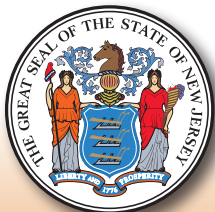


Doctoral Internship in Health Service Psychology



Division of Behavioral
Health Services



**State of New Jersey
Department of Health
Division of Behavioral Health
Services**

**Trenton Psychiatric Hospital
P.O. Box 7500
West Trenton, New Jersey 08628
(609) 633-1500**

Philip D. Murphy
Governor

Sheila Y. Oliver
Lt Governor

Judith Persichilli, RN, BSN, MA
Health Commissioner

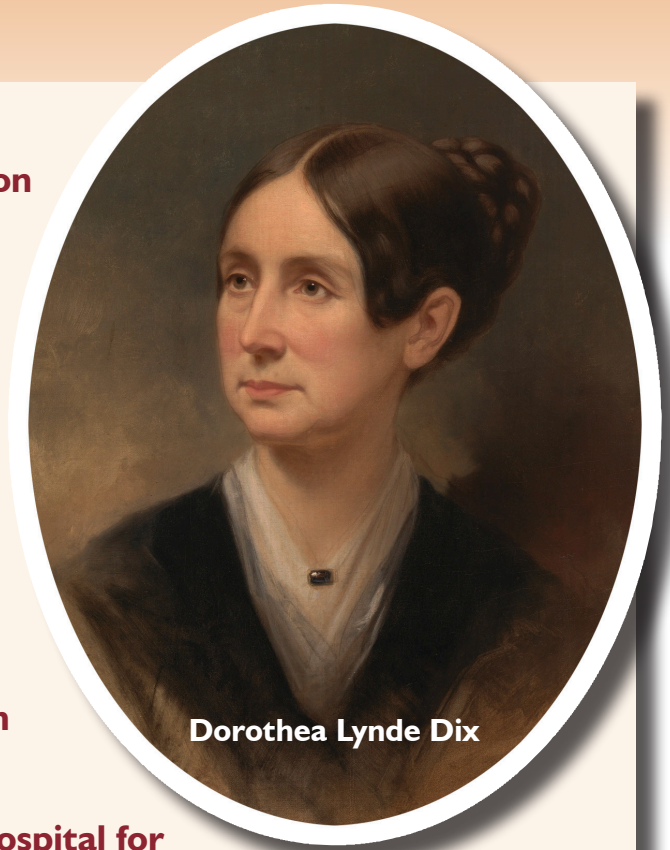
Deborah Hartel
Deputy Health Commissioner

Christopher Morrison,
*Acting Assistant Commissioner of Behavioral
Health Services*

Robyn Wramage-Caporoso, MA, OT
Chief Executive Officer

Nicole A. Waldron, PsyD
*Acting Director of Psychology
Director of Psychology Internship Training*

The Psychology Department of Trenton Psychiatric Hospital (TPH), in conjunction with the New Jersey Department of Health/Division of Behavioral Health Services offers a one year, full-time (1750 hours), APA-accredited Doctoral Internship in Health Service Psychology. The internship program has a rich history dating back to 1952 when it was founded by Albert Ellis, PhD. The program has been APA-accredited since 1990. The last site visit occurred in August 2017 and the program was awarded accreditation for the maximum review period of 10 years.



Dorothea Lynde Dix

TPH is an historic 400-bed psychiatric hospital for adults, founded in 1848 by Dorothea Lynde Dix, a pioneer of advocacy for people with mental illness. The hospital and its staff continue that legacy through a shared mission to provide hope, wellness, recovery, and successful community reintegration for patients.



Commitment to Diversity

At Trenton Psychiatric Hospital, we are committed to diversity and developed a Diversity and Inclusion Committee composed of members of the Internship Supervisors Committee. These members are themselves diverse in terms of age, gender, language, ethnicity, culture, etc., each has different areas of expertise, and each has demonstrated a commitment to diversity. The committee has developed several guidelines to ensure consistent and long-term practices to attract and retain diverse interns and staff. In addition, we have identified a Diversity Liaison, who is one of the members of the Diversity and Inclusion Committee. This individual's role is to advocate for diversity as a core component in recruitment and retention of interns and psychologists. Specifically, the Diversity Liaison will serve as a resource for interns and psychologists to discuss concerns and ideas regarding diversity. Interns will be encouraged to help develop and become part of activities and events planned by the Diversity and Inclusion Committee. We also are committed to the provision of training

in various areas including diversity. To enhance our Colloquia training, we collaborated with a psychologist who is an expert in Multicultural Training and Supervision to develop a three-part series on Multicultural Perspectives in Mental Health: A Training Guide for Practitioners. The Director of Internship Training is also the Chair of the CE/CME Committee and members of the Diversity and Inclusion Committee have been appointed to represent the psychology department in making recommendations for topics and speakers with a focus on individual difference and diversity. Our goal is to create a welcoming and affirming environment for all our staff and interns to grow together as professionals.



