STATE OF NEW JERSEY
DEPARTMENT O F HUMAN SERIVICES
DIVISION OF DEVELOPMENTAL DISABILITIES

CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM
AT
THE WOODBRIDGE DEVELOPMENTAL CENTER
2008-2009

Director of Internship Training Program:
Darin D. Schiffman, Psy.D.

Director of Psychological Services:
Roman W. Lemega, Ph.D.

Mailing Address: Woodbridge Developmental Center
Department of Psychological Services
P.O. Box 189
Rahway Avenue
Woodbridge, N.J. 07095-0189
Att: Darin D. Schiffman, Psy.D.

Telephone: 732 - 499 - 5781

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INTRODUCTION

The Woodbridge Developmental Center (WDC) is one of 7 developmental centers operated by the Division of Developmental Disabilities (DDD) of the New Jersey Department of Human Services (NJDHS). As part of its services provision, DDD offers case management, residential services, employment, and family support services. The stated mission of the center is to provide opportunities for people to live full and satisfying lives.

WDC, which was founded in 1965 on 65 acres of prime wooded area in the heart of Woodbridge residential township is approximately 30 miles Southwest of New York City and about 25 miles Northeast of the Princeton / New Brunswick area. WDC can be easily accessed from The NJ Turnpike, Garden State Parkway, Route 287, Route 35, and Routes 1 and 9.

WDC is a major provider of behavioral, psychiatric, and developmental services to adult residents of many different N.J. counties. Clients are referred for admission from home, community, and psychiatric hospital settings. The center employs approximately 1,500 full and part-time employees and is certified for providing services to 608 individuals (as of March, 2008 census we have 436 individuals residing at WDC). The majority of these clients have some degree of medical and / or physical complications in addition to their cognitive disability. Individuals reside in 1 of 17 different buildings referred to as cottages. At the present time, the facility is attempting to downsize through attrition in order to afford individuals more privacy, greater space, and a better homelike environment.

WDC provides services to a widely diverse population in terms of psychiatric diagnosis, developmental disorders, racial and ethnic background, and socioeconomic status. A March 2008 census indicated that 56% of the residents are male and 44% are female. The greatest number of these individuals (53%) is within the age range of 45 to 65 years old with the median age being 47 for the entire Center. The age range breakdown is as follows: under 22 (> 1%), 22-45 (45%), 46-65 (53%), 66+ (1%). Of these percentages, 331 individuals have a diagnosis of cerebral palsy and 336 have a diagnosis of seizure disorder. Regarding level of intellectual functioning we have the following percentages: 2.5% function within the Mild range of Mental Retardation; 2.5 % function within the Moderate range of Mental Retardation; 7% function within the Severe range of Mental Retardation; and 88% function within the Profound range of Mental Retardation. Other developmental disabilities include cerebral palsy (67%), autism (9%), epilepsy (68%), visual impairment (43%), and hearing impairment (31%) of the population.

Clients at WDC present with a wide range of clinical disorders and psychopathology. Some of these individuals have multiple psychiatric diagnoses (Axis I and II) and in some cases, these clients suffer from severe and persistent mental illness. The most commonly represented of these disorders are: Bipolar and the Depressive Disorders, the Schizophrenia spectrum, various Axis II disorders, mental disorders due to a general medical condition, disorders of impulse control, and symptoms based in trauma / abuse history.

ORGANIZATION OF WDC

WDC delivers an array of services including behavioral, mental health, and various types of vocational and skill development programs to meet the needs of those individuals who have medical illnesses and/or developmental disabilities. The center is divided into two primary sections or treatment units: Acute Care and residential cottages.

Acute Care:

The Acute care section of the center (recently relocated to cottage 10 from the main hospital building) provides additional care for clients who develop serious or acute medical problems that cannot be treated suitably elsewhere in the facility but do not require transfer to a general medical hospital in the community. Acute care also serves the function of an admissions and respite unit, serving those clients who were recently admitted and require close supervision and evaluation prior to being placed into one of the other cottages. Concerning respite clients, an individual's particular situation may necessitate him or her requiring further support services outside of the home. Accordingly, some clients are re-admitted to WDC on a regular or semi-regular basis. For example, each weekend a client may come to the center in order to provide their parents or guardians a break from their usual routine of caring for him or her. Clients are also admitted for brief stays in the event that their legally appointed guardian or parent becomes sick, goes on vacation, or is otherwise unable to care for their child.

Cottages:

These are buildings in hexagonal shape, some of which are connected to each other, and some are not. Each cottage was redesigned so that 32 individuals could reside in them. Each bedroom can accommodate up to 4 individuals. The following is a relative description of each cottage:

> Cottage 1: This is a 30 bed female unit. The age range is 36-58 years of age. All of its residents are challenged with Profound Mental Retardation. The majority of the individuals are non-ambulatory have very limited self-help skills, and benefit from multi-sensory stimulation. About half of these individuals require daily psychological services in the form of behavioral support plans.
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> Cottage 2: This is a 30 bed male unit consisting of individuals 21-70 years of age. All are functioning within the Profound Range of Mental Retardation. Only one individual is ambulatory. All have very limited self-help skills and are medically frail. About 20% of these individuals receive daily psychological services in the form of behavioral support plans.
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> Cottage 3: This is an all male, 30 bed unit. Most of these individuals are functioning in the Profound Range of Mental Retardation. Almost half can ambulate independently or with some level of assistance. Some residents can dress, feed themselves, and have adequate toileting skills. Several residents attend pre-vocational training. Almost 70% of the clients in this cottage receive daily psychological services in the form of behavioral support plans.

