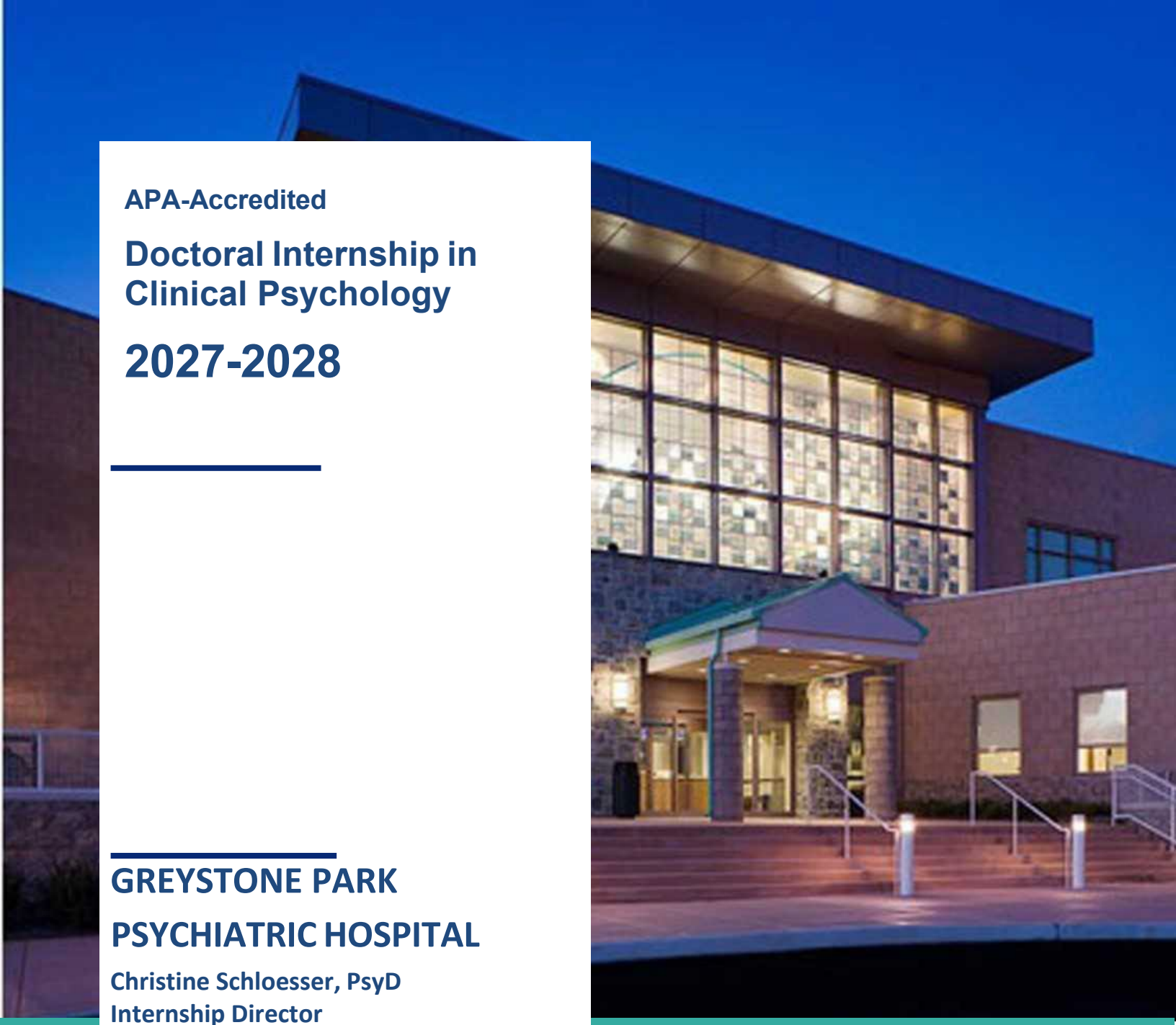

APA-Accredited

Doctoral Internship in Clinical Psychology

2027-2028

GREYSTONE PARK PSYCHIATRIC HOSPITAL

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Internship Director

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Director of Psychology

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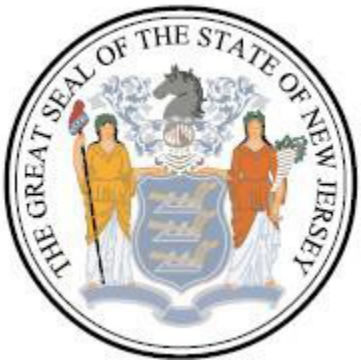
Interim Medical Director

Joshua Belsky, MSSW
Chief Executive Officer



State of New Jersey
Department of Health

Division of Behavioral Health Services

Greystone Park Psychiatric Hospital
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Morris Plains, New Jersey 07950
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Governor

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Dr. Raynard E. Washington
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Susan Loughery
Deputy Commissioner

Dave Helfand
Assistant Commissioner

Joshua Belsky, MSSW
Chief Executive Officer

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Accreditation Information

The Greystone Park Psychiatric Hospital (GPPH) Doctoral Internship Program in Clinical Psychology is a one-year, full-time program accredited by the American Psychological Association (APA). Questions related to this program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979 / E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

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, or by writing to: 17225 El Camino Real, Onyx One-Suite #170 Houston, TX 77058-2748.

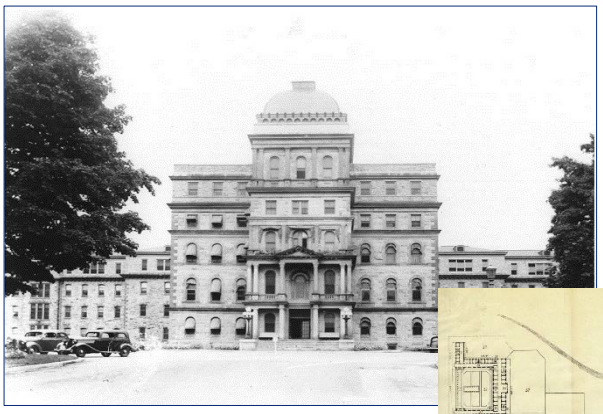
The GPPH Doctoral Internship Program in Clinical Psychology complies with New Jersey law prohibiting employment discrimination based on an individual's age, sex (including pregnancy), race, creed, color, religion, ancestry, nationality, national origin, familial status, genetic information, marital/civil 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).

