

**Saint Elizabeths**  
SHINING THE LIGHT SINCE 1855

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**2024-2025**

**Saint Elizabeths  
Hospital Doctoral  
Internship Brochure**

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# TABLE OF CONTENTS

<b>GREETINGS!</b>	<b>3</b>
<b>SAINT ELIZABETHS HOSPITAL HISTORY</b>	<b>4</b>
HISTORY OF PSYCHOLOGY AT SAINT ELIZABETHS	8
<b>PROGRAM PHILOSOPHY AND TRAINING MODEL</b>	<b>10</b>
<b>PSYCHOLOGY TRAINING PROGRAM AIM</b>	<b>10</b>
<b>INTERNSHIP PROGRAM DESCRIPTION</b>	<b>11</b>
<b>PROGRAM COMPONENTS</b>	<b>12</b>
PSYCHOLOGICAL ASSESSMENT	12
PSYCHOTHERAPY	12
CONSULTATION	12
CLINICAL CASE PRESENTATION	12
SEMINARS	13
SUPERVISION	14
EVALUATION PROCEDURES	14
CLINICAL PLACEMENTS	14
<b>MAJOR ROTATIONS</b>	<b>15</b>
ADMISSIONS/PRETRIAL UNITS	15
LONG-TERM UNITS	15
<b>MINOR ROTATIONS</b>	<b>16</b>
<b>THERAPEUTIC LEARNING CENTERS**</b>	<b>17</b>
<b>GENERAL INFORMATION</b>	<b>19</b>
WORK HOURS	19
COMPENSATION	19
BENEFITS	19
LEAVE	19
NUMBER OF POSITIONS	20
<b>SAINT ELIZABETHS HOSPITAL RESOURCES</b>	<b>21</b>
<b>PSYCHOLOGY TRAINING FACULTY</b>	<b>22</b>
<b>RECENT TRAINING CLASSES</b>	<b>29</b>
<b>INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA</b>	<b>30</b>
<b>APPLICATION PROCEDURES</b>	<b>32</b>
<b>INTERVIEW DATES AND LOCATION</b>	<b>32</b>
<b>INTERNSHIP TRAINING POSITION OFFERS</b>	<b>33</b>
<b>PUBLIC DISCLOSURE</b>	<b>34</b>

## GREETINGS!

We at Saint Elizabeths Hospital are delighted that you are interested in our doctoral internship in clinical psychology. Saint Elizabeths Hospital, in Washington, DC, is a publicly funded inpatient psychiatric hospital, with approximately 300 beds distributed among 12 forensic and civil units. Our clinical psychology internship program has been continuously accredited by the American Psychological Association since its initial accreditation on March 1, 1956. It was among the first psychology training programs to be accredited. Our program offers the opportunity to obtain training in working with a chronically and severely mentally ill, urban, minority population in a public mental health setting. We offer a challenging and varied educational experience that exposes interns to the many different roles in which psychologists serve in a public mental health hospital setting, as well as to different presentations of psychopathology and stages of recovery as individuals in care undergo treatment. We are committed to fostering trainees' professional development in preparation for a future career in health service psychology.

This brochure includes information about the hospital, the psychology department, and the internship training program. Its purpose is to provide you with information needed to understand the components of the training program so that you may make an informed decision about whether this program is a best fit for you.

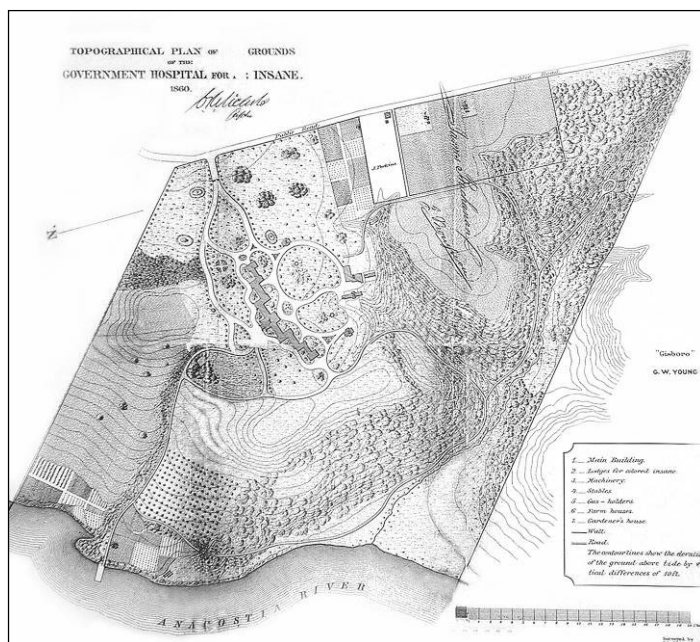
## SAINT ELIZABETHS HOSPITAL HISTORY

*Jogues R. Prandoni, Ph.D., Suryabala Kanhouwa, M.D., and Richard Gontang, Ph.D.*



Dorothea Lynde Dix

Saint Elizabeths Hospital, originally known as the Government Hospital for the Insane, was founded by Congress in 1852 through the efforts of Dorothea Lynde Dix. Ms. Dix was a pioneering mental health reformer who worked to change the view of the mentally ill and how to properly care for them. She advocated for the mentally ill to “provide the most humane care and enlightened curative treatment” for the insane. The founding legislation for the hospital, written by Dix herself, opened the hospital to patients from the Army and Navy as well as both black and white Fellows of the District of Columbia. Saint Elizabeths was America’s first federal mental hospital, and it was the first public mental hospital in the District of Columbia.



1860 Site Drawing of the Grounds of Saint Elizabeths Hospital

Situated on a bluff overlooking the convergence of the Anacostia and Potomac rivers, the hospital became known as “Saint Elizabeths”—often appearing in print as just “Saint Elizabeth”—after the old colonial land grant on which it was built. Congress officially renamed the institution in 1916, codifying the characteristic plural spelling that remains today. Lush, landscaped grounds were an integral part of campus planning at Saint Elizabeths throughout its history. Dix selected the hospital’s commanding location, with its panoramic view of Washington, because the serene setting was believed critical to patients’ recovery, according to contemporary theories of moral therapy. Numerous efforts over time to improve the natural environment that patients encountered resulted in a wealth of gardens, expansive lawns, fountains, ponds, and graded walks. It was, according to writer Ina Emery, “a garden of beauty through which the gods might wander....Indeed, it is one of the most attractive parks within the District of Columbia.”