Cottage 4: This is an all male cottage with the ages of clients ranging from 34-57. Most individuals in this cottage are non-ambulatory, and several semi-ambulatory. The residents in this cottage benefit from multi-sensory stimulation and recreation. They are moderately medically frail. Almost 50% of the clients in this cottage receive daily psychological services in the form of behavioral support plans.

Cottage 5: This is an all female 30 bed unit comprised of women ages 39-56 years of age. All are diagnosed as Profoundly Mentally Retarded. Ten are fully ambulatory. Fourteen of these individuals have Psychiatric diagnosis. Residents are essentially non-verbal with several who display limited speech. Most of these individuals have basic self-help skills. Almost 40% of the clients in this cottage receive daily psychological services in the form of behavioral support plans.

Cottage 6: This is a co-ed cottage with an even distribution of males to females. Most of these individuals are non-ambulatory and the clients range in their functioning between Moderate and Profound Retardation. Some of the residents attend work activities programs and are semi-independent with regard to self-help skills.

Cottage 7: This is an all female unit with individuals ranging in age from 17-79 years old. The level of functioning of the individuals residing in this cottage ranges from Mild to Profound retardation, with the majority being in the Profound Range. More than half are ambulatory and some are completely independent with their self-care skills.

Cottage 8: This is a co-ed cottage with an even distribution of males to females. Ages range from 22-55 years of age. The clients' in this cottage range in their level of cognitive impairment from the Borderline Range of Intellectual Functioning to Profound Mental Retardation. Slightly more than half of these individuals are non-ambulatory.

Cottage 9: This is an all female cottage whose occupants are all functioning within the Profound Range of Mental Retardation. All the women in this cottage are non-ambulatory, are dependent on staff for all their self-help needs (with the exception of a few that can feed / drink with minimal staff assistance), and most of these women have multiple medical issues. Additionally, many individuals in this cottage have visual impairments ranging from mild to blind and auditory impairments ranging from mild to profound loss.

Cottage 10: As described on page 4, this is now the Acute Care section of the center, its space being reserved for individuals whose medical problems cannot be treated suitably within their regular cottage of residence. On occasion, it can also serve as a respite / transition unit.

Cottage 11: This is an all female cottage whose residents range in age from 18-51. The clients range in their level of cognitive / adaptive functioning from Mild to Profound Mental Retardation. The majority are ambulatory. Most of these individuals receive psychotropic medication and about 80% receive some form of behavioral intervention

that may include counseling / psychotherapy for interpersonal issues, anger management, and / or Behavior Support Programs and Strategies.

Cottage 12: This is an all male cottage with 31 residents ranging from 16-62 years of age. Residents of this cottage range in their level of cognitive and adaptive functioning from Mild to Profound Mental Retardation. Most (25) are ambulatory. Twenty-five individuals have a psychiatric diagnosis, and 21 receive psychotropic medication. There are a number of individuals who receive counseling and psychological services and crisis management services for anger / frustration management, self-injurious behavior, mood disorders, eating disorders (Pica and Prader-Willi), grief and loss.

Cottage 13: This is an all male cottage with individuals ranging in age from 32-60. All are diagnosed as having Profound Mental Retardation. Most of the men are ambulatory. These clients receive behavior modification services for self-abuse, aggression, head banging, and self stimulatory behavior.

Cottage 14: This is an all male cottage with ages ranging from 34-60 years of age. All of its residents are functioning within the Profound Range of Mental Retardation. Many of these individuals are non-ambulatory. There are a total of 10 Behavior Support Plans and 5 Behavioral Strategies.

Cottage 15: This is an all male cottage with 21 clients ranging in age from 24-59 years old. The client's kevel of intellectual and adaptive functioning ranges from Mild to Profound Mental retardation with the majority of the residents functioning in the Profoundly Mentally Retarded range. All ambulate independently. More than half of these men are diagnosed with a psychiatric disorder and receive psychotropic medication. There are a total of 33 behavior programs between the residents of this cottage. Many of the men residing in this cottage demonstrate severe aggressive behavior, compulsive behavior, and present as an elopement risk.

Cottage 16: This is an all male cottage with 31 individuals. Most of these individuals are functioning within the Profound Range of Mental Retardation. All except one individual is fully or partially ambulatory. All require some form of physical assistance / prompting with ADL's. There are a total of 16 individuals with a Psychiatric diagnosis including such conditions as Borderline Personality Disorder, Panic Disorder, Obsessive-Compulsive Disorder, Asperger's Disorder, Stereotypic Movement Disorder, and Autism. Formal behavioral interventions include psychotherapy for one client, consulting with a behavioral specialist for another and a total of 13 Behavior plans and strategies. Behaviors include aggression, self-injurious behavior, non-compliance, and Pica.