Because of its progressive philosophies and a preferred location in New Jersey's capital city, between New York City and Philadelphia, TPH's Doctoral Internship in Health Service Psychology is highly competitive.

Intern Advantage

Competitive compensation and benefits package

The stipend for the 2021-2022 internship class is funded at the gross salary of \$38,689.49. Each position is filled at 80% for a salary of \$30,951.60 for a four-day work week at TPH and a one-day volunteer outplacement at another site. Interns also enjoy:

- 13 paid State Holidays at 80% pay
- 67.2 hours of vacation
- 75.6 hours of sick leave
- 33.6 hours of paid administrative leave
- Workers' Compensation
- Deferred Contribution Retirement Program (DCRP)
- Free cafeteria lunch

Depending on when the intern's volunteer day is and whether the volunteer day falls on a holiday or not, the final salary may increase or decrease slightly.

No medical/health insurance coverage is provided, but in the event of an injury, interns will receive Workman's Compensation. Interns will also be enrolled in the DCRP pension plan. If an intern does not become employed by the state after internship, the money withheld for the pension will be reimbursed upon request.



To be considered for TPH's Doctoral Internship in Health Service Psychology, applicants must be graduates of an accredited college or university with a Bachelor's Degree, enrolled in a doctoral program in applied psychology (clinical or counseling) at an accredited university or professional school and be approved by their University Training Director for the internship. Successful applicants have completed at least 500 hours of therapy experience and 100 hours of assessment experience, with 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.**
6. **Group Therapy.**



Doctoral Candidates (Changing Specialties)

Doctoral psychologists interested in changing 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 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 form include a recent work sample (e.g., a psychological assessment).

Deadline

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

SPECIAL NOTE: Due to the global pandemic, all interviews will be conducted virtually.

Pre-employment Requirements

Trenton Psychiatric Hospital is part of the Civil Service Commission and all positions, including Psychology Intern positions, are subject to pre-employment requirements. Being hired as a Psychology Intern at TPH is contingent upon satisfactory fingerprint clearance, background/reference checks and health screening. Applicants can be disqualified from employment during the background check process upon discovery of any of the following: a positive urine drug screen; history of arrest for possession of a controlled and dangerous substance; history of arrest for any charges related to theft, burglary or robbery; and history of arrest for any charges related to interpersonal violence. Regarding health screening, candidates are required to participate in a physical exam, which includes testing for COVID-19. Drug testing is mandatory prior to employment and employees, including psychology interns, are subject to random drug testing. Employees are prohibited from using marijuana/cannabis even with a medical marijuana card. Anyone who tests positive for marijuana/cannabis can be disqualified from employment regardless of medical need or the presence of a prescription. The physical and drug test are paid for by TPH, and the candidate for employment is responsible for paying the cost of the fingerprints.

Subhead Can Go Here

Malpractice Insurance

It is also required that psychology interns be covered by malpractice insurance (\$1 million occurrence/\$3 million aggregate). Some schools offer coverage for doctoral students, and there are other low-cost options for students.

Residence Requirement

The New Jersey First Act requires every person holding an office, employment, or position with the Executive, Legislative, or Judicial Branch of the State of New Jersey to have his or her primary residence in the State of New Jersey, unless exempt pursuant to the law. Any interns hired on and after September 1, 2011, shall have one year from the date of employment to fulfill the principal residency requirement with the Department of Health after the internship program has ended

Further Questions or Clarification

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

Nicole Waldron, PsyD

Acting Director of Psychology
Director of Psychology Internship Training
Trenton Psychiatric Hospital
P.O. Box 7500
West Trenton, New Jersey 08628
nicole.waldron@doh.nj.gov
609-633-1630

Website:

https://www.state.nj.us/health/integratedhealth/documents/hospitals/trenton/TPH_Internship_Brochure_2021-2022.pdf

APA Contact Address

For current information on our accreditation 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) 336-5500

Philosophy and Expectations

The aim of the 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 evidence-based psychological services or recognized best practices to individuals displaying serious and persistent psychopathology.