1916 Architect's Sketch of Saint Elizabeths Hospital



View from the Point, West Campus, Saint Elizabeths Hospital





Saint Elizabeths' historic prominence among American mental hospitals is reflected in the fact that its first five superintendents were all elected and four served (due to death of one of the superintendents) as president of the American Psychiatric Association and its predecessor organizations. During their tenure, the hospital served as a center for training psychiatrists, psychologists, nurses, medical doctors, and countless scientists and researchers. It was for many years a leader in introducing innovations in the treatment of persons with mental disorders or adopting

new forms of treatment, such as art therapy, psychodrama, and dance therapy. It also contributed to the development of forensic psychiatry as a specialty and was a strong voice in the creation of forensic case law and mental health legislation. For example, its superintendents from the beginning opposed the requirement of a public jury trial in all lunacy proceedings in the District of Columbia, eventually leading, in 1938, to federal legislation creating a Commission on Mental Health and the authorization of private commitment hearings.



Center Building, 1896



Center Building, 2003

The hospital boomed in the first half of the twentieth century, only to face a steady decline in patient population and services in the second. The hospital was the only government facility to treat mentally ill military personnel until 1919, and World War II brought in the largest patient numbers in its history. In 1946, however, Congress ended the long association between the hospital and the armed forces, in favor of treatment at the nation's expanding system of veteran's hospitals. District patients and other federal dependents remained, but advances in psychopharmacology, the development of community-based alternatives to institutionalization, and new attitudes toward mental health care subsequently reduced the need for large public mental hospitals. Although the establishment of the National Institutes of Mental Health's Neuroscience Center on the hospital grounds in 1971 continued the tradition of pioneering research on the campus, it did nothing to stave off falling patient numbers.

In 1987, the federal government transferred operation of Saint Elizabeths and ownership of the 118-acre east campus to the District of Columbia. Saint Elizabeths then merged with the city's mental health administration to become the DC Commission on Mental Health Services (CMHS). In April 2001, as part of major restructuring of the city's mental health system, a bill was passed in the District of Columbia's City Council establishing the city's Department of Mental Health. The Department of Mental Health was made responsible for regulating the District's community-based network of mental health care. Saint Elizabeths Hospital, the District of Columbia's Community Services Agency (DC CSA), and the Mental Health Authority were established as three distinct agencies within the Department of Mental Health, each with its own administration and separate functions.

As the patient population continued to decrease, the hospital closed numerous vacant buildings and consolidated all services to city-owned land. The historic west campus was taken by the federal government to become the headquarters for the Department of Homeland Security, and the hospital's functions were consolidated to the east campus. In 2005, the hospital broke ground on a new state-of-the-art building on the east campus, the goals being to unify the hospital's functions and modernize the care and living conditions for the hospital's patient population.



[Saint Elizabeths Hospital Building](#)

The hospital building reflects our hospital administration's forward thinking and its historical standing as an innovator in provision of care and in the development of therapeutic living environments for the mentally ill. Saint Elizabeths Hospital is proud to have had a psychologist as its Chief Executive Officer and a psychologist as its current Chief Clinical Officer.

## History of Psychology at Saint Elizabeths

William Alanson White, the fourth superintendent (1903-1937), was a leading figure in 20<sup>th</sup> century psychiatry, and he steered Saint Elizabeths even further toward the scientific vanguard by establishing a psychology laboratory and subsequently forming the first psychology department in any mental hospital, which celebrated its 100<sup>th</sup> anniversary in 2007. The following section chronicles the creation of the department:

### 100<sup>th</sup> Anniversary of Psychology Department

#### Saint Elizabeths Hospital

By

*Suryabala Kanhouwa, M.D.*

*Jogues R. Prandoni, Ph.D.*

Dr. White ushered in the scientific era at the hospital. An integral part of this process involved establishing a Psychology Department at Saint Elizabeths as “an expression of the most advanced trends in modern psychiatry.” He strongly believed that the hospital “... should add its quota to the sum of knowledge on this very important subject.” At the same time, Dr. White recognized that “the methods of normal psychology must be modified to suit the changed conditions.”



Shepherd Ivory Franz, Ph.D.

To this end, on January 1, 1907, he appointed Shepherd Ivory Franz, Ph.D., who received a doctorate in psychology from Columbia University and had worked at Harvard and Dartmouth Medical Schools, the first Psychologist and Director of Research at Saint Elizabeths Hospital.

Dr. Franz’s first assignment was to develop a clinical examination procedure that could be used as a basis for the routine examination of patients. In response to this challenge, he contributed a chapter on psychological examination methods to White’s 1908 well-known textbook *Outline of Psychiatry*. He later expanded the chapter to become a separate book titled *Handbook of Mental Examination Methods* (1912).

During his seventeen years at Saint Elizabeths Hospital, Dr. Franz witnessed what he described as the “volcanic rise of psychoanalytic belief....Even the organic neurological had assumed value only if correlated with the Freudian mental mechanism.” Dr. Franz provided a much-needed balance during this era of rapidly evolving theories and knowledge of mental disorders by focusing on experimental and clinical neuropsychology. In spite of numerous teaching and administrative responsibilities, he remained committed to research. His diverse areas of scientific inquiry included extensive work on the localization of the cerebral functions, psychopathological, touch and other skin sensations, the cerebrum, and rehabilitation and re-education following brain injury especially as it related to war veterans. He authored numerous scientific publications and is credited with 32 articles and numerous books. During



his tenure at Saint Elizabeths Hospital, he also served as the editor of the Psychological Bulletin (1912—1924) and as the President of the American Psychological Association (1920).

Dr. Franz left Saint Elizabeths Hospital in 1924 to become the first chairman of Department of Psychology at UCLA where he was highly instrumental in the development of their graduate studies programs. He died on October 14, 1933, following the onset of amyotrophic lateral sclerosis. In 1940, the university opened Franz Hall, a Life Science building named in his honor, to house the Psychology Department.

Shepherd Ivory Franz was one of the preeminent psychologists during the first part of the 20<sup>th</sup> century. He was distinguished in the field of neurological and physiological psychology. Under his leadership, studies conducted by Saint Elizabeths Hospital's Psychology Laboratory were influential in the development of the field of clinical psychology. Among his numerous professional contributions, historians credit him with founding the first psychological laboratory in a hospital (McLean Hospital) in 1904, and the first implementation of routine psychological testing for patients in a mental hospital (Saint Elizabeths Hospital) in 1907.

Dr. Franz is but one of many famous mental health pioneers to work or train at Saint Elizabeths, including E.G. Boring, Margaret Ives, Carl Jung, Karl S. Lashley, Hans Strupp, Harry Stack Sullivan, and Alexander Wolfe. We are proud to note that a number of former Chief Executive Officers of the hospital are psychologists who graduated from our training program, as are many of the current faculty members.

Today, psychologists in Saint Elizabeths Hospital continue to make significant contributions to patients' growth and recovery from mental disorders. Psychology's leadership and contributions in diverse areas such as risk management, cognitive behavioral therapy, and co-occurring disorders are helping patients develop new ways of thinking, behaving and mastering life's challenges facilitating their successful return to the community, and enhancing the quality of their lives.