Cottage 17: This is a co-ed cottage consisting of 16 females and 12 males, ages 29-61 years of age. The clients residing here range in their level of disability from Moderate to Profound Mental Retardation. Of the 28 residents in this cottage, there are 18 individuals diagnosed with Psychiatric disorders. Seven of these clients are receiving Psychotropic medications. Twenty-three of these individuals receive behavioral services in the form of

either a formalized strategy of behavior program. Some of the behaviors include: Pica, aggression, self-injury, and hand-mouthing.

Cottage 18: This is an all female cottage with 30 residents, ages ranging from 26-57 years of age. All individuals who reside in this cottage are functioning within the Profound Range of Mental Retardation. Half are ambulatory. Twenty have a hearing impairment ranging from mild to deaf and 20 have a visual impairment ranging from mild to blind. There are a total of 14 formalized behavior programs, 3 of which are Level III, involving the use of highly restrictive restraints and devices. Behaviors include: Pica, head-banging, aggression, and rapid eating and food stealing. Eight individuals have a Psychiatric Diagnosis and two are receiving psychotropic medication.

WDC PSYCHOLOGY DEPARTMENT

Currently, the center's Psychology department consists of 9 full-time doctoral level psychologists and 1 part-time doctoral psychologist. WDC is considered an exempt setting and licensure is not required for employment. However, Dr. Roman Lemega, who is the Director of Psychological Services, is a New Jersey Licensed Psychologist. A licensed Psychologist in New York and New Jersey, Dr. Darin Schiffman currently serves as the Director of Internship Training, and is one of the Assistant Administrators of the Psychology Department. There are also four Board Certified Behavior Analysts working full-time within the Psychology department, although they are designated as Consultants.

In addition to the core staff of Psychologists, the department employs thirty-one (31) Behavior Modification Program Technicians (BMPTs). Each BMPT is assigned to a specific cottage(s) throughout the facility. The BMPT's primary responsibilities consist of assisting their supervisor (Psychologist) in the development and implementation of a variety of client behavioral support programs. The Senior Therapy Program Assistants or STPA's (there are 10) provide direct services to the clients, oversee the implementation of programs, and assist the Psychologists and BMPT's with their general job responsibilities. Although the Director of Psychological services provides all psychology staff with administrative and clinical direction, each Psychologist supervises his or her own team of BMPT's and STPA's.

PSYCHOLOGY INTERNSHIP PROGRAM - TRAINING STRUCTURE

WDC offers a full time (1,750 hours) pre-doctoral internship program in clinical psychology. Interns maintain a five-day per week, 40-hour schedule. Training is scheduled for a minimum of three days per week at WDC. One day per week (tentatively Fridays) is set aside for interns to go to their alternate off-site location. Additionally, The Central Office sponsored Colloquium Series is scheduled for every other Wednesday of the month. The time frame and number of hours of this internship is consistent with NJ state licensure requirements. If required by one's school, other arrangements can be made, and interns will be allowed to accumulate up to a total of 2,000 hours of pre-doctoral internship hours, depending on their specific needs.

The DDD psychologist is a specialized individual with training and expertise in Clinical, Developmental, and Behavioral areas. At WDC, Psychological Services helps to promote client growth and independence by providing a wide array of clinical and behavioral services. As a

department comprised of clinicians from varying theoretical and educational backgrounds, interns will be exposed to a variety of methodologies and clinical orientations. However, the department maintains an essential interest in the theory and Application of Learning principles and behavioral treatment.

The center itself has adopted a multi-disciplinary treatment approach, whereby psychological interns will be assigned to a specific Individualized Treatment Team (IDT). Each of these teams, consisting of a psychologist, social worker, nurse, dietician, instructor / counselor, physical therapist, and Head Program Coordinator (HPC) provides services to a single cottage housing up to 32 clients. The psychologist is considered a core member of the IDT. By working hand in hand with a professional psychologist and the IDT in an assigned cottage, the Psychology intern will learn to conceptualize various issues and deliver broad-based behavioral and psychological services that are both effective and efficient in meeting the clients' individualized needs. An integral part of the intern's training and developing of a professional identity will therefore involve actively collaborating with a variety of disciplines.

In order to maximize the intern's educational and clinical experiences, the training curriculum at WDC is divided into two main categories: providing clinical and behavioral services to the developmentally disabled and diagnosis and assessment of this population. As mentioned above, in conjunction with their experience at WDC, interns will spend one full day per week working at an affiliated site. These alternate placements will provide the intern exposure to a more varied, typically higher-functioning clinical population and supplement the more behaviorally oriented work at WDC. While the Director of Training at WDC usually determines which of the affiliated sites that the intern will be assigned to for the year, the intern may be placed at a site of her choosing if it represents a suitable alternative.

