



# GREYSTONE PARK PSYCHIATRIC HOSPITAL

**APA-ACCREDITED**

## CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM

*2016- 2017*



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### ACCREDITATION INFORMATION

The Greystone Park Psychiatric Hospital (GPPH) Psychology Internship Program is a one-year, full-time program accredited by the American Psychological Association (APA). Additional information about the accreditation process may be obtained from the APA's Commission on Accreditation by calling 202-336-5979, by logging on to [www.apa.org](http://www.apa.org), or by writing to: 750 First Street, NE Washington, DC 20002-4242.

This internship is listed with and follows the guidelines of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Additional information about APPIC and internship applications may be obtained from APPIC by calling 832-284-4080, by logging on to [www.appic.org](http://www.appic.org), or by writing to: 17225 El Camino Real, Onyx One-Suite #170 Houston, TX 77058-2748.

The GPPH Psychology Internship Program complies with New Jersey law prohibiting employment discrimination based on an individual's age, sex (including pregnancy), race, creed, color, religion, ancestry, nationality, national origin, familial status, genetic information, marital/civil union status, domestic partnership status, affectional or sexual orientation, gender identity and expression, atypical hereditary cellular or blood trait, liability for military service, and mental or physical disability (including perceived disability and AIDS and HIV status).



Bell from Old Main Building

### **ABOUT GREYSTONE PARK PSYCHIATRIC HOSPITAL**

GPPH is a state inpatient psychiatric hospital accredited by the Joint Commission located in Morris Plains, New Jersey, approximately 30 miles west of New York City.

GPPH is a hospital rich in history that mirrors psychiatry's past. In the 1870s, the New Jersey Legislature appropriated 2.5 million dollars to purchase 700 acres on which to build New Jersey's second "lunatic asylum." The New Jersey State Lunatic Asylum at Morristown opened its doors to 292 patients on August 17, 1876. By 1914, the hospital housed 2,412 patients. Thirty years later the hospital population grew to 7,000. With the introduction of Thorazine and the emergence of the deinstitutionalization movement, the census drastically reduced. On August 12, 1982, the hospital expanded its facilities by opening 20 "independent living" cottages.

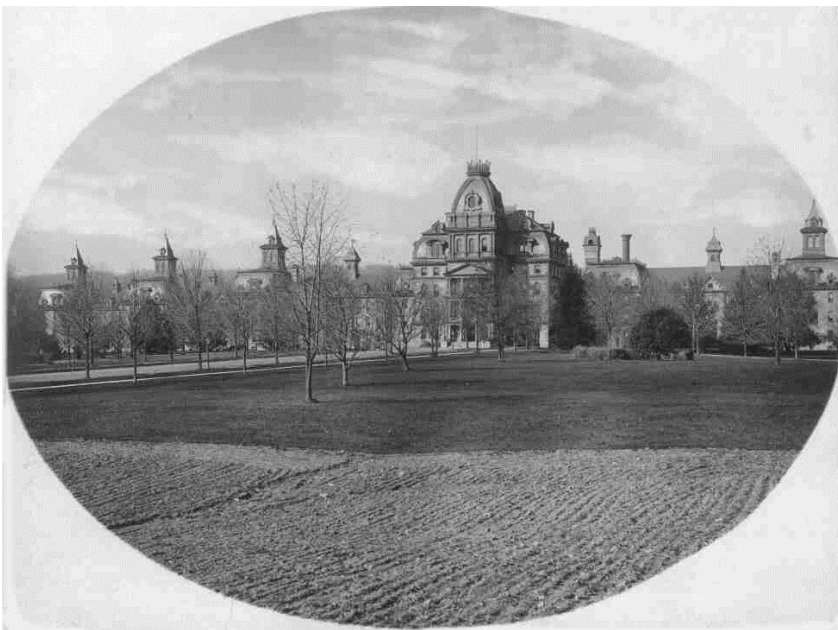
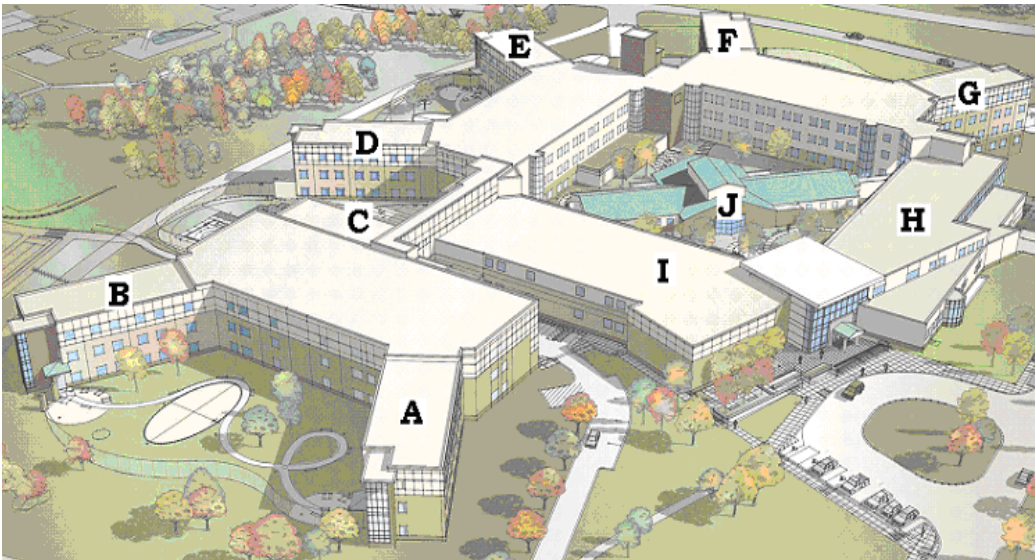


Photo of original Main Building

Today GPPH functions in a state-of-the-art building that opened in July, 2008. The hospital is comprised of 18 units, each paired as a set of “sister” units. GPPH provides inpatient psychiatric services to residents of Bergen, Essex, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Passaic, Somerset, Sussex, Union and Warren counties. Patients 18 years of age and older, from diverse cultural and socioeconomic backgrounds, are provided mental health services designed to mitigate debilitating symptomatology, enhance their level of adaptive functioning by promoting wellness and recovery, and facilitate successful reintegration into the community.