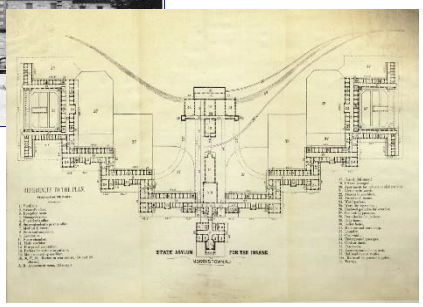
NJ Health

Improving Health Through Leadership and Innovation

About Greystone

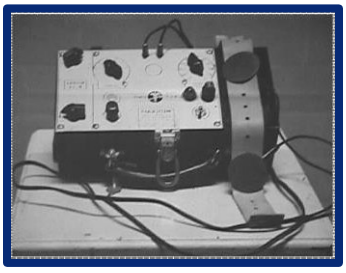
History of the Hospital

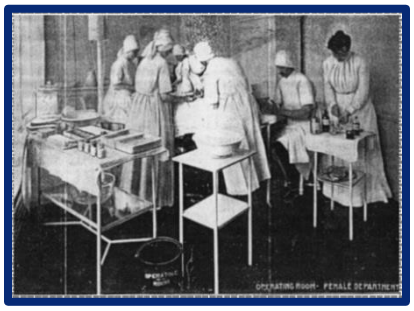


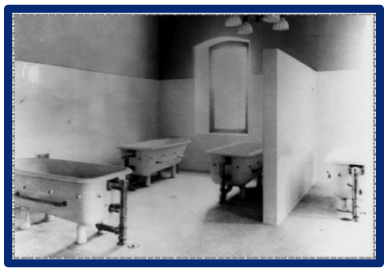


In the 1870's, the New Jersey Legislature appropriated 2.5 million dollars to purchase 700 acres of land on which to build New Jersey's second state psychiatric hospital. The New Jersey State Lunatic Asylum at Morristown opened its doors to 292 patients on August 17, 1876, who were transferred from the overcrowded hospital in Trenton. The hospital's name was later changed to Greystone Park Psychiatric Hospital (GPPH) because of the grey stones used to construct the main building. 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 but the hospital kept growing. On August 12, 1982, 20 independent living cottages were opened to help patients transition to community living. Treatment at GPPH has mirrored the history of psychiatry and included endocrine treatment, purgatives and emetics, ECT, hydrotherapy, foci of infection surgery, insulin treatment, and lobotomies.

The New Jersey Lunatic Asylum at Morristown opened in 1876.







Greystone Today

Presently, Greystone functions in a state-of-the-art building that opened in July, 2008. The hospital provides inpatient psychiatric services to residents of Bergen, Essex, Hudson, Hunterdon, Middlesex, Monmouth, Morris, Passaic, Somerset, Sussex, Union and Warren counties. Patients 18 years of age and older from diverse socioeconomic backgrounds are provided mental health services designed to mitigate debilitating symptoms, enhance adaptive functioning, promote wellness and recovery, and facilitate successful community reintegration. GPPH provides treatment for psychotic disorders, mood disorders, severe personality disorders, behavioral disturbances, developmental disabilities, and dementia.

Each patient has a treatment team consisting of a Psychiatrist, Psychologist, Social Worker, Medical Doctor, Rehab Staff, Registered Nurse, Direct Care Staff, Nutritionist, Co-Occurring Staff, and Chaplain.

After being admitted from a screening facility, the team and patient work together to create an individualized treatment plan focused on recovery and discharge to the community. Each of our 18 units houses a maximum of 25 patients and features a patient information center, dining room, two socialization rooms, treatment team room, activity room, computer room, medical examination room, recovery suite, and two consultation rooms. Staff work areas are located behind the patient areas. The hospital offers patients a treatment mall for multi-disciplinary evidence-based group practices, swimming pool, music studio, art studio, digital art studio, horticulture program, auditorium, and café

GPPH maintains safety precautions during any federal or state declaration of a pandemic. Face masks fully covering the nose and mouth must be worn in the building in all areas. Face masks may be taken off in offices or enclosed spaces only when alone. Mask, face shield, gown, and gloves must be worn on any isolation or positive unit, and personal protective equipment (PPE) is supplied by the hospital. Personal masks with external valves are not permitted. Social distancing is practiced whenever possible.

Mission and Vision Statements

Greystone's innovative team collaborates to provide quality patient-centered care, based on individual's strengths, needs, abilities and preferences to help patients reach their full potential.

Foster hope, practice wellness, live recovery

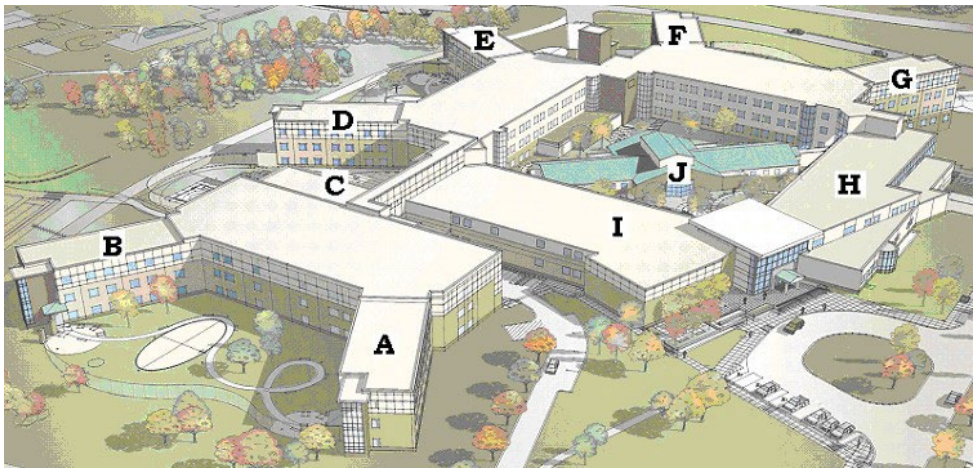
Patient Units

The hospital has three floors, which are divided into four areas. **Area 1** on the first floor (units **D1**, **E1**, **F1** and **G1**) houses patients 65 years and over, patients with ambulation issues, or patients who have been diagnosed with dementia. These units were redesigned in 2011 after we began admitting geriatric patients to GPPH following the closure of Hagedorn Psychiatric Hospital. These units also operate a bit differently in terms of programming type and length, eating times, and environmental cues in order to accommodate the needs of older adults.

Area 2 on the second floor (units **D2**, **E2**, **F2** and **G2**) are our legal units, with patients classified as Not Guilty by Reason of Insanity, former Incompetent to Stand Trial acquittees, or a "special status" designation because of a demonstrated history of violence. These patients have committed a variety of offenses including petty theft, trespassing, drug sales or possession, simple or aggravated assault, arson, weapons possession, sexual assault, and homicide, and they have equally varied clinical presentations. Two of these units are co-ed, and the other two are all male.

Area 3 on the third floor (units **A3**, **B3**, **D3**, **E3**, **F3** and **G3**) is our largest inpatient area and is comprised of a variety of units. There are general units (A3, D3, F3 and G3) that treat patients who have shown a minimal response to treatment in the community and require more care. Most of these patients vary widely in terms of their symptom presentation. We also have a unit dedicated to the treatment of Borderline Personality

Disorder (E3) that utilizes both Schema Therapy and DBT approaches to manage the milieu. Finally, Area 3 has our unit dedicated to serve vulnerable adults with developmental disabilities (B3) who present with psychiatric and behavioral support needs. The physical space of the unit, as well as the group and individual therapeutic activities provided there have been adapted to better fit the special learning and support needs of this population. The unit also utilizes Behavior Support Technicians in order to better meet the needs of the patients. The overall approach of B3 emphasizes the use of positive behavioral supports embedded in a multifaceted therapeutic milieu.



