APA accredited since 1990. Our most recent site visit occurred in April 2010, and we were awarded accreditation for 7 years.

PHILOSOPHY AND EXPECTATIONS

The aim of the pre-doctoral internship at TPH is to stimulate, support, and shape the professional growth of psychology interns. We seek both to build upon previously acquired competencies, and to facilitate development of new clinical competencies and professional skills. While we seek to enhance development of a broad range of competencies and skills, an important aspect of our training philosophy is to provide all TPH interns with particular expertise in providing psychological services to individuals displaying serious and persistent psychopathology.

We expect to graduate interns who will:

1. Function as competent psychotherapists, psycho-diagnosticians and interdisciplinary treatment team members.
2. Effectively apply literature, supervision and continuing education to their clinical work.
3. Conduct themselves in a professional manner, in accordance with ethical and legal guidelines applicable to the setting in which they practice.
4. Possess sensitivities to individual and cultural differences that enable them to provide effective psychological treatment for the individuals they serve.

These expectations are achieved by providing interns with a program that integrates two broad training dimensions: (1) exposure to clinical and professional roles and experiences and (2) didactic and supervisory experiences. These experiences are structured according to the unique training needs of each intern.

The first training dimension, exposure to a range of clinical roles and experiences, is achieved through clinical and other professional role experiences at TPH and at training experiences at an outpatient or specialized site that matches the intern's training interests. In these settings, interns are exposed to patients and clients representing a broad spectrum of psychopathology and diverse demographic backgrounds. Interns are also exposed to psychologists functioning in a variety of professional roles: multidisciplinary treatment team member, unit administrator, medical staff member, and hospital committee member.

The second dimension of training, didactic and supervisory experiences, involves education and guidance. Interns receive both individual and group clinical supervision, including 3 to 4 hours weekly of one-to-one supervision, and 1.5 hours of group supervision. Supervisors representing a range of theoretical orientations and areas of expertise provide guidance for interns. Interns also attend a state-wide colloquium series as well as seminars and in-service programs based at TPH.

Finally, interns' experiences are structured according to individualized training plans that incorporate intern, supervisor, and university input. New training plans are developed for interns for each 6 month intern rotation.

PRACTITIONER-SCHOLAR TRAINING MODEL

We conceptualize our training model as a practitioner-scholar model. Training at TPH is characterized by intensive clinical experience supported by didactic programming and supervision that exposes interns to current research and literature relevant to their clinical work. Prior to completing the internship, interns demonstrate integration of clinical work and scholarship through an annual project. Most interns' Annual Project is the development of new and innovative programming for the patients at TPH. Examples include a cognitive remediation program utilizing the Wii system, Safer Sex modules, and competency restoration groups. As part of the colloquium series, interns will develop and present either a diagnostic or therapy case utilizing supporting theory and research. Some interns have a particular interest in research. If an intern has such an interest, s/he may develop and carry out an original research project relevant to his/her clinical work.

THE CONTEXT OF TRAINING TRENTON PSYCHIATRIC HOSPITAL

Where is TPH? What is its mission? Who is treated there?

TPH is an inpatient psychiatric facility accredited by the Joint Commission. TPH maintains a census of approximately 430 adult patients. The hospital is located in West Trenton, New Jersey close to the Delaware River, approximately 20 miles northeast of Philadelphia and 60 miles southwest of Manhattan. It can be easily reached from the New Jersey Turnpike, I-95 or Route 1.

Mental health services in the state of New Jersey are being transformed by the wellness and recovery philosophy the state has adopted. TPH's Mission Statement is: "It is our mission to provide hope, healing and successful community reintegration for our patients by assisting them in managing their psychiatric symptoms and developing a personal path of wellness and recovery." TPH has taken significant steps to assure that a wellness philosophy shapes hospital treatment. Among the ways the wellness and recovery philosophy is being put into practice are:

- Staff members are trained to understand and apply a wellness and recovery paradigm
- Treatment includes psycho-educational and psychotherapeutic evidence-based approaches such as "Illness, Management, and Recovery" (IMR), Integrated Technology-based Cognitive Remediation (ITCR), Recovery Oriented Cognitive Therapy (CT-R), and Dialectical Behavior Therapy (DBT)
- Patients are being reintegrated into the community consistent with the NJ Division of Mental Health and Addiction Services' "Home to Recovery – CEPP Plan" with the help of innovative

programs and resources such as RIST and Supportive Housing, and case management services such as PACT and ICMS.

TPH provides inpatient psychiatric services primarily to residents of Mercer, Middlesex, and Monmouth counties. Residents of other counties presenting special legal or other issues may also receive treatment at TPH. Patients 18 years of age and older, from diverse cultural and socioeconomic backgrounds, and with serious mental illnesses are provided mental health services designed to mitigate debilitating symptoms, enhance adaptive functioning, and facilitate successful reintegration into the community.

Hospital Organization: 4 Treatment Sections

The hospital is divided into 4 primary sections. Each complex has unique functions, but is interdependent with other parts of the hospital.

The **Drake Complex** is composed of the hospital's 3 coed, locked admissions units. Psychologists in the admissions units assess and treat involuntarily committed patients who present with acute symptoms and behaviors including suicidality and aggression. In addition interns gain a familiarity with the care of patients who have significant legal issues including those on Detainer status, those found Not Guilty by Reason of Insanity (NGRI), those court ordered to be evaluated for competence to stand trial, and sex offender registrants. Treatment occurs in the context of a Treatment Mall setting which offers centralized programming to individuals in all 3 units and aims to stabilize, support and ultimately discharge patients. Patients may stabilize quickly and return to the community or progress to other hospital units for further treatment. The intern placed in Drake gains experience and training on the unit where his or her primary supervisor provides psychological services and gains assessment experience where his or her assessment supervisor is assigned. At present two interns will be assigned to Drake.