Ariel View of New Hospital: A,B,D,E,F,G: Pt bedroom wings; C: Ancillary Services; H,I: Administration, J: Tx Mall

GPPH celebrates cultural and religious diversity in both our patient and staff populations. We have approximately 54 countries represented in our facility, with more than 30 languages other than English spoken in the home. In addition, there are more than 18 religious affiliations recognized throughout the hospital.

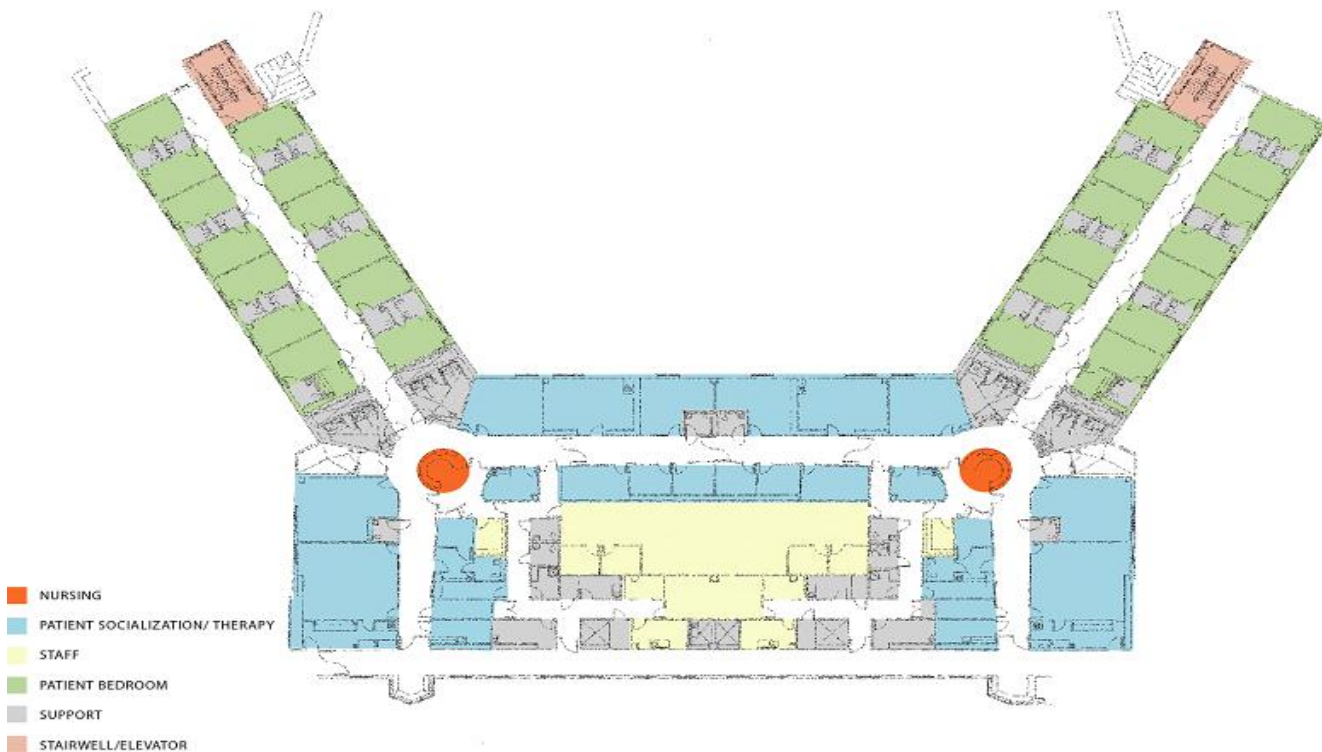


Basketball Courts

## PATIENT UNITS

GPPH has two admissions units, one unit for dementia patients, one unit for severe personality disorders, one unit for patients with both intellectual disabilities and mental illness, three units for geriatric and/or medically-compromised patients, one unit for deaf patients, five general units, four legal units, and ten transitional cottages. Each unit has a multidisciplinary treatment team consisting of a psychiatrist, psychologist, nutritionist, charge nurse, social worker, rehabilitation clinician, direct care staff, co-occurring staff, and pastoral care services.

Below is a diagram of two sister units. Each unit can house 26 patients and has its own dining room, socialization rooms, treatment team room, activity room, computer room, medical examination room, and consultation rooms. Behind the sister units are staff offices, cubicles, and a conference room.



Blueprint of Sister Units

The **admissions units** (Area 4) serve patients who were recently admitted from community hospitals, screening centers, and/or jails, and who continue to require inpatient psychiatric treatment. Some patients in the Admissions unit are transferred within the hospital for continued care, while others are discharged directly to the community. There are three treatment teams working on two admissions units.

The **general units** (Area 3) serve patients who are no longer in an acute state in terms of symptoms, but require more time to reach recovery goals in order to successfully return to the community. Most

of these patients require significant dependence upon staff for managing their daily routine and vary widely in terms of their symptom presentation and functional skills.

Our **legal units** (Area 2) house patients who have legal classifications such as Not Guilty by Reason of Insanity, Incompetent to Stand Trial, or have been given a special designation within the hospital system because of demonstrated violence. These patients have committed a wide variety of offenses including petty theft, trespassing, simple or aggravated assault, arson, weapons possession, sexual assault, and homicide, and they have equally varied clinical diagnoses.

Our **deaf unit** (Area 4) is the only state-funded psychiatric inpatient unit for deaf and hearing-impaired psychiatric patients in New Jersey. There are interpreters available for therapeutic communication as well as sign-language courses available for staff.

The hospital also has a unit (B3) designated to serve vulnerable adults with **developmental disabilities** who present with psychiatric and mental health support needs. The physical space of the unit, as well as the group and individual therapeutic activities provided have been adapted to better fit the special learning and support needs of this population. The treatment team approach is a trans-disciplinary one, with collaboration of professionals and paraprofessionals from the various disciplines of Nursing, Medicine, Psychiatry, Rehabilitation, Psychology and Social Services, as well as partnerships with community agencies serving these patients. The unit also has Behavioral Support Technicians, who work under the supervision of a licensed psychologist, to facilitate staff training in applications of learning theory to the needs of our adult patients, to complete functional assessments, and to provide group/individual programming directly to patients. The overall approach to facilitating Recovery emphasizes the use of positive behavioral supports embedded in a multifaceted therapeutic milieu with the singular purpose of quickly re-stabilizing the individual so s/he may safely return to living in the community.