To summarize, the WDC internship can be conceptualized as providing an intensive and behaviorally focused core program that can be adjusted to suit the intern's unique needs. Didactic trainings, offered through The NJ Department of Human Services Colloquium series and WDC education programs will support the intern's continued professional growth and development. There will also be an emphasis on supervisory experiences and translating feedback into integrated practice. Interns will be challenged to develop a wide variety of clinical skills and competencies. Over the course of the year, six primary components will be addressed:

1) Behavioral Therapy – This experience focuses primarily on two different treatment modalities, individual and group therapy with the number and type of cases assigned by one's supervisor. The expected number of cases that an intern will manage, however, is approximately 3-5 individual cases. The cases chosen can range across a broad spectrum of psychopathology and developmental disorders including clients with Autism, Pica, Impulse Control problems, Eating Disorders, Communication Disorders, Obsessive-Compulsive Disorder, Affective Disorders, Schizophrenia and Other Psychotic Disorders, and severe personality disorders.

   Interns are also expected to co-lead at least one therapy group. The group's focus may range from one that is highly specific and Psychoeducational, i.e. applying cognitive-behavioral principles to help clients to manage anger to those which are more process

oriented and interpersonal in their emphasis. Individual supervision is provided for a minimum of one hour per week and interns will receive at least one hour of group supervision. As previously mentioned the supervisors at WDC have mixed theoretical orientations that vary from Psychodynamic to Cognitive / behavioral.

Concurrent Training Experience – Interns will spend one full day per week working at an affiliated site. The alternate placement will typically afford the intern further opportunity to work in-depth and with a more varied clinical population. This experience will supplement the therapy component at WDC, providing a nice break from the more behaviorally oriented work at WDC. If desired, and the intern presents a suitable alternative placement, prior to beginning their internship at WDC, interns can arrange their own outpatient placement for the one day a week. These arrangements should be made directly through the Director of Training at WDC (*see page 11 for more details*).

2) Psychodiagnostic Training – Interns will become familiar with the various psychological measures and techniques relative to assessing cognitive and emotional functioning of individuals with developmental disabilities. They will learn that evaluations are very specific and detailed in their content. That is, they are written from the perspective of understanding the purpose of problem behaviors and to support the Interdisciplinary Treatment Team (IDT) in the development and implementation of appropriate treatment goals for the client.

   During the year, interns will increase their familiarity and ability to administer, score, and interpret some of the traditional projective and objective instruments of measuring psychological functioning. These may include: the Rorschach, TAT, House-Tree-Person Test, Bender-Gestalt Test, Sentence Completion Test, and various inventories of Anxiety and Depression, i.e. The Beck Depression Scale. Over the course of the year, the intern will become more proficient in determining the reliability, validity, quality, and utility of such measures for ensuring accurate assessment.

   There will also be exposure to various, broad-based measures of intellectual functioning and achievement such as: the WAIS-III, WISC-III, WIAT-II, and the Slosson Intelligence Test (SIT), in addition to other tests of non-verbal and perceptual ability such as the Leiter International Performance Scale (LIPS).

   Interns will be exposed to several types of assessments that measure the functionally based skills of clients such as The Vineland Adaptive Behavior Scales - II (VABS II), and the objective individual assessment specific to the population at this facility.

   Two other tools, the Functional Analysis and the Behavior Assessment will be utilized to conceptualize challenging behaviors. Such an in-depth, comprehensive functional assessment is the key to understanding the primary purpose and communication underlying maladaptive behaviors. By using the clinical conclusions drawn from these assessments, the intern will become skilled and competent in designing contextually appropriate, multi-component behavior support programs with functional goals. These

positive support programs are regarded as essential in treating and managing severe, challenging behaviors, and facilitating the teaching of more adaptive behaviors. Interns will meet with their diagnostic supervisors for a minimum of 1 hour per week. The standard requirement is that interns complete a minimum of 5 full test batteries (the tests to be used will be determined based on presenting issues and client's functional level) per year. There will be an additional focus on completing Functional Analysis and Behavior Assessments (3 total) in the intervening months. It is the diagnostic supervisor's responsibility to provide referrals for the individuals that these assessments are to be completed on. A comprehensive training plan to address the intern's relative strengths and weaknesses in administration, scoring, and report writing will be developed at the commencement of the internship year. This plan will be developed by the intern's diagnostic supervisor after observing the intern administer a full test battery. Besides learning these multiple assessment techniques, interns will also hone their interviewing skills, begin to formulate more accurate diagnosis based on DSM-IV TR criteria, and learn how to translate the results of their assessments into viable treatment recommendations and psychotherapeutic techniques.

3) Seminar Training – As mentioned, part of the aim of the internship is to promote the integration of theoretical knowledge with sound clinical practice. To this end, interns will participate in two different training experiences, consisting of (1) monthly in-house training seminars at WDC and (2) a colloquium series coordinated through the Central Office. The WDC seminars will focus on such topics as positive programming, functional analysis, crisis intervention, and recognizing and treating mental illness in a developmentally disabled population. The centralized colloquium series will provide a comprehensive and structured weekly curriculum for interns. Attendance at these meetings, usually held on Wednesdays is mandatory. Through their participation in the colloquium, interns will gain exposure to diverse clinical and theoretical perspectives, often as presented by Psychologists who have made notable contributions to the field.