The **Raycroft Complex** is composed of 4 locked units and provides "post-admission" treatment for patients determined to need continued acute treatment. The Raycroft Complex includes 1 female unit, 2 male units, and 1 coed unit. In addition to patients needing continued acute treatment, the Raycroft Complex may also include patients with sex offender charges, patients designated as NGRI, and patients being evaluated for competence to stand trial. Based on their Level of Supervision, patients may attend programming within the Raycroft Complex or may go to the Treatment Mall located in the nearby Lincoln Complex. At the Treatment Mall patients from the Raycroft Complex attend diverse programming, including Cognitive Remediation, Art Therapy, Music Therapy, Anger Management, Competency Restoration, and Yoga in addition to traditional process groups. Under the supervision of the Training Director, the intern assigned to the Raycroft Complex completes therapy training across all the Raycroft Complex units and within the Treatment Mall. Interns receive their assessment supervision from a supervisor working within the Raycroft Complex and may draw cases from units in Raycroft and throughout the hospital.

The **Lincoln Complex** contains 4 locked units including the Lincoln Unit providing coed treatment for patients with special medical needs, the Lazarus Cottage providing coed continued acute treatment, the King Cottage, providing all-male continued acute treatment to low functioning patients, and the Kennedy Cottage, housing a coed population requiring low stimulation such as those patients diagnosed with developmental disabilities. Patients from these units attend programming in the Lincoln Complex Treatment Mall. Approximately 25% of patients in the Lincoln Complex also have

legal issues or a history of violence. The Lincoln Complex intern receives therapy supervision in the Lincoln Building, where the primary supervisor works and assessment supervision with another supervisor located on the Lincoln Unit. At present we do not have a supervisor stationed in the Lincoln Unit.

The **Transitional Living Unit (TLU)** is open and unlocked. Patients reside in 12 renovated homes on the hospital grounds, each housing 5 to 8 patients. Patients attend programming on the hospital grounds from Monday to Friday, with many patients utilizing off grounds privileges on weekends. Patients from TLU are also invited to attend programming in the Lincoln Complex Treatment Mall. Preparation for discharge into the community is facilitated in part through residing in this home-like environment. Patients in TLU may also hold a job through the Vocational Rehabilitation program on the hospital grounds. The TLU intern receives assessment and therapy supervision in TLU.

Training Rotations

The year is divided into two 6 month training rotations. During the course of the year, each intern has 2 primary assignments. Assignments are based on the intern's previous experiences, current training needs, and preferences. Exposure to hospital units outside of an intern's primary placements can also be arranged to broaden the diversity of the training experience.

What about outpatient or other specialized training experiences?

Depth and variety of experience are further promoted by having our interns spending one full day per week at an outpatient or specialized training site affiliated with the internship program. An effort is made to match each intern's training interests with his or her specialized site placement. An intern may be placed at an established site or a new site. New sites are added regularly in response to intern needs and requests or changes in availability. Sites recently available to interns have included: Children's Specialized Hospital Outpatient Program in Hamilton, NJ; Ann Klein Forensic Center in West Trenton, NJ; the Special Treatment Unit which serves civilly committed sex offenders in Rahway, NJ; Cooper Hospital/University Medical Center's Neurology Group in Camden, NJ; and college counseling services at Rider University. These sites provide interns with the opportunity to gain experience in outpatient or specialized inpatient settings serving a variety of populations.

THE CONTENT OF TRAINING

The TPH Psychology Internship Training Program has two broad training dimensions: (1) exposure to clinical and professional roles and experiences and (2) didactic and supervisory experiences. Six primary components of training fit into these dimensions. Psychotherapy, psychological assessment, professional role development, and outpatient or specialized site clinical experiences fall into the first dimension. Supervision and educational experiences fall in the second dimension.

1. PSYCHOTHERAPY:

Psychology Interns at TPH gain psychotherapy experience treating a variety of patients with intensive supervision. Interns' caseloads include patients displaying varying levels of psychopathology and diverse personal, cultural, and demographic characteristics. All interns gain experience with a patient population displaying severe and persistent psychopathology. Interns are exposed to a variety of theoretical viewpoints and treatment modalities. Each intern is observed doing individual and group psychotherapy. Interns meet with their therapy supervisor for a minimum of one and a half hours per week. The Training Plans that are developed for each 6 month rotation include identification of competencies and goals intended to remediate areas of weakness and promote growth as a psychotherapist. All interns gain extensive experience in individual and group therapy. When opportunities arise, interns may also provide family therapy. At TPH therapy cases are chosen from the entire range of acute psychoses and chronic schizophrenias, major affective disorders, character disorders, dissociative disorders, neurological conditions, and substance abuse disorders. At outpatient or specialized sites, interns gain additional supervised experiences treating populations which may display less severe psychopathology than the TPH population, such as college students; they may represent a population that differs from the TPH patients, such as children and adolescents; or they may present with particular issues such as forensic involvement. Both inpatient and outpatient supervisors employ supervision techniques such as direct observation, monitoring of taped sessions, feedback, case discussion, didactic instruction, role-playing, and discussion of assigned readings to foster theoretical understanding and technical competence.