**Mountain Meadow Complex** is an area of the hospital that closely resembles semi-independent living. Patients live in self-contained “cottages” of eight to twelve patients where they learn the basic skills necessary for living semi-independently or independently in the community. They have full grounds privileges, attend programs on and off grounds, do their own cooking and cleaning, and focus particularly on acquiring vocational skills.

GPPH began admitting **geriatric and dementia patients** (Area 1) in 2011 following the closure of Hagedorn Psychiatric hospital. In order to best meet the needs of the geriatric population, the units have been physically modified, as have the treatment modalities, group length, meal times, and team meetings.

Additionally, the hospital has a unit dedicated to serving patients with **severe personality disorders** (E3). The focus of the unit is on intensive evidence-based psychotherapy using a mixed model treatment approach that includes schema therapy and dialectical behavioral therapy skills along with social-cognitive training.

## CENTRALIZED PROGRAMMING

In addition to the on-unit treatment areas, GPPH offers therapeutic programming in our treatment mall, also called the J-Wing. At a minimum of twice per week, patients migrate to the J-Wing by treatment area to attend groups in centralized classrooms. Patients are offered a wide variety of programs including music therapy, art therapy, occupational therapy, educational programs, horticulture classes, and therapeutic groups lead by psychology, psychiatry, social work, chaplaincy, co-occurring, and rehabilitation departments.

In an effort to increase success at independent community re-integration, GPPH also offers patients the opportunity to build vocational and employment skills in the Creative Employment Center.



Music Studio in J-Wing

## TRAINING PHILOSOPHY, MODEL AND GOAL

The GPPH faculty aim to create a supportive, educational environment that provides progressive clinical exposure within a framework of collaborative supervision that simultaneously encourages self-awareness and critical independent thought in order to facilitate growing competence. We believe this is best achieved through the deliberate application of empirical and theoretical knowledge into clinical practice. Regardless of a supervisor's theoretical orientation, the faculty is committed to providing interns with supervisory space that encourages reflective practice and the development of the intern's own voice.

The GPPH internship program is designed in accordance with the "local clinical scientist" (LCS) training model defined by Stricker & Trierweiler (1995). The LCS model stresses that clinical practice in local settings is guided by applied scientific activity, including openness to an array of appropriate interventions, empirically informed choices, awareness of ethical implications and personal biases, and collegial interactions (Stricker & Trierweiler, 1995). GPPH promotes the inclusion of this scientific frame into the clinical treatment of our patients with serious mental illness in order to produce effective, competent generalist adult practitioners. The severity and types of pathology presented in our hospital population often make it difficult to directly employ evidence-based practices. Therefore,



in keeping with the LCS model, we strive to provide patients with evidence-informed practices that adapt theory and research to benefit and serve our patients locally. Consistent with our hospital's mission, interns work with their supervisors to apply scientific knowledge to create a person-centered approach that flexibly modifies evidence-based treatment and assessment strategies to best meet the needs of the individual patient in order to promote recovery. Furthermore, in collaboration with their supervisors, interns are required to gather data to evaluate the effectiveness of therapeutic interventions, provide thorough and thoughtful clinical recommendations based on assessment data and supporting literature, and serve as effective consultants to multidisciplinary treatment teams.

Interns are expected to further the development of their own cultural competence across all domains of practice and to work with an underserved and diverse patient population in our culturally rich environment. To that end, interns will work with patients of all levels of functioning from diverse cultural, religious, and socioeconomic backgrounds. Additionally, interns will have exposure to working collaboratively with healthcare professionals from diverse cultural and educational backgrounds in a collective effort to further patients in the recovery process.

The goal of the GPPH pre-doctoral internship is to produce generalist adult psychology practitioners who are competent to work in a multidisciplinary setting. As each individual intern's functional and foundational skills allow, interns are provided the opportunity to act with increasing autonomy and are assigned progressively more challenging clinical cases. Additionally, interns are encouraged to develop their own identity as a psychologist as they work in partnership with supervisors to evaluate the effectiveness of empirically supported interventions. Over the course of the training year, there will be a gradual shift in the amount of autonomy afforded to the intern from rotation to rotation, with measured changes in the amount of direct observation utilized depending on each individual intern's demonstrated skill.

Specifically, interns will participate in interdisciplinary treatment team meetings and are expected to take an increasingly active role as a team member guided by their supervisor and dependent upon their individual clinical skill level. Interns will have the opportunity to build on acquired skills from the first rotation by gaining exposure to leading team meetings, groups, and other clinical initiatives in the second and third rotations. As interns progress to the third rotation, it is hoped that they are both refining and learning advanced functional and foundational competencies in preparation for entry level practice. Likewise, interns will begin the year by co-leading group therapy with a supervisor and as their clinical skills solidify, interns will be expected to co-lead groups with peers and externs, independently lead groups, and develop new psychotherapy groups designed to meet the needs of our patients locally. Throughout the training year, supervisors will provide supportive and constructive feedback in order to promote optimal growth, both personally and professionally. In addition to the supervisory experience, clinical training is also supplemented by didactic instruction both on and off hospital grounds, which serves to further facilitate the intern's internalization of "psychologist" as his/her professional identity.

## COMPONENTS OF THE TRAINING PROGRAM

### STRUCTURE OF THE TRAINING YEAR

Interns are assigned to three 4-month rotations. Interns will request units to receive training and every effort will be made to match interns to their desired units, dependent on supervisor availability and specified intern training goals.

As a member of the multidisciplinary treatment team, the intern may assist in designing and recording individual treatment plans, select patients for individual therapy, co-lead Life Management (therapeutic community) meetings and small group-therapy sessions, and act as consultants after psychological assessment and during safety-management planning. Interns are also afforded the unique experience of working with team members and patients from varied ethnic backgrounds, and they are encouraged to actively incorporate culturally sensitive interventions into treatment planning and professional interactions with colleagues, thereby enhancing the richness of the training year.