Upon completion of the program we expect interns 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 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, treatment plan facilitator, 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 up to 1.5 hours of group supervision. Supervisors representing a range of theoretical orientations and areas of expertise in evidence-based or best practice provide guidance for interns. Interns also attend a state-wide colloquium series as well as seminars and inservice 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 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, Acceptance and Commitment Therapy Groups (ACT), and competency restoration groups. As part of the colloquium series, interns will develop and present either a diagnostic or therapy case utilizing the current evidence-base. Some interns have a particular interest in research. If an intern has such an interest, she/he may develop and carry out an original research project relevant to his/her clinical work with appropriate approvals

The Context of Training

TPH is an inpatient psychiatric facility accredited by The Joint Commission. TPH maintains a census of approximately 400 adult patients. The hospital is located on the Trenton/Ewing border 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. TPH is also accessible via public transportation.

Mental health services in the state of New Jersey have been 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

TPH's Mission Statement

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.

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 with the help of innovative programs and resources such as Residential Intensive Support Team (RIST) and Supportive Housing, and case management services such as Program of Assertive Community Treatment (PACT) and Integrated Community Management Services (ICMS).

In addition, all NJ State Psychiatric Hospitals are embracing a Trauma Informed Care Model and have been taking necessary steps toward transforming the system statewide.

TPH provides inpatient psychiatric services primarily to residents of Mercer, Middlesex, and Monmouth counties. Residents of other counties presenting with 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.



Exceptional Opportunities for Professional Growth

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

The Drake Complex is composed of three coed, locked admissions units. Psychologists assess and treat involuntarily committed patients who present with acute symptoms, such as delusions and hallucinations, 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 those who are Megan’s Law registrants. Treatment occurs in the context of a Treatment Mall setting within the Drake Complex which offers centralized programming to individuals in all three admissions 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.



The Raycroft Complex

The Raycroft Complex is composed of four locked units and provides “post- admission” treatment for patients determined to need continued acute treatment. The Raycroft Complex includes one female unit, two male units, and one coed unit. In addition to patients needing continued acute treatment, the Raycroft Complex also may 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 they may go to the centralized Treatment Mall located in the nearby Lincoln Complex. At the Treatment Mall, patients attend diverse programming, including Sex Offender Specific Treatment, Art Therapy, Music Therapy, Anger Management, Competency Restoration, Dialectical Behavior Therapy (DBT) Skills Group and Yoga, in addition to traditional process groups. The intern assigned to the Raycroft Complex gains experience and training on the unit where his or her primary supervisor provides psychological services but can also take on cases from other units within the Raycroft Complex and throughout the hospital. 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 four locked units including: the Lincoln Unit providing coed treatment for patients with special medical needs; the Lazarus Cottage, providing coed DBT and substance abuse treatment; the King Cottage, now designated as a COVID positive unit in accordance with CDC guidelines so in the event of any positive cases, patients would go to this designated unit; and the Kennedy Cottage, considered a less-restrictive unit housing a coed population, which benefits from a unit-based



positive behavioral support program. Patients from all units also attend programming in the Lincoln Complex Treatment Mall. Approximately 25% of patients in Lincoln Complex have legal issues or a history of violence. The Lincoln Complex intern receives therapy supervision from the Director of Internship Training and can take on therapy cases from across the campus. The intern receives assessment supervision from the supervisor located on the Lazarus Unit

The Transitional Living Unit (TLU) is open and unlocked. Patients reside in 12 renovated homes located on the hospital grounds, each housing five to eight patients who participate in programming on the hospital grounds. 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 therapy cases and supervision in TLU whereas diagnostic cases and assessment supervision will occur in the Lincoln Complex.



Training Rotations

The year is divided into two, six-month training rotations. Each intern has two primary assignments based on the intern's previous experiences, current training needs, and preferences. Exposure to hospital units outside of an intern's primary placement can also be arranged to broaden the diversity of the training experience.

Outplacement Specialized Training

Depth and variety of experience are further promoted by having interns spend one full day per week at an outplacement site that offers outpatient or specialized training and is affiliated with the internship program. An effort is made to match each intern's training interests with his or her outplacement site assignment. 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: 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 Rutgers University. These sites provide interns with the opportunity to gain experience providing evidence-based practice in outpatient or specialized inpatient settings serving a variety of populations.