2. PSYCHOLOGICAL ASSESSMENT:

Interns gain and improve skills in the administration, scoring and interpretation of major intelligence, neurological, objective, projective and actuarial assessment instruments such as the: WAIS-IV, WASI-II, WMS-IV, Bender-Gestalt 2, Folstein Mini Mental Status Exam, MMPI-2RF, MCMI-III, Personality Assessment Inventory, Beck Scales, Rorschach, TAT, House-Tree-Person, Static 99R, VRAG, SORAG, STABLE/ACUTE, and HCR-20 V3. Interns can access our many computerized scoring and interpretive systems for the aforementioned tests as directed by their assessment supervisor, who evaluates how best to incorporate and utilize these tools based on the level of expertise of each particular intern. Interns meet with their diagnostic supervisor for a minimum of one and a half hours per week. Interns are taught how to select tests to answer referral questions, learn to use the diagnostic categories of the *DSM-V*, develop clinical interviewing skills, and make specific and viable treatment recommendations. Referrals include questions such as risk to self and others and differential diagnosis including level of intellectual functioning, neurological conditions, presence of thought, mood and character disorders, and PTSD. Interns will also identify the content of specific life and emotional issues unique to the individual being assessed.

3. PROFESSIONAL ROLE DEVELOPMENT:

Development of a positive professional image through identification with professional role models is a significant aspect of our program. In addition to their more traditional roles as therapists and psycho-diagnosticians, TPH psychologists act as skilled facilitators at community meetings, as planners of innovative programming efforts, and as integral team members on their assigned units. By virtue of their treatment team experiences, interns gain exposure to different theoretical points of view and learn how to work with members of other disciplines. Psychology is also represented in leadership roles on all major hospital policy committees, including the Executive Committee of the Medical Staff

Organization, Root Cause Analyses, the Performance Improvement Council, the Research Review Committee, and Lean Six Sigma Program Development workgroups.

At TPH interns are exposed to various supervisory styles through their own supervision, and supervisors provide and review literature on supervision models and approaches to ensure knowledge and competency in the methods of supervision. Interns will have opportunities to engage in 1:1 peer supervision and supervision role-plays. In addition interns regularly provide consultative guidance to other health care professionals on their respective treatment teams, including members of other professional clinical disciplines (psychiatry, social work, rehabilitation staff) as well as nursing and paraprofessional staff. Interns also participate in a weekly, year-long Professional Development Seminar with fellow TPH psychology interns where they routinely engage in peer supervision in a group format and provide feedback on cases and a variety of issues that arise during the year. As part of her facilitation of the Professional Development Seminar, guidance on the provision of supervision is provided by the Director of Training.

4. OUTPATIENT/SPECIALIZED SITE CLINICAL EXPERIENCES:

Each intern spends one full day per week at one of the affiliated outpatient or specialized sites. This day is spent at one site for the full year. Assignment to the outpatient/specialized setting is designed to bring diversity to intern experiences by bringing interns into contact with patient populations other than psychiatric hospital inpatients. In addition these experiences provide interns with opportunities to become familiar with alternate settings in which psychological services are delivered. New sites continue to be added in response to training needs and interests.

5. SUPERVISION:

The internship program at TPH provides 3 to 4 hours of one to one supervision and 1.5 hours of group supervision per week by New Jersey licensed psychologists. Supervisors maintain a close relationship with their intern. Supervisors at TPH also have completed the NJ Department of Human Services sponsored year-long Supervisor Training Seminar or other seminars and training on the provision of supervision. Interns are assigned a TPH psychotherapy supervisor and a TPH psychodiagnostic supervisor. Interns also participate in the year-long Professional Development Seminar which includes weekly supervisory and didactic components facilitated by the Director of Internship Training. Additionally, a New Jersey licensed supervisor is assigned at the outpatient or specialized training site.

6. EDUCATIONAL EXPERIENCES:

To supplement their clinical experiences, TPH interns attend at least one day of training each month in a colloquium program. This is consistently one of the most highly rated aspects of the internship program and includes such experiences as attending presentations by psychologists in areas such as experiential psychodrama training, conducting child custody evaluations, treating patients with addiction and speakers who are leaders in the field in subjects such as forensic psychology, cultural sensitivity, and personality theory.

Interns also participate in a variety of didactic and experiential programs at TPH on a monthly basis throughout the year. TPH Psychologists provide in-service trainings on topics that include

Psychological Treatment of Psychosis, Rorschach Interpretation, Cultural Diversity, the Interpersonal Circumplex, Historic Approaches to Treatment at TPH, Ethics and Professional Standards, Competency and other Forensic Issues, and Private Practice. Interns have additional opportunities for didactic training in TPH Medical Staff CME Programs. Psychology Interns have opportunities to interact with trainees in other disciplines as well.

Intern performance evaluation, feedback, advisement, retention, minimal requirements

The internship experience is divided into two six-month rotations. Interns are assigned to a primary unit for each rotation with a different psychotherapy and psychodiagnostic supervisor for each rotation. Training plans are developed at the beginning of each rotation – at the beginning of the internship year and approximately six months into the internship year. At the completion of each six month rotation, interns receive evaluations from their supervisors and provide evaluations of their supervisors. Interns remain at their specialized outplacement site for the full year. Each intern's specialized site supervisor provides input to Training plans and evaluations.