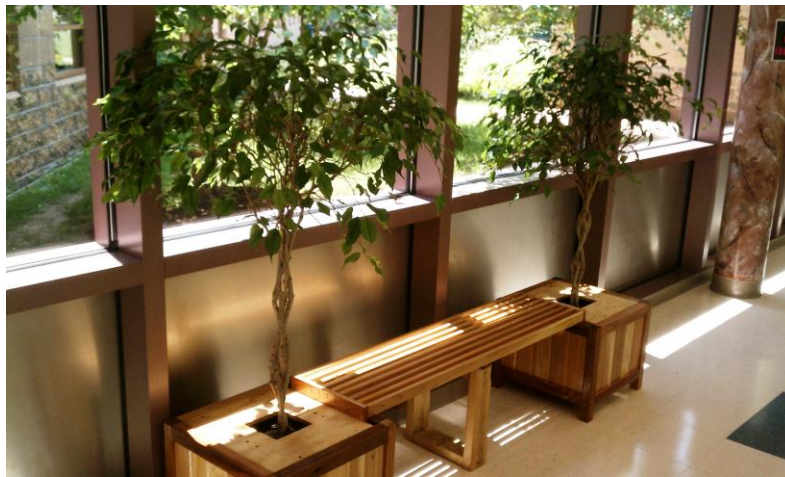
### ASSESSMENT

Assessment training is considered a core component of our internship program. Interns meet with their assessment/testing supervisor approximately one and a half hours per week and are expected to complete a minimum of 15 batteries throughout the internship year. Interns will be assigned to a testing supervisor on a rotational basis. The assessment supervisor will observe the intern administer a full battery during the first rotation and develops a comprehensive training plan designed to enhance his or her strengths and to develop his or her growth areas.

In addition to being taught how to select appropriate tests to answer referral questions, interns learn to use the diagnostic categories of the DSM-5, develop clinical interviewing skills, and make specific, viable treatment recommendations. Every effort is made to provide interns with exposure to a wide range of patients with varying diagnoses and treatment issues. Referrals are generated throughout the hospital and may include: clarifying diagnosis, identifying intellectual functioning, illuminating personality dynamics, evaluating neurological conditions, assessing functional skills, and determining risk to self and others. Additional training and exposure to assessment tools can be obtained at didactic seminars.

During the year, interns gain or enhance competence in the administration, scoring, and interpretation of objective and projective measures of personality and symptom severity (e.g. MMPI-2-RF, MCMI-III, PAI, NEO-PI-3, SCL-90, Beck Inventories, Rorschach, TAT), structured and semi-structured clinical interviewing techniques, (e.g. SCID I & II, PANSS, IPDE), traditional methods of assessing intelligence and cognitive functioning (e.g., WAIS-IV, SB-5, WASI-II, MATRICS) as well as nonverbal measures (TONI-IV, CTONI-2, SIT-R3), adaptive behavior (Vineland-II, ABAS-II, TFLS), neuropsychological screening (e.g., RBANS, Cognistat, WMS-IV), risk of harm to self or others (C-SSRS, Firestone Inventories, V-Risk 10), functional assessments (UPSA,

MMAA, SSAA) and risk assessments (e.g., VRAG, SORAG, PCL-R, HCR-20<sup>v3</sup>, SAPROF). Interns are expected to present assessment findings to both the referred patient and the referring treatment team in order to promote the patient's recovery.



Bench outside of J-Wing

## PSYCHOTHERAPY

The psychotherapy experience focuses on two major forms of treatment: individual psychotherapy and group therapy. Each intern is expected to carry a caseload of approximately 3-5 individual patients. The size of the caseload varies depending upon the strengths of the intern, the demand of each case, and the time constraints based on the remainder of the training plan. Cases are assigned and approved by the supervisor to which the intern is assigned. The range and type of pathology that interns are exposed to at GPPH is intentionally broad, offering them exceptional diversity that is difficult to match in other settings. Cases chosen can range from patients diagnosed with acute and chronic schizophrenia and affective disorders to severe personality disorders, traumatic disorders, and addiction issues.

Interns are initially assigned to co-lead group therapy 2-3 times per week with their unit psychologist. These groups may be topic focused such as Anger Management or DBT Skills, or more process oriented and interpersonal in their emphasis. Beginning in the second rotation, interns are encouraged to develop and conduct their own therapy group to meet the specific needs of our patient population. There are opportunities for group therapy on both the intern's assigned unit and in the hospital's therapeutic program mall (J-Wing). The J-Wing offers group therapy to all patients in the hospital, thereby presenting a unique training option for interns to work therapeutically with patients that are not housed on their assigned unit.

Psychotherapy supervision is provided for a minimum of one hour each week, and often includes additional formal and informal supervisory meetings. The supervisors at GPPH have theoretical orientations that vary from Psychoanalytic and Psychodynamic to Cognitive/Cognitive-Behavioral, and Schema Therapy.



Wall Hanging outside of Park Place Café

### **OUTPATIENT ROTATION**

GPPH is currently establishing a one day per week outpatient rotation at nearby Morristown Medical Center, and expect that it will be in place for the 2016-2017 training year. Interns will spend one day per week receiving training and supervision from licensed psychologists by rotating through their IOP, substance abuse service, child/adolescent unit, behavioral medicine service, and sleep clinic. The training faculty at GPPH believe that this outpatient rotation provides an excellent opportunity for interns to gain exposure to wider patient populations and treatment modalities, will further aid in the attainment of our overarching training goal.

### **MULTIDISCIPLINARY TEAM CONSULTATION**

The philosophy at GPPH for providing therapeutic services is that the most effective and efficient treatment can be delivered through a multi-disciplinary team approach. As part of its experiential base, the internship includes exposure to this approach by assigning each intern to a specific unit wherein they become members of that unit's treatment team. The intern's role is to function as a participant-observer by offering observations, clinical ideas, and possible treatment strategies to team members, while simultaneously observing how each clinical discipline collaborates to develop an individualized comprehensive treatment plan. In addition, interns gain experience as consultants to treatment teams they are not assigned to when they provide assessment feedback and

recommendations. Multidisciplinary treatment teams in turn routinely value the insights provided to them by interns.