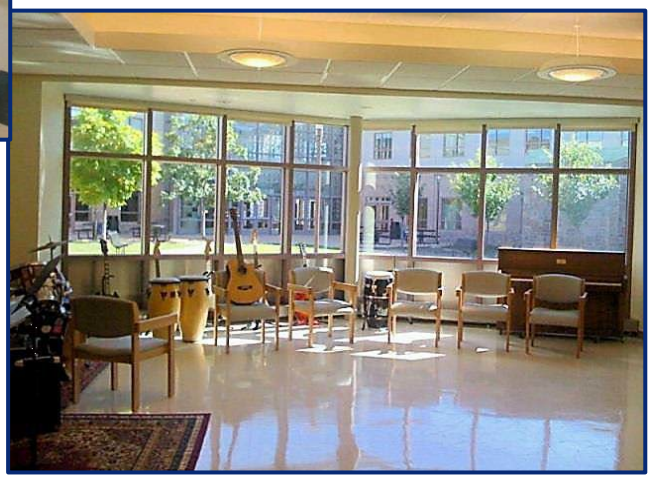
A, B, D, E, F, G: Patient Units ***C: Gym, Medical Records***
J: Treatment Mall ***H: Administration***
I: Business Office, Human Resources, Court Room, Clinics

Finally, **Area 4** is comprised of our admissions units (**A1** and **B1**), our deaf unit (**A2**), a unit dedicated to the treatment of serious and persistent mental illness and low cognitive functioning **(B2)**. Admissions serves patients who were recently admitted from community hospitals or screening centers and who continue to require inpatient psychiatric treatment beyond what the community can provide. Some patients in Admissions are transferred within the hospital for continued care while others are discharged to the community. The deaf unit is the only state-funded psychiatric inpatient unit for deaf and hearing-impaired psychiatric patients in New Jersey. There are staff on the unit who use ASL, and sign language interpreters are available for therapeutic communication as well as ASL instructors.

In addition to the locked inpatient units, Area 4 also contains the hospital's semi-independent living cottages which are unlocked. Mountain Meadow helps patients transition to community living. Patients residing in Mountain Meadow are more similar to outpatient populations than inpatient in that they have full grounds privileges, attend programs independently, complete a wider range of independent tasks, and focus on acquiring functional living skills for community success.

Centralized Programming

GPPH offers therapeutic programming both on the patient's unit and in our treatment mall, also called the "J-wing." During the week, patients migrate from their units to the J-wing by treatment area to attend groups in the mall. Patients are offered a wide variety of programs including music therapy, art therapy, occupational therapy, educational programs, horticulture classes, physical therapy, and therapeutic groups lead by psychology, social work, co-occurring, and rehab departments.



In an effort to increase success at independent community re-integration, GPPH also offers patients the opportunity to build vocational skills in the Creative Employment Center. The hospital hosts periodic programming fairs for patients to learn about treatment opportunities available in the J-wing.

Psychology Evidence-Based Programs

Schema Therapy • CBT for Psychosis & Suicide Prevention • DBT • ACT Metacognitive Training • Cognitive Remediation • Symptom & Anger Management • Sex-Offender Treatment • Narrative Writing • Positive Behavioral Supports

About the Internship Program

Training Philosophy, Model and Aim

The training faculty at GPPH is committed to creating a supportive educational environment that provides progressive clinical exposure within a framework of collaborative supervision. We aim to simultaneously encourage self-awareness and critical independent thought in order to facilitate growing competence, and we believe that is best achieved through deliberate application of empirical and theoretical knowledge into clinical practice. Regardless of a supervisor's theoretical orientation, the faculty is dedicated to providing interns with a supervisory space that facilitates creativity, reflection, and open communication of thoughts and feelings. We place equal emphasis on evidence-based and evidence-informed psychotherapy, assessment and professional development in our training decisions.

The GPPH internship program is designed in accordance with the "local clinical scientist" (LCS) training model defined by Stricker and Trierweiler (1995). The LCS model stresses that clinical practice in local settings be 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 individual clinical treatment of our patients with serious mental illness in order to produce effective, competent generalist adult practitioners. The type and severity of pathology in our hospital population can 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 collaboratively with their

supervisors to apply scientific knowledge that flexibly modifies evidence-based treatment and assessment strategies to best meet the needs of individual patients. Furthermore, interns are expected to reflect on observational data in order 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.

Training Aim

By the end of the training year, interns will be competent to treat adults in a multi-disciplinary setting using a variety of psychological assessments and evidence-based treatments, in an effort to promote recovery.

Interns are expected to further the development of their own cultural competence across all domains diverse patient populations in our culturally rich environment. To that end, interns are expected to broaden their experiences and work with patients of all levels of functioning from diverse cultural, religious, and socioeconomic backgrounds. Interns will also have exposure to working collaboratively with healthcare professionals from varied educational and cultural backgrounds in a collective effort to safely discharge our patients back to the community.

Consistent with their individualized skill base, interns are provided the opportunity to act with increasing autonomy. Interns are first assigned more "typical" patients for individual therapy before being asked to work with more complex presentations using evidence-based and evidence-informed treatment. Additionally, interns are encouraged to develop their own identity as a psychologist and make treatment decisions consistent with this identity as they collaborate in supervision. Over the course of the training year, there is a gradual shift in the amount of autonomy afforded to the intern from rotation to rotation, with decreasing reliance on direct observation as time and skill progress.

Specifically, interns participate in interdisciplinary treatment team meetings and group psychotherapy commensurate with their skill level, and gradually increase their active

voice guided by their supervisor. Interns begin their training experience by directly observing the supervisor in their role as a unit psychologist before joining in clinical experiences during the first rotation. Interns start the second rotation initially joining their supervisors before being tasked to work independently. As interns gain increased exposure to different teams and units and refine their skills, interns function more autonomously by the third rotation as a "junior colleague" to the supervisor. Throughout the training year, supervisors provide support and constructive feedback in order to promote optimal growth both personally and professionally. In addition to the supervisory experience, clinical training is supplemented by didactic seminars which serve to further facilitate the development and internalization of psychologist as the intern's identity.

Available Rotations

Admissions (A1, B1)
Deaf Unit (A2)
DD-MI Unit (B3)
Dementia Unit (D1)
Geriatric Unit (E1)
Emotion Regulation Unit (E3)
Forensic Units (D2, E2, F2, G2)
General Units (F3, G3)
Mountain Meadow Cottages

Structure of the Training Year

Interns are assigned to three 4-month rotations based on their preference and supervisor availability. Each year following the Match, interns are asked to rank order four rotations that interest them, and every effort is made to accommodate each intern's top three choices.

As a member of the multidisciplinary treatment team, the interns will assist in designing and developing treatment plans, lead treatment team meetings, lead therapeutic community meetings, share clinical impressions of patient functioning, and act as consultants when providing feedback and recommendations following psychological assessments.

Psychotherapy

Each intern is expected to carry a caseload of approximately 3-5 individual psychotherapy patients, one of whom will be seen on a long-term basis if possible. The size of an intern's caseload varies depending on the strengths of the intern, the required demands of the treatment, and the time constraints based on the remainder of the training plan.

Patients are assigned based on the training goals of the intern, with a deliberate attempt to broaden the intern's exposure to various patient populations and treatment goals. Interns also are assigned to 2-3 groups per week. In the beginning of the training year, interns join their supervisor's groups first as an observer and then as a co-leader. By the second and third rotations, it is expected that interns will design and lead their own groups to meet the needs of the patients. Groups can be held on the assigned unit or in the J-wing, with patients from other areas of the hospital.