Training plans and Evaluations include the following 10 Goals and objectives:

Goal 1 – To Achieve Competence in Psychological Assessment

Objective A: Clinical Interview Skills

Objective B: Diagnostic Skills

Objective C: Psychological Test Selection and Administration

Objective D: Psychological Test Scoring and Interpretation

Objective E: Assessment Writing Skills

Objective F: Patient Feedback Regarding Assessment

Goal 2 – To Achieve Competence in Psychotherapeutic Intervention

Objective A: Case Conceptualization and Treatment Planning

Objective B: Therapeutic Interventions and Confidentiality

Objective C: Patient Rapport

Objective D: Effective Use of Emotional Reactions (Countertransference)

Objective E: Group Therapy Skills and Preparation

Objective F: Patient Risk Assessment/Management

Objective G: Safety and Crisis Management

Goal 3 – To Achieve Competence in Consultation & Interdisciplinary Health Care

Objective A: Consultative Guidance

Objective B: Knowledge of the Treatment Roles of Other Disciplines

Objective C: Interdisciplinary Treatment Team Functioning

Goal 4 – To Achieve Competence in the Application of Literature and Supervision to Clinical Work

Objective A: General Psychological Knowledge

Objective B: Seeks Current Scientific Knowledge

Objective C: Develops and Implements Final Project

Objective D: Utilization of Supervision and Continuing Education

Goal 5 – To Achieve Competence in Ethics and Legal Matters

Objective A: Knowledge of Ethics and Law

Objective B: Knowledge of Policy, Procedure, and Reporting Guidelines

Goal 6 – To Achieve Competence in Professional Interpersonal behavior

Objective A: Professional Interpersonal Behavior

Objective B: Professional Verbal and Written Communication

Objective C: Communication with Supervisor

Goal 7 – To Achieve Competence in Professional Values, Attitudes, and Beliefs

Objective A: Uses Positive Coping Strategies in Dealing with Professional and Personal Challenges

Objective B: Professional Responsibility and Documentation

Objective C: Responsible and Efficient Time Management

Objective D: Administrative Competency

Goal 8 – To Achieve Competence in Individual and Cultural Diversity.

Objective A: Sensitivity to Patient Diversity

Objective B: Patient Rapport/Working Relationships with Diverse Patients

Objective C: Awareness of Own Individual Differences and Cultural and Ethnic Background

Goal 9 – To Achieve Competence in the Provision of Supervision

Objective A: Supervisor Competence

Objective B: Diversity

Objective C: Supervisory Relationship

Objective D: Feedback

Objective E: Problem of Professional Competence

Objective F: Ethical, Legal, and Regulatory Considerations

Goal 10 – To Achieve Competency in Utilization of Research

Objective A: Critical Review of Literature

Objective B: Research Guided Intervention

Objective C: Research Guided Assessment Practices

Objective D: Presentation of Research

In addition interns actively participate in tailoring their training plans by providing preferences regarding in-house rotations, outplacement sites and any specific skills, projects or research interests they have. These are incorporated in the training plans and evaluated by their supervisor at the end of each rotation.

Supervisors rate their supervisee on each objective applicable to their rotation on the following 5 point scale:

5 – Advanced Skills – comparable to autonomous practice at the licensure-eligible level. This is the highest rating achievable during, and at completion of pre-doctoral training. Competency consistent with full psychology staff privilege level.

4 – High Intermediate – Occasional supervision needed. A frequent rating at completion of internship. Competency attained in all but non-routine cases; supervisor provides overall management of trainee’s activities; depth of supervision varies as clinical needs warrant.

3 – Intermediate – Common rating throughout internship. Routine supervision of each activity.

2 – Entry level – Continued intensive supervision is needed. Most common rating for beginning interns. Routine, but intensive, supervision is needed in most areas.

1 – Needs remedial work – Requires remedial work as part of supervision process.

In addition Supervisors can provide qualitative comments for each Competency.

*** Interns are considered to be in Good Standing at mid-year if at least 50% of all rated objectives are at a 3 or higher.

***Interns are considered to be in Good Standing at the end of the year if at least 50% of all rated objectives are at a 4 or higher.

Feedback and Advisement of interns is ongoing and occurs throughout the year, both formally, on a weekly basis during supervision, and informally, as requested by the intern or determined by the supervisor. It is the goal of the internship program to retain all interns who begin the internship program. In the rare situation when it is recognized that an intern needs remedial work, a competency assessment form should be completed immediately, prior to the mid-year or end of year evaluation, and shared with the Intern and Director of Training. In order to allow the intern to gain competency and meet passing criteria for the rotation, these areas must be addressed proactively. In doing so, a remedial plan needs to be developed and implemented promptly. Due process procedures are followed.

COMPLETION OF THE INTERNSHIP

Minimal requirements to complete the internship include: 1) a Good Standing rating for all evaluations; 2) a minimum of 1750 hours of training, as documented on a Training Hour Log and timesheets signed by the interns’ primary supervisor; 3) a case presentation (therapy or diagnostic); 4) submission of an acceptable Annual project; and 5) completion of all required documentation, including supervisor evaluations, program evaluations, clinical progress notes and psychological assessments.

Many interns are interested in obtaining more than the minimum 1,750 hour of training. Interns can arrange to accumulate additional training hours within our program. With proper documentation, interns can complete 2,000 hours or more.

POST INTERNSHIP

The long term objective of our internship program is that our internship graduates are prepared and expected to work in a variety of professional settings and roles as psychologists. Many interns apply to our program specifically because they want to acquire psychological treatment skills with individuals displaying severe and persistent psychopathology, consistent with one of the broad goals of our program identified in our literature. Most intern graduates are working in staff positions providing psychological services. Many are providing services in settings with underserved populations that include individuals who display severe psychopathology, such as forensic settings and psychiatric hospitals. Some intern graduates move on to postdoctoral fellowship positions or jobs in settings such as university psychological counseling centers. Others are engaged in other professional activities such as consulting or research.