## SUPERVISION

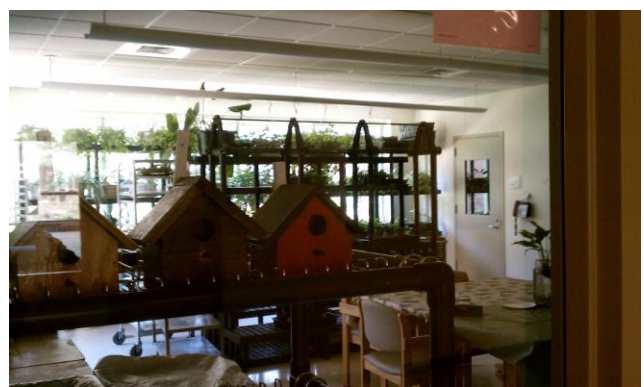
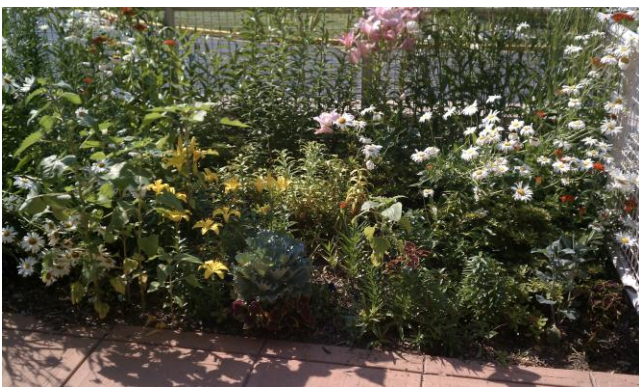
The hospital's psychology department is comprised of 25 psychologists, 22 of whom are doctoral level with 21 of those psychologists having licenses to practice in New Jersey. They represent varying theoretical orientations and provide diversity in supervisory styles and professional role models.

During each rotation interns are assigned to one primary supervisor for psychotherapy and a second supervisor for assessment. The primary supervisors are required to be licensed psychologists. In addition, the interns meet weekly in group format with the Acting Director of Psychological Services to discuss cases and expand theoretical knowledge, critical thinking, and reflective practice and with other core faculty to discuss assessment issues.

The primary supervisors at GPPH vary in their theoretical orientations and areas of interest. The department has staff with post-doctoral training in psychoanalytically oriented psychotherapy, certification in substance abuse, experience in developing token economy programs, multi-family support groups, cognitive therapy for psychosis, advanced training in Schema Therapy, and program development for the hearing impaired. The supervisory staff have published a variety of articles over the years and have presented at major conferences in and out of the state.

Non-licensed staff may provide additional supervision if they have substantiated expertise in a particular area, and all faculty participate in didactic trainings.

In addition to the supervision interns receive on their own cases, they also have the opportunity to provide mentoring supervision for psychotherapy and assessment to GPPH's doctoral level externs. Interns receive supervision of their supervision during Professional Development Seminar.



Horticulture Program

## DIVERSITY TASK FORCE

The GPPH Internship faculty has founded and leads the multidisciplinary Diversity Task Force designed to raise awareness and facilitate education about issues of diversity at GPPH. Diversity includes differences in religion, moral beliefs, gender identity, sexual orientation, socioeconomic background, and race and ethnicity. The Diversity Task Force works to promote workplace diversity by encouraging individuals to accept others who differ from themselves in these areas and by acknowledging that their unique life experiences can contribute to our understanding of the world. The Diversity Task Force regularly authors articles about diversity issues in the hospital's newsletter and hosts hospital-wide events to improve awareness in efforts to improve employee relations and patient care. Both interns and externs will participate in Diversity Task Force projects and events.

## DIDACTIC EXPERIENCES

GPPH Internship program offers a variety of didactic experiences including webinars, live lectures and didactics, and taped presentations. The specific topics selected are decided upon through expressed interest and supervisory expertise. Past topics have included Trauma-Informed Care, Multicultural Issues in Treatment, LGBT Issues in Psychotherapy, Private Practice, MMPI-2-RF, and Forensic Assessment Measures. In addition, the interns participate in a year-long didactic series on ethics. In addition, interns are invited to attend State sponsored trainings held in Trenton to augment their didactic experience.

## ASSESSMENT SEMINAR

Each week interns attend a group seminar designed to further understanding of assessment procedures and provide exposure to a variety of assessment measures. Throughout the year, interns will have access to a wide range of assessment measures utilized to answer the referrals questions common to an inpatient setting and interns will present at least three assessment cases. Seminar topics will include: accessing assessment records, responding to referral questions, selecting assessment measures, recovery-oriented report writing, meaningful recommendations from assessments, reporting findings to patients and multidisciplinary teams, and assessment and culture.

## CLINICAL ROUNDS

Interns will have the opportunity to attend clinical rounds led by the hospital's former Medical Director in conjunction with staff from Rutgers University. The clinical rounds are designed to provide consultation to treatment teams struggling with a patient's treatment. Interns will observe how treatment teams function as well as how to effectively and efficaciously provide treatment to some of the most difficult patients in the hospital.

## PROFESSIONAL DEVELOPMENT SEMINAR

Interns participate weekly in a Professional Seminar Series with the Acting Director of Psychological Services and core faculty members. The purpose of the series is to provide a forum for active and open discussion of scholarly readings and case material. Throughout the year, interns will present a minimum of three therapy cases with varying focus on mental status/differential diagnosis, and application of theory into clinical practice. Interns are exposed to literature for critical discussion in areas such as CBT for psychosis, mentalization, phenomenological experience of and classic writings on serious mental illness, psychotherapy process and outcome research, and psychotherapy supervision. In addition, Professional Development Seminar serves as the basis for supervision of the intern's mentoring supervision of our externs. Audio-taped sessions of the intern's supervision of externs are reviewed, and training is supplemented with readings.