Supervisory Excellence

The TPH Doctoral Internship in Health Service Psychology 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 under close 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 with an emphasis on evidence-based/best practice. Each intern is observed doing individual and group psychotherapy. Interns meet with their therapy supervisor between 1 – 1.5 hours per week. The Training Plans that are developed for each six-month rotation include identification of competencies and goals intended to remediate areas of weakness and promote growth as a psychotherapist. 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 use disorders. At outplacement 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, and projective test measures, as well as self-directed and other-directed violence and sexual violence risk assessments and actuarial assessment instruments such as the: WAIS-IV, WASI-II, WMS-IV, Folstein Mini Mental Status Exam, MMPI-2RF, MCMI-IV, Personality Assessment Inventory, Beck Scales, Rorschach, TAT, Columbia Suicidality Severity Rating Scales, Static 99-R, VRAG, SORAG, STABLE/ACUTE, and HCR-20 V3. Interns can access many computerized scoring and interpretive systems for the aforementioned tests as directed by their assessment supervisor, who evaluates how to incorporate and utilize these tools based on the intern's level of expertise. Interns meet with their diagnostic supervisor between 1 – 1.5 hours per week. Interns are taught how to: select tests to answer referral questions; learn to use the diagnostic categories of the DSM-5; 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 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 interaction and identification with professional role models is a significant aspect of the training 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 treatment 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 represented in leadership roles on all major hospital policy committees, including the Executive Committee of the Medical Staff, the Performance Improvement Council, the Research Review Committee, CE/CME Committee, and Violence Prevention Committee.



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. In addition, TPH interns are required to view videos from the APA Psychotherapy Supervision Video

Series. Interns will have opportunities to engage in 1:1 peer supervision and supervision role-plays as well as 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 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 may spend one full day per week at an affiliated outplacement site for the full internship year. Assignment to the outpatient/specialized setting is designed to bring diversity to intern experiences by bringing them 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 will be added in response to training needs and interests. Interns receive 1 hour of supervision per week by a licensed psychologist.

5 Supervision

The internship program at TPH provides up to 3 hours of one-to-one supervision and 1 hour of group supervision per week by New Jersey licensed psychologists. Supervisors maintain a close relationship with their intern. Supervisors at TPH also have completed a 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 outplacement site. Interns also have the opportunity to participate in weekly peer supervision.



6 Educational Experiences

To supplement their clinical experiences, TPH interns attend two days of training each month at 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

Conducting Competency to Stand Trial Evaluations, Risk Assessments, treating patients with addictions and speakers who are leaders in the field in subjects such as forensic psychology, cultural diversity, 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:

1. **The Basics of DBT**
2. **Acceptance and Committeeman Therapy**
3. **Ethics and Professional Standards**
4. **Working with Immigrant Families**
5. **CBT for Psychosis**
6. **Cognitive Remediation**
7. **Private Practice**

Interns have additional opportunities for didactic training in TPH's CE/ CME Programs. Interns also have opportunities to interact with trainees in other disciplines.



High Standards, High Expectations

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

Goals continued on next page

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**

Goals continued on next page

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 Competence in the 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 interns on each objective applicable to their rotation on the following five-point scale:

Interns are considered to be in Good Standing at mid-year if at least 50% of all rated objectives are at a competence level of 3 or higher. Interns are considered to be in Good Standing at the end of the training year if all rated objectives are at a competence level of 3 or higher and at least 50% of all rated objectives are at a competence level of 4 or higher.

- 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 is 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.



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 in which an intern needs remedial work, a competency assessment form will be completed immediately 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.

Program Completion Requirements

Minimal requirements to complete the internship include:

- 1. Good Standing rating for all evaluations**
- 2. A minimum of 1,750 hours of training, as documented on a Training Hour Log and in timesheets signed by the interns' primary supervisor**
- 3. A case presentation (therapy or diagnostic)**
- 4. Submission of an acceptable Annual Project**
- 5. Completion of all required documentation, including supervisor evaluations, program evaluations, clinical progress notes and psychological assessments**

Interns interested in obtaining more than the minimum 1,750 hours of training can arrange, with their supervisor and proper documentation, to accumulate 2,000 hours in the TPH program.

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 and/or forensic issues. Most intern graduates are working in staff positions providing evidence-based 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.



Attentive Supervisory Support

The Psychology Department

**Regionally renowned
staff, progressive
treatment
philosophies**

The hospital's psychology department is comprised of 15 psychologists, 4 psychology interns, 10 Behavioral Support Technicians (BSTs), and 2 Behavior Analysts. Nine 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 supervision 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.