Psychotherapy supervision is provided for a minimum of one hour each week by the unit psychologist, not including informal communications that occur between intern and supervisor frequently throughout the day. Supervisors at GPPH work from a multitude of theoretical orientations including Psychodynamic/Psychoanalytic, Schema therapy, DBT, CBT, Attachment, Developmental, and Integrative approaches. GPPH does not typically utilize telesupervision for psychotherapy or assessment, however, pandemic precautions may require the use of telesupervision.

Assessment

Interns meet with their assessment supervisor for a minimum of one hour each week and are expected to complete a minimum of **18** assessments throughout the training year. Interns are assigned to a testing supervisor each rotation, and intern assessment skills are gradually developed through observation to independent practice. Interns work collaboratively with supervisors throughout all stages of assessment including selecting appropriate tests to answer the

referral question, developing clinical interviewing skills, scoring and interpreting test results, and generating viable treatment recommendations. Testing referrals are made from all clinical areas and include questions pertaining to diagnosis, intellectual functioning, personality dynamics, neurological conditions, and risk to self and others. At the completion of each assessment, interns present assessment findings to both the referred patient and the referring treatment team in order to promote the patient's recovery. Pandemic precautions are observed during all testing when in effect, and any necessary accommodations, such as use of telehealth sessions or changes to test selection, are reviewed by the supervisor with the intern prior to any testing taking place.

Diversity Council

The Psychology Department at GPPH has founded and leads a multidisciplinary Diversity Council designed to raise awareness and facilitate education about diversity issues at the hospital. The Diversity Council works to promote a culture of inclusion in the workplace by encouraging individuals to accept others who differ from themselves and by acknowledging that their unique life experiences can contribute to our understanding of the world. The Diversity Council authors articles in the hospital newsletter and hosts hospital events for both patients and staff in order to make our hospital a welcoming environment. The faculty at GPPH welcome diverse intern applicants who can contribute to our mission of making GPPH an inclusive learning and healing environment.

Professional Development Seminar

Interns participate weekly in a Professional Development Seminar with the purpose of providing a forum for active and open discussion to facilitate professional growth. Emphasis is placed more on the intern's thought process when making a diagnosis or

choosing an intervention, rather than on the intern being "right," recognizing that there is often several different ways to work clinically with patients.

Interns are expected to apply scholarly readings into their clinical work, with the understanding that interns will learn from each other as much as they will from faculty members. Throughout the year, interns will present a minimum of three formal case presentations, focusing on mental status and differential diagnosis, application of a theory into clinical practice, and comparison of competing theories. Interns will be encouraged to reflect upon treatment decisions, their developing professional identity, and areas for future growth.

Assessment Seminar

Each week, interns will meet for an Assessment Seminar in order to further the intern's understanding of assessment procedures, and to increase exposure to a wide variety of assessment measures. Throughout the year, interns will be exposed to a wide range of assessment measures and will present their own assessment cases. Seminar topics will include accessing assessment records, responding to referral questions, selecting assessment measures, recovery-oriented report writing, creating meaningful recommendations, reporting findings to patients and teams, and understanding the impact of culture on assessment.

Assessment Measures

WAIS-5 • MMPI-3 • MCMI-IV • PAI
PAS • TAT • Rorschach • Spectra
BETA- 4 • CTONI-2 • KBIT-2 Revised
Raven's 2 • RAIT • RIAS • RIST-2
SIT-4 • SB-5 TONI-4 • WJV
WASI-II • EVT-3 • GORT-5 • PPVT-5
BCSE • Conners CPT 3 • WRAT-IV
Dyslexia Screening Instrument
D-KEFS RIT • Trails-X • DRS-2 • Luria-Nebraska Neuropsychological Battery
RBANS • C-SSRS • MATRICS • NAB
SIB • Stroop Color and Word Test
TOMAL-SE • TOMM • WMS-5
WCST • BPAD • CASE NEUROPSI-2
BTA • Beery VMI-6 • Bender-Gestalt
Test-2 • KOPPITZ- 2 • CBOCI • DAPS
FAST • FASI • BASC-4 • BRIEF-A • TSI-2
PDSS • ADS • ASDS • BSI-18 • GARS-3
PCL-R:2 • M-FAST • MBMD • SCQ SRS-2
SCL-90-R • VSVT • SIMS • GSBI • MoCA
SASSI • ADIS-IV • ADI-R • CVLT3
SAPROF • CAADID • IPDE • SIRS
MINI MMSE-2 • PANSS • SCID-5-CV
SCID-5-PD • ABAS-3 • Vineland-3
DASH-3 • SIB-R • VRAG • SORAG
HCR- 20^{V3} • SVR-20 V2 • STATIC-99
MnSOST-R • MMAA • PDDST-II
FIAS • UPSA • SSPA • GRRAS • PCL-5
Cognistat-5 • BPRS • Eating Inventory

Didactic Training

Each month, interns participate in various didactic training presented by members of the Psychology Department. At times, webinars or videos are used to supplement live instruction. Along with these training experiences, interns also participate in a year-long didactic training in Ethics and Diversity Council. Additionally, interns participate in Forensic Mock Trials didactic that uses a mock-trial format to train psychology interns in serving as expert witnesses for violence risk assessments. Interns learn to ground their opinions in evidence-based conclusions, adapt their reports for lay, legal, and clinical audiences, and strengthen the clarity and defensibility of their writing. The training also introduces courtroom decorum and practical skills for delivering effective, confident, and professional testimony.

PAST DIDACTIC TRAINING TOPICS

Risk Assessments · Clinical and Forensic Interviewing · Schema Therapy · Private Practice · LGBT Issues in Psychotherapy · Positive Behavioral Supports · Dementia Working with DD Patients · Countertransference · DBT Rorschach · Metacognitive Training · Getting Published · Managing Risk · Sex Offender Treatment · Threat Management · Workplace Violence · CBT for Psychosis

Clinical and Grand Rounds

Interns have the opportunity to attend Clinical Rounds led by the Medical Director. These rounds are designed to provide consultation to treatment teams who might be struggling with a patient's behavior or treatment. In these rounds, interns learn how staff work together to solve problems, as well as how teams can effectively provide treatment to some of the most difficult patients in the hospital. Interns also observe a consultant in action. Interns are also welcome to attend the Grand Rounds presented at GPPH. Recent Grand Rounds topics have included the Impact of Immigration Law, Opioid Addiction, Expert Witness Testimony, and Foreign Body Ingestion.

Externship Mentoring Supervision

Interns gain experience supervising junior staff via GPPH's externship program. Interns serve as mentor-supervisors to the externs, and discuss assessment cases, milieu issues, treatment team dynamics, and professional development, all while maintaining a close and collaborative relationship with the extern's licensed supervisor. Interns also foster a collaborative learning environment by presenting didactic trainings to the externs. Interns participate in interviewing and selecting the new incoming class, and are directly involved in shaping the externship training components through program evaluation. Interns receive group supervision of their supervision weekly.

Applied Consulting Experience

In order to give interns the opportunity to gain understanding about the operational aspects of working within a large hospital system and gain experience in the role of a consultant, they will be assigned a topic to research by GPPH's CEO. Interns are asked to research the CEO's question, either clinical or operational, and to design a plan for positive change. Upon completion, interns present their project to the CEO, the Psychology Department at Greystone as well as the leadership of the Division of Behavioral Health Services and executive staff of the psychiatric hospitals. Historically, interns' projects have resulted in departmental and institutional change.