## END OF THE YEAR PROJECT

In order for interns to develop an understanding of the operational aspects working within a large hospital system and gain experience working in the role of a consultant, interns are required to work collaboratively with each other to develop a Performance Improvement project designed to evaluate and improve a program or area within the hospital's organizational system, in either clinical or operational branches. Interns present their project to the training faculty at the end of the year.

## RESEARCH OPPORTUNITIES

Several supervisory psychology staff members have been involved in research projects including the re-norming of the WASI, the evaluation of the efficacy of risk assessments, and the adaptation of evidence-based practice to meet the needs of the SMI population. Interns will be given the opportunity to contribute to one of these ongoing research projects if available.

While it is preferable for interns to have completed their dissertation before beginning internship, the faculty recognize the importance of completing this milestone and are willing to offer interns the opportunity to utilize the time designated for research to complete their dissertation. Interns will be expected to demonstrate continued progress toward the completion of their dissertation to the Acting Director of Psychological Services.



Piano in Lobby

### PSYCHOLOGY INTERNSHIP FACULTY

**Dr. Gary Dushkin** received his Psy.D. in Clinical Psychology from the School of Psychology at Florida Tech. He completed his predoctoral internship at Rutgers Medical School. Prior to coming to Greystone Park Psychiatric Hospital, he worked for many years at Hagedorn Psychiatric Hospital. His specialization in working with the geropsychiatric population continues in his work at GPPH. His interests is in neurocognitive screening for dementia and providing appropriate therapeutic services to this population. Dr. Dushkin is licensed in New Jersey and maintains a private practice providing psychotherapy to children and families, adolescents, adults and couples. He is a former consultant to various area nursing homes.

**Dr. Paresh Kasabwala** earned his Psy.D. in clinical psychology from the California School of Professional Psychology in Los Angeles. His work is guided by evidence-based methods and interventions of cognitive behavior therapy and dialectical behavior therapy. He has worked with a diverse clientele varying in age groups, ethnic, cultural and sexual orientations in inpatient, college counseling, community mental health, and child care settings. Dr. Kasabwala is currently a psychologist for co-ed cottages at GPPH.

**Dr. Thomas Kot** obtained his Ph.D. in combined clinical and school psychology from Hofstra University. He receiving training at the BioBehavioral Institute in New York , a world renowned clinic that specializes in the treatment and research of anxiety spectrum disorders. He also worked at the Psychological Evaluation and Research Center (PERC) at Hofstra University where he conducted behavioral therapy and performed comprehensive psychological and psycho-educational assessments for learning disabilities and various other disorders. Dr. Kot has experience working with the developmentally disabled adults and children diagnosed with behavioral disorders. Dr. Kot has been involved in various research projects throughout his career, has presented papers at national and international conferences, and has been published in peer reviewed journals. Dr. Kot is an assessment supervisor whose theoretical orientation is cognitive behavioral. In addition to his work at GPPH, Dr. Kot has a private practice.



**Dr. Marc Lipkus** earned his Psy.D. in clinical psychology from the Illinois School of Professional Psychology in Chicago. Also, he has a certificate in Psychoanalytic Psychotherapy from the Institute for Mental Health Education. Dr. Lipkus is a licensed psychologist who began his career working with troubled adolescents in the Bergen County Youth Counseling Program. Over the course of his career, Dr. Lipkus has worked for various agencies including the FDU Counseling Center, several large practice groups, and his own practice. Dr. Lipkus has worked in various units throughout GPPH including the Admissions unit for over a decade. His theoretical orientation borrows from several theories including psychoanalytic, ego psychology, and cognitive behavioral. His favorite theorists include Heinz Kohut, Harry Stack Sullivan, and Carl Rogers. His supervision style is process oriented and focuses on how the therapist understands the patient's communications and dynamics as the pathway to create useful and evidenced based interventions. He examines countertransference issues as an important therapist tool to gain a deeper understanding of the patient.

**Dr. Bernadette Madara** has a Psy.D. from Baylor University in Waco, Texas. She has over 30 years of clinical experience with diverse populations in psychiatric inpatient hospitals, community mental health and residential treatment settings. Dr. Madara has a multicultural background and extensive experience conducting therapy in her native languages of Spanish and French. She is particularly interested in equine assisted psychotherapy and is certified as an EAGALA mental health professional. Dr. Madara has an integrative orientation based on psychodynamic, cognitive behavioral and interpersonal theories. She has a developmental approach to case conceptualization with considerable emphasis on attachment theory. Dr. Madara sees the supervisory relationship as an interpersonal context and process for clinical development and professional growth. She has a mentoring style of supervision based on the unique training goals and learning needs of each supervisee.

**Dr. Sara Marvin** received her Doctoral degree in Clinical Psychology from Fairleigh Dickinson University in Teaneck, NJ. Dr. Marvin previously worked for the Recognition and Prevention (RAP) Program at North Shore LIJ Health System; a research program that provides assessment and treatment for adolescents and young adults at risk for developing more serious mental illness. Dr. Marvin's theoretical orientation is Integrative. Her approach to theoretical integration has been heavily influenced by Prochaska and DiClemente's Transtheoretical Model. She primarily uses psychodynamic and CBT theories (particularly DBT and Mindfulness approaches) in her integration. Currently, Dr. Marvin is the unit psychologist for D1, a unit with a large population of patients with dementia. Dr. Marvin has a private practice in Clinton, NJ and specializes in treatment for Obsessive Compulsive Disorder.

**Dr. Francis McGovern** graduated from St. John's University with a Ph.D. in clinical psychology in 1984. He is licensed in New Jersey and has experience working in community mental health centers, a sex offenders prison/treatment facility, and two state psychiatric hospitals. He has been a caseload carrying psychologist at GPPH for 30 years during which time he has assumed the roles of psychologist for the deaf unit, Director of the Psychology Internship and Acting Director of the Psychology Department. He developed a token economy program for low functioning patients

during the 1980's and was the primary trainer for treatment planning during the 1990's. He has had a private practice for 21 years with a focus on marriage counseling, depression and anxiety. His primary theoretical orientation is interpersonal/psychodynamic.

