



APA - Accredited

Trenton Psychiatric Hospital

Doctoral Internship in
Health Service Psychology

2027 - 2028 Training Year

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Trenton Psychiatric Hospital

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ACCREDITATION

The Psychology Department of Trenton Psychiatric Hospital (TPH), in conjunction with the New Jersey Department of Health/Division of Behavioral Health Services offers a one-year, full-time (1750 hours), American Psychological Association (APA)-accredited Doctoral Internship in Health Service Psychology. The program has been APA-accredited since 1990. The last site visit occurred in August 2017, and the program was awarded accreditation for the maximum review period of 10 years. Questions related to accreditation should be directed to the Commission on Accreditations:

Office of Program Consultation and Accreditation

American Psychological Association

750 1st Street, NE, Washington, DC 20002

[APA Accreditation - Home](#)

Our internship is also listed with and adheres to the guidelines set forth by the Association of Psychology Postdoctoral and Internship Centers (APPIC). Questions related to APPIC should be directed to:

Association of Psychology Postdoctoral and Internship Centers

17225 El Camino Real

Onyx One - Suite #170

Houston, TX 77058-2700

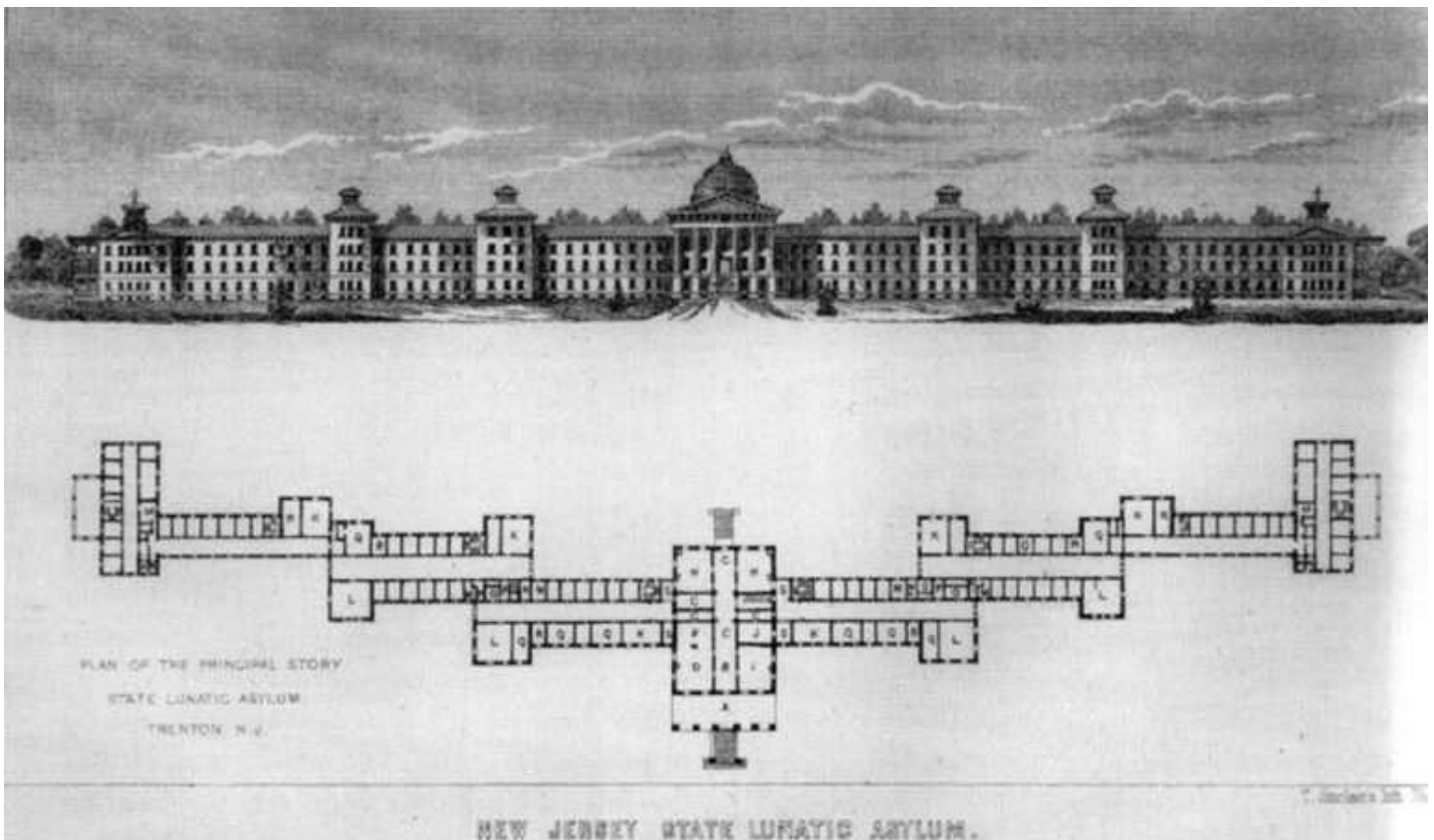
[APPIC - Association of Psychology Postdoctoral and Internship Centers](#)

HISTORY

Trenton Psychiatric Hospital (TPH) is an historic, 300+bed, inpatient psychiatric hospital for adults, founded in 1848 by Dorothea Lynde Dix, a pioneer of advocacy for people with mental illness. The hospital was the first public mental hospital in the state of New Jersey, and we continue to follow Ms. Dix's legacy through a shared mission to provide hope, wellness, recovery, and successful community reintegration for patients. Our internship program also has a rich history dating back to 1952 when it was founded by Albert Ellis, PhD.

At this time, TPH provides inpatient hospital psychiatric services to adult (18 years of age and older) from diverse socioeconomic backgrounds and from all counties in New Jersey.

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



COMMITMENT TO PROFESSIONAL GROWTH

At TPH, we are committed to the ongoing growth of psychology as a profession and strive to offer a well-rounded training experience for our doctoral interns to facilitate their development as entry-level psychologists readying for independent practice. Our doctoral internship program is full-time, one-year, and accredited by the American Psychological Association (APA). We are diligent in providing a respectful training environment with an emphasis on safety while promoting the individual values of each intern as they further hone their professional competencies. Our program adheres to appropriate state, ethical and legal regulatory requirements in which we operate, and our interns are offered an experience that promotes growth and competence through a robust balance of clinical opportunities, supervision and didactic trainings. The training experience at TPH offers an experience in the treatment and assessment of inpatient adult psychiatric and forensic populations. The clientele at TPH are themselves diverse in terms of age, gender, language, ethnicity, culture, etc. Our interns gain experiences working as part of a multidisciplinary treatment team. The teams are comprised of professionals with varying expertise in medicine, nursing, psychiatry, vocational rehabilitation, social work and substance abuse. Interns serve as an integral part of the treatment team and routinely collaborate and consult with the various treatment teams in TPH. The TPH environment strives to promote and affirm a welcoming and professional environment for all our staff and interns to grow together as professionals. At our core, we work to support our interns to continue to carry the torch to light the way for others.