## PROGRAM PHILOSOPHY AND TRAINING MODEL

The Psychology training faculty maintains a strong commitment to the training of pre-doctoral interns and makes every effort to provide as enriching experience as possible within an atmosphere of mutual respect and professionalism. We endeavor to achieve a good balance between serving the clinical needs of the patient population and keeping the training mission paramount. This perspective is reflected in the quality and quantity of supervision that has characterized the program over the years. Our training program utilizes a Practitioner-Apprenticeship model, and interns work alongside staff psychologists, frequently conducting assessments and treatment jointly at the beginning of a rotation. This model helps interns develop competence through the use of experiential learning or "learning by doing." This supervised practice under the guidance of experienced practitioners contributes to the development of mentoring relationships with senior professionals and to skill development over the course of the internship year. Interns are considered junior colleagues and soon function with increasing independence and autonomy as they become more competent and confident. We are committed to helping interns develop their own professional identities as they expand and refine their clinical competencies.

It is the philosophy of the training faculty that the internship program should encourage exploration of interns' areas of interest within the practice of psychology while building generalist skills. We place particular emphasis on exposing interns to the breadth and variety of professional roles assumed by psychologists, while providing opportunity to obtain exposure to some specialized areas of practice, including forensics, the development and implementation of behavioral plans, and neuropsychological assessment. Members of the training faculty are selected to serve as mentors and supervisors based on their advanced clinical skills, specialty training, and experience with our clinical population.

## PSYCHOLOGY TRAINING PROGRAM AIM

The primary aim of the Psychology Internship Program is to produce culturally-informed and humble graduates who have the knowledge and skills necessary for the practice of health service psychology, with particular experience and skills in working with the severely mentally ill in a public health setting. Program graduates will be equipped to deliver a range of psychological services and should be able to function in a variety of clinical settings. After successfully completing the training program, graduates will be well-prepared for entry-level doctoral positions that incorporate integration of their general and specialized clinical skills.

Our training program focuses on the development of our interns' profession-wide competencies in the following areas:

Psychological Assessment	Professional Values, Attitudes, and Behaviors
Individual and Cultural Diversity	Communication and Interpersonal Skills
Psychological Interventions	Consultation and Interdisciplinary skills
Ethical & Legal Standards	Supervision
Research	

## INTERNSHIP PROGRAM DESCRIPTION

This is a hospital-based training setting that offers interns an opportunity to work with individuals with severe mental illness and an urban, minority population. The internship is a twelve-month, full-time experience beginning on July 1<sup>st</sup> of each year and ending on or about June 30<sup>th</sup> of the following year, depending on correspondence with the government pay period. The internship is a 2000-hour APA-accredited internship program in health service psychology. The internship program offers an array of training experiences including direct clinical services, clinical supervision, and seminars. The type of direct clinical services that interns provide varies slightly depending upon selected rotations. Interns spend approximately seventy-five percent (75%) of their time involved in service delivery. The remaining 25% is spent in didactic seminars (four to six hours per week) and in supervision (minimum four hours per week). The internship is structured into two six-month major rotations and an optional minor placement for the duration of the year. Trainees spend about 16-20 hours per week on their major rotation and approximately four hours per week on a minor rotation, if one is selected.

### COVID-19 Safety and Provision of Services

We continue to provide treatment to the individuals we serve based on guidance from the District of Columbia's Department of Behavioral Health, with the highest regard for patient and trainee safety. Some examples of changes to the work environment have included regular COVID-19 testing for all employees and individuals in care, staggered and cohorted admissions to the hospital, and the use of personal protective equipment and social distancing by all staff. We have also made changes to the manner in which we deliver some services. For example, we have integrated the use of web-based technologies to engage in clinical service delivery and supervision, when needed, with much success. We expect our procedures and processes to continue to change and adapt as needs indicate.

## PROGRAM COMPONENTS

### Psychological Assessment

Interns are encouraged to expand their repertoire of test instruments and their familiarity with manual and computerized scoring. Training in assessment includes integration of test data with treatment planning and clinical case consultation. Interns will complete an array of assessments throughout the training year. Depending on client availability and interest in minor rotations, interns may also have opportunities to perform neuropsychological evaluations and/or specialized forensic evaluations (e.g., assessment of violence and sexual violence risk, malingering). By the end of internship, interns must complete a minimum of **five** full battery psychological evaluations (including at least two components, such as cognitive, personality, risk, or adaptive functioning), **eight** Initial Psychological Assessments (IPA) – Part As and Part Bs on the pretrial/admissions unit rotation, and at least **eight** 60-day update assessments on their long-term unit rotation.

### Psychotherapy

Training in psychotherapy is in group and individual interventions. Trainees are expected to maintain a minimum caseload of **three** psychotherapy group hours per week and **three** weekly individual psychotherapy cases over the course of the program. Interns on pretrial and admissions units will also participate in at least one unit-based group (e.g., Relaxation, Emotional Regulation, Mock Trial).

### Consultation

Interns are also required to gain experience in consultation and develop interdisciplinary communication skills. Trainees are required to be involved in the formulation of **one** Initial Behavioral Intervention (IBI), which includes facilitating the IBI meeting with members of the referring treatment team, developing and writing the IBI and associated progress note, training staff, and tracking/documenting IBI data for eight consecutive weeks.

Other consultation experiences include collaboration with unit treatment team members to complete **one** certification for commitment, including conducting the case conference and writing the certificate with their unit psychologist, or completion of **one** Forensic Review Board (FRB) report, presenting pertinent information and recommendations to the FRB relating to treatment of an individual adjudicated Not Guilty by Reason of Insanity (NGRI).

### Clinical Case Presentation

Interns are required to present case material to the training faculty and their peers in the assessment, professional ethics, group therapy, individual therapy, and cultural competency seminars. The presentations may include both data obtained from an assessment conducted by the intern or conceptualizations of therapy case that includes treatment recommendations and rationale, multicultural issues in assessment, treatment, and supervision, and legal/ethical issues.

Interns present an overview of their dissertation (or program equivalent) research at the Annual Overholser Research Day. This typically occurs in April or May, and interns present either orally or in poster format. Overholser Day includes presentations from trainees and staff members in a variety of different disciplines, and the conference is open to all hospital staff to attend. Saint Elizabeths Hospital (SEH) librarian Toni Yancey assists trainees in preparation of posters for Overholser Day.