We encourage interns to continue on the professional path towards psychology licensure. We provide whatever guidance and assistance we can towards that goal. Many of our intern graduates have become licensed psychologists in New Jersey and other states. Others are in the process of becoming licensed.

THE PSYCHOLOGY DEPARTMENT

The hospital's psychology department is comprised of 16 psychologists, 4 psychology interns, 5 Behavioral Support Technicians (BSTs), and 1 Behavior Analyst. Eight full time psychologists are licensed in New Jersey, with several other department members licensed in other states, including Pennsylvania and New York. Supervisors subscribe to a variety of theoretical orientations and provide opportunities for exposure to diverse supervisory styles and professional roles. Qualified supervisors are New Jersey licensed psychologists who have attended a supervisor training class led by the former Chief of Psychology Services of New Jersey or have attended another form of training or supervision in the provision of supervision.

Psychology Department Staff

Director of Psychology:

Joseph Fischer, Psy.D. is the current Director of Psychological Services Department at Trenton Psychiatric Hospital. Dr. Fischer is a graduate of Princeton University and received his Psy.D. in Clinical Psychology from the Graduate School of Applied and Professional Psychology at Rutgers University. After graduate school he worked for AT&T and CSX Corporation in positions creating and implementing management and organizational development programs. After a brief time in private practice doing I/O Psychology, Dr. Fischer took a position as a psychologist with the State of New Jersey starting at Hunterdon Developmental Center. During his career with the State he also spent two years at Greystone Park Psychiatric Hospital and twelve years at Hagedorn Psychiatric Hospital.

Dr. Fischer held department director positions at Hunterdon Developmental Center and Hagedorn Psychiatric Hospital before coming to Trenton Psychiatric Hospital.

Director of Psychology Internship Training:

Dr. Nicole Waldron (Supervisor, Parker Building) received her Psy.D. in Clinical Psychology from the Georgia School of Professional Psychology in 2000 and completed her internship at Trenton Psychiatric Hospital. She is a licensed psychologist in New Jersey, New York and Pennsylvania and maintains a private practice. Dr. Waldron has been working for the State of New Jersey for 15 years, previously at the Special Treatment Unit (civil commitment unit for adult, male sex offenders) and currently at Trenton Psychiatric Hospital. Her primary theoretical orientation is cognitive behavioral, but she adopts an eclectic approach in working with patients in a psychiatric inpatient setting. Her interests include the treatment of anxiety and depression, disaster response, and the treatment and assessment of forensic populations. She has particular expertise in sex offender specific therapy and worked with administration to develop and expand a sex offender therapy program at TPH. She recently became certified in Recovery Oriented Cognitive Therapy from the Aaron T. Beck Psychopathology Research Center. She has an interest in Ethics and provides In-service training on Ethical Standards and Practice.

Supervisors and other Psychology Staff:

Dr. David Buckley (Supervisor, Travers Complex) completed his internship at TPH in 1996/1997, and has served consistently in the program in either Diagnostic or Therapy supervisor capacities since he was hired full time at TPH in August of 2000. He also served as the Director of Training for several years and led the program through a self-study and site visit which resulted in a full 7 year APA accreditation. Currently he is a treatment team member and psychologist in the Travers complex providing treatment and assessment services to the TLU Cottage population. He spent his first 8 years at TPH in the Drake Admissions complex. He earned a Ph.D. in Clinical Psychology from Seton Hall University in 1997. He is a NJ licensed psychologist, and has utilized his license in the past to maintain a private practice and to treat children and their families at Children's Specialized Hospital. Dr. Buckley worked primarily with children and adolescents prior to joining Trenton Psychiatric Hospital. He has assessment and treatment experience with infants and preschoolers at Beth Israel Hospital, latency age children and families at the Youth Development Clinic in Newark and adolescent inpatients at UMDNJ in Piscataway. He has taught as an adjunct faculty member at Raritan Valley Community College. His professional interests include interpersonal theory and research, suicide assessment, and the analytically oriented depth approaches. Personally, he is a husband and father of three, teaches Sunday school, enjoys reading, music, and has coached youth baseball and basketball.

Dr. Judith Carr (Drake Complex) received her M.A. in Clinical Psychology from Loyola College. She received her Ph.D. in Counseling Psychology from Temple University. She is interested in the psychology of women and in multi-cultural issues. In her doctoral dissertation, she researched the influence of culture on women's perceptions of love and intimacy. She has worked in community counseling centers and in a feminist therapy center, where she has utilized a relational, interpersonal model that incorporates dynamic, humanistic, and existential components. She completed her internship at Trenton Psychiatric Hospital in 2000. As a psychology department staff member, she has worked providing psychology services in the Travers Complex transitional cottage program and in the Raycroft Complex, and has provided in-service training to psychology interns. She currently works in the Drake Complex.