WORKDAY, STIPEND, AND BENEFITS

Competitive compensation and health benefits package

The 2027-2028 internship will begin June 14th, 2027 and end June 9th, 2028. The stipend for the 2027-2028 internship class is expected to be funded at the gross salary of \$ 47,114.55. The workweek consists of five days of clinical experience/training, Monday through Friday during the hours of 8:30 am to 4:30 pm. Each work week is 35 hours as one hour is allowed for lunch each working day. There is no weekend, after hours or on-call expectations. Interns are hired as full-time employees and must meet and pass state employment rules to begin the internship. Interns receive approximately 80.5 hours of vacation time, 89.25 hours of sick leave, and 42 hours of paid administrative leave. Interns also enjoy 13 paid State Holidays. Per standard rules set forth by the state, interns become eligible for medical benefits after the first 60 days of employment. In the event of an injury, interns will receive Workman's Compensation. Interns will also be enrolled in the DCRP pension plan. If an intern does not become employed by the state after internship, the money withheld for the pension will be reimbursed upon request. TPH interns can also receive their lunch in the employee cafeteria at no charge.

Interns are assigned to the same office which includes two desks, computers, and a shared telephone. Interns will be granted computer access to hospital programs for notes and scheduling, and each intern will be provided with an email address. Access to a laptop computer may be

requested/offered for certain complexes. Interns also have access to office supplies, testing materials, and reading materials. Interns can register for a New Jersey State Library Card to borrow research library materials, place interlibrary loan requests, and access digital databases.

INTERN CANDIDATE REQUIREMENTS

Setting High Standards for Care

To be considered for TPH's Doctoral Internship in Health Service Psychology, applicants must be graduates of an accredited college or university with a bachelor's degree, enrolled in a doctoral program in applied psychology (clinical or counseling) at an accredited university or professional school and be approved by their University Training Director for internship. Successful applicants have completed 500 hours of therapy experience and 100 hours of assessment experience with graduate course training in each of the following areas:

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

Post-Doctoral Candidates (Changing Specialties)

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

PHILOSOPHY AND EXPECTATIONS

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

Upon completion of the program, we expect interns will:

1. Function as competent psychotherapists, psycho-diagnosticians and interdisciplinary treatment team members.
2. Effectively apply literature, supervision and continuing education to their clinical work.
3. Conduct themselves in a professional manner, in accordance with ethical and legal guidelines applicable to the setting in which they practice.

4. Possess sensitivities to individual and cultural differences that enable them to provide effective psychological treatment for the individuals they serve.

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

The first training dimension, exposure to a range of clinical roles and experiences, is achieved through clinical and other professional role experiences at TPH and through training experiences on the specialty rotations that match the intern's training interests. Interns are exposed to patients representing a broad spectrum of psychopathology and diverse demographic backgrounds. Interns are also exposed to psychologists who function in a variety of professional roles: multidisciplinary treatment team member, unit administrator, medical staff member, and hospital committee member.

The second dimension of training, didactic and supervisory experiences, involves education and guidance. Interns receive both individual and group clinical supervision, including 2 to 3 hours weekly of one-to-one supervision and one hour of group supervision. Supervisors representing a range of theoretical orientations and areas of expertise in evidence-based practice and best practice standards provide guidance and feedback to interns. Interns also attend a state-wide colloquium series as well as seminars and in-service programs based at TPH which are offered on a regular basis.

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

PRACTITIONER-SCHOLAR TRAINING MODEL

We conceptualize our training model as a practitioner-scholar model. Training at TPH is characterized by intensive clinical experience supported by didactic programming and supervision that exposes interns to current research and literature relevant to their clinical work. Prior to completing the internship, interns demonstrate integration of clinical work and scholarship through an Annual Project. Most interns' Annual Project is the development of new and innovative programming for the patients at TPH. Examples include developing a brief trauma screening tool, creating a supplemental guide for competency restoration groups, developing a cognitive remediation program utilizing computerized programming, introducing a Michael's Game therapy group, offering a review of arson/fire setting assessment measures, and starting Acceptance and Commitment Therapy Groups (ACT) groups. As part of the colloquium series, interns will develop and present either a diagnostic or therapy case utilizing current evidence-based literature to their peers and Psychology department colleagues.

Awareness of Cultural Diversity:

The TPH internship staff recognize the 10 recommended guidelines within the 2017 APA Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality within the provision of psychological services. The recommended guidelines are:

1. Psychologists seek to recognize and understand that identity and self-definition are fluid and complex and that the interaction between the two is dynamic. To this end, psychologists appreciate that intersectionality is shaped by the multiplicity of the individual's social contexts.

2. Psychologists aspire to recognize and understand that as cultural beings, they hold attitudes and beliefs that can influence their perceptions of and interactions with others as well as their clinical and empirical conceptualizations. As such, psychologists strive to move beyond conceptualizations rooted in categorical assumptions, biases, and/or formulations based on limited knowledge about individuals and communities.
3. Psychologists strive to recognize and understand the role of language and communication through engagement that is sensitive to the lived experience of the individual, couple, family, group, community, and/or organizations with whom they interact. Psychologists also seek to understand how they bring their own language and communication to these interactions.
4. Psychologists endeavor to be aware of the role of the social and physical environment in the lives of clients, students, research participants, and/or consultees.
5. Psychologists aspire to recognize and understand historical and contemporary experiences with power, privilege, and oppression. As such, they seek to address institutional barriers and related inequities, disproportionalities, and disparities of law enforcement, administration of criminal justice, educational, mental health, and other systems as they seek to promote justice, human rights, and access to quality and equitable mental and behavioral health services.
6. Psychologists seek to promote culturally adaptive interventions and advocacy within and across systems, including prevention, early intervention, and recovery.
7. Psychologists endeavor to examine the profession's assumptions and practices within an international context, whether domestically or internationally based, and consider how this globalization has an impact on the psychologist's self-definition, purpose, role, and function.
8. Psychologists seek awareness and understanding of how developmental stages and life transitions intersect with the larger bio-sociocultural context, how identity evolves as a function of such intersections, and how these different socialization and maturation experiences influence worldview and identity.
9. Psychologists strive to conduct culturally appropriate and informed research, teaching, supervision, consultation, assessment, interpretation, diagnosis, dissemination, and evaluation of efficacy as they address the first four levels of the Layered Ecological Model of the Multicultural Guidelines.
10. Psychologists actively strive to take a strength-based approach when working with individuals, families, groups, communities, and organizations that seeks to build resilience and decrease trauma within the sociocultural context.

THE CONTEXT OF TRAINING AT TRENTON PSYCHIATRIC HOSPITAL

WHERE IS TPH? WHAT IS ITS MISSION? WHO IS TREATED THERE?

TPH is an inpatient psychiatric facility accredited by the Joint Commission. TPH currently maintains a census of approximately 300+ adult patients. The hospital is located on the Trenton/Ewing border close to the Delaware River, approximately 20 miles northeast of Philadelphia and 60 miles southwest of Manhattan. It can be easily reached from the New Jersey Turnpike, I-95 or Route 1. TPH is also accessible via public transportation.

Mental health services in the state of New Jersey have been transformed by the wellness and recovery philosophy the state has adopted. TPH's Mission Statement is: "to provide trauma and evidence informed mental health treatment and services to enable individuals to achieve their potential within a culture of safety, wellness, and recovery." TPH has taken significant steps to assure

that a wellness philosophy shapes hospital treatment. Among the ways the wellness and recovery philosophy are being put into practice are:

- Staff members are trained to understand and apply a wellness and recovery paradigm
- Treatment includes psycho-educational and psychotherapeutic evidence-based approaches such as “Illness, Management, and Recovery” (IMR), Michael’s Game, Competency Restoration, Social Skills Training, Seeking Safety, Calming the Rage, and CBT for a Crime Free Life.
- Patients are being reintegrated into the community with the help of innovative programs and resources such as the Residential Intensive Support Team (RIST) and Supportive Housing, and case management services such as Program of Assertive Community Treatment (PACT) and Integrated Community Management Services (ICMS).