## Seminars

Approximately four to six hours per week are devoted to didactic seminars. Seminars vary in length depending on the topic. All interns are required to attend the didactic seminars. The following seminars are offered to interns:

- Assessment Seminar
- Cultural Humility Seminar
- Inpatient Group Psychotherapy Seminar
- Individual Psychotherapy Seminar
- Forensic Psychology Seminar
- Psychopharmacology Seminar
- Supervision Seminar
- Ethics Seminar
- Professional Development/Administrative Meetings

The Cultural Humility seminar focuses on assisting interns to explore their own biases and origins of their values and culture. At the beginning of the training year, interns participate in “Shadow Day,” an experience during which they shadow an individual in treatment for an entire day. This allows interns to experience treatment from a patient’s point of view, allowing for a deeper understanding of the patient experience. Over the course of the seminar, trainees present their family genograms to the group and are expected to discuss their personal biases through case presentation, as well as their reactions to presented material. In this seminar, interns are also required to discuss their weekly interactions and personal cultural experiences that arise in their daily lives and through their work at the hospital. These discussions occur in a process group with fellow interns and seminar leaders. Interns also go on field trips over the course of the year to learn more about the community they serve, and how the daily lived experience in that community affects their own lives and the lives of those they serve.

Interns are also encouraged to attend Department of Behavioral Health-sponsored educational opportunities, those offered by other SEH training departments such as Psychiatry Training, and those sponsored by local associations such as The District of Columbia Psychological Association. Interns are also welcome to attend continuing educational activities sponsored by the SEH Department of Psychology (e.g., Grand Rounds).



## Supervision

Intensive clinical supervision is the cornerstone of the internship. Each intern receives a minimum of **four** hours of face-to-face supervision per week, at least three of which are individual supervision. Interns are exposed to various supervisors over the course of the year in an attempt to expose them to a variety of role models, supervision styles, and theoretical orientations. Each intern is assigned supervisors for psychological assessment, group psychotherapy, individual psychotherapy, and major and minor rotations. Group psychotherapy supervision is facilitated using a group supervision model.

## Evaluation Procedures

Supervisors formally evaluate interns on a quarterly basis according to the training program's required competency goals. Evaluations are discussed with the trainee and signed by both the trainee and supervisor. Monthly meetings of the Director of Psychology Training with the training faculty allow for ongoing monitoring of trainees' progress and development.

## Clinical Placements

Each intern completes two major rotations, consisting of approximately 16-20 hours per week of clinical services divided into six-month rotations on two units in the hospital (six months on an admissions or pretrial unit and six months on a long-term transitional or intensive unit). These units serve as the intern's "home base," and interns become an integral part of the unit treatment teams. Interns are expected to participate in morning unit rounds and unit community meetings Monday – Thursday each week. They are also expected to participate in weekly treatment plan meetings for all individuals in care on their unit teams. Teams will be assigned by unit supervisors.

Interns may also complete an optional minor rotation consisting of an average of four hours per week engaged in clinical services at an identified site or in a specific specialty area (e.g., Forensic Consultation Service). Major and minor placements occur concurrently in an intern's weekly schedule. This allows for a balance between intensity and breadth of training (i.e., in-depth experiences that allow for the pursuit and development of specialized interests, as well as exposure to unexplored or less familiar milieus).

Interns are given extensive information about clinical rotations so that they may make informed decisions about their training preferences. Various faculty presenters provide information about each rotation during orientation, including the patient population, treatment modalities, supervision expectations, and time commitments associated with the rotation. During the orientation period, interns also tour off-campus minor rotation training sites, if available. Final clinical assignments are made by the Director of Psychology Training with consideration of the interns' preferences, prior clinical experience, and availability.

## MAJOR ROTATIONS

The hospital is divided by security level into two sides: the Intensive Services side and the Transitional Services side. The Intensive side includes the civil/acute admissions, pretrial, and long-term intensive treatment units, and the Intensive Therapeutic Learning Center (TLC). The Transitional side includes the transitional treatment, medically compromised and geriatric units, and the Transitional TLC. Interns spend one, six-month rotation on an admissions/pretrial unit and one, six-month rotation on a long-term intensive or transitional unit.

### Admissions/Pretrial Units

#### Acute Admissions

For the majority of civil individuals in care, the acute admissions unit is where individuals in care begin their stay at SEH. Individuals in care are generally admitted to SEH from the following three referral sources: Comprehensive Psychiatric Emergency Program (CPEP), transfer from other area psychiatric hospitals, or via FD-12 certificate. The individuals in care generally fall into the following three groups: emergency hospitalizations (involuntary), voluntary, and committed. The average length of stay on the Acute Admissions unit is 30 days. After that time, individuals in care are either ready for discharge or need to be transferred to a longer-term unit. There is one co-ed acute admissions unit.

#### Pretrial Admissions

Individuals in care who are admitted by Court Order to pretrial units are charged with a crime, and following these charges, an attorney or judge has requested an evaluation to be conducted in an inpatient setting. The types of evaluations vary according to the Court Order; however, the most common type of evaluation that is requested is related to the individual's competency to stand trial. At times, additional competency evaluations are requested including competency to plead guilty, waive the insanity defense, or competency to be sentenced. Pretrial evaluations may result in court testimony by licensed psychologists and psychiatrists, which trainees may have the opportunity to observe. Though driven by the type of evaluation requested by the Court, these units also function as short-term treatment units, providing short term psychotherapy and psychoeducational groups. There are four pretrial units at the hospital, including one all-female unit.

### Long-Term Units

#### Long-Term Intensive Units

Long-term intensive side units provide services to persons adjudicated NGRI and persons needing more time to stabilize who require a secure setting because their current psychiatric issues warrant therapeutic structure and supervision. Emphasis is on helping these individuals develop the skills to allow them to meaningfully participate in their recovery and effectively manage the increased freedom, responsibility, and opportunities for growth that are available in a less secure/structured setting or necessary for a return to the community. There are three long-term

intensive units: two all-male medium/maximum security units and one co-ed continuing care unit.

### **Long-Term Transitional Units**

Long-term transitional units are minimum security, mostly post-trial units, with some civilly committed individuals on each unit. One unit is male and the other is a co-ed unit. The post-trial individuals in care on these units have been adjudicated NGRI and committed to SEH indefinitely for psychiatric treatment. The primary goal on these units is treatment, accompanied by ongoing assessment to determine the patient's response to treatment, and appropriateness for community re-entry. These units provide a unique forensic experience in that they offer the opportunity to work with both post-trial populations and civil status individuals in a minimum-security setting.

### **Geriatric/Medically Compromised Units**

Individuals in care referred to these units for treatment typically have chronic medical problems, dementia, or fall in the geriatric age range. The goal of this unit is to provide optimal programming, treatment planning, and therapeutic interventions aimed at treating psychiatric illness while working with these other special needs. Some individuals are not fully ambulatory and require wheelchairs or walkers. Functional status of individuals ranges from 'full assist' (e.g., nursing helps to feed and toilet) to fully independent. Many individuals on these units have cognitive impairments due to a progressive dementia, traumatic brain injury (TBI), or stroke. One unit has a mixed population of male and female, and one is all male individuals. Both units have forensic and civil patients.

## **MINOR ROTATIONS**

The optional minor rotation consists of four hours (on average) per week of clinical services within a particular specialty area. Each minor rotation is six months in duration and will generally be concurrent with the intern's long-term major rotation. Minor rotation options are listed below.