Acting Director of Psychology and Director of Psychology Internship Training:

Dr. Nicole Waldron
Supervisor
Stratton Building

Dr. Nicole Waldron (Supervisor, Stratton Building) received her PsyD 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. Dr. Waldron has been working for the State of New Jersey for 18 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 risk assessment and worked with administration to develop and expand the sex offender therapy program at TPH. She is 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.

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Supervisors and other Psychology Staff:

Dr. Suzanne Roussel
Supervisor
Lincoln Complex

Suzanne Roussel, PsyD (Supervisor, Lincoln Complex) is the psychologist on the Kennedy Positive Behavior Support Unit, where she works primarily with those with intellectual disabilities, learning disabilities, and other neurological concerns. She received her PsyD from Chestnut Hill College with a concentration in Psychological Assessment and she completed an APA-accredited internship at Ancora Psychiatric Hospital. She also completed a 2-year post-doctoral fellowship in Clinical Neuropsychology at Beechwood Neurorehab in Langhorne, PA. Although psychological and neuropsychological assessment and evaluation has been a focal point in her career, Dr. Roussel has an eclectic experience repertoire working with individuals with a wide range of challenges, including serious, chronic mental illness, addictions, and personality disorders. Her theoretical orientation is primarily psychodynamic and person-centered, and she works effectively with patients by developing a strong therapeutic relationship. She has experience implementing a variety of therapeutic approaches including art therapy, writing therapy, psychodrama, CBT, and psychodynamic therapy. Dr. Roussel has also taught both graduate and undergraduate coursework at Chestnut Hill College and Holy Family University in Philadelphia, PA for several years. Her scholarly interests include the effects of psychopharmacology on neuropsychological test performance, ecological validity of neuropsychological testing, and personality disorders. She is also interested in holistic and non-traditional methods of healing, such as reiki, yoga, and chakra work, and divination for the purposes of gaining insight and honing intuition.

Dr. Laetitia Baehr-Reed
Lincoln/Raycroft Complexes

Dr. Laetitia Baehr-Reed (Lincoln/Raycroft complexes) received her PsyD in Clinical Psychology from the Georgia School of Psychology in 2016 and completed her internship at Trenton Psychiatric Hospital (TPH). Dr. Baehr-Reed has been working with both a military and forensic population. She completed her port-doctoral hours through her employment at the Special Treatment Unit (civil commitment of adult, male Sexually Violent Offenders), providing individual and group therapy, as well as psycho-educational sex offender specific modules. Dr. Baehr-Reed recently returned to TPH where she is providing the following services: psychological assessments, violence and sexual violence risk assessments, sex-offender specific treatment, trauma informed treatment, and cognitive remediation groups. Although using an integrative approach through the application of Schema Focused Therapy, Dr. Baehr-Reed's initial training and theoretical orientation is cognitive behavioral. Her primary interest revolves around providing quality trauma informed care, including both developmental and adult/military trauma. She also enjoys providing treatment and assessment to the forensic population, with a particular interest in sex-offender specific treatment and risk assessment.

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**Dr. Clédicianne
Dorvil**
Supervisor
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. Karen Kohaut

Dr. Karen Kohaut is a licensed psychologist and certified school psychologist in New Jersey and Pennsylvania. She received her Psy.D. in Clinical Psychology from the Institute for Graduate Clinical Psychology at Widener University in 2009. She has been a psychologist for the State of New Jersey since 2010. Dr. Kohaut's primary orientation is cognitive behavioral, and she has worked in inpatient, residential and school settings with a variety of patient populations. Dr. Kohaut has expertise in working with dually diagnosed, mentally ill, and substance abusing patients. Dr. Kohaut has professional interests in the treatment of mentally ill substance abusers, the use of motivational interviewing, delivery of evidence-based practice and conducting psychological and forensic assessment.

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Dr. Linda Kavash **Drake Complex**

Dr. Linda Kavash (Drake Complex) received her PsyD 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. Anna Maleson **Raycroft Complex**

Dr. Anna Maleson (Raycroft Complex) earned her PhD in clinical psychology from Walden University, graduated top of her class and is a member of PSI CHI National Honors Society. Dr. Maleson is also an alumnus from The University of Pennsylvania where she earned her Master 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 disorders, 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. She currently provides DBT therapy on an all-female unit.