In addition, all NJ State Psychiatric Hospitals embrace a Trauma Informed Care Model.

TPH provides inpatient psychiatric services primarily to residents of Mercer, Middlesex, and Monmouth counties. Residents of other counties presenting with special legal or other issues may also receive treatment at TPH. Patients 18 years of age and older, from diverse cultural and socioeconomic backgrounds, with serious and persistent mental illness and/or legal issues are provided mental health services designed to mitigate debilitating symptoms, enhance adaptive functioning, and facilitate successful reintegration into the community. Over the last few years, TPH has seen an influx of legal-involved patients, many who have a history of violence, hence the needs of our patients are evolving.

FOUR TREATMENT COMPLEXES

The hospital is divided into four primary complexes. Each complex has unique functions but is interdependent with other parts of the hospital. A large percentage of patients at TPH and its’ various complexes are seriously mentally ill and have legal issues or a history of violence.



DRAKE COMPLEX

The Drake Complex consists of three locked admissions units, including one coed unit. Psychologists within the facility are responsible for the assessment and treatment of involuntarily committed patients presenting with acute psychiatric symptoms such as delusions, hallucinations, suicidality, and aggression. Additionally, interns are exposed to treatment planning and therapeutic interventions for patients with significant legal issues, including individuals found Not Guilty by Reason of Insanity (NGRI), those charged with sexual offenses, and those court-ordered for competency evaluations. The complex contains a dedicated Competency Restoration Unit, where patients admitted under court orders for competency assessment receive comprehensive treatment, restoration services, and ongoing evaluation. General treatment modalities, including clinical group sessions and individual psychotherapy, are provided both on the units and within a centralized Treatment Mall. The primary objectives of treatment are to stabilize patients, provide ongoing support, and facilitate discharge. Daily interdisciplinary treatment team meetings are conducted to review clinical status, determine appropriate interventions, and coordinate discharge planning. Patients may achieve rapid stabilization and return to the community or transition to other hospital units for continued care. Interns assigned

to Drake gain valuable experience and training under the supervision of licensed psychologists, participating in all aspects of psychological service delivered on their designated unit.

RAYCROFT COMPLEX

The Raycroft Complex is composed of four locked units and provides “post-admission” treatment for patients determined to need continued acute care. The Raycroft Complex includes one female unit, two male units, and one coed unit. It is also home to a substance use clinic called Rise and Shine. In addition to patients needing continued acute treatment, the Raycroft Complex also may include patients with sex offense charges, patients designated as NGRI, and patients being evaluated for competence to stand trial. Based on their Level of Supervision, patients may attend programming within the Raycroft Complex or may go to the centralized Treatment Mall located in the nearby Lincoln Complex. At the Treatment Mall and possibly on the Raycroft unit, patients attend diverse programming, including groups CBT for a Crime Free Life, Competency Restoration, Sex offender treatment, and Anger Management, in addition to traditional process groups and wellness programs (note the group offerings can change depending on staff expertise and patient needs). Patients in the Raycroft Complex may also hold a job through the Vocational Rehabilitation program (i.e., cafeteria, greenhouse, business center, housekeeping). The TLU currently offers the option to cofacilitate a group for men who have sexually offended. The intern assigned to the Raycroft Complex gains experience and training on the unit where his or her supervisor is assigned but can also take cases from other units within the Raycroft Complex and throughout the hospital.

LINCOLN COMPLEX

The Lincoln Complex contains four locked units including: the Lincoln Intensive Treatment Unit, providing coed treatment for patients with special medical needs; the King Cottage, which temporarily houses a population of female patients with acute psychosis and other challenges, the Lazarus unit, which houses a co-ed population of patients with substance use disorders, borderline personality disorder, antisocial personality disorder, and serious mental illness; and the Kennedy Cottage, which houses a co-ed population who benefits from a unit-based Positive Behavioral Support program. Patients from these units attend programming in the Lincoln Complex Treatment Mall. Patients in the Lincoln Complex may also hold a job through the Vocational Rehabilitation program. The intern assigned to the Lincoln Complex gains experience on the unit where the supervisor is assigned but can take cases from any unit in the Lincoln Complex and throughout the hospital.

TRANSITIONAL LIVING UNIT (TLU)

At the Transitional Living Unit (TLU), also known as Travers or the Cottages, patients live in an open, unlocked, group-home-like setting comprised of 12 cottages, each housing 3 to 8 patients. Patients are required to contribute to house chores, attend programming in the centralized Lincoln Treatment Mall or Marquand Building, and adhere to schedules and rules with less prompting than in the locked units. The TLU is home to the Stepping Stones substance use treatment program, where patients attend both clinical and wellness recovery groups, individual sessions as needed and meet monthly with their assigned psychiatrist. Patients are free to walk around campus during open hours, where they can visit the Self-Help Center, buy snacks at the Trading Post, or go to work through the Vocational Rehabilitation



program. Because of the increased freedoms, living in the TLU prepares patients for transition into the community. Most forensic cases are referred to the TLU for observation in a less restrictive setting before the oversight committee recommends discharge. Some responsibilities of a TLU Psychologist/Intern include the following: attending treatment team meetings, updating treatment plan goals and interventions, conducting individual therapy sessions, facilitating group therapy sessions, and completing violence or sexual risk assessments prior to discharge, which include treatment recommendations for community living. There is also an opportunity to conduct psychological testing tailored to patients' needs, including intellectual and personality assessments. The TLU currently offers the option to cofacilitate a group for men who have sexually offended. The intern assigned to TLU can also take cases from other units throughout the hospital based on need and interest.

TRAINING ROTATIONS

Primary Rotations

The year is divided into two, six-month training rotations. Each intern has two primary assignments based on the intern's previous experiences, current training needs, and preferences. Exposure to hospital units outside of an intern's primary placements can also be arranged to broaden the diversity of the training experience. Each intern will be assigned to a primary section and be supervised by a licensed NJ clinical psychologist. Given the expertise of our various psychologists at TPH, supervisors routinely meet with their interns to explore their training-related interests. If feasible, the primary supervisor will facilitate connecting the intern with other psychologists whose expertise may differ from their supervisors and/or may have unique training opportunities.

Specialty Rotation

Depth and variety of experience are further promoted by having our interns participate in a specialty forensic rotation at **Ann Klein Forensic Center (AKFC)**, which is located on TPH grounds. Assignment to the specialty rotation is designed to bring diversity to intern training by providing in-depth experience with a forensic population in a maximum-security hospital setting. Depending on availability, possible experiences include a variety of assessment referral questions, group or individual therapy, and observation of expert testimony. The rotation lasts 12 months and interns will report to AKFC one day/week. The rotation may be reverted to TPH should staffing issues arise at AKFC.

THE CONTENT OF TRAINING

The TPH Doctoral Internship in Health Service Psychology has two broad training dimensions: exposure to clinical and professional roles and experiences and didactic and supervisory experiences. Six primary components of training fit into these dimensions. (1) Psychotherapy, (2) psychological assessment, (3) professional role development, and (4) specialty rotation experiences fall into the first dimension. (5) Supervision and (6) educational experiences fall in the second dimension.