### **Forensic Consultation Service**

During this rotation, trainees conduct pretrial psychological evaluations of individuals sent to SEH for competency restoration and examination of competency to stand trial (as well as other potential referral questions). Trainees have opportunities to gain experience with interviewing individuals deemed incompetent to proceed with their legal cases by the Court, using competency-based assessment measures, and writing letters to the court. Supervision is conducted by licensed psychologists on the Forensic Consultation Service (FCS).

### **Positive Behavioral Support Team**

During this rotation, trainees will join the Positive Behavioral Support (PBS) team and learn to construct behavioral management programs for the hospital. Interventions will include staff training, behavioral guidelines, and positive behavior support plans. The PBS Team has been

honored with the Department of Mental Health's Innovation Award and with the DC Housing Authority's Patient Safety Award.

### **Neuropsychology at the Neurology Clinic**

The Neurology Clinic is located in the Neurology Department of SEH. This rotation includes learning to perform neuropsychological screenings using a flexible battery approach to full evaluations with civil and forensic individuals in care. Interns will be involved in weekly case conferences and supervision with a neuropsychologist. \*Please note that interns may select this rotation only if they have already obtained extensive training in neuropsychological assessment. Interested trainees will collaborate with the Director of Psychology Training and the supervising neuropsychologist to determine appropriateness for this placement.

## **THERAPEUTIC LEARNING CENTERS\*\***

A full range of psychological services are delivered by the psychology department in the Intensive and Transitional TLCs including: individual and group psychotherapy services, psycho-educational groups, and psychological assessments. Group psychotherapy is the primary modality of psychotherapy practiced in the TLCs, and interns will be conducting groups there throughout the year. In addition to general psychotherapy groups, specialized treatment is provided for subgroups such as individuals with sex offense and/or substance abuse histories and individuals with particular behavioral challenges.

The Intensive Services TLC includes the Stepping Stones and Pretrial Programs. The Stepping Stones Program is designed to support individuals who are presenting with acute symptomatology, significant cognitive impairment, and/or behavioral challenges, requiring more structured and intensive treatment adapted to meet their specific needs as they prepare for eventual community outplacement. The Pretrial Services Program is an all-male competency restoration program assisting pretrial individuals with their progress through the legal system.

Initial services and groups are provided on the acute/civil admissions and pretrial units upon admission to the hospital and, as individuals become more stable, the therapeutic service delivery is conducted off unit on the Intensive TLC. Individuals from the admissions units (both acute/civil and pretrial) are assessed for enrollment in the TLCs by their respective treatment teams.

The Transitional Services Program treats individuals who are often more actively focused on development of skills for community re-entry. Within the Transitional Services Program, individuals in care present with a full range of severe psychiatric conditions and receive a variety of therapeutic services. Depending on the level of functioning of the individuals in care, the majority of the therapeutic service delivery is conducted off-unit on the Transitional TLC.

The Psychology Department provides a number of specialized group programs, including:

### **Treatment for Men with Sex Offending Behaviors**

Programming provides specialized groups for individuals who have committed sex offenses and individuals who engage in unhealthy or sexual acting out or offending behaviors. Groups focus on identifying high risk behaviors and effecting cognitive change within a relapse prevention framework. Topics may include, but are not limited to, identifying healthy vs. unhealthy sexual behaviors, identifying triggers for sexual offending, identifying high risk situations, identifying and labeling distorted cognitions about sex and relationships, developing intervention strategies for risky situations, healthy vs. unhealthy sexual fantasies, and identifying consequences of sex offending behaviors for victims and the individual.

### **DBT & ACT**

Dialectical Behavior Therapy and Acceptance and Commitment Therapy have been adapted to fit the needs of our chronically mentally ill, cognitively impaired, or acutely symptomatic Transitional and Intensive side clinical populations. A variety of multi-session-per-week groups are offered to these different parts of the clinical population. The DBT program has had the privilege of being honored by the Patient Advisory Council at SEH.

### **Competency Restoration**

Programming for pretrial individuals focuses on assessment and evaluation for competency and, at times, criminal responsibility. Groups for this population focus on trial competency and include competency restoration and mock trial groups. Interns participate in these groups on the pretrial unit rotations. Interns not assigned to a pretrial unit may also be able to participate in these groups if this is an area of interest.

\*\* Due to the pandemic, the TLCs are currently in use as patient care areas. Due to the need for social distancing and smaller group sizes, all groups now occur on the units. Some groups may not be available, or may occur via telebehavioral health technologies. This situation is expected to change along with the status of the pandemic in Washington D.C., and the recommendations for maintaining health and safety.



## GENERAL INFORMATION

### Work Hours

At SEH, hours are generally from 8:30 am to 5:00 pm Monday through Thursday for a total of 40 hours per week. Seminars start at 8:00 am on Fridays. Lunch is 30 minutes. Hours may vary at other off-campus sites for minor rotations if available. A typical day for an intern might look something like this:

- 8:30- 9:30 - Arrival and notes, emails, phone calls
- 9:30-11:00 - Unit community meeting, rounds, treatment plans, check-ins with individuals in care
- 11:00-12:00 - Individual therapy
- 12:00-12:30 - Lunch
- 12:30-1:30 - Supervision
- 1:30-2:00 - Notes or group preparation
- 2:00-3:00 - Group therapy
- 3:00-4:00 - Assessment administration/report writing
- 4:00-5:00 - Minor rotation

### Compensation

The current annual compensation amount is approximately \$31,593 and is subject to salary increase at the start of the fiscal year in October. Trainees are represented by the psychologists' union in a collective bargaining agreement with the DC government and receive union benefits and yearly salary increases as defined by the contract. Paychecks are issued every two weeks through direct deposit. Please note that salary is limited to 12 months and cannot be extended past the 12-month internship. Interns do not receive over- or compensatory time.

### Benefits

As employees of the Government of the District of Columbia, interns are entitled to health, dental, vision, short and long-term disability, and life insurance benefits. Appropriate documentation must be completed with Human Resources. A total of \$1,000 per calendar year is offered to each trainee to attend work-related training/learning experiences.

### Leave

Annual and sick leave are each earned at the rate of four hours per pay period accruing 13 days of annual and 13 days of sick leave per training year. There are also 12 paid holidays. Administrative leave totaling up to 10 days are offered to each trainee to attend relevant conferences, continuing education programs, and dissertation defense. Administrative leave must be requested in advance and is granted based on initial approval by the Director of Psychology Training.