Dr. Kelsey Feret **Supervisor** **Raycroft Complex**

Kelsey Feret, Psy.D (Supervisor, Raycroft Complex) received her Psy.D. in Clinical Psychology from La Salle University in 2019. During her clinical practica, she focused on training in both forensic and neuropsychological subspecialties. She obtained experience with neuropsychological assessment as well as court mandated treatment and assessment of sexual offenders and perpetrators of relationship violence in both outpatient and residential settings. Her doctoral research examined the role of emotions on implicit racism. Dr. Feret completed her pre-doctoral internship at Trenton Psychiatric Hospital with rotations on both the Lincoln and Raycroft complexes. Dr. Feret's

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outplacement was in the neuropsychology department at Cooper Hospital where she administered neuropsychological assessments, did hospital rounds with neurology residents, observed brain surgery, and assisted with two WADA procedures. After completing internship, Dr. Feret was contracted by TPH to provide cultural humility colloquiums for the internship program in collaboration with another psychologist. Dr. Feret did a neuropsychology post-doctoral fellowship at Diversified Psychological Resources which primarily involved neurocognitive assessments for a variety of concerns, including neurodevelopmental and neurocognitive disorders, independent medical evaluations, presurgical evaluations, and the NFL Baseline Assessment Program. Her main areas of clinical and professional interest involve neuropsychological assessment, cultural humility, sex-offense specific treatment, personality disorders, PTSD and complex trauma, as well as violence risk assessment. Dr. Feret is additionally in the process of becoming trained in EMDR.

**Dr. Gina
Radice-Vella**
**Assistant Intern
Training Director
Supervisor**

Dr. Gina Radice-Vella (Raycroft Complex) earned her PsyD in Clinical Psychology from Xavier University in Cincinnati, OH in 2016. During the course of her training, she received a great deal of experience in inpatient psychiatric settings with individuals diagnosed with severe mental illness, which became her area of passion. She completed her post-doctoral fellowship at the Psychiatric Institute of Washington, a private inpatient facility in Washington D.C. She completed her clinical internship at Spring Grove Hospital Center, a state hospital located outside of Baltimore, MD. During internship, she was trained in Cognitive Behavior Therapy for Psychosis (CBTp) and worked on a unit with individuals with treatment resistant schizophrenia. Prior to internship, she worked two years in a state hospital in Cincinnati. Upon becoming licensed in New Jersey, Dr. Radice-Vella worked in corrections at a county jail. She currently works part time at this facility, providing psychological services, crisis interventions, and suicide risk assessments to inmates. She maintains a humanistic theoretical orientation, placing a strong emphasis on the therapeutic relationship as a catalyst for personal growth.

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**Dr. Jonathan
Rapaport**
Supervisor
Travers Complex

Dr. Jonathan Rapaport (Supervisor, Travers Complex) received a PhD 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. Anna
Rehwinkel-Morfe**
Supervisor
Drake Complex

Dr. Anna Rehwinkel-Morfe (Clinical Psychologist 2, Drake Complex) is a licensed psychologist in New Jersey, New York and Pennsylvania. She received her BA in Psychology from Johns Hopkins University and her MA & PsyD in Clinical Psychology from La Salle University. Dr. Morfe completed an APA-accredited pre-doctoral internship at Southeast Human Service Center in Fargo, North Dakota and a NRSA-funded primary care research fellowship at UMDNJ-RWJMS. While on fellowship, she also taught psychology coursework at Mercer County Community College where she is on faculty. After fellowship, Dr. Morfe worked for: the Federal Bureau of Prisons where she functioned as a staff psychologist providing crisis intervention, individual therapy, group therapy and staff training on suicide prevention and Motivational Interviewing; and Cooper University Hospital where she was part of an inpatient consultation-liaison team. Dr. Morfe's theoretical orientation is cognitive-behavioral with a strong focus on Acceptance and Commitment Therapy (ACT). She maintains a private practice in New Jersey. Dr. Morfe is an active member of the New Jersey Adult Suicide Prevention Advisory Council.

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Dr. Mary Ann Rebel **Lincoln Complex**

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 PhD 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 substance use disorders at Greystone Park Psychiatric Hospital and Hagedorn Psychiatric Hospital. Some of her interests include stress management, psychological assessment and neuropsychology.

Dr. Kathleen Tobin **Supervisor** **Lincoln Complex**

Dr. Kathleen Tobin (Supervisor, Lincoln Complex) received her PhD 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 on the Lazarus Unit and provides DBT individual, group and milieu therapy.