1. PSYCHOTHERAPY:

Psychology interns at TPH gain psychotherapy experience treating a variety of patients with intensive supervision. Interns' caseloads include patients displaying varying levels of psychopathology and diverse personal, cultural, and demographic characteristics. All interns gain experience with a patient population displaying severe and persistent psychopathology and forensic issues. Interns are exposed to a variety of theoretical viewpoints and treatment modalities with an emphasis on evidence-based/best practice. Each intern is observed doing individual and group psychotherapy. Interns meet with their supervisor between 1 – 1.5 hours per week. The Training Plans that are

developed for each six-month rotation include identification of competencies and goals intended to promote growth as a psychotherapist. All interns gain extensive experience in individual and group therapy. At TPH, therapy cases are chosen from the entire range of acute psychoses and chronic schizophrenias, major affective disorders, character disorders, dissociative disorders, neurological conditions, and substance use disorders. Supervisors employ supervision techniques such as direct observation, monitoring of taped sessions, feedback, case discussion, didactic instruction, role-playing, and discussion of assigned readings to foster theoretical understanding and technical competence.

2. PSYCHOLOGICAL ASSESSMENT:

Interns gain and improve skills in the administration, scoring and interpretation of major intelligence, neurological, objective, and projective test measures as well as violence and sexual violence risk assessments and actuarial assessment instruments such as the: WAIS-V, WASI-II, WMS-IV, Mini Mental Status Exam-2, MMPI-3, MCMI-IV, Personality Assessment Inventory II, Beck Scales, Rorschach, TAT, Columbia Suicidality Severity Rating Scales, Static 99-R, VRAG, SORAG, STABLE/ACUTE, HCR-20 V3, FAM, SVR-20 V2, and SAPROF. Interns can access our many computerized scoring and interpretive systems for the aforementioned tests as directed by their supervisor, who evaluates how best to incorporate and utilize these tools based on the level of expertise of each intern. Interns meet with their supervisor between 1 – 1.5 hours per week. Interns are taught how to select tests to answer referral questions, learn to use the diagnostic categories of the *DSM-5*, develop clinical interviewing skills, and make specific and viable treatment recommendations. Referrals include violence and sexual violence risk, suicide risk, non-suicidal self-directed injury, differential diagnosis including level of intellectual functioning, neurological conditions, presence of thought, mood and character disorders, and PTSD. Interns will also identify the content of specific life and emotional issues unique to the individual being assessed.

3. PROFESSIONAL ROLE DEVELOPMENT:

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

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

4. SPECIALIZED CLINICAL EXPERIENCES:

Each intern spends a full year in a third specialty rotation which may occur at TPH or Ann Klein Forensic Center. Assignment to the specialty rotation is designed to bring diversity to intern experiences by providing in-depth experience with specific patient populations that is more focused than the more general experience gained on the main rotation. Interns receive up to 1.5 hours of supervision by their specialty rotation supervisor.

5. SUPERVISION:

The internship program at TPH provides up to 3 hours of one-to-one supervision and 1 hour of group supervision per week by New Jersey licensed psychologists. Supervisors maintain a close relationship with their intern. Supervisors at TPH have completed seminars and training on the provision of supervision. Interns are assigned a primary supervisor, an assessment supervisor, and a specialty rotation supervisor. Interns also participate in the year-long Professional Development Seminar which includes weekly supervisory and didactic components facilitated by the Director of Internship Training. Interns also have the opportunity to participate in weekly peer supervision.

6. EDUCATIONAL EXPERIENCES:

To supplement their clinical experiences, TPH interns attend an average of two days of training each month at a colloquium series. This is consistently one of the most highly rated aspects of the internship program and includes topics such as Competency to Stand Trial Evaluations, Forensic Risk Assessment, Violence Risk Assessments, Neurocognitive Assessments, offered by hospital staff from across the state facilities and speakers who are leaders in the field in subjects such as assessment and forensic psychology.

Interns also participate in a variety of didactic and experiential programs at TPH throughout the year. TPH Psychologists provide in-service trainings on topics that have included Promotion of Wellness for Trainees, Multicultural Awareness, Sex Offender Treatment, Neuropsychological Assessment, Ethics and Professional Standards, and Psychopharmacology. There are also several recorded training courses hosted by TPH on topics such as the HCR-20 V3, SVR-20 V2 and Trauma Informed Care which are mandatory to complete at the start of the internship. Throughout the year, additional opportunities for remote didactic trainings/CE/CME are offered through TPH and/or the Department of Health. Interns have opportunities to interact with trainees in other disciplines as well.

INTERN PERFORMANCE EVALUATION, FEEDBACK, ADVISEMENT, RETENTION

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

Training plans and Evaluations include the following 10 Aims and Elements:

Aim 1 – To Achieve Competence in Psychological Assessment

Element A: Clinical Interview Skills
Element B: Diagnostic Skills
Element C: Psychological Test Selection and Administration
Element D: Psychological Test Scoring and Interpretation
Element E: Assessment Writing Skills
Element F: Patient Feedback Regarding Assessment

Aim 2 – To Achieve Competence in Psychotherapeutic Intervention

Element A: Case Conceptualization and Treatment Planning
Element B: Therapeutic Interventions and Confidentiality
Element C: Patient Rapport
Element D: Effective Use of Emotional Reactions (Countertransference)
Element E: Group Therapy Skills and Preparation
Element F: Patient Risk Assessment/Management
Element G: Safety and Crisis Management

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

Element A: Consultative Guidance
Element B: Knowledge of the Treatment Roles of Other Disciplines
Element C: Interdisciplinary Treatment Team Functioning

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

Element A: General Psychological Knowledge
Element B: Seeks Current Scientific Knowledge
Element C: Develops and Implements Final Project
Element D: Utilization of Supervision and Continuing Education

Aim 5 – To Achieve Competence in Ethics and Legal Matters

Element A: Knowledge of Ethics and Law
Element B: Knowledge of Policy, Procedure, and Reporting Guidelines

Aim 6 – To Achieve Competence in Professional Interpersonal behavior

Element A: Professional Interpersonal Behavior
Element B: Professional Verbal and Written Communication
Element C: Communication with Supervisor

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

Element A: Uses Positive Coping Strategies in Dealing with Professional and Personal Challenges
Element B: Professional Responsibility and Documentation
Element C: Responsible and Efficient Time Management
Element D: Administrative Competency

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

Element A: Sensitivity to Patient Diversity
Element B: Patient Rapport/Working Relationships with Diverse Patients
Element C: Awareness of Own Individual Differences and Cultural and Ethnic Background

Aim 9 – To Achieve Competence in the Provision of Supervision

Element A: Supervisor Competence

Element B: Diversity

Element C: Supervisory Relationship

Element D: Feedback

Element E: Problem of Professional Competence

Element F: Ethical, Legal, and Regulatory Considerations

Aim 10 – To Achieve Competency in Utilization of Research

Element A: Critical Review of Literature

Element B: Research Guided Intervention

Element C: Research Guided Assessment Practices

Element D: Presentation of Research

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

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

NA Not applicable for this training experience/not assessed during training experience.

5 Readiness for License-eligibility: Skills comparable to autonomous practice at the licensure-eligible level. This is the highest rating achievable during and at completion of pre-doctoral training. Competency is consistent with full psychology staff privilege level and indicates readiness for leadership responsibilities.