## Number of Positions

Four full-time intern positions are anticipated for each training year. Interns have matched from the following universities:

*Adelphi University/Derner School of Psychology*  
*Alliant International University*  
*American University*  
*Eastern Kentucky University*  
*California School of Professional Psychology*  
*Farleigh Dickinson University*  
*Fielding Graduate University*  
*Florida Institute of Technology*  
*Florida State University*  
*Fuller Theological Seminary*  
*Gallaudet University*  
*George Fox University*  
*George Washington University*

*Howard University*  
*James Madison University*  
*Massachusetts School of Professional Psychology*  
*Minnesota School of Professional Psychology*  
*Pacific Graduate School of Psychology*  
*Sam Houston State University*  
*The Chicago School of Professional Psychology*  
*The Wright Institute*  
*Texas A & M University*  
*University of Denver*  
*University of Hartford*  
*William James College*  
*Xavier University*

## SAINT ELIZABETHS HOSPITAL RESOURCES

### *Saint Elizabeths Hospital Medical Clinic*

Room 114.08

### *Health Sciences Library*

Room 256

- Interlibrary loan services with the National Library of Medicine are available
- Internet database access (e.g., OVID & EBSCO host) accessible from work or home computer

### *Education and Staff Development Department*

Room 248

### *Employee Assistance Program*

- INOVA 1-800-346-0110 Website: [inova.org/eap](http://inova.org/eap)
- Confidential counseling services are available

## PSYCHOLOGY TRAINING FACULTY



**Le'Marus P. Alston, Ph.D. (Fielding Graduate University, 2021)**

**Internship:** Saint Elizabeths Hospital

**Residency:** Saint Elizabeths (Forensic Track)

**Staff Psychologist – Dix House, 1D**

**Forensic Consultation Service**

**Theoretical Orientation:** Psychodynamic

**Interests:** Individual Psychotherapy, Personality Disorders, HIV/AIDS Prevention



**MELANIE BAILEY, Psy.D. (American School of Professional Psychology, 2017)**

**Internship:** Spring Grove Hospital Center

**Residency:** Springfield Hospital Center

**Forensic Psychologist – Forensic Services Division**

**Theoretical Orientation:** Systems

**Interests:** Criminal Law, Civil Law, Psychological Testing, Dissimulation & Response Biases, Adult Populations, Ethics



**SID BINKS, Ph.D., ABPP-CN (George Washington University, 1992)**

**Internship:** Spring Grove Hospital Center

**Residency:** National Institutes of Mental Health (Neuropsychology)

**Staff Psychologist – Neurology Services**

**Theoretical Orientation:** Psychodynamic

**Interests:** Forensic Neuropsychology, Schizophrenia



**RICHARD BOESCH, Ph.D. (Catholic University of America, 2001)**

**Internship:** Howard University Counseling Center

**Residency:** Howard University Hospital Department of Psychiatry

**Director of Psychology**

**Formerly PBS Team Leader**

**Theoretical Orientation:** Psychodynamic with extensive training in PET and CBT-P

**Interests:** Behavioral interventions, Developmental Disabilities, Adult Survivors of Childhood Sexual Abuse, Couples Therapy



**ALIX BURKS, Ph.D. (Sam Houston State University, 2017)**

**Internship:** Federal Medical Center – Carswell, Fort Worth, Texas

**Residency:** Saint Elizabeths Hospital (Forensic Track)

**Staff Psychologist – O'Malley House, 1C**

**Forensic Consultation Service**

**Theoretical Orientation:** Dialectical Behavior Therapy and Cognitive Behavior Therapy

**Interests:** Forensic Psychology, Working with Marginalized Populations (Gender and Sexual Minorities, Incarcerated Women), Sex Offender Risk Assessment and Treatment



**CAROLINE S. CHEVALIER, Ph.D. (Sam Houston State University, 2017)**

**Internship:** Saint Elizabeths Hospital

**Residency:** Saint Elizabeths Hospital (Forensic Track)

**Clinical Administrator, Psychologist – 1C O'Malley House**

**Forensic Consultation Service**

**Theoretical Orientation:** Cognitive Behavioral Therapy

**Interests:** Risk Assessment, Clinical Research, Forensic Assessment (Competency to stand Trial and Criminal Responsibility Evaluations)

**For fun I...** play with my kiddo, Carter!



**KATHRYN BRISTOL CROSON, Psy.D. (George Washington University, 2008)**

**Internship:** Saint Elizabeths Hospital (Civil)

**Residency:** Saint Elizabeths Hospital (Civil)

**Staff Psychologist – Gorelick House, 2A**

**Theoretical Orientation:** Psychodynamic

**Interests:** Assessment and treatment of serious and chronic mental illness; Geriatric Psychology, Psychological Assessment and Individual Psychotherapy



**TIARRA CURRIE, Ph.D. (Derner School of Psychology, Adelphi University)**

**Internship:** Saint Elizabeths Hospital

**Residency:** Saint Elizabeths Hospital (Forensic Track)

**Staff Psychologist – Blackburn House, 2C**

**Forensic Consultation Service**

**Theoretical Orientation:** Psychodynamic

**Interests:** Individual Therapy, Malingering Assessments, Misdiagnosis of Black Americans, Community Mental Health, Depression, Trauma

**For fun I...** enjoy traveling, reading self-care books, making homemade candles, and imaginary play with my toddler





**KERI-LYNN DOYLE, Psy.D. (Loyola University of Maryland, 2018)**

**Internship:** Saint Elizabeths Hospital

**Residency:** Saint Elizabeths Hospital

**Supervisory Clinical Psychologist, Positive Behavior Support Team**

**Theoretical Orientation:** Cognitive Behavioral Therapy (with emphasis on ACT and CBTp)

**Interests:** Trauma Informed Care for Clients and Providers, Psychodiagnostic and Risk Assessment, Risk Management, Cultural Humility, Group Therapy



**CHRISTOPHER J. EDWARDS, Ph.D. (Palo Alto University, 2018)**

**Internship:** Saint Elizabeths Hospital

**Staff Psychologist – Nichols House, 2B**

**Theoretical Orientation:** Integrative, Transtheoretical

**Interests:** Systematic Treatment Selection and other Clinical Research, Psychodiagnostic Assessment, Forensic Assessment



**AMANDA GIORDANO, Psy.D. (Nova Southeastern University, 2020)**

**Internship:** Springfield Hospital Center

**Residency:** Saint Elizabeths Hospital (Civil Track)

**Staff Psychologist – Shields House, 1F**

**Forensic Consult Service**

**Theoretical Orientation:** Cognitive Behavioral Therapy

**Interests:** Psychological Assessment, Neuropsychological Assessment, Cognitive Sequelae of Severe Mental Illness, Cognitive Remediation

**For fun I...** Hangout with friends and my dog, spend time outdoors, watch crummy reality television



**RICHARD GONTANG, Ph.D. (Virginia Commonwealth University, 1994)**

**Internship:** DC Commission on Mental Health Services

**Residency:** DC Commission on Mental Health Services

**Chief Clinical Officer**

**Theoretical Orientation:** Systemic (Multisystemic, Structural, Strategic, & Solution-Focused)

**Interests:** ADHD, Family Therapy, Multicultural Issues



**TERESA GRANT, Ph.D. (Howard University, 2006)**

**Internship:** Spring Grove Hospital Center

**Residency:** Court Services and Offender Supervision Agency

**Clinical Psychologist – Forensic Services Division**

**Theoretical Orientation:** Psychodynamic

**Interests:** Providing culturally sensitive services, sex offender evaluations, and risk assessments.

**For fun, I like ...** music, sports, and cooking...Go Cowboys!



**TANYA HATCHER-SCHIPANOVA (Kazakh State University, Kazakhstan, 1981)**

**Diploma in Journalism with State Qualification of Journalist**

**Psychology Department Program Specialist**

**Interests:** My professional interest is still in writing, and I continue to publish my articles in the newspaper where I worked before coming to the USA.