Dr. Jennifer Watjen

Jennifer Watjen, Ph.D. received her doctorate in Counseling Psychology from the University of Wisconsin-Milwaukee in 2020. During her training, she focused on providing crisis intervention, individual therapy, and group therapy with forensic populations in various county jails and state correctional facilities. She completed her pre-doctoral internship at University of Texas Health Science Center at San Antonio (UTHSCA) with a Forensic Track emphasis at a forensic state hospital. While on internship, she led individual and group therapies and completed forensic evaluations for patients who were incompetent to stand trial or who had been adjudicated not guilty by reason of insanity (NGRI). She also completed Pre-Employment evaluations for police, led a Dialectical Behavior Therapy (DBT) outpatient skills group, and participated in DBT group consultation during this experience. Following graduation, she worked at the Federal Bureau of Prisons for approximately 1 year where she functioned as a staff psychologist providing crisis intervention, individual therapy, and group therapy to inmates. Most recently, Dr. Watjen has joined a private practice that focuses on providing individual and group treatments to patients through a DBT framework, as well as completing Fitness for Duty and Pre-Employment evaluations. Dr. Watjen uses an integrative approach that focuses on providing patients with an empowerment and strengths-based foundation.

Maintenance of Records

In accordance with the Standards of Accreditation, TPH maintains documentation on Intern Performance and on Intern Complaints and Grievances. Records are permanently maintained so that an intern's training experience, evaluations, and certificates of completion are available as evidence of the intern's progress through the program and for future reference and credentialing purposes. TPH retains records of all formal complaints and grievances that have been filed against the program and/or against individuals associated with the program to be made available for review by the Commission on Accreditation.

Internship Matching, APPIC Guidelines, and New Jersey Regulations

Trenton Psychiatric Hospital abides by APPIC board decisions applicable to all internship sites and participates 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.

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.

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: <https://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: <https://www.appic.org/Training-Resources/For-Students#Healthmatters>

Statement of Nondiscrimination

The Doctoral Internship in Health Service Psychology abides by the New Jersey Law Against Discrimination (LAD) which prohibits employers from discriminating in any job-related action, including recruitment, interviewing, hiring, promotions, discharge, and compensation. The law also prohibits discrimination in the terms, conditions and privileges of employment as indicated in the law's specified protected categories. These protected categories include: race, creed, color, national origin, nationality, ancestry, age, sex (including pregnancy and sexual harassment), marital status, domestic

partnership status, affectional or sexual orientation, atypical hereditary cellular or blood trait, genetic information liability for military service, or mental or physical disability, including AIDS and HIV related illnesses. The LAD prohibits intentional discrimination based on any of these characteristics. Intentional discrimination may take the form of differential treatment of statements and conduct that reflect discriminatory animus or bias.

Hospital and Other Institutional Policies with Which the Program Complies

The TPH Psychology Internship program complies with all policies and procedures of the state and hospital that pertain to staff and intern rights, responsibilities, and personal development including:

State – NJ State Department of Personnel Equal Employment Opportunity/ Affirmative Action Policy Statement, the New Jersey Law Against Discrimination, NJ State Policy Prohibiting Discrimination, Harassment or Hostile Environments in the Work Place

Hospital – Including but not limited to NJ Policy Against Discrimination, Equal Employment Opportunities and Affirmative Action (3.001), Sexual Harassment (3.001.01), Code of Ethics (2.401.17), TPH Employee Physical Exam Guidelines/Pre-Employment Health Screening for New Hires (3.305), Employee Physical Exam Guidelines: Assessment of Physical/Mental Incapacity (3.305.01), Research Review Committee (5.401), Guidelines for Use of Information Technology Resources (1.801), and Patient Abuse and Neglect (1.901). For a complete description of a particular hospital policy and procedure, current interns can visit our Intranet homepage at <http://tphweb/> and click “Template and Policy Search”. Type in a policy number or key word. Applicants may receive policies upon request via email.



The Hospital Campus



Internship Program Admissions

**Date Program
Tables are updated:
July 2021**

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:

The Psychology Department of TPH, in conjunction with the New Jersey Department of Health/ Division of Behavioral Health Services and affiliated outpatient and specialized training sites offers a one year, full-time (1750 hours), APA-accredited internship in Clinical Psychology. Interns are able to accrue 2000 hours if necessary for licensure in their state. Interns’ core experience involves intensively supervised clinical work at TPH with an inpatient adult psychiatric and forensic population. TPH patients display a broad spectrum of psychopathology and are from diverse cultural, ethnic, and economic backgrounds. Interns are exposed to a range of theoretical orientations. They gain experience with varied evidence-based treatment modalities and acquire assessment experience utilizing a range of assessment tools. Individualized competency-based training plans are developed for each intern, facilitating the development and expansion of a broad base of clinical skills. Goals of the internship are 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 sensitivity to individual and cultural differences that enable them to provide effective psychological treatment for the individuals they serve.