4 Readiness for Entry Level Practice: Ability to independently function in a broad range of clinical and professional activities. Ability to generalize skills and knowledge to new situations and ability to self-assess when to seek additional training, supervision or consultation. A frequent rating during the second rotation of internship training. Supervisor provides overall management of trainee's activities but trainee functions with autonomy.

3 Readiness for Internship Level Practice: Common rating throughout internship; routine supervision of each activity.

2 Readiness for Post-practicum Level Practice: Most common rating for beginning interns. Routine, but intensive, supervision is needed in most areas.

1 Readiness for Practicum Level Practice: Performance is below which is expected of an intern. Requires remedial work as part of supervision process.
In addition, supervisors can provide qualitative comments for each Competency.

*** Interns are considered to be in Good Standing at mid-year if all rated elements within each aim area will be at a competence level of 3 or higher. At least 50% of all rated objectives within each goal area will be at a competence level of 4 or higher.

***Interns are considered to be in Good Standing at the end of the year if all rated elements within each aim area will be at a competence level of 4 or higher. At least 50% of all rated elements within each aim area will be at a competence level of 5 or higher.

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

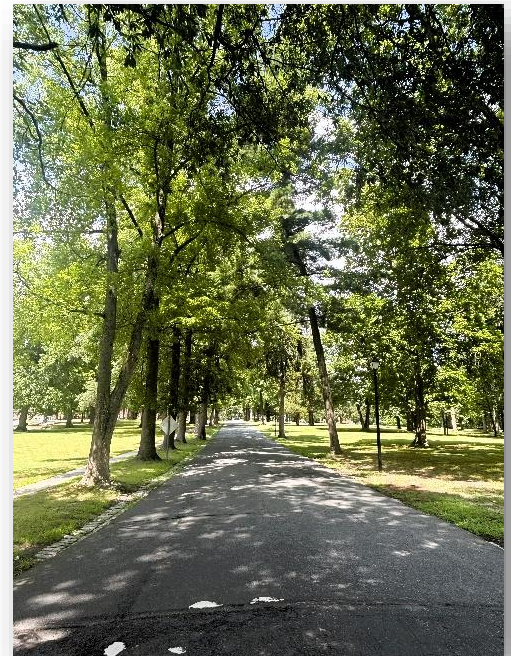
COMPLETION OF THE INTERNSHIP

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

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

POST INTERNSHIP

The long-term objective of our internship program is that our graduates are prepared and expected to work in a variety of professional settings and roles as psychologists. Many interns apply to our program specifically because they want to acquire psychological treatment skills with either a forensic population or individuals with severe and persistent psychopathology, consistent with the broad goals of our program identified in our literature. Most intern graduates go on to postdoctoral fellowships or are hired in staff psychotherapist positions providing psychological services in forensic settings, psychiatric hospitals, and private practices, etc. Others are engaged in other professional activities such as consulting or research.



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

MAINTENANCE OF RECORDS

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

THE PSYCHOLOGY DEPARTMENT

The hospital's psychology department is currently comprised of 8 Psychologists, 2 Psychology Interns, 5 Behavioral Support Technicians (BSTs), and 1 Behavior Analyst. Of our 8 psychologists, 5 are licensed in New Jersey, with other department members licensed in other states, including Delaware and Pennsylvania. Supervisors subscribe to a variety of theoretical orientations and provide opportunities for exposure to diverse supervisory styles and professional roles. Qualified supervisors are New Jersey licensed psychologists who have been licensed for at least two years and have completed or received training or supervision in the provision of supervision.

PSYCHOLOGY DEPARTMENT STAFF

Director of Psychology Internship Training:

Dr. James Yuhasz (Supervisor, Raycroft Complex) is a licensed clinical psychologist in New Jersey. He obtained his doctoral degree in Clinical Psychology from Marywood University in 2010. His internship was completed at the Southeast Human Services Center in Fargo, North Dakota and focused on general assessments, risk assessments, and providing psychotherapy. Following internship, he worked for Rutgers University Correctional Healthcare (formerly, the University of Medicine and Dentistry of New Jersey) within the New Jersey Department of Corrections, and later, the New Jersey Juvenile Justice Commission. While working in corrections, he worked on an inpatient stabilization unit, at various secure facilities, and at various adult/juvenile residential community homes providing individual psychotherapy, crisis-based care/assessments, suicide assessments, risk assessments, etc. Populations served included adults and juveniles with varying degrees of mental illness. He has been working at Trenton Psychiatric Hospital since 2024. With respect to his therapeutic orientation, he relies primarily on a cognitive-behavioral model to provide treatment to his clientele along with solution-focused interventions. In addition to his clinical experiences, he has offered didactic trainings to multidisciplinary healthcare staff and has taught undergraduate and graduate psychology courses at various universities. His clinical interests include severe and persistent mental illness, life-course criminology, and sequelae of traumatic brain injury.

Administrator, Supervisors, and Psychology Staff:

Dr. Anna Maleson (Administrator of Psychological Services) is a New Jersey licensed psychologist who owns and operates a private practice and conducts fitness for duty evaluations for

police departments across the state of NJ. Before becoming the Administrator of Psychological Services at Trenton Psychiatric Hospital, she worked as a Clinical Psychologist at the hospital for over 13 years. Dr. Maleson earned her PhD in Clinical Psychology from Walden University. She graduated at the top of her class and is a member of the PSI CHI National Honors Society. Dr. Maleson is also an alumnus from The University of Pennsylvania where she was accepted into an accelerated program to earn her Master of Science degree. She is also an alumnus from Georgian Court College where she earned her BA with high honors and was on the Dean's List. During her 25 years of clinical experience, Dr. Maleson was an adjunct professor at Kean University and The College of St. Elizabeth; Clinical Coordinator for a brain injury program in Edison, NJ; Crisis Intervention Specialist who provided individual, family and group therapy along with assessment and testifying in court for juvenile legal cases in Somerset County; Supervisor and Mobile/Behavioral therapist in the underserved areas of the Poconos and East Stroudsburg, Pennsylvania; Clinician in an inpatient adolescent treatment center; treated and assessed foster children, and was the Director of a Partial Care Program in South Jersey. Areas of clinical competency include that of competency restoration, IST evaluations, CBT for A Crime Free Life, psychological and suicide risk assessments, along with cognitive testing. Dr. Maleson's theoretical orientation is Cognitive Behavioral Therapy with a strong focus on ACT, DBT and CBT. Other areas of clinical and professional interest are child and adolescent development, suicide prevention and awareness, bi-polar disorder, adult schizophrenia, court testimony, parenting and co-parenting, adult psychotherapy, and crisis intervention.

Dr. A. Monique Leslie (Supervisor, Drake Complex) is a licensed clinical-forensic psychologist currently licensed in New Jersey and Delaware. A Philadelphia native, she graduated from Ursinus College and attended Howard University during her undergraduate studies. Dr. Leslie went on to earn her doctorate degree (Ph.D.) in Clinical-Forensic Psychology at Alliant international University in Fresno, California in 2016. She completed an APA- Accredited internship in Fresno, California at the W. Gary Cannon Psychological Service Center where she provided court ordered outpatient treatment and conducted risk & diagnostic assessments with adult and juvenile populations. Her post-doctorate training began at JJPI in Philadelphia, where she conducted risk assessments and provided outpatient treatment for BIP, adult and juvenile sex offenders and victims. She began her licensed career working for the State of California where she conducted culturally informed psychological evaluations and suicide risk assessments for mentally ill prisoners in CDCR. Dr. Leslie returned home to the East coast in 2021 where she worked in outpatient care for adults and adolescents. She later transitioned to working for the State of Delaware at their State psychiatric facility. Dr. Leslie is experienced in treating mentally ill offenders with severe and persistent mental illness, conducting court ordered risk, mental health & competency assessments. She also provides clinical supervision for students, interns (master's & doctorate level) and has taught psychology courses at community college in California.