Research Opportunities

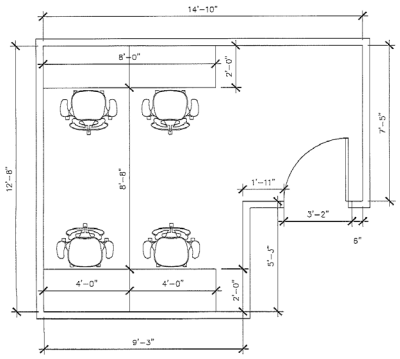
Interns have the opportunity to participate in clinical research projects at the hospital, including literature reviews, psychological assessment, and psychotherapy groups. Participation is flexible, can be built into existing training rotations, and can be either IRB approved or Performance Improvement projects.

Training Hours

Interns typically work from 8:00am to 4:00pm, Monday through Friday. Interns are never treated as ancillary staff at GPPH, and never have on-call or evening hours. Interns are only permitted in the hospital when their licensed supervisors are also present. Our program is designed for a total of 1750 hours, but interns needing 2000 hours to fulfill degree requirements can also be accommodated easily.

Physical Amenities

In July 2008, GPPH moved into a new, state-of-the-art building and in 2026 intern moved into a renovated office space. Ample free parking is available in the parking lot in front of the hospital. Interns are assigned to an office with lockable cabinets, personal computers, and telephone lines. Each intern will be given email and voicemail accounts. Interns also have access to office supplies, departmental resources such as treatment manuals and books, the IT department help desk, and the department's testing closet. Within the hospital, there are conference and consultation rooms that interns use for therapy and testing sessions. Each unit has a pair of consultation rooms with a one-way observation mirror that is used for therapy and testing supervision as needed. In addition to the on-site library, interns have remote access to PsycINFO, UptoDate, Psychiatry Online including the full DSM catalog, and several other on-line databases. Most resources, if not available on-line or in the library, may be accessed easily through interlibrary loan by making a request t o the hospital's librarian.



Local Area

GPPH is located in Morris County, which is about 30 miles west of New York City. Over 500,000 residents live within its 39 municipalities. Morristown is adjacent to GPPH and is an energetic town with historical roots, great restaurants, and arts and cultural events. The area is easy to get around by car and is supported by public transportation. Between towns there are plenty of parks and recreational experiences.

Requirements for Successful Completion

Interns receive a certificate at the conclusion of the internship year upon satisfactory completion of the following requirements:

1. Completion of at least 1750 hours during the training year; 1000 of which are client contact hours.
2. Successful performance in professional team membership, therapeutic and assessment work, and extern mentoring-supervision as measured collaboratively by all supervisors at the end of each rotation.
3. Satisfactory completion of all written requirements, as determined by supervisors and noted on the Competency Assessment.
4. Demonstrated clinical competence of assessment skills as measured by successful completion of a minimum of 18 assessments.
5. Demonstrated clinical competence of both individual and group psychotherapy in accordance with the LCS model, as measured by supervisor evaluations of at least four (4) individual patients and at least two (2) psychotherapy groups.
6. Attendance and participation as indicated at didactic programs.

As previously mentioned, our training aim is to produce generalist adult psychology practitioners who are competent to work effectively as part of a multidisciplinary team. Successful performance towards our training goal is measured on the Intern Competency Assessment, which is jointly completed at the end of each rotation by the intern's therapy and assessment supervisors. Competencies and essential components are rated on a 5 point Likert-type scale designed to align with stages of professional development (Fouad et al, 2009). Ratings of 1 indicate readiness for practicum training, ratings of 2 indicate readiness for advanced practicum training, ratings of 3 indicate readiness for internship training, ratings of 4 indicate readiness for entry level practice, and ratings of 5 indicate readiness for leadership responsibilities.

GOOD STANDING REQUIREMENTS		
First Rotation	**Second Rotation**	**Third Rotation**
All competencies rated 2 or higher	All competencies rated 3 or higher	All competencies rated 4 or higher

INTERN COMPETENCY ASSESSMENT	
Competencies	**Essential Components**
1. Effective utilization of research to inform practice.	**1A. Scientific Foundations of Psychology**: Knowledge of core body of science related to patient population. **1B. Scientific Foundation of Professional Practice:** Knowledge and understanding of scientific foundations independently applied to practice**.**
2. Upholds professional ethical and legal standards of the field.	**2A. Knowledge of Ethical, Legal, and Professional Standards and Guidelines**: Routine command and application of the APA Ethical Principles and Code of Conduct and other relevant and ethical, legal, and professional standards and guidelines of the profession. **2B. Awareness and Application of Ethical Decision Making**: Commitment to integration of ethics knowledge into professional work.
3. Exhibits awareness of and sensitivity to working with diverse individuals and groups.	**3A. Interaction of Self and Others as Shaped by Individual and Cultural Diversity**: Independently monitors and applies knowledge of diversity in others as cultural beings in assessment, treatment, and consultation. **3B. Applications Based on Individual and Cultural Context**: Applies knowledge, skills, and attitudes regarding intersecting and complex dimensions of diversity, for example, the relationship between one's own dimensions of diversity and one's own attitudes towards diverse others to professional work. **3C. Knowledge of the Shared and Distinctive Contributions of Other Professions**: Working knowledge of multiple and differing worldviews, professional standards, and contributions across contexts and systems.
4. Demonstrates professional values, attitudes, and behaviors.	**4A. Professional Identity:** Consolidation of professional identity as a psychologist; knowledgeable about issues central to the field. **4B. Accountability:** Independently accepts personal responsibility across settings and contexts **4C. Demeanor:** Consistently conducts self in a professional manner across settings and situations
5. Demonstrates effective communication and positive interpersonal skills.	**5A. Interpersonal Relationships**: Develops and maintains effective relationships with a wide range of patients, colleagues, organizations and communities. **5B. Affective Skills**: Manages difficult communication; possesses advanced interpersonal skills.
6. Demonstrates competency in assessment, diagnosis, conceptualization, and recommendations, and is able to provide professional guidance to treatment teams in order to further person-centered recovery goals.	**6A. Measurement and Psychometrics:** Independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diversity. **6B. Evaluation Methods**: Independently understands the strengths and limitations of diagnostic approaches & interpretation of results from multiple measures for diagnosis and treatment planning. **6C. Diagnosis**: Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity. **6D. Conceptualization and Recommendations**: Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment. **6E. Communication of Findings**: Communication of results in written and verbal forms clearly, constructively, and accurately in a conceptually appropriate manner.