4) Interdisciplinary Team Consultation – The internship includes as part of its experiential base a great deal of exposure to and emphasis on this type of collaborative approach. Functioning as a liaison to the psychology department, s/he becomes intimately acquainted with the process by which the various disciplines coordinate the client's individualized needs and implement treatment strategies. The intern will be similarly expected to accomplish work assignments in support of theses team objectives. Interns prepare for, attend, and participate fully in formulating clinical and behavioral interventions as part of the treatment planning and management of client services that occurs at these meetings.

5) Professional Role Development and the Supervisory Relationship – As the internship progresses, and the Psychology intern develops a more intimate working knowledge of the clinical setting, s/he will be expected to display increasingly higher levels of commitment and effort in his or her designated role. To reflect such changes, the intern may be assigned more responsibilities, i.e. to observe and become an active participant in monthly Behavior Support Committee meetings (BSC) where behavior plans are reviewed to determine whether or not they are clinically / technically appropriate. Some

other activities might include program development, an applied research project, or reviewing certain behavior plans to ensure positive behavioral outcomes using the least aversive techniques. Such assignments would be commensurate with the unique strengths and interests of the intern.

Another process that is facilitative and reflective of the intern's growth and development involves the nature of the learning and rapport building between the intern and supervisor. Initially, supervision will emphasize the role of the supervisor as a teacher who seeks to help the intern integrate their acquired learning with their client experiences and assess the effectiveness of this integration through question and observation. However, throughout the internship, it is hoped that interns begin to function in an increasingly autonomous fashion. At the same time, the intern should remain open to areas of both growth and deficiency in their development. In this way, the intern's perception of self should become more reflective of his or her being a "junior professional" who is capable of generating his or her own solutions to clinical problems. By providing concrete feedback and specific suggestions in their area of expertise, the supervisor will assist in as much as is necessary to facilitate the intern's continued development and ability to set realistic client goals.

6) Off-site or Specialized treatment experience – WDC has secured a collaborative relationship with two off campus internship sites: Trinitas Hospital and the Department of Human Services, Special Treatment Unit. Each site has a licensed psychologist that will be directly supervising the intern. Supervision will be provided in accordance with the standards as described in this brochure (see #5 above). The affiliation will be limited to providing the intern a one day training experience each week.

In view of these considerations, the emphasis of the off-site experience will be to provide psychotherapy to a diverse group of individuals. The level of cognitive and social / emotional level of functioning for most of these individuals is higher than those served at the intern's inpatient placement (WDC) where they will work the rest of the week. Also, the type of therapy offered at these settings is most often of a brief, time-limited nature and focused on solving a specific problem(s). Sometimes, under special circumstances, permission from a psychological supervisor at one of these sites may be granted to do long-term psychotherapy with a specific individual, group, or family. Other experiences typically available to the intern at their off-site placement might consist of clinical interviewing, crisis intervention, and case conferencing.

PHILOSOPHY AND GOALS

Our philosophy is that effective internship training requires a broad-based, yet structured clinical and educational experience in a supportive and challenging environment. To fully realize the intern's individualized training goals and objectives, interns are encouraged to immerse themselves in the study of learning and behavioral principles. An additional emphasis is placed on the process of completing a Comprehensive Functional Analysis. Interns are strongly encouraged to take an active role in their training, developing and building upon their training needs and personal objectives throughout the year with their respective supervisors and colleagues. Thus, the internship utilizes an experiential and didactic approach to learning in which strong communication skills are not only valued, but expected. The majority of this learning includes face to face contacts with clients, mentorship, supervision, directed reading, and peer review of cases. It is our belief that such a collaborative and process-oriented approach to training will better enable the intern to acquire and refine their diagnostic and treatment skills, conceptualize and treat cases from a behavioral perspective and effectively integrate this theoretical knowledge into therapeutic techniques.

While behavior modification is offered as a basic approach to help staff to manage challenging client behaviors, professional growth and personal development are emphasized. As part of the process of developing a professional identity, interns will be encouraged to explore and understand their own impact on the therapeutic process through weekly supervision. With this training, interns will not only increase their sensitivity to individual and cultural differences as it pertains to their understanding of various disorders, but also learn to function autonomously and as integral members of a multidisciplinary team.