Dr. Jacqueline Prairie (Supervisor, Drake Complex) is a New Jersey and Pennsylvania licensed psychologist who received her Psy.D. from Immaculata University in 2023 with a focus in forensic psychology. Dr. Prairie completed an APA-accredited internship at Ancora Psychiatric Hospital in 2023. She has worked in a variety of settings including, community mental health, partial hospital programs, outpatient facilities with a focus on the evaluation and treatment of adult and juvenile males with a history of sexual violence, and private practice focused on neuropsychological assessment for individuals involved with the Division of Child Protection and Permanency (DCP&P). Dr. Prairie uses an integrative approach to therapy with an emphasis on cognitive behavioral and person-centered principles. Her clinical interests include forensic psychology, severe and persistent

mental illness, personality disorders, and assessment. Dr. Prairie is currently assigned to the competency to stand trial restoration unit, conducting competency to stand trial evaluations, and testifying in New Jersey Superior Courts.

Dr. Suzanne Roussel (Supervisor, Lincoln Complex) is the Psychology Chief of Service in the Lincoln Complex, where she works primarily with those with dementia, intellectual disabilities, traumatic brain injuries, and other neurological concerns. She received her PsyD from Chestnut Hill College with a concentration in Psychological Assessment, and she completed an APA-accredited internship at Ancora Psychiatric Hospital. She also completed a 2-year post-doctoral fellowship in Clinical Neuropsychology at Beechwood Neurorehab in Langhorne, PA. Although neuropsychological assessment, evaluation, and rehabilitation has been a focal point in her career, Dr. Roussel has an eclectic experience repertoire working with individuals with a wide range of challenges, including serious, chronic mental illness, addictions, and personality disorders. Her theoretical orientation is primarily psychodynamic and person-centered, and she works effectively with patients by developing a strong therapeutic relationship based on genuineness and warmth. She has experience implementing a variety of therapeutic approaches including art therapy, writing therapy, psychodrama, CBT, and psychodynamic therapy. Dr. Roussel has also taught both graduate and undergraduate coursework at Chestnut Hill College and Holy Family University in Philadelphia, PA. Her scholarly interests include the effects of psychopharmacology on neuropsychological test performance, ecological validity of neuropsychological testing, and personality disorders. She is currently in training to become a prescribing psychologist in the Master of Science in Clinical Psychopharmacology program at Fairleigh Dickinson University and she is also obtaining on-the-job training and experience conducting sex offender therapy and assessment.

Dr. Shamyra Shaw (Supervisor, Raycroft Complex) obtained her bachelor's degree in psychology from Fairleigh Dickinson University in 2012 where she graduated with Cum Laude honors. In the spring of 2014, Dr. Shaw received her first master's degree in clinical social work from Rutgers University and one month later received her license in social work. In the fall of 2014, Dr. Shaw embarked on her doctoral degree in Clinical Psychology at the Philadelphia College of Osteopathic Medicine. During the second year of the doctoral program, Dr. Shaw took and passed her comprehensive exams and received an additional master's degree in clinical counseling. In 2018, Dr. Shaw entered into her APA-accredited internship at Central New York Psychiatric Center where she worked with individuals who are civilly confined for sexual offenses. In 2019, after completion of the 5-year doctoral program, Dr. Shaw received her doctoral degree in clinical psychology. Dr. Shaw's clinical expertise is with the forensic population. She has worked in state and federal prisons, juvenile detention centers, residential treatment facilities, and civil confinement facilities with males and females in New Jersey, New York, and Pennsylvania. Although she has worked with incarcerated individuals in general population of the forensic field, she specializes in sex offender specific therapy. In 2024, Dr. Shaw began working at Trenton Psychiatric Hospital. Dr. Shaw's approach to treatment with patients involves combining Cognitive Behavioral Therapy (CBT) techniques with person-centered and solution-focused approaches. Her clinical interests include forensic psychology, assessment, and severe and persistent mental illness.

Dr. Dione Johnson (Supervisor, Travers Complex) is a licensed psychologist in New Jersey, Pennsylvania, Connecticut in addition to also having a license under the Psychology Interjurisdictional Compact (PSYPACT). Originally trained as a marriage and family therapist, she has almost thirty years of providing direct clinical care to adults, children, and families in inpatient and outpatient settings such as psychiatric hospitals, jails and prisons, group homes, substance abuse treatment programs, and community mental health centers across the country after completing her doctoral

studies at Fuller Theological Seminary in Pasadena, CA. Dr. Johnson is a former Mental Health Director of Mercer County Correctional Facility and as a Pre-Parole Evaluator for the Parole Project, both Corrections Focused Guidance (CFG), an outpatient agency located in New Jersey focusing on comprehensive medical and mental health services. In addition to publishing research on the relationship between on violence and attachment styles in forensic treatment settings, Dr. Johnson is currently working on her second book that explores the relationship between spirituality, coping styles, and relationship patterns. Her entrepreneurial endeavors include leading a behavior health organization as CEO, serving the comprehensive and integrative re-entry needs of individuals released from New Jersey prisons and juveniles at-risk for incarceration. Dr. Johnson has served as the Chair of the Youth Task Force with The Campaign to End the New Jim Crow (Trenton/Princeton NJ region) and volunteering with Big Brothers/Sisters Organization as a Big Sister (Mentor). She is also a 26-year member of Alpha Kappa Alpha Sorority, Inc.

Dr. Jessica Iacono (Supervisor, Travers Complex) is a licensed clinical psychologist in New Jersey and New York. She obtained her doctoral degree in Clinical Psychology with a Forensic concentration from Immaculata University in 2023. She completed her internship at Ancora Psychiatric Hospital where she completed diagnostic assessments, risk assessments, and group and individual psychotherapy for individual with serious mental illness on both forensic and geriatric units. Following internship, she worked for Ann Klein Forensic Center- Special Treatment Unit providing group therapy to civilly committed men who sexually offended under New Jersey's Sexually Violent Predator Act. She began working at Trenton Psychiatric Hospital in 2025, while maintaining a small telehealth private practice and teaching doctoral courses. She practices primarily from a cognitive-behavioral framework and works collaboratively with her patients and the treatment team to establish clear, achievable goals while helping patients obtain the necessary coping skills for successful community living. Her clinical interests include serious mental illness, personality assessment, and evidence-based treatment for individuals who have sexually offended.

Dr. Rachel Moreno (Staff, Raycroft Complex) is a recent graduate from the Clinical Psychology PsyD program at William James College. She completed her dissertation on clinical mental health graduate student perceptions towards working with clients with substance use disorders. After the completion of internship at TPH, she stayed on as a staff clinical psychologist. With respect to her theoretical orientation, Dr. Moreno takes an integrative approach, using aspects of cognitive-behavioral therapy, dialectical behavioral therapy, and psychodynamic frameworks. Her clinical interests include substance use disorders, severe and persistent mental illness, and trauma, and how they intersect with legal involvement. In terms of assessment, she has interest in forensic and cognitive assessments. Outside of clinical work, Dr. Moreno has an interest in program development, which she demonstrated during her internship at TPH as she wrote a proposal with Dr. Leslie to gain formal training on the group intervention Michael's Game.