7. Employs evidence informed intervention practices that are designed to alleviate suffering and promote wellness and recovery.	**7A. Knowledge of Interventions**: Applies knowledge of evidence-based practice, including empirical bases of intervention strategies, clinical expertise, and patient preferences. **7B. Intervention Planning**: Independent intervention planning, including conceptualization and intervention planning specific to case and context. **7C. Skills:** Clinical skills and judgment **7D. Intervention Implementation**: Implements interventions with fidelity to empirical &/or theoretical models and demonstrates flexibility to adapt where appropriate. **7E. Progress Evaluation**: Evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures.
8. Shows advanced knowledge of clinical supervision including expectations, process, ethics, and factors affecting supervision quality.	**8A. Reflective Practice:** As a supervisee, demonstrates reflectivity in context of professional practice (reflection-in-action), reflection acted upon, and self used as a therapeutic tool. **8B. Self-Assessment:** As a supervisee, shows accurate self-assessment of competence in all competency domains; integration of self-assessment in practice. **8C. Self-Care**: As a supervisee, demonstrates self-monitoring of issues related to self-care and prompt interventions when disruptions occur. **8D. Expectations and Roles**: As a supervisor, understands complexity of the supervisor role including ethical, legal, and contextual issues. **8E. Processes and Procedures**: As a supervisor, has knowledge of procedures and practices of supervision. **8F. Awareness of Factors Affecting Quality**: As a supervisor, has an understanding of other individuals and groups and intersection of dimensions of diversity in the context of supervision practice, able to engage in reflection on the role of one's self in therapy and in supervision.
9. Serves effectively in the consultation role, and develops meaningful interpersonal and interdisciplinary skills.	**9A. Functioning in Multidisciplinary and Interdisciplinary Contexts**: Basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning, such as communicating without jargon and dealing effectively with disagreements. **9B. Role of Consultant:** Determines situations that require different role functions and shifts roles accordingly.

The supervising faculty has the final approval in the granting of certificates. Its decision is based upon evaluations from all supervisors and the recommendation of the Internship Director.

Human Resources Policies

The New Jersey Department of Health is an Equal Opportunity Employer.

Newly hired employees must agree to a thorough background check that will include fingerprinting. Because you are a candidate for a position that involves direct client care in one of our State facilities, you will be subject to pre- and/or post-employment drug testing/screening. The cost of any pre-employment testing will be at the candidate's expense. Applicants are required to undergo a physical exam. Candidates with a positive drug test result, or those who refuse to be tested and/or cooperate with the testing requirement, will not be hired. Please note that the Department of Health does not hire applicants who are prescribed medical marijuana, even with a valid prescription. In addition, applicants can be disqualified for employment during the background check process upon discovery of any of the following: a positive urine drug, 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.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment verification form upon hire.

In accordance with N.J.S.A. 52:14-7, the "New Jersey First Act," all employees must reside in the State of New Jersey, unless exempted under the law. If you do not live in New Jersey, you have one year after you begin employment to relocate your residence to New Jersey. For interns, this only becomes important if they live out of state and plan to apply for a position in the department after successful completion of the internship program.

Newly hired employees accrue their paid time off at a rate of about 1 day per month.

Due Process and Grievance Procedures

This policy provides Greystone Park Psychiatric Hospital (GPPH) psychology interns and staff with a review of the identification and management of trainee problems and concerns, potential sanctions, and outlines the respective procedures. We encourage staff and interns to discuss and resolve conflicts informally; however, if this cannot occur, this policy provides a formal mechanism to respond to issues of concern.

Behavior that violates the rules, regulations and standards of the agencies within which the program operates (including the State of NJ, Greystone Park Psychiatric Hospital, and the NJ Department of Health, Division of Behavioral Health Services, Integrated Health Services) will be addressed by the appropriate authority and supersede the program's termination, grievance and dispute resolution policies.

Grievance Procedure

Level 1	Intern brings the complaint/concern to the supervisor/staff. Together both parties make every effort to resolve the matter amicably between them utilizing supervision and/or scheduled discussions.
Level 2	The issue is brought to the attention of the ID by either the intern or the supervisor/staff who then meets with all relevant parties to facilitate problem resolution. The date/time, issue presented, and proposed resolution will be documented by the ID and shared with all parties involved. In the event the ID is the subject of the issue, the intern will bring the issue to a Senior Faculty member to facilitate a resolution. The intern shall choose one designated Senior Faculty and disclose the issue/problem.
Level 3	The ID or designated Senior Faculty will provide the intern with a Grievance Form and upon receipt of the completed form will forward it to the Director of Psychology for review within 3 business days. The Director of Psychology will meet to review the grievance and provide a written recommendation on how the parties should proceed to resolve the issue within 5 business days of receipt of the Grievance Form. The ID or designated Senior Faculty will alert the intern's DCT to inform him/her of the grievance and our Director of Psychology's recommendation within 5 business days of the completed recommendations.
Level 4	The issue is brought to the attention of the Director of Psychology who informs the Medical Director. The Medical Director meets with all parties and offers a solution to facilitate a resolution as documented on the Grievance Form within 7 business days. In addition, the Office of the Medical Director at the Division of Behavioral Health Services is notified and may offer consultation. If the intern disputes the Medical Director's final decision, the intern has the right to appeal through the Appeal Procedures (Section C).

Due Process Procedure

Level 1	**Verbal Notice**: Intern's direct supervisor(s) will provide verbal notice to the intern identifying the problematic behavior and the need to discontinue or remedy the behavior. The problematic behavior, date/time of verbal notice, and outcome will be shared in written form to the Internship Director (ID).
Level 2	**Support Plan**: If after no more than 10 business days of receiving the verbal notice, the intern's problematic behavior continues, the intern's supervisor(s) will inform the ID and complete a Competency Evaluation. The ID will provide written notice to the intern formally acknowledging: a) the identified problematic behavior or below expectation rating(s), b) the due process procedure, c) that a Support Plan will be created, and d) that the behaviors of concern are not significant enough to warrant more serious action at this time. A Support Plan to remediate the issue is then developed by the intern Supervisor(s), the ID, and/or Senior Faculty. The Support Plan is reviewed with the intern and implemented within 5 business days. Both the intern and the intern's DCT are provided with a copy of the Support Plan. Supervisor(s) provides weekly feedback and documentation to the intern and ID about the progress of the intern, including a statement about whether the supervisor(s) anticipates the intern meeting minimal levels of achievement by the end of the Support Plan. The Director of Psychology is notified of commencement and completion of the Support Plan.
Level 3	**Remediation Plan**: If by the end date of the Support Plan or one calendar month, the problematic behavior has not resolved, the intern will be notified they have not met the conditions for revoking the Support Plan and a Remediation Plan is developed by the intern's Supervisor(s), the ID, Director of Psychology, and/or Senior Faculty. The Remediation Plan is reviewed with the intern and implemented within 5 business days of the end of the Support Plan. Both the intern and the intern's DCT are provided with a copy of the Remediation Plan. Supervisor(s) provides weekly feedback and documentation to the intern, the ID, and Director of Psychology about the progress of the intern, including a statement about whether the supervisor(s) anticipates the intern meeting minimal levels of achievement by the end of the Remediation Plan. The Medical Director is notified within 3 business days of commencement and completion of the Remediation Plan.
Level 4	**Probation**: If by the end date of the Remediation Plan or one calendar month, the problematic behavior has not resolved, the intern will be notified they have not met the conditions for discontinuing the Remediation Plan. With consultation from the Medical Director, the ID, intern Supervisor(s), Director of Psychology, and/or Senior Faculty a revised Remediation plan will be developed, which may include suspending clinical contact. Both the intern and the intern's DCT are provided a copy of the revised Remediation Plan and informed of the possibility of a nonsuccessful completion of the internship program. The GPPH CEO and Human Resources (HR) Director, and the Office of the Medical Director at the Division of Behavioral Health Services will be notified within 3 business days of commencement and completion of the revised Remediation Plan.
Level 5	**Dismissal**: If the problematic behavior has not resolved by the end of the revised Remediation Plan, the Medical Director in consultation with the GPPH CEO and GPPH HR Director will meet within 5 business days of the revised Remediation Plan end date to determine whether to proceed with requesting APPIC match release and/or dismissal from GPPH. Either administrative leave or immediate dismissal may be invoked in cases of severe violations of the APA Code of Ethics, or when the intern has engaged in offenses that call for removal on first infraction according to Administrative Order 4:08 (i.e., job abandonment, creating situations that would result in danger and/or injury to others, abuse of patients or staff, etc.), or the intern is unable to complete the training program due to physical, mental, or emotional illness. The Medical Director, in consultation with the GPPH CEO and GPPH HR Director, will make the final decision about dismissal. The intern and the intern's DCT will be notified in writing of the determination within 3 business days of the meeting.