Dr. Clédicianne Dorvil (Supervisor, Drake Complex) NCSP, ABSNP is a multilingual psychologist with specialties in School and Neuropsychology. She has accumulated a wealth of experience in the field of education and mental health. She also has a strong background in conducting cognitive, personality, and neuropsychological assessments of children and adolescents. Dr. Dorvil completed her Bachelor's degree at Rutgers University; she obtained her Master's degree from Fairley Dickenson University, and her doctoral degree from Philadelphia College of Osteopathic Medicine (PCOM). For her dissertation, "Stereotype Threat and Minority Students' Academic Achievement," Dr. Dorvil created a manual program to remediate the negative effects of stereotype threat in the educational setting. She completed her pre-doctoral clinical internship at Ewing Residential Treatment Center (ERTC), a residential facility for adolescent males with legal involvement and Trenton Psychiatric Hospital (TPH). She received additional postdoctoral training experiences working with children and adults displaying various psychological and behavioral difficulties. She is a licensed psychologist in NJ and PA and utilizes her license to maintain a private practice in Trenton, NJ.

Dr Dorvil's skills interests include neuropsychological and bilingual assessments, trauma and resiliency, stereotype threat and learning, mother-tongue based education, identity formation in ethnic minorities. She is affiliated with the American Psychological Association, Delaware Valley Association of Black Psychologists, and National Association of School Psychologists. She seats on the board of the National Alliance for the Advancement of Haitian Professionals and The Haitian Community Wellness Center.

Dr. Mendy Ganim (Supervisor, Drake Complex) is a licensed psychologist in New Jersey and Pennsylvania. She is credentialed by the National Register of Health Service Psychologists, and holds membership in APA, PPA, and ATSA. Dr. Ganim graduated from Temple University in 2005 with a BA in psychology, and received her Psy.D. in clinical psychology from Argosy University/Washington D.C., in 2011. Her dissertation research was conducted at the Children's Hospital of Philadelphia, with a focus on ADHD and comorbid anxiety disorders. Dr. Ganim completed her pre-doctoral internship at Ewing Residential Treatment Center, a residential facility for adolescent males with legal involvement, and at TPH. Dr. Ganim returned to TPH in 2013 and now functions as one of two psychologists and team facilitators for Drake West 2 patients in the Admissions building. Dr. Ganim has a long-held interest in trauma and its relationship to behavioral/emotional disorders, especially those which result in legal involvement across the lifespan, and she excels in providing treatment to urban youth and families. Dr. Ganim has a background in trauma-focused CBT, child neuropsychological assessment, and conducting psychological evaluations, including parenting fitness evaluations, for The Department of Youth and Family Services. Her current areas of skill and

interest include ethics, equality, forensic evaluation, and neuropsychological assessment related to disorders of attention, trauma therapy, CBT techniques, motivational interviewing, and Rogerian principles.

Dr. Marie Dole-Farrell (Lincoln Complex) received her M.S. in Psychology from Millersville State College and her Ph.D. in Psycho-educational Processes from Temple University. She is licensed in the state of Pennsylvania. Dr. Dole-Farrell has worked in outpatient and inpatient settings. Within the state system she has worked in the Division of Developmental Disabilities for 7 years and the Division of Mental Health for 16+ years, primarily at Ancora Psychiatric Hospital though at Trenton Psychiatric Hospital since 2007. Her training and experience has been mainly in group dynamics and behavior therapy/analysis. Additionally, she served as a volunteer member of the back-up crisis team for the National Disaster Medical System during the Desert Shield/Desert Storm military operations in 1990 and 1991.

Dr. Linda Kavash (Drake Complex) received her Psy.D. in Clinical Psychology from Wright State University School of Professional Psychology in 1989. She is a Pennsylvania licensed psychologist. She has been employed by the state since 1990, having worked previously at Ancora Psychiatric Hospital and North Princeton Developmental Center. As such, she has worked with both acute and chronic inpatient populations, in addition to dually diagnosed patients with developmental disabilities and mental illness. In the past, she has served as the Psychology Unit Coordinator and provided supervision to psychology interns and BMPT staff. Her professional interests include working with the DD/MI population and psychological assessment. Dr. Kavash currently provides psychological services in the Drake Complex.

Dr. Gabriel Levin (Supervisor, Drake Complex) graduated from La Salle University in Philadelphia in 2006. He completed his internship in Clinical Psychology at the Fifth Avenue Center for Counseling and Psychotherapy in New York City. He did a post-doctoral fellowship in Clinical Psychology at the Joseph J. Peters Institute in Philadelphia from 2006 to 2008. His primary theoretical orientation is cognitive-behavioral. Dr. Levin has worked in inpatient, outpatient, partial, and residential settings. He has experience working with children, adolescents, adults, and families. Dr. Levin has an interest in psychosis, cognitive remediation, and in body modification. He is currently assigned to the Drake East2 unit. Dr. Levin is a licensed psychologist in both New Jersey and Pennsylvania

Dr. Anna Maleson (Lincoln Complex) Dr. Maleson earned her Ph.D. in clinical psychology from Walden University, graduated top of her class and is a member of PSI CHI National Honors Society. Her dissertation was titled "Personality and Parenting Predictors of Willingness to Foster Juvenile Sex Offenders." Dr. Maleson is also an alumnus from The University of Pennsylvania where she earned her Masters of Science degree, and is an alumnus from the Georgian Court College where she earned her BA with honors. Her areas of clinical and professional interest are child and adolescent services, cognitive behavioral therapy, dialectical behavioral therapy, ABA, autism spectrum disorder, anxiety, bi-polar disorder, social skills, selective mutism, adult schizophrenia, and conducting cognitive and personality testing, ADHD evaluations, and risk assessments. Dr. Maleson has over 16 years of experience working with children and adolescents within the therapeutic foster care system, juveniles who sexually offend, juvenile and family court, conducting parenting and psycho-educational workshops and providing behavioral therapy with children diagnosed with autism spectrum disorder.