Dr. Linda Kavash (Staff, Drake Complex) received her PsyD in Clinical Psychology from Wright State University School of Professional Psychology in 1989. She completed an APA-accredited internship at the VA Medical Center in Perry Point, Maryland, gaining experience there in inpatient and outpatient settings, in addition to inpatient substance use treatment. She is currently a Pennsylvania licensed psychologist. Dr. Kavash has been employed by the state of NJ since 1990, having worked previously at Ancora Psychiatric Hospital and North Princeton Developmental Center. As such, she has worked with both acute and chronic inpatient populations, in addition to dually diagnosed patients with developmental disabilities and mental illness. Throughout, she has provided supervision to psychology staff, psychology interns, and behavioral support technicians. Dr. Kavash

was trained in an eclectic approach to treatment, aimed at meeting the individual patient's needs. Her clinical interests include psychological assessment, trauma, and working with individuals with severe mental illness.

Dr. Andrea Barnes (Staff, Lincoln Complex) is a licensed psychologist in Massachusetts and California, with license pending in New Jersey. She obtained her doctoral degree at the University of Michigan, Ann Arbor, and did postdoctoral training at Children's Hospital – Boston (Developmental Evaluation Center and PKU Clinic). Her dissertation was in attachment and her clinical work initially focused on early childhood neurodevelopmental assessment and developmental disabilities. Dr. Barnes then earned a law degree at Boston College Law School and worked in areas where psychology and law intersect, including family law (child custody, guardianships), mediation, and education law. She ran a doctoral level forensic psychology program at Alliant International University in Los Angeles, where she published a book entitled Handbook of Women, Psychology, and the Law. She moved to Lanarkshire, Scotland to work in developmental disabilities and forensic psychology for the National Health Service. When she returned to the US, she worked for the Massachusetts Department of Correction, assessing and testifying about the dangerousness of civilly committed sex offenders. Throughout her career, she has maintained a private practice where she provides psychotherapy to adults and children. She has served as the Massachusetts Psychological Association Director of Professional Affairs, which involved advocating for psychologists with licensing boards, regulatory agencies, insurance companies, and state and federal legislators. She has served as chair of the Ethics Committee of the American Psychological Association.

***Dr. Jeffrey Palmer (Supervisor, AKFC/specialty rotation)** is a licensed clinical psychologist in New Jersey. After college (Lafayette College, 1999), I obtained a master's in forensic psychology from John Jay College of Criminal Justice (2000) and worked as a crisis screener for both Bergen and Camden County (2000-2005). I then obtained a doctoral degree in clinical psychology from LaSalle University (2007). My internship was at Saint Elizabeths Hospital, the state forensic psychiatric hospital for Washington, D.C., where I worked in pre-and-post trial services. After graduating I started at Ann Klein Forensic (2006 to the present). At AKFC, I've worked on numerous units, provided therapy, group treatment, and conducted various assessments. Starting around 2021, I began to focus primarily on assessments and conducting jail-based competency assessments alongside in-house assessments. Presently I've conducted over 1,000 evaluations at AKFC and co-authored a chapter on competency restoration in a forensic hospital. Regarding the internship experience, I offer the opportunity to conduct various psychological assessments, generally including violence risk, feigning, cognitive/ neuropsychological ability, diagnostic, and potentially competency to proceed and sanity at the time of the offense evaluations. Focuses of training include improving clinical writing, working efficiently, exposure to various assessments and patient types, and a willingness to find assessments that spark the interests of the interns.

***Dr. Alexandra Brereton, (Supervisor, AKFC/specialty rotation)** is a licensed clinical psychologist in New Jersey and Pennsylvania. She earned her PhD in Clinical Psychology (Forensic Track) in 2021 from Fairleigh Dickinson University. She completed her internship at NYC Health + Hospitals/Kings County which included rotations in adult inpatient, forensic psychiatry court clinic, and neuropsychological services. Her post-doctoral training was completed in Pennsylvania through the Philadelphia Department of Behavioral Health and Intellectual disAbility Services, Behavioral Health and Justice Division where she primarily focused on completing violence risk assessments for individuals discharging from a state-hospital setting. After completing her post-doctoral training, she worked as a supervising psychologist for pre-doctoral interns on an extended acute inpatient unit, and was later the assistant training director, at the Behavioral Wellness Center for Girard, a non-profit inpatient hospital in Philadelphia. She has been working at AKFC since 2024. Her theoretical

orientation is primarily Cognitive-Behavioral with a particular focus on CBT for psychosis and Dialectical Behavioral Therapy but also includes humanistic and psychodynamic elements. She has published numerous articles and book chapters, including chapters on adjunct treatments for competency restoration, including Cognitive Remediation and CBT for psychosis. Her clinical interests include severe and persistent mental illness, behavioral interventions in inpatient settings, arson/fire setting, risk assessment, and competency restoration. She is also in the process of obtaining board certification in serious mental illness psychology through the American Board of Serious Mental Illness Psychology.

** Should staffing issues arise, the AKFC specialty rotation may be reverted to TPH.*

APPLICATION PROCEDURE

Application Form

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

Supportive Materials

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

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

Deadline

The DEADLINE for sending the APPLICATION (AAPI) and all supportive materials is NOVEMBER 1, 2026.

Pre-Employment Requirements

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

Residency Requirement

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

Malpractice Insurance

It is also required that psychology interns be covered by malpractice insurance (\$1 million occurrence/\$3 million aggregate). Some schools offer coverage to doctoral students, and there are other low-cost options. You will need to provide proof/verification to the Director of the Psychology Internship Training program.

Further Questions or Clarification

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

James Yuhasz, PsyD
Director of Psychology Internship Training
Trenton Psychiatric Hospital
P.O. Box 7500
West Trenton, New Jersey 08628
email: james.yuhasz@doh.nj.gov (preferred)
Phone: (609) 292-4528

INTERNSHIP MATCHING, APPIC GUIDELINES, AND NEW JERSEY REGULATIONS

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

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

APA CONTACT ADDRESS

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

American Psychological Association
Office of Program Consultation and Accreditation
750 First Street, NE
Washington, DC 20002-4242
(202) 336-5500

DISABILITY INFORMATION

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

STATEMENT OF NONDISCRIMINATION

The doctoral internship in health service psychology abides by the New Jersey Law Against Discrimination (LAD) which prohibits employers from discriminating in any job-related action, including recruitment, interviewing, hiring, promotions, discharge, and compensation. The law also prohibits discrimination in the terms, conditions and privileges of employment as indicated in the law's specified protected categories. These protected categories include: race, creed, color, national origin, nationality, ancestry, age, sex (including pregnancy and sexual harassment), marital status, domestic partnership status, affectional or sexual orientation, atypical hereditary cellular or blood trait, genetic information liability for military service, mental or physical disability, or AIDS and HIV related illnesses. The LAD

prohibits intentional discrimination based on any of these characteristics. Intentional discrimination may take the form of differential treatment of statements and conduct that reflect discriminatory animus or bias.