PSYCHOLOGY INTERNSHIP PROGRAM TRAINING STAFF

Dr. Roman Lemega is the WDC Director of Psychological Services. He earned his doctorate degree in Psychology from Hofstra University in 1985 and a Masters degree in Clinical Psychology from Fairleigh Dickinson University in 1973. Dr. Lemega has satisfied all requirements as to training and experience and is recognized as a Health Service Provider in Psychology by the Council for the National Register. He began his professional career as the primary psychologist at the Morris County Guidance Center in 1974 after completing his clinical internship at Bergen Pines County Hospital. After 5 years, he moved on to work as a Clinical Psychologist at the North Jersey Developmental Center (NJDC) where he took on several leadership roles, conducted research, and was instrumental in getting NJDC approved as an internship training site as part of the NJ State Psychology Internship Program. In 1990, Dr. Lemega became Director of Psychological Services at WDC where he again obtained approvals for the center's participation in the NJ State Psychology Internship Program. Dr. Lemega has been an approved supervisor since 1980 and he continues to be actively involved in leadership roles (state, local, and professional organizations / committees) in promoting psychology. He is a cognitive-behaviorist by training. His current areas of interest include: treating individuals with anxiety disorders, anger and stress management, and developing multi-component, behavioral approaches to a wide range of mental health issues. Dr. Lemega continues to advocate for a comprehensive, behavioral treatment approach for the clients we serve.

Dr. Darin Schiffman currently serves as WDC's Internship Training Director. A licensed Psychologist in New York and New Jersey, he received specialized training in marriage and family therapy at the California School of Professional Psychology, San Diego where he earned a Psy.D. in Clinical Psychology (2004). Prior to earning his doctorate, he received an M.A. in Clinical Psychology from Fairleigh Dickinson University in 1997. He joined the Psychology department at WDC in 2001 upon the completion of his pre-doctoral (APA) internship at Ancora Psychiatric Hospital. Although his theoretical background is psychodynamic, his treatment approach is primarily integrative, combining dynamic, humanistic, and cognitive-behavioral techniques. Dr. Schiffman previously worked with individuals manifesting severe and persistent mental illness in acute in-patient and out-patient settings. He has specific interests and experience in working with bereaved individuals and their families, managing and assessing suicidal and self-injurious behavior, the treatment of affective disorders, and treating the dually-diagnosed (individuals with a mental illness and a developmental disability). One of his areas of special interest is in Projective testing. He is the Psychologist for the Acute Care section of the hospital and for three of the cottages at WDC. Dr. Schiffman also holds regularly scheduled individual and group cognitive-behavior therapy sessions with some of the clients.

Dr. W. Stan Kowalski received his Ph.D. in Psychology from M.C. Sklodowska University in Lublin, Poland. He taught undergraduate and graduate courses at the same University for over 10 years. He completed a Post-doctoral internship at Trenton Psychiatric Hospital in 1988 as part of the N.J. State Internship program. Dr. Kowalski joined the Psychology Department at WDC in 1988. He simultaneously served as a consultant for North Jersey Developmental Center. During the past few years, Dr. Kowalski has been teaching on a full-time and adjunct basis courses within the area of Quantitative Psychology (Statistics, Experimental Psychology, Research Methods, and Tests and Measurements) at several universities located throughout N.J. including Montclair State University, Monmouth University, Rutgers University, and Fairleigh Dickinson University. Dr. Kowalski is currently working as a Clinical Psychologist 1 at WDC, serving as an assistant to the Department Director and he is also a member of the BSC. Special areas of interest and expertise include the area of psychological testing and Anxiety Disorders.

Dr. Cornelia Niculcea earned her Master's Degree in Clinical Psychology in 1968 from the University of Bucharest, Romania, and her Ph.D. in Clinical Psychology from the University of Bucharest, Romania in 1980. She completed an internship at George Marinesco Psychiatric Hospital and as part of a concurrent experience, at The Colentina Neurological Hospital in Romania. There, she received specialized training in the use of psychological, psycho-physiological, and neurological tests and completing assessments for patients with various psychiatric disorders and Brain Injuries. She worked for 17 years with the Romanian National Institute for Psychological Research where she conducted research in the area of psycho-toxicology. Dr. Niculcea joined the WDC Psychology Department in 1988. From 1990 to 2000, she also served as a consultant for North Jersey Developmental Center. She has specific interests and experience in Applied Behavior Analysis, group therapy, and the treatment of the higher functioning dually-diagnosed. In addition, she has formal postgraduate training in Cognitive-Behavior Therapy that she received from Art Freeman, Ph.D. at the Philadelphia College of Osteopathic Medicine, Department of Psychology (1998-1999). Dr. Niculcea is currently working as a Clinical Psychologist 1 at WDC where she is the responsible psychologist in one cottage with challenging behavior clients. She also provides clinical supervision to four Staff

Psychologists, is a member of BSC, and serves as an assistant to the Director of the Psychology Department.