**Dr. Gene Nebel** received his Ph.D. in child psychology from St. John's University. He is a graduate of the Department of Human Services Psychology Internship Training Program. As a licensed psychologist and certified school psychologist, he is a member of both the New Jersey Psychological Association and the New Jersey Association of School Psychologists. His interests lie in psychoanalytic developmental psychology and in psychodiagnostic assessment with particular emphasis on the Rorschach. He is a fellow of the Society for Personality Assessment. At GPPH, he works on one of the legal units.

**Dr. Denise Paulson** received her Psy.D. from La Salle University in Philadelphia in 2005. She has a variety of clinical experience working in community mental health, juvenile detention, a VA hospital, and a university counseling center. She has been working in Admissions since 2007 and supervises interns on the second and third rotations employing Stoltenberg's Integrated Developmental Model of Supervision. Dr. Paulson's theoretical orientation is psychodynamic, specifically as defined by Donald Winnicott; however she utilizes Cognitive Behavioral Therapy for certain presenting issues of her patients. She presents on LGBT issues in psychotherapy for the internship colloquia, and is on the Diversity Task Force to promote awareness and support of diversity at GPPH. Dr. Paulson is a licensed psychologist and has a private practice in Essex County, NJ.

**Dr. Lucas Rockwood** received his Psy.D. in clinical psychology from the Georgia School of Professional Psychology. He completed his clinical psychology internship at GPPH. He has been working as a clinical psychologist at GPPH since the completion of his internship and has been an intern therapy supervisor for the past four years. His theoretical orientation is cognitive-behavioral therapy and his supervision style tends to follow this model. His clinical specialties are depression, anxiety, and posttraumatic stress disorders (PTSD). His primary research interest is in virtual reality exposure therapy in the treatment of various psychiatric disorders (e.g., PTSD, addiction). He has been licensed as a practicing psychologist in New Jersey since February of 2008. He has a part-time private practice in Morristown, New Jersey.

**Dr. Jennifer Romei** is the Acting Director of Psychological Services and oversees both the Psychology Department and the Internship Training Program. She received her Ph.D. from the Brooklyn campus of Long Island University in 2003 after interning in the New Jersey VA Healthcare System. Prior to joining GPPH, Dr. Romei worked as a Psychologist on an adult and pediatric consultation-liaison service for medicine and surgery, and later as a Senior Psychologist on an acute inpatient psychiatric unit. She has experience working as both a therapy and testing supervisor, and was a training faculty member in the New York city hospital system. While at GPPH, Dr. Romei worked as the Psychologist on one of the legal units. She served as Director of Internship Training before becoming the Acting Director of Psychological Services in June 2010. She works from an object-relations perspective and integrates techniques and concepts from CBT into her practice. Dr. Romei's research interests include

investigation of psychotherapy process and outcome variables in CBT for psychosis and Mentalization-based treatments, and the role of psychotherapy supervision in the professional development of psychologists. She has a private practice in Ridgewood, NJ, and is licensed to practice in both New Jersey and New York.

**Dr. Ronald Schaffer** received his Ph.D. in counseling psychology from Seton Hall University in 1988. He is licensed in both New Jersey (1990) and Florida (1992). He began his career in the VA hospital, where he worked for 13 years. In 1990, he joined the GPPH department. He has been an intern psychodiagnostics supervisor at GPPH since 1991. Additionally, he supervises NJ licensure candidates earning their post doctoral hours. He is a member of APA, NJPA, and FPA.

**Dr. Christine Schloesser** received her Psy.D. in clinical psychology from Argosy University in Washington, D.C. After completing her internship at GPPH, she joined the psychology department. Dr. Schloesser currently serves as the unit psychologist on a co-ed legal unit and as conducts both psychotherapy and assessment supervision. Her primary orientation is Kohutian; however, she often integrates cognitive-behavioral concepts in order to meet the needs of her patients. She has experience working in school-based settings, inpatient facilities for children, adolescents and adults, and correctional facilities. Her research and professional interests include psychodiagnostics, ethical dilemmas, and the interplay between law and psychology. Dr. Schloesser also has a private practice in Morristown, NJ.

**Dr. Thomas Schimpf** earned his Ph.D. in clinical psychology from Walden University. He has a M.A. in Counseling Psychology from Goddard College and B.A. in General Psychology from Montclair State University. Dr. Schimpf has worked in varied clinical settings including Acute Partial Hospitalization, Intensive Out-Patient, and Community/State Hospital In-Patient programs. He has worked as a psychologist for the state of NJ for the Division of Developmental Disabilities and the Division of Mental Health Services for the past nine years. Clinical and research interests include crisis intervention, disaster psychology, staff development and wellness, burnout and stress response, mood and anxiety disorders, anger management, and positive psychology. Dr. Schimpf is also a licensed psychologist in NJ.

**Dr. Deborah Worth** earned her Psy.D. in clinical psychology from Ferkauf Graduate School (Yeshiva University) after completing her predoctoral internship at GPPH. Her doctoral research project was titled "The Therapist's Use of Humor in Psychotherapy." Dr. Worth has a variety of clinical experiences in both inpatient and outpatient settings. Prior to earning her doctorate, she was in a community mental health center in Morris County for 12 years; three years in the partial care program and nine years as an outpatient therapist for children and adults. After her internship, she worked as a psychologist at the Matheny School and Hospital, which serves people with serious developmental disabilities such as Cerebral Palsy, Spina Bifida, and Lesch Nyhan Syndrome. She returned to GPPH in 1999 and is a licensed psychologist.

**Dr. Maria Xiques** received her Psy.D. from the Graduate School of Applied and Professional Psychology at Rutgers University. Dr. Xiques' 30 year career includes 11 years as a behavioral support person and 16 years in a state developmental center. Most recently, she has served as a unit psychologist at GPPH. Her focus is on medically and physically vulnerable clients who are dealing with chronic and/or terminal medical conditions, physical disabilities, cognitive disabilities, and complex mental health needs. Her interests include the adaptation of psychotherapeutic and diagnostic strategies for persons with special needs, the therapeutic use of music, the psychological and physical context of treatment, the service recipient's subjective experience of treatment, and trauma-informed care. She is certified as a Teacher of the HC, certified NJ Disaster Response Crisis Counselor, and a licensed psychologist.