**For fun, I ...** love to put on a puppet show with my grandchildren, volunteer and bake pastries and cakes to share with my constantly dieting colleagues, friends, and family.



**ERIC JONES, Ph.D. (University of Rhode Island, 1988)**

**Internship:** University of Medicine and Dentistry of New Jersey, New Brunswick

**Staff Psychologist – Hayden House, 1E**

**Theoretical Orientation:** Psychodynamic and Family Systems

**Interests:** Family Treatment, Cultural Issues, Trauma, DBT, Sex Offenders Group



**CHRISTINE LOVELADY, Psy.D. (Loyola University Maryland, 2010)**

**Internship:** VAMC Hampton, Virginia

**Residency:** Saint Elizabeths Hospital (Civil Track)

**Staff Psychologist – Blackburn House, 2C**

**Theoretical Orientation:** Cognitive-Behavioral / Interpersonal

**Interests:** Geropsychology, health psychology, dialectical behavioral therapy, clinical supervision



**SHILPA KRISHNAN, Ph.D. (George Mason University, 2012)**

**Internship:** NYU/Bellevue Hospital Center (Forensic Track)

**Residency:** Saint Elizabeths Hospital (Forensic Track)

**Deputy Director of Forensic Services**

**Theoretical Orientation:** Cognitive-Behavioral

**Interests:** Violence Risk/Sexual Violence Risk Assessment, Competence to Stand Trial, Criminal Responsibility, Forensic Assessment



**LAMONT LARRY, Ph.D. (Syracuse University, 1997)**

**Internship:** New York University–Bellevue Hospital Center (Civil and Forensic tracks)

**Staff Psychologist –Barton House, 1B**

**Theoretical Orientation:** Family Systems, Hypnotherapy, Brief Psychotherapy

**Interests:** Race and Psychology, Neuropsychology, Geropsychology, Forensic Psychology/Violence Risk



**ELIZABETH LOW, Ph.D. (University of Nebraska – Lincoln, 2019)**

**Internship:** University of North Carolina School of Medicine/Federal Correctional Complex – Butner (Forensic)

**Residency:** University of Massachusetts Medical School (Forensic)

**Clinical Psychologist - Forensic Services Division**

**Theoretical Orientation:** Cognitive Behavioral

**Interests:** Forensic Evaluation, Psychological Assessment, Competency Restoration, Risk Assessment and Management, Malingering



**TARA MAZZOTTA, Psy.D. (William James College, 2017)**

**Internship:** Saint Elizabeths Hospital

**Residency:** Saint Elizabeths Hospital (Forensic Track)

**Deputy Director of Psychology**

**Forensic Consultation Service**

**Theoretical Orientation:** Cognitive Behavioral Therapy

**Interests:** Group and Individual Competency Restoration, Risk Assessment, Competence to Stand Trial Evaluation, Civil Commitment



**DEANNA METROPOULOS, Psy.D. (University of Denver, 2020)**

**Internship:** Saint Elizabeths Hospital

**Residency:** Saint Elizabeths Hospital (Forensic Track)

**Staff Psychologist – Howard House, 1G**

**Forensic Consultation Service**

**Theoretical Orientation:** Cognitive Behavioral Therapy

**Interests:** Forensic Evaluation, Psychological Assessment, Competency Restoration, Risk Assessment (Violence and Sexual Violence)



**LAUREN PRICE, Psy.D. (Florida Institute of Technology, 2021)**

**Internship:** Saint Elizabeths Hospital (Forensic Rotation)

**Residency:** Forum Ohio, LLC (Forensic)

**Clinical Psychologist - Forensic Services Division**

**Theoretical Orientation:** Cognitive Behavioral

**Interests:** Forensic Assessment (e.g., Competency to Stand Trial, Criminal Responsibility, Mitigation, Risk Assessment, Feigning/Malingering), Competency Restoration, Interplay between Culture and the Law, Training and Development



**LIA ROHLEHR, Ph.D., ABPP (Fordham University, 2014)**

**Internship:** Tulane University School of Medicine

**Residency:** University of Massachusetts Medical School

**Clinical Psychologist – Forensic Services Division**

**Theoretical Orientation:** *Eclectic*

**Interests:** Forensic assessment, risk assessment, trauma, cultural competence in forensic practice and research



**MICHELLE SIMPSON, Psy.D. (Loma Linda University, 2021)**

**Internship:** Mississippi State Hospital

**Residency:** St. Elizabeths Hospital (general inpatient/SMI track)

**Staff Psychologist – Hayden House 1E**

**Theoretical Orientation:** Cognitive Behavioral Therapy

**Interests:** Treatment of serious mental illness, trauma informed care, psychological assessment, and clinical supervision



**CARLA STERLING, Psy.D., (Regent University, VA, 2014)**

**Internship:** The Village for Families and Children, Hartford, CT

**Director of Psychology Training**

**Theoretical Orientation:** Integrative (including Biopsychosocial theory, CBT, Psychodynamic)

**Interests:** Trauma & Resilience; Attachment & Trauma; Compassion Fatigue & Vicarious Trauma; Neurofeedback; Social Justice; Multicultural Diversity; Health Promotion & Disease Prevention; Health & Emotional Wellness.

**For fun I...** Read; dance; sing; listen to music; play the piano (or daydream of playing more frequently); do cardio kickboxing; meditate; brunch with close friends.