Dr. Hrysso Fernbach received her Psy.D. in School Pediatric Psychology from Yeshiva University in 1986 and a Master's degree in School Psychology from Fairleigh Dickinson University in 1982. A licensed psychologist in New York since 1988 and New Jersey (1990), Dr. Fernbach also received training at the New Jersey Psychoanalytic Institute in Teaneck, New Jersey. Her professional career began with an assignment in Passaic County in 1983 as a County Clinical Psychologist with the Probation Department. In 1986, she commenced private practice in Ridgewood, NJ. In 1996, she became board certified as a Forensic Psychologist by the American College of Forensic Examiners. From 1995 until present, Dr. Fernbach has worked extensively as a consultant for various facilities operated by the Department of Corrections, in addition to consulting in Passaic County for the Criminal and Family Courts. In 2001, she became the Director of Psychology at East Jersey State Prison in Rahway, New Jersey. Dr. Fernbach who is an active member of the New Jersey National Guard as a Clinical Psychologist for the 42nd Infantry Division was activated in 2004, completing a year long tour in Iraq with the 116th Brigade Combat Team. There, she was the Officer in Charge for the Mental Health Team, returning to New Jersey in November 2005. Dr. Fernback began working at WDC in March 2006 after briefly serving as the Director of Mental Health at the Monmouth County Jail. As Dr. Fernbach's career and training reveal, she offers an eclectic and comprehensive approach to the application of psychological treatment and principles. Her training encompasses psychodynamic, cognitive, and behavioral approaches.

Dr. Alice Alexander received her Ph.D. in Clinical Psychology in 2001 and her M.S in 1997 in Clinical Psychology from Rutgers University. She received her B.S in Natural Sciences (Chemistry, Zoology & Physics) from The University of the West Indies in St. Augustine, Trinidad. Her area of specialty is Cognitive Behavior Therapy and adolescent and family psychology. She has received additional training in Child Sexual Abuse from the New Jersey Child Sexual Abuse Training Institute. Dr. Alexander joined the Department of Human Services in 2001 as the Clinical Director of Arthur Brisbane Child Treatment Center and worked later as a curriculum developer and trainer at Division of Youth and Family Services (DYFS) - New Jersey Child Welfare Training Academy. Prior to this, Dr Alexander worked with New York State's Office of Mental Health Services (OMHS) as an Associate Psychologist at Brooklyn Children's center. Dr. Alexander has also worked with the state of Virginia as an Assistant Professor at Old Dominion University (ODU) where she had received a 4-year Presidential fellowship and taught Adolescent Psychology and Psychology of Human Sexuality. In Virginia she also worked with publishers McGraw Hill, Wadsworth Publishing, and Wadsworth/Thomson Learning to review manuscripts for psychology textbooks in preparation for publishing. While completing her graduate work at Rutgers University, Dr Alexander served as a Behavior Modification consultant for the Jersey City School District and did neuropsychological evaluations at the Environmental and Occupational Health Sciences Institute, (EOHSI) – UMDNJ. She also worked with Substance Abuse clients at The Program for Addiction Control and Treatment at St. Peter's Hospital – UMDNJ in New Brunswick and as a facilitator for a two-year grant funded HIV, AIDS psychoeducational group under Project LIGHT (Living in Good Health Together).

Dr. Ed Balyk received his Ph.D. in Cognitive Behavioral Psychology from the Union Institute in 1983. He is an associate Fellow of the Albert Ellis Institute. He also received additional post-graduate training at Columbia University College of Physicians and Surgeons. He has many years experience and expertise in working with male sex offenders and an acute psychiatric inpatient population. He began working for the state in 1987 at The Adult Diagnostic and Treatment Center in Avenel, N.J., and then went on to work at Greystone Psychiatric Hospital for two years prior to joining the staff at WDC in 2001. He has been an adjunct professor at Monmouth University, Brookdale College, and Berkley College. Dr. Balyk has a special interest in the neurological basis of impulse control disorders, OCD Spectrum Disorders, and Developmental Disorders. Apart from his regular responsibilities at WDC, Dr. Balyk provides orientation and staff development services for new employees and didactic training on the application of behavioral methodologies on behalf of the Psychology Department.

Dr. John E. Ermanis received a Ph.D. in Clinical and School Psychology from Hofstra University in 1992. He is trained in cognitive and behavioral theories of psychology and empirically based assessment and treatment. He was a member of a multi-disciplinary treatment team in the Acute Care Section, Admissions Unity, of Marlboro Psychiatric Hospital, Marlboro NJ from 1990 to 1998. His responsibilities included providing individual treatment; developing computerized documentation of patient treatment plans; developing and implementing multi-disciplinary small group treatment, and performing adaptive, cognitive, and personality assessments in the interest of differential diagnosis. Dr. Ermanis has been a member of the Department of Psychological Services of WDC since 1998. He has been an associate in both private medical and psychological practices and has provided psychological services in public and private schools.

REQUIREMENTS FOR THE SUCCESSFUL COMPLETION OF THE INTERNSHIP IN CLINICAL PSYCHOLOGY

1. Completion of 1750 hours (full time for 12 months) during the training year.
2. Demonstrated proficiency in the principles and application of Learning Theory.
3. Successful performance clinically in diagnostic and therapeutic work as assessed by the mid-year and of the year evaluations.
4. Interns are expected to have satisfactorily completed all written requirements, seminar presentations, monthly experience reports, placement evaluations, written project or case study, etc.
5. Development and competency in completing a minimum of five (5) psychodiagnostic batteries, three (3) comprehensive functional analysis with accompanying behavior assessment report and behavior support program, on-going individual behavior therapy for at least four (4) clients over the course of the internship, and co-led at least two psycho-educational and / or process oriented groups.
6. Attendance at required bi-monthly colloquium and diagnostic / psychotherapy seminars at Central Office, unless absences are excused by the Director of Training.
7. Attendance at all scheduled WDC seminars and didactic presentations for psychologists, including peer case review, staff meetings, and other in-house scheduled training events.