HOSPITAL AND OTHER INSTITUTIONAL POLICIES WITH WHICH THE PROGRAM COMPLIES

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

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

Hospital – Including but not limited to NJ Policy Against Discrimination, Equal Employment Opportunities and Affirmative Action (3.001), Sexual Harassment (3.001.01), Code of Ethics (2.401.17), TPH Employee Physical Exam Guidelines/Pre-Employment Health Screening for New Hires (3.305), Employee Physical Exam Guidelines: Assessment of Physical/Mental Incapacity (3.305.01), Research Review Committee (5.401), Guidelines for Use of Information Technology Resources (1.801), and Patient Abuse and Neglect (1.901).

For a complete description of a particular hospital policy and procedure, interns can visit our Intranet homepage at <http://tphweb/> and click “Template and Policy Search”. Type in a policy number or key word. Applicants may receive policies upon request via email.

INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

Date Program Tables are updated: June 18, 2026

PROGRAM DISCLOSURES

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.	<u> X </u> <u> Yes </u> <u> </u> <u> No </u>
If yes, provide website link (or content from brochure) where this specific information is presented: The following information on policies can be found in the brochure on the previous two pages: HOSPITAL AND OTHER INSTITUTIONAL POLICIES WITH WHICH THE PROGRAM COMPLIES The program complies with all policies and procedures of the state and hospital that pertain to staff and intern rights, responsibilities, and personal development including: State – NJ State Department of Personnel Equal Employment Opportunity/Affirmative Action Policy Statement, the New Jersey Law Against Discrimination, NJ State Policy Prohibiting Discrimination, Harassment or Hostile Environments in the Work Place.	

Hospital – Including but not limited to NJ Policy Against Discrimination, Equal Employment Opportunities and Affirmative Action (3.001), Sexual Harassment (3.001.01), Code of Ethics (2.401.17), TPH Employee Physical Exam Guidelines/Pre-Employment Health Screening for New Hires (3.305), Employee Physical Exam Guidelines: Assessment of Physical/Mental Incapacity (3.305.01), Research Review Committee (5.401), Guidelines for Use of Information Technology Resources (1.801), and Patient Abuse and Neglect (1.901).

INTERNSHIP PROGRAM ADMISSIONS

Date Program Tables are updated: June 18, 2026

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

The Psychology Department of TPH, in conjunction with the New Jersey Division of Mental Health and Addiction Services and affiliated outpatient and specialized training sites offers a one year, full-time (1750 hours), APA-accredited internship in Clinical Psychology. Interns are able to accrue 2000 hours if necessary for licensure in their state. Interns' core experience involves intensively supervised clinical work at TPH with an inpatient adult psychiatric and forensic population. TPH patients display a broad spectrum of psychopathology and are from diverse cultural, ethnic, and economic backgrounds. Interns are exposed to a range of theoretical orientations. They gain experience with varied treatment modalities and acquire assessment experience utilizing a range of assessment tools. Individualized competency-based training plans are developed for each intern, facilitating the development and expansion of a broad base of clinical skills. Goals of the internship are to graduate interns who will: 1. Function as competent psychotherapists, psychodiagnosticians and interdisciplinary treatment team members. 2. Effectively apply literature, supervision and continuing education to their clinical work. 3. Conduct themselves in a professional manner, in accordance with ethical and legal guidelines applicable to the setting in which they practice. 4. Possess sensitivity to individual and cultural differences that enable them to provide effective psychological treatment for the individuals they serve.

At full staffing, the psychology department of TPH is comprised of an Administrator of Psychological Services), 16 Psychologists, 2 Psychology Interns, 10 Behavioral Support Technicians (BSTs), and 2 Behavior Analysts. Currently there are 10 Psychologists (5 are licensed in New Jersey), 6 BSTs and 1 Behavior Analyst. Five psychologists are licensed in New Jersey. There are 2 psychology interns for the 2026-2027 internship year. The hospital is divided into 4 complexes: Drake – 3 admissions units; Raycroft – 4 extended acute locked units; Lincoln – 3 less restrictive units: one general population, one serving those with medical issues, and one serving those with neurocognitive impairment who meet criteria for a Positive Behavior Support Unit; and Travers – 12 unlocked cottages each housing between 5-8 patients comprise the Transitional Living Unit which helps to prepare patients for discharge. Each complex has unique functions but is interdependent with the other parts of the hospital. During the course of the year-long internship, each intern spends 6 months in 2 rotations in different sections of the hospital. An effort is made to match each intern's training interests with his or her preferred complex. Depth and variety of experience are further promoted by having our interns participate in a third, in-house, specialty rotation. These rotations are designed to provide a deeper focus on evidence-based practice with a specific patient population or different types of assessment. Our specialty rotation, Forensic Risk Assessment, will be offered at Ann Klein Forensic Center which is on shared grounds of the hospital (note this opportunity may be impacted by staffing levels and the location may be changed to be offered at the hospital).

Interns typically begin their day by attending Nursing Report and Life Management Meeting, which is a community meeting for patients. Interns will then participate in an interdisciplinary team meeting in which they will be assisting in writing treatment plans. Interns will carry a caseload of 5-6 individual patients and co-facilitate 2-4 group sessions per week. Interns may see individual patients in the morning or afternoon and conduct groups in the afternoon. All staff members including interns are expected to document patient

progress after each group or individual session in our Group Scheduling Application. Interns also conduct 4-6 assessments per 6-month rotation and will be working on integrative reports throughout the week. In addition, on 2 Wednesdays per month, interns receive didactic training on a broad array of topics presented virtually by hospital staff from across the state facilities and speakers who are leaders in the field in subjects such as assessment and forensic psychology. Interns will also receive in-service presentations by supervisory staff and participate in the monthly department meeting.

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

Total Direct Contact Intervention Hours	☐ N	☒ Y	Amount: 500
Total Direct Contact Assessment Hours	☐ N	☒ Y	Amount: 100

Describe any other required minimum criteria used to screen applicants:

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

FINANCIAL AND OTHER BENEFIT SUPPORT FOR UPCOMING TRAINING YEAR

Annual Stipend/Salary for Full-time Interns	\$ 47,114.55	
Annual Stipend/Salary for Half-time Interns	NA	
Program provides access to medical insurance for intern?	☒ Yes	☐ No
If access to medical insurance is provided:		
Trainee contribution to cost required?	☒ Yes	☐ No
Coverage of family members(s) available?	☒ Yes	☐ No
Coverage of legally married partner available?	☒ Yes	☐ No
Coverage of domestic partner available?	☒ Yes	☐ No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	80.5 Vacation 42 Administrative Leave	
Hours of Annual Paid Sick Leave	89.25	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	☒ Yes	☐ No
Other Benefits (please describe): Interns also enjoy 13 paid State Holidays. In addition, interns are entitled to Workers' Compensation, Deferred Contribution Retirement Plan, and Free cafeteria lunch.		

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

INITIAL POST-INTERNSHIP POSITIONS

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2024-2026	
Total # of interns who were in the 3 cohorts	8	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Academic teaching	NA	NA
Community mental health center	NA	NA
Consortium	NA	NA
University Counseling Center	NA	NA
Hospital/Medical Center	NA	NA
Veterans Affairs Health Care System	NA	NA
Psychiatric facility	1	3
Correctional facility	2	0
Health maintenance organization	NA	NA
School district/system	NA	NA
Independent practice setting	1	1
Other	NA	NA

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