Dr. Emily Jill Perlberg (Lincoln Complex) Dr. Perlberg received both her MA and Psy.D. from the Chicago School of Professional Psychology. She joined TPH in December of 2014 and is currently

the psychologist on the Kennedy Unit. Dr. Perlberg completed her doctoral internship at Woodbridge Developmental Center in Avenel NJ, subsequently serving as a psychologist for the developmentally disabled and dually diagnosed (MHDD) until the facilities closure in December of 2014. Dr. Perlberg has had training in a variety of settings working with children, adolescents, and adults. Dr. Perlberg utilizes an eclectic approach to therapy influenced by humanistic, dynamic and behavioral theories. Her doctoral dissertation dealt with Compulsive Skin Picking - etiology and treatment as a psychological, rather than dermatological problem.

Dr. Jonathan Rapaport (Supervisor, Travers Complex) received a Ph.D. in Clinical Psychology from the University of Alabama in 1984. He is a licensed psychologist in New Jersey, and has supervised interns at TPH since 1985. Dr. Rapaport supervises individual and group therapy and psychological assessment. Dr. Rapaport enjoys working with supervisees who are willing to experiment with different techniques to achieve personal and professional growth. His eclectic psychotherapeutic approach has varied influences from the realm of psychodynamic, interpersonal, Acceptance and Commitment Therapy and pragmatic existentialist schools. He has extensive assessment experience and has conducted seminars on the MMPI 2. Dr. Rapaport has an interest in forensic issues, private practice issues and the advancement of the psychology profession in such areas as the movement to gain mental health parity. He had served on the Megan's Law Task Force, which reported to the governor.

Dr. Mary Ann Rebel (Lincoln Complex) has a BA in Psychology from Siena College and an MA from University of Northern Colorado in Agency Counseling. She completed her internship at Greystone Park Psychiatric Hospital. She has a Ph.D. in Counseling Psychology from Seton Hall University. Dr. Rebel has held positions as a psychologist at Woodbridge Developmental Center, North Jersey Developmental Center and Hunterdon Developmental Center where she worked with Developmentally Disabled Clients and supervised multiple Behavior Support Technicians. She also has experience working with Mentally Ill/ Chemically Addicted (MICA) patients at Greystone Park Psychiatric Hospital and Hagedorn Psychiatric Hospital. Some of her interests include stress management, psychological assessment and neuropsychology.

Dr. Glenn Ryer (Drake Complex) obtained his Ph.D. in Counseling Psychology from Temple University in 1980. He is licensed to practice psychology in New Jersey (inactive status) and Pennsylvania and supervises interns in TPH's Drake Complex. His work experience and treatment interests include schizophrenic, forensic issues, ethical practice and surviving within a managed care environment. Dr. Ryer's interests include the history and systems of mental health care, particularly the early asylum movement. His hobbies include music, fishing and canoeing. He supervises group therapy, individual therapy, and psychological assessments at TPH and serves as the Chief of Psychology Services for the TPH Drake Complex.

Dr. Kathleen Tobin (Supervisor, Raycroft Complex) received her Ph.D. in Clinical Psychology from Alliant International University, San Francisco in 2007. She is a licensed psychologist in both New York (inactive status) and New Jersey, and completed her internship with the Department of Veterans Affairs in Northport, NY. Her postdoctoral training focused on the areas of neuropsychological assessment and the NEAR model of Cognitive Remediation at Columbia University. Here she also coordinated clinical research trials and conducted outpatient Cognitive Remediation groups throughout Bronx and Manhattan. Prior to joining Trenton Psychiatric Hospital, Dr. Tobin worked in the Department of Genetics at Rutgers University studying the genetic bases of Schizophrenia,

Bipolar and Autism spectrum disorders. She currently is a treatment team member and psychologist in the Raycroft complex and leads the Integrated Technology Based Cognitive Remediation program.

Dr. James Trapold (Supervisor, Raycroft Complex) received a Psy.D. in Clinical Forensic Psychology from Alliant International University in 2013. He joined Trenton Psychiatric Hospital in September, 2015. His pre-doctoral internship was completed at the Colorado Department of Corrections. Dr. Trapold has experience treating and assessing adult and juvenile sex offenders, including persons civilly committed under SVP statutes. His areas of interest and experience include risk and forensic assessment, CBT, Relapse Prevention, The Good Lives model, brief psychodynamic therapy, and group therapy.

Dr. Sean Wasielewski (Raycroft Complex) earned his Doctorate degree in School Psychology, with a specialization in Neuropsychology, from Ball State University in 1998. Dr. Wasielewski completed a two-year Post-Doctoral Fellowship in Neuropsychology at Children's Specialized Hospital in Mountainside, NJ from 1998-2000 before moving to the Kessler Institute for Rehabilitation located in Welkind, NJ where he was employed as a Clinical Neuropsychologist from 2000-2003. While at Kessler, Dr. Wasielewski was responsible for providing psychotherapy, cognitive rehabilitation and ancillary services to individuals with traumatic brain injuries in both individual and group settings and was one of the forces involved in designing a Cognitive Rehabilitation program at the facility. In 2003 Dr. Wasielewski left Kessler to go to Hunterdon Developmental Center, where he served as a member of the Medical Human Rights Committee and was one of four state psychologists chosen to train other state employees on the applied behavioral analysis certification program emphasizing positive programming and functional analysis of problematic behaviors. In 2009 Dr. Wasielewski joined the staff at TPH, where he currently works as part of the Raycroft 2 East treatment team.