Application Procedures, Selection Process & Record Retention

GPPH utilizes the on-line APPIC Application for Psychology Internship (APPI) available at APPIC's website, www.appic.org. Once the AAPI is received, two faculty members review and score the application, and a selection of applicants (typically about 40 candidates) are invited to interview with two faculty members, and meet the current cohort of interns. Intern applicants may also have an opportunity to meet with current interns and staff on specific dates in January. Following the interviews applicants are rank ordered for participation in the Match.

All intern training records, including those related to selection and performance, are maintained permanently by the internship program. GPPH also maintains a record of any complaints or grievances received about the program, and makes this record available to the Commission on Accreditation for review.

The application deadline for the **2027-2028** internship year is **November 2, 2026,** and notification of invitation to interview is sent via email on **November 25, 2026**.

Contact Information

For more information please contact:
Christine Schloesser, PsyD
Internship Director
59 Koch Avenue; H221
Morris Plains, NJ 07950
(973) 538 1800 Ext. 5776
Christine.Schloesser@doh.nj.gov (preferred)

Internship Admissions, Support, and Initial Placement Data

Date Tables were updated: 07/07/2026

Internship Program Admissions

Internship applicants must have a bachelor's degree from an accredited college or university, supplemented by a master's degree in psychology (or its equivalent) from an accredited college or university.

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

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 as having participated in an organized program in which the equivalent of pre internship preparation (didactic and field experience) has been acquired.

Applicant *minimum* requirements include:

- at least 500 intervention hours
- 50 assessment hours completed at the time of application submission;
- Experience administering, scoring, and interpreting the WAIS-5, self-report measures (e.g., the Beck Inventories, SCL-90, etc.), and one of the following personality measures: MMPI-3, MCMI-IV, or PAI
- Three letters of recommendation; and
- A portion of practicum experience occurring under the direct observation of a supervisor or supervised audio/video tape review, verified by applicant in the cover letter, or by the DCT.

Does the program require that applicants have received a minimum number of hours of the following at time of application? Yes ☒ No ☐

Amount of Total Direct Contact Intervention Hours:	500
Amount of Total Direct Contact Assessment Hours:	50
Describe any other required minimum criteria used to screen applicants: Please see above	

Financial and Other Benefit Support for Upcoming Training Year			
Annual Stipend for Full-time Interns:	$45,521.30		
Annual Stipend for Half-time Interns:	N/A		
	Yes	**No**	**N/A**
Program provides access to medical insurance for intern?	X		
If access to medical insurance is provided:			
Trainee contribution to cost required?	X		
Coverage of family member(s) available?	X		
Coverage of legally married partner available?	X		
Coverage of domestic partner available?	X		
Hours of Annual Paid Personal Time Off (PTO and/or Vacation) Accrued at the rate of approximately one day per month from July through December, then full balance is available after January 1st.	17.5 Days		
Hours of Annual Paid Sick Leave Accrued at the rate of approximately one day per month from July through December, then full balance is available after January 1st.	12.75 Days		
In the event of medical conditions and/or family needs that require extended leave, does the program allow unpaid leave to interns/residents in excess of personal time off and sick leave?	X		
Other Benefits (please describe): 13 State Holidays Worker's Compensation Deferred Contribution Retirement Program	X		

Initial Post-Internship Positions (2022-2026)

Total # of Interns who were in the 4 cohorts: 16		
Total # of Interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree: 1		
	PD	**EP**
Private Practice	4	1
Community Mental Health Center	N/A	N/A
Independent Primary Care Facility/Clinic	N/A	N/A
University Counseling Center	N/A	N/A
Veterans Affairs Medical Center	N/A	N/A
Military Health Center	N/A	N/A
Academic Health Center	N/A	N/A
Other Medical Center or Hospital	1	N/A
Psychiatric Hospital	N/A	7
Academic University/Department	N/A	N/A
Community College or Other Teaching Setting	N/A	N/A
Independent Research Institution	N/A	N/A
Correctional Facility	N/A	2
School District/System	N/A	N/A
Not Currently Employed	N/A	N/A
Changed to Another Field	N/A	N/A
Other	N/A	N/A
Unknown	N/A	N/A

Note: “PD” = Post-doctoral Residency Position; “EP” = Employed Position

Psychology Internship Faculty

Dr. Marquita Carter is a licensed clinical psychologist and graduate of the Psy.D. Program in Clinical and School Psychology at Kean University. She has trained in a variety of settings including out-patient and in-patient facilities for children, adolescents, and adults and in school-based settings. Dr. Carter completed her doctoral internship at Greystone Park Psychiatric Hospital (GPPH). She serves as a treating psychologist in Admissions, conducting individual and group psychotherapy, completing assessments, and managing a token economy. Dr. Carter employs evidence-based interventions adapted to those with severe and persistent mental illness. She uses an integrative approach to facilitate behavior change, with a focus on ACT, DBT, and CBTp. She integrates psychodynamic approaches as necessary to meet patient need. Dr. Carter especially enjoys incorporating the use of music in both individual and group settings. Dr. Carter has worked with a diverse, wide range of patient populations including those with a history of psychotic and mood disorders, complex trauma, suicidality, and developmental disabilities. Dr. Carter co-leads efforts to raise awareness and facilitate education about diversity through the Diversity Council's internship training didactics and year-end project.

Dr. Rana M. De Gil is a licensed psychologist with over 25 years of experience working with individuals aged 16 and over, in both group and individual therapy. She is a licensed psychologist in both New York and New Jersey and has been qualified as an expert in the fields of both Clinical and Forensic Psychology by the New York Supreme Court and the United States Department of Justice. Dr. De Gil completed her doctoral internship at the Manhattan Psychiatric Center and graduated with honors from the California School of Professional Psychology-Fresno where she majored in Clinical and minored in Forensic Psychology. Dr. De Gil has also conducted private clinical and forensic evaluations since 2006 and has extensive experience working with the legal system and testifying in forensic psychology matters. She has conducted over nine years of DBT groups and has treated individuals who have suffered trauma as well as anxiety, mood, and personality disorders. She also has experience helping people with OCD, women's issues, self-esteem issues, and relational difficulties.

Dr. Aliza Feldman earned her Psy.D. in Clinical Psychology from the Ferkauf Graduate School of Psychology at Yeshiva University in 2015. She completed her doctoral internship at Greystone Park Psychiatric Hospital. Prior to GPPH, she has worked in a variety of clinical settings, including college counseling centers, outpatient clinics, community hospitals, nursing homes, and rehabilitation centers. She enjoys adapting evidence-based interventions to individuals with severe mental illness. She primarily utilizes an integrative approach to treatment, employing cognitive-behavioral, third wave, and psychodynamic techniques. At GPPH, Dr. Feldman works on the Severe Personality Disorder Unit, where she runs the DBT programming as well as co-leads schema therapy groups.