COMPENSATIONS

The projected salary for the 2008-2009 internship year is approximately $26,000. Interns will also receive eight vacation days, eight sick days, two Administrative Leave Days, and three Professional Days for attending conferences and professional workshops. Interns receive 12 State Holidays as well. No medical coverage is provided. Interns must obtain liability coverage through their school prior to the start date of the internship.

INTERNSHIP ADMISSION REQUIREMENTS

The requirements for admission of pre-doctoral interns are as follows:

1. Graduation from an accredited college or university with a B.A. or B.S. degree
2. Bachelor's degree is supplemented by a Master's degree from an accredited college or university.
3. Candidates must be currently enrolled in a clinical, counseling, or school psychology doctoral program at an APA or regionally accredited university or professional school.
4. The candidate's chairman and / or school's director of training must approve the internship in a letter.
5. Completion of a minimum of six semester / credit hours in each of the following areas:
    a. Objective and Projective testing with practicum experience
    b. Psychotherapeutic Techniques and Counseling with practicum experience
    c. Personality Development and Psychotherapy
    d. Motivation and Learning Theory
    e. Research Design and Statistics
    f. Approximately 500 hours of practicum experience

APPLICATION PROCEDURES

To obtain a copy of the application and for information regarding the internship please write to:

Woodbridge Developmental Center
Department of Psychological Services
P.O. Box 189
Rahway Avenue
Woodbridge, N.J. 07095-0189
Attention: Darin D. Schiffman, Psy.D.
Director of Internship Training

Email: Darin.D.Schiffman@dhs.state.nj.us

Phone (732) 499-5781

Completed applications are to be sent to the above address. Please also enclose the following supporting materials in your package.

1. Copy of your current vitae.
2. One copy each to be sent in a sealed envelope with the appropriate signature / stamp across seal:
    - All Official undergraduate transcripts.
    - All Official graduate transcripts.
3. Letter from doctoral program director regarding your current standing and readiness to begin an internship (this can be counted as one of your letters of recommendation).
4. Three (3) sealed letters of recommendation with signature / stamp across the seal of envelope.
5. Essay: between 150-300 words describing your professional goals and interests. In your essay please elaborate on your desire to work with individuals challenged with Developmental Disabilities and describe any previous work with this population. **Note:** Please also specify which off-site location you would be interested in working at for your one day per week concurrent experience.
6. A recent (within the past 24 months) written sample of your work. This work sample should be a copy of an integrated psychological Evaluation and represent some of your best work. The evaluation must thoroughly integrate the findings of a clinical interview, testing results, and historical information into one cohesive report in which a referral question is answered and a diagnosis and recommendations are made.

Deadline for application is November 24, 2008 (applications post-marked later than this date will be returned).

For further information about the NJDHS Psychology Internship Program and / or to download the WDC internship brochure, please visit the New Jersey State Department of Human Services website (www.state.nj.us/humanservices/internship.html).

ADDENDUM

Affiliated placement sites for 2008-2009

Special Treatment Unit
Kearny, New Jersey
973-491-2792
Avenel, New Jersey
732-499-5534

Merrill Main, Ph.D
Administrator of Psychology

The New Jersey Department of Human Services Special Treatment Unit (STU) is a secure, inpatient sex offender treatment facility. By statute, facilities and security are provided by the Department of Corrections while assessment and treatment are provided by the Department of Human Services. The STU is currently located at two sites: Kearny and the Avenel section of Woodbridge. The Avenel site is also referred to as the "STU Annex."

The Special Treatment Unit opened in August of 1999, and the Special Treatment Unit Annex was opened in May of 2001 to provide additional beds for the Kearny facility. The mission of the STU is to provide assessment and comprehensive treatment services to individuals who have been civilly committed by the courts. The STU provides specialized services in the assessment and treatment of sexual deviance and personality disorders. Treatment focuses on the identification and exploration of relapse risk factors in an effort to help residents reduce their risk for future sexual violence. The STU provides a rich and challenging forensic setting; interns are provided with a psychologist as primary mentor and a secondary mentor in another discipline. Professional staff represented in the STU include psychologists, psychiatrists, social workers, addictions counselors, teachers, vocational rehabilitation counselors, recreational counselors, and chaplains. As part of their clinical experience, interns sit in on a number of different process groups, psycho-educational modules, and staff-facilitated rehabilitation and recreation activities. Interns may also have the opportunity to participate in ongoing research. It can also be arranged for interns to attend court hearings wherein the initial or continued involuntary commitment status of residents is determined. Although interns are given the opportunity to observe assessment sessions of varying types, testing opportunities are limited because test data and related material often become part of court hearings.

Trinitas Hospital
Developmental Disabilities Services
300 North Avenue East
Cranford, New Jersey