### PHYSICAL AMENITIES

In July 2008, GPPH moved into a new, state-of-the-art building. Interns will be given swipe cards to access the building entrances and access to the units. Physical keys will be assigned depending on the units to which interns are assigned. Ample parking is available in the parking lot adjacent to the hospital. Interns will be assigned to cubicles with lockable cabinets, personal computers, and telephone lines. Each intern will be given an email and voicemail accounts. Interns also have access to office supplies, the IT department help desk, and the department's clerical support staff for help with any administrative tasks. Within the hospital, there are conference and consultation rooms that interns will be able to utilize for therapy and testing. On each unit are a pair of consultation rooms with a one-way mirror that is used for therapy and testing supervision as needed. In addition to the onsite library, interns will have access to PsycINFO and several other online databases. Most resources, if not available online or in the library, may be accessed easily through interlibrary loan by making a request to the hospital's librarian.



Park Place Café

## REQUIREMENTS FOR SUCCESSFUL COMPLETION OF THE INTERNSHIP

An intern will receive a certificate at the conclusion of the internship program upon satisfactory completion of the following requirements:

1. Completion of at least 1750 hours (full time for 12 months) during the training year.
2. Successful performance in professional team membership, therapeutic and assessment work as measured collaboratively by all supervisors at the end of each rotation.
3. Satisfactory completion all written requirements, as determined by supervisors.
4. Demonstrated clinical competence of assessment skills as measured by successful completion of a minimum of 15 assessments.
5. Demonstrated clinical competence of both individual and group psychotherapy in accordance with the LCS model, as measured by supervisor evaluation of at least four (4) individual patients and at least two (2) psychotherapy groups.
6. Attendance at didactic programs unless ill or excused by the Acting Director of Psychological Services.

The Training Committee has the final approval in the granting of certificates. Its decision is based upon evaluations from supervisors and the recommendation of the Acting Director of Psychological Services.

## HUMAN RESOURCES POLICIES

### BACKGROUND CHECK, CRIMINAL HISTORY, PHYSICAL EXAMINATION, EXPECTATION OF COMPLIANCE WITH FACILITY RULES DURING EMPLOYMENT

*Please Read Carefully*

Interns at GPPH are placed on the payroll as part-time state government employees and have the remainder of their hours covered as clinical volunteers. Applicants' responses on the AAPI regarding criminal background are used as initial indicators of eligibility for appointment to a state employee position. "Matched" interns complete a State of New Jersey application for employment. The applicant must disclose past pleas of guilty or no contest, past adjudication or "adjudication withheld" for felonies and misdemeanors. Interns' written responses will be verified through a criminal background check that will be performed before the internship start date (i.e., after the "Match"). Certain elements of the criminal background automatically disqualify a person for employment, while others may result in an exemption, depending on agency review of

documentation about the background. A matched intern may forfeit State employment through failure to give full accurate disclosure of arrest and court outcome information during the application process, during the time period between the “Match” and internship start date, or during the internship program.

New Jersey statutes require state mental health treatment facility’s staff who provide direct services to residents undergo security background investigations as a condition of initial as well as continued employment. Applicants who are selected in the Match process will have a security check including fingerprinting. This check is expected to be consistent with what the intern reports on the AAPI and the subsequent State application, for matched applicants. Note that appointment (payroll status) as an intern may be terminated for particular criminal offenses that occurred in the past, that occur between the Match date and the start date, or that occur during employment. For example, a plea of no contest or guilty, or an adjudication of guilt, to felony drug charges among others, constitutes disqualifying offenses. **GPPH reserves the right to deny employment or volunteer status to any person after investigation of their criminal background.** It is the responsibility of each applicant and each matched intern to make full disclosure to the Acting Director of Psychology on all application materials about past and newly-occurring arrests and court outcomes at a minimum of three time periods: during the application process, during the period between selection and beginning the internship, and during the course of the internship.

This position is also conditional upon successful completion of a medical exam including a TB exposure test. The purpose is to assure employees’ and residents’ safety through monitoring for exposure to tuberculosis. **GPPH is a drug free workplace, in addition it is a tobacco free workplace. No form of tobacco, smoked or chewed, is permitted on the grounds, even outdoors.** Failure to comply with the tobacco free and drug free policies may result in disciplinary action including termination.

Because the intern’s financial support is provided as a New Jersey part-time employee (in “temporary” status for the duration of the one-year appointment), interns are expected to comply with all agency rules and regulations while on payroll. Interns, like other employees, could face disciplinary actions up to or including termination, for behaviors that are not permitted by state employees (such as, but not limited to, violations of internet or e-mail usage policies). While such behaviors may not appear to have direct relevance to becoming a professional psychologist, they are nevertheless conditions of employment relevant to this internship. Like all state employees, interns must meet expectations for attendance, professional and ethical behavior, and completion of job duties to remain on paid employment status and successfully graduate from the internship.

## COMPENSATION

The current annual stipend is \$28,380.93. In addition to this stipend, each intern is granted 10 paid vacation days, 10 paid sick days, 3 personal leave days, and 14 holidays. There are no medical benefits provided.

## ADMISSION REQUIREMENTS

### PRE-DOCTORAL CANDIDATES

Candidates must be enrolled in a doctoral program in applied psychology (clinical or counseling) at an accredited university or professional school, approved by their chairman to attend internship, and have completed graduate course training that shall have included a minimum of six semester hours of credit in each of the following areas:

1. Objective and projective testing with practicum experience
2. Psychotherapeutic techniques with observed practicum experience
3. Personality development and psychotherapy
4. Motivation and learning theory
5. Research design and statistical analysis

Approximately 1000 hours of intervention experience shall have been completed before the start of the internship, with 500 hours intervention hours completed and 50 hours minimum of assessment experience completed (more is preferred) at the time of application submission. A portion of this completed practicum experience must have been either under the direct observation of a supervisor or under supervised video/audio tape review, preferably verified by that supervisor.

### POST-DOCTORAL CANDIDATES CHANGING SPECIALTIES

Doctoral psychologists who are attempting to change their specialty to an applied area of psychology must be certified by a director of graduate professional training 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).

## CONTACT INFORMATION

For more information please contact:

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