Dr. Rochelle Friedman received her Psy.D. in Clinical Psychology from the Pace University in 2020. Dr. Friedman joined the psychology department after completing her internship at GPPH. Dr. Friedman currently serves as the unit psychologist on a co-ed legal unit. She primarily follows a relational psychodynamic approach; however, she employs an integrative approach incorporating CBT and DBT concepts to meet the needs of the population. She has experience working with children, adolescents, and adults in school-based outpatient, and inpatient facilities.

Dr. Jane Gorman received her Psy.D. in Clinical Psychology from William Paterson University in 2025. Dr. Gorman joined the psychology department after completing her internship at GPPH. She currently serves as the unit psychologist on a co-ed admissions unit, conducting individual and group therapy and assessments, engaging in individualized treatment planning, and managing a token economy. She has specialized experience working with individuals with psychosis and psychosis risk syndromes. She trained under Dr. Yulia Landa, whose Group CBT for Delusions is among the first validated CBT for psychosis models in the U.S. Dr. Gorman's theoretical orientation is primarily cognitive-behavioral; however, she uses an integrative approach that incorporates interventions from DBT as well as humanistic and relational psychodynamic therapies, tailored to meet the needs of individuals with serious and persistent mental illness. She has experience working with adolescents and adults in hospital-based outpatient clinic, school-based outpatient, and inpatient settings. Dr. Gorman co-leads the Ethics didactic for the internship program.

Dr. Lia Griffiths earned her Psy.D. in Clinical Psychology from Marywood University and

M.A. in Forensic Psychology from John Jay College of Criminal Justice**.** She has experience in a variety of settings, including correctional institutions, hospitals, community mental health, college counseling, and private practice. Dr. Griffiths has specific experience working with individuals with personality disorders, trauma, and self-harm/suicidality. She is assigned to a legal unit at GPPH and is a co-leader of the Professional Development Seminar. She is licensed to practice in New Jersey and New York.

Dr. Thomas Kot obtained his Ph.D. in combined Clinical and School Psychology from

Hofstra University. He received 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. Sarah Pachner is a licensed clinical psychologist and graduate of the Psy.D.

program at Immaculata University. She received her Master's Degree in forensic psychology from Fairleigh Dickinson University. Her training consists primarily of cognitive and behavioral interventions with a focus on early attachment experiences and environmental influences. Dr. Pachner has worked with a wide range of patient populations including individuals with developmental and conduct related disorders, veterans with PTSD, and forensic psychiatric patients and inmates. She has trained in community mental health settings, forensic and neuropsychological assessment private practices, correctional facilities, and the Philadelphia VA Hospital. She completed her doctoral internship at Greystone Park Psychiatric Hospital. In addition to providing group and individual psychotherapy, Dr. Pachner also has experience conducting and providing

expert testimony on forensic assessments including violence risk assessments with individuals adjudicated not guilty by reason of insanity or incompetent to stand trial. In addition to her work at Greystone, she engages in private practice psychotherapy and conducts pre-employment evaluations of public safety officers as well as critical incident and fitness for duty evaluations.

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 worked in Admission and currently works on our unit serving deaf patients. She supervises interns and employs 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 Council 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. Taylor Pestritto earned her Psy.D. in Clinical Psychology from William James College in 2023. She completed her pre-doctoral internship at GPPH and has served as a unit psychologist since. Currently assigned to a general unit, she primarily utilizes DBT and CBT-informed interventions, as well as behavioral modification. Prior to GPPH, she trained in a variety of settings, including community mental health, skilled nursing facilities, and state hospitals. Dr. Pestritto is primarily an assessment supervisor and co-leads the Diversity Committee.

Dr. Lucas Rockwood has been licensed as a practicing psychologist since 2008. He received his Psy.D. in Clinical Psychology from the Georgia School of Professional Psychology. He completed his pre-doctoral psychology internship at Greystone Park Psychiatric Hospital (GPPH) and has been employed as a clinical psychologist at GPPH since that time. He is currently a psychologist for an inpatient unit focusing on the treatment of Borderline Personality Disorder. Dr. Rockwood has been a therapy supervisor for psychology pre-doctoral interns for over 20 years. His primary theoretical orientations include Cognitive Therapy for individuals with short-term/acute problems, Schema Therapy for individuals with more pervasive/lifelong

problems, and Acceptance and Commitment Therapy (ACT). He is an Advanced Certified Schema Therapist/Supervisor. His clinical specialties include providing individual and group psychotherapy for individuals experiencing symptoms of personality disorders, depressive disorders, anxiety disorders, and relationship problems. In addition to working at GPPH, Dr. Rockwood maintains a part-time private practice in Morristown, New Jersey.

Dr. Jennifer Romei is the Director of Psychology and oversees the externship

program. She received her Ph.D. in Clinical Psychology 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 the Senior Psychologist on an acute inpatient unit in New York city. While at GPPH, Dr. Romei worked as the treating psychologist on a co-ed forensic Unit and served as the Internship Director from 2009 to 2023. She conceptualizes from an object-relations perspective and integrates both CBT and mentalization-based interventions into her work. Dr. Romei also serves as the Workplace Violence Prevention Coordinator at GPPH. Her interests include threat management, violence risk assessment and risk mitigation through treatment, and the role of supervision on the professional development of psychologists. She teaches at the Metropolitan campus of Fairleigh Dickinson University and is licensed to practice in both New Jersey and New York.

Dr. Thomas Schimpf earned his Ph.D. in Clinical Psychology from Walden University.

He has an 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 Division of Developmental Disabilities and the Division of Mental Health Services for more than 10 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. Christine Schloesser earned her Psy.D. in Clinical Psychology from American School of Professional Psychology in Washington, D.C. Following her internship at GPPH, she became a member of the psychology department. Dr. Schloesser works in the Mountain Meadow Cottages and works primarily with patients involved in the legal system. In addition to serving in her role as the Internship Director, Dr. Schloesser conducts both psychotherapy and assessment supervision. To meet the needs of her patients, Dr. Schloesser primarily operates from a psychodynamic approach and selectively incorporates cognitive behavioral therapy. She has experience working in school-based settings, inpatient facilities with children, adolescents and adults, and correctional facilities. Her research and professional interests include assessment, ethical dilemmas, and the intersection between law and psychology. Additionally, Dr. Schloesser maintains a private practice in Morristown, NJ.

Dr. Hillary Vescio received her Psy.D. in Clinical Psychology from Philadelphia College of Osteopathic Medicine in 2016. Dr. Vescio has worked on the admissions unit and now currently works on an all-male unit, with a focus on behavioral and forensic issues along with cognitive impairments. Prior to working at GPPH she worked at Princeton House Behavioral Health both in their inpatient psychiatric hospital and their outpatient partial hospital and intensive outpatient programs. She has experience working with a wide range of populations including individuals with serious mental illness, forensic patients, individuals with brain injuries, children who were victims of sexual abuse, individuals in crisis, and teens and young adults in an intensive outpatient treatment center. Her interests include serious mental illness, crisis intervention, forensic assessment and ethical dilemmas. Dr. Vescio currently provides intern supervision and is co-leader of the monthly ethics didactic. She is licensed in New Jersey.

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