Dr. Alicia A. Williams (Raycroft Complex) earned her undergraduate degree in Psychology in 1985 from Princeton University. She then began working with developmentally disabled sex offenders in New Jersey's Moderate Security Unit (MSU). During this time, she entered graduate school at the Graduate School of Education at Rutgers University. In 1993, Dr. Williams earned her Master's in Counseling Psychology, focusing on neuropsychological issues in developmentally disabled sex offenders. In 2004, she earned her Doctorate, also in Counseling Psychology. Dr. Williams' dissertation focused on a relationship between client sexual orientation and mental health assessment. While at Rutgers, she completed a predoctoral internship at the Douglass College Office of Psychological Services. She remained with the MSU for 15 years, providing both clinical and administrative planning services to the program. In 2000, Dr. Williams left the MSU to join the NJ Juvenile Justice Commission as Director of Clinical Services for their community-based residential program for adolescents adjudicated on sexual offenses. In 2003, she began employment with the Special Treatment Unit (STU) at the Avenel/Rahway site as a Clinical Psychologist. While at the STU, she worked with residents with special needs such as those with developmental challenges, those who were youthful offenders, and those who presented with interpersonal struggles related to sexual orientation/identity issues. In addition, she provided consultation regarding the provision of sex offender-specific treatment to individuals with developmental disabilities and supervised master's level interns. In 2011, Dr. Williams returned to MSU as the unit psychologist and for several months, also served as the Director of Psychological Services for New Lisbon Developmental Center. In 2013, she joined the Psychology Department at Trenton Psychiatric Hospital. Dr. Williams is licensed as a Practicing Psychologist in NJ, and has inactive psychology licenses in DE and PA. She also holds the

designation of Clinically Certified Sex Offender Treatment Specialist by the National Association of Forensic Counselors.

STIPEND AND BENEFITS

The stipend for the 2015-2016 internship class is funded at the gross salary of \$36,457.97. Each position is filled at 80% for a salary of \$29,166.38 for a four- day work week at TPH and a one-day outplacement at another site. The outplacement day is considered a volunteer day. Interns receive approximately 8 vacation days, 11 sick days, and 2 administrative leave days. TPH Interns receive lunch in the employee cafeteria at no charge. No medical/health insurance coverage is provided but in the event of an injury, interns will receive Workman's Compensation.

INTERN CANDIDATE REQUIREMENTS

Pre-Doctoral Candidates

To be considered as a candidate for TPH's Psychology Internship program, applicants must have graduated from an accredited college or university with a Bachelor's Degree. Candidates must be enrolled in a doctoral program in applied psychology (clinical or counseling) at an accredited university or professional school and be approved by their chairman for the internship. Successful applicants should have completed graduate course training in each of the following areas:

1. Psychotherapeutic techniques and counseling with practicum experience.
2. Objective and projective testing with practicum experience.
3. Personality development and psychopathology.
4. Theories of learning and motivation.
5. Research design and statistical analysis.

In addition, applicants should have completed at least 500 hours of intervention experience and 100 hours of assessment experience.

Post-Doctoral Candidates (Changing Specialties)

Doctoral psychologists who are attempting to change their specialty to qualify in an applied area of psychology must be certified by a director of graduate professional training as having participated in an organized program in which the equivalent of pre-internship preparation (didactic and field experience) has been acquired. (See pre-doctoral requirements for specific work and practicum experience).

APPLICATION PROCEDURE

Application Form

We utilize the online APPIC APPLICATION FOR PSYCHOLOGY INTERNSHIP (AAPI) form available at APPIC's website, www.appic.org . Click "APPI Online", complete the application AND submit all supportive materials electronically.

Supportive Materials

Supportive materials which should be scanned electronically and submitted in addition to the AAPI application form include:

- 1) A recent work sample (e.g., a psychological assessment).

Deadline

The DEADLINE for sending the APPLICATION (AAPI) and all supportive materials is NOVEMBER 1st.

Further Questions or Clarification

If you have any further questions about our program or the application process, contact the Director of Training:

Nicole Waldron, Psy.D.

Acting Director of Psychology

Director of Psychology Internship Training

Trenton Psychiatric Hospital

P.O. Box 7500

West Trenton, New Jersey 08628

email: nicole.waldron@dhs.state.nj.us

Phone: (609) 633-1517

Website:

http://www.state.nj.us/humanservices/dmhas/resources/services/treatment/mental_health/TPH/TPH_Internship_Brochure_2015-2016.pdf

INTERNSHIP MATCHING, APPIC GUIDELINES, AND NEW JERSEY REGULATIONS

We abide by APPIC board decisions applicable to all internship sites, and participate in the national computer matching program. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. Intern applicants can obtain information about registering for the matching program at the matching program's web site: www.natmatch.com/psychint.

However, New Jersey laws and regulations require that offers of Psychology Internship positions to applicants identified through the national matching program are contingent upon necessary approvals following satisfactory fingerprinting clearance, background/reference checks, and health screening. "

APA CONTACT ADDRESS

For current information on our status, you may contact us directly, or contact APA at:

American Psychological Association
Office of Program Consultation and Accreditation
750 First Street, NE
Washington, DC 20002-4242
(202) 336-5979

DISABILITY INFORMATION

TPH abides by federal and New Jersey regulations regarding disabilities. Information about resources for graduate students with disabilities is available from APA at the following internet link: <http://www.apa.org/pi/disability/resources/publications/resource-guide.aspx> . Additional information for students with disabilities is available from APPIC on their website at the internet link: <http://www.appic.org/Training-Resources/For-Students#HealthMatters> .