TPH’s psychology department is comprised of 15 psychologists, 4 psychology interns, 2 behavior analysts, and 10 behavior support technicians. Nine full-time psychologists are licensed in New Jersey. The hospital is divided into 4 complexes: Drake – 3 admissions units; Raycroft – 4 extended acute locked units; Lincoln –4 less restrictive units comprised of patients with either medical issues, chronic mental illness, or those who meet criteria for DBT milieu treatment; and Travers – 12 unlocked cottages each housing between 5-8 patients comprise the Transitional Living Unit which helps to prepare patients for discharge. Each complex has unique functions, but is interdependent with the other parts of the hospital. During the course of the year-long internship, each intern spends 6 months in 2 rotations in different sections of the hospital. Depth and variety of experience are further promoted by having our interns spend 1 day per week at affiliated outpatient or specialized training sites.

Interns will begin their day by attending Nursing Report and Life Management Meeting, which is a community meeting for patients. Interns will then participate in an interdisciplinary team meeting in which they will be assisting in writing treatment plans and updating patient safety plans. Interns will carry a caseload of 5-6 individual patients and co-facilitate 2-4 group sessions per week. Interns may see individual patients in the morning or afternoon and conduct groups in the afternoon. All staff members including interns are expected to document patient progress after each group or individual session in our Group Scheduling Application. Interns also conduct 4-6 assessments per 6-month rotation and will be working on integrative reports throughout the week. In addition on 2 Wednesdays per month, interns receive didactic training on a broad array of topics presented by leaders in the field. Interns will also receive in-service presentations by supervisory staff once a month and participate in the monthly department meeting.

Does the program require that applicants have received a minimum number of hours of the following at times of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours	<input type="checkbox"/> N	<input checked="" type="checkbox"/> Y	Amount: 500
Total Direct Contact Assessment Hours	<input type="checkbox"/> N	<input checked="" type="checkbox"/> Y	Amount: 100

Describe any other required minimum criteria used to screen applicants:

Applicants must have a Master’s Degree by the date of application deadline, and the graduate program must be APA-accredited.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$30,951.60	
Annual Stipend/Salary for Half-time Interns	NA	
Program provides access to medical insurance for intern?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If access to medical insurance is provided:		
Trainee contribution to cost required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of family members(s) available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of legally married partner available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of domestic partner available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	67.2 VACATION 33.6 Administrative Leave	
Hours of Annual Paid Sick Leave	75.6	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Other Benefits (please describe): The stipend for the 2021-2022 internship class is funded at the gross salary of \$38,689.49. The interns work 4 days per week at TPH and volunteer 1 day at an outplacement site. Therefore, each position is filled at 80% for a net salary of \$30,951.60. Interns receive approximately 67.2 hours of vacation time, 75.6 hours of sick leave, and 33.6 hours of paid administrative leave. Interns also enjoy 13 paid State Holidays at 80% pay. In addition interns are entitled to Workers' Compensation, Deferred Contribution Retirement Plan, and Free cafeteria Lunch.</p>		

* *Note: Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.*

Initial Post-Internship Positions

Provide an Aggregated Tally for the Preceding 3 Cohorts

	2018-2021	
Total # of interns who were in the 3 cohorts	12	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Community mental health center	NA	NA
Federally qualified health center	NA	NA
Independent primary care facility/clinic	NA	NA
University counseling center	NA	NA
Veterans Affairs medical center	1	NA
Military health center	NA	NA
Academic health center	NA	NA
Other medical center or hospital	NA	NA
Psychiatric hospital	NA	1
Academic university/department	NA	1
Community college or other teaching setting	NA	NA
Independent research institution	NA	NA
Correctional facility	NA	NA
School district/system	4	NA
Independent practice setting	NA	1
Not currently employed	NA	NA
Change to another field	NA	1
Other	NA	1
Unknown	NA	NA

** Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each Individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.*



**State of New Jersey
Department of Health
Division of Behavioral Health Services
Trenton Psychiatric Hospital**