**ELIZABETH TEEGARDEEN, Ph.D. (University of Maryland, 1983)**

**Internship:** PG County Schools

**Residency:** University of Nebraska Medical School (Neuropsychology)

**Clinical Psychologist – Forensic Services Division**

**Theoretical Orientation:** Eclectic/with an Emphasis on Cognitive-Behavioral Therapy

**Interests:** Forensic Psychology, Psychological and Neuropsychological Assessment

**For fun I..** bike, weed, and do jigsaw puzzles



**CHAD TILLBROOK, Ph.D. (The University of Alabama, 2000)**

**Internship:** NYU/Bellevue Hospital Center (Forensic Track)

**Residency:** University of Massachusetts Medical School (Forensic Track)

**Director, Forensic Services Division**

**Theoretical Orientation:** Cognitive Behavioral

**Interests:** Forensic System Development and Implementation, Forensic Evaluation, Risk Assessment and Management



**Michelle Trujillo, Psy.D. (William James College, 2022)**

**Internship:** Saint Elizabeths Hospital

**Residency:** Saint Elizabeths Hospital - Forensic Track

**Staff Psychologist – Dix House, 1D**

**Theoretical Orientation:** Relational Psychodynamic & Cognitive-Behavioral

**Interests:** Forensic Evaluation, Violence/Sexual Violence Risk Assessment, Treatment of Serious Mental Illness, Cultural Issues, Multilingual Assessment and Psychotherapy



**Roshane Wright, Ph.D. (Howard University, 2013)**

**Internship:** [University of Texas Health Science Center]

**Residency:** [University of Oklahoma Health Science Center]

**Staff Psychologist – Howard House, 1G**

**Theoretical Orientation:** [CBT and Psychodynamic]

**Interests:** [CBT-p, Psychotic Disorders, Mental Health Policy, Diversity, Equity, and Inclusion]

**For fun I...** Do yoga, walk/hike with my dog, bake, and brunch with friends.



## RECENT TRAINING CLASSES



Internship Class of 2021



Internship Class of 2020

## INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

Date Program Tables updated: September 10, 2022

### Program Disclosures

As articulated in Standard I.B.2, programs may have “admission and employment policies that directly relate to affiliation or purpose” that may be faith-based or secular in nature. However, such policies and practices must be disclosed to the public. Therefore, programs are asked to respond to the following question:

<b>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.</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>If yes, provide website link (or content from brochure): N/A</b>	

### Internship Program Admissions

<b>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:</b>		
Internship applicants must have completed 3 years of graduate work in an APA-accredited clinical or counseling psychology Ph.D. or Psy.D. program, and have approval from their program director to proceed to internship. Those with psychology doctorates who have re-specialized in an APA-accredited clinical or counseling program and who have the approval of the program's director may also apply. Applications for internship will be rated in consideration of the following criteria: academic preparation, clinical experiences, and fit between the applicant's learning and career objectives and our program's offerings. Candidates with significant practicum training/clinical experience in inpatient or forensic settings and/or with individuals with serious mental illnesses are preferred.		
<b>Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:</b>		
Total Direct Contact Intervention Hours	Yes	Amount: 100
Total Direct Contact Assessment Hours	Yes	Amount: 50
<b>Describe any other required minimum criteria used to screen applicants:</b>		
Applicants for internship will be rated in consideration of their practicum training and clinical experience in psychological assessment. Specifically, candidates with experience in writing comprehensive, integrated reports incorporating use of the WAIS-IV, Stanford Binet-5, MMPI-2, MMPI-2-RF, MCMI, and/or the PAI are preferred.		

## Financial and Other Benefit Support for Upcoming Training Year:

Annual Stipend/Salary for Full-time Interns	\$31,593
Annual Stipend/Salary for Half-time Interns	N/A
Program provides access to medical insurance for intern?	Yes
<b>If access to medical insurance is provided:</b>	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104 (13 days)
Hours of Annual Paid Sick Leave	104 (13 days)
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
<b>Other Benefits (please describe):</b> All trainees are members of the psychologist's union. Administrative Leave totaling up to 10 days is offered to each trainee to attend relevant conferences, continuing education programs, and dissertation defense. Administrative Leave must be requested in advance and is granted based on the Director of Psychology Training's discretion. A total of \$1000 per calendar year is offered to each trainee to attend training/learning experiences relevant to their work at Saint Elizabeths. Metro (D.C.'s public transportation system) benefits of \$50/month are provided for all employees, and there are 11 paid holidays.	

## Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	<b>2018-21</b>	
Total # of interns who were in the 3 cohorts	<b>18</b>	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	<b>0</b>	
	<b>PD</b>	<b>EP</b>
Academic teaching	0	0
Community mental health center	0	2
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	3	0
Veterans Affairs Health Care System	0	0
Psychiatric facility	7	0
Correctional facility	0	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	2	3
Other	0	1

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Everyone 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.

## APPLICATION PROCEDURES

Saint Elizabeths Hospital is an APPIC-member internship program and uses the online APPI as the main application to its internship program.

When completing the APPI Online, please ensure that:

1. Your cover letter defines your reasons for wanting to train at SEH, including the reasons why the SEH internship fits with your career goals.
2. Your three (3) letters of recommendations are from persons familiar with your clinical work, one preferably from an individual with whom you have worked in the past two years.

In addition to the required information in the APPI, we require the following supplementary materials to be uploaded to the APPI online portal included with the application to our program:

3. Sample of a full battery psychological evaluation (de-identified/fully redacted) that includes cognitive and objective and/or projective personality test measures.

Any questions about our application procedures can be emailed to: [carla.sterling@dc.gov](mailto:carla.sterling@dc.gov)

### Our Mailing Address:

Saint Elizabeths Hospital  
Department of Psychology Training  
C/O Dr. Carla Sterling, Director of Psychology Training  
1100 Alabama Avenue S.E.  
Washington, DC 20032  
Email: [carla.sterling@dc.gov](mailto:carla.sterling@dc.gov)

***Completed applications must be received by 11:59 pm PST on November 1, 2023.***

After the initial review of application packages, selected applicants will be invited to interview by November 30, 2023. Internship applicants who are no longer under consideration will be informed via e-mail by December 4, 2023.

## INTERVIEW DATES AND LOCATION

Applicants invited for interviews will be contacted via email. Internship interview appointments are offered on weekdays in December and January. All interviews will be virtual this year, with a virtual tour and meetings with the Director of Psychology Training and supervising staff psychologists.

## INTERNSHIP TRAINING POSITION OFFERS

Internship position offers will be made through the APPIC Internship Matching Program and in compliance with APPIC Match Policies. 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 internship applicant. The start date is **July 1** of the training year.

If matched to a position, you will be required to complete the DC 2000 government application form. Further, in accordance with DC Department Behavioral Health's human resources policy, we require an employee physical examination with tuberculosis skin test (PPD), a criminal background check, and drug testing (e.g., cannabis, amphetamine, cocaine, opiates & phencyclidine) to be completed prior to coming on board at the hospital. Please see below for additional information.

Please note that, even if you are successfully matched to a position, **failure to pass the background and drug-testing requirements will result in an inability to proceed with the internship.** The hospital also requires all employees to complete a COVID-19 test prior to starting work.

### *COVID-19 Vaccination*

The Government of the District of Columbia values the safety of our employees, our residents, and our visitors. In support of these values, if you are selected for a job with the Government of the District of Columbia, you must be fully vaccinated against COVID-19, except when vaccination is not medically advised or violates your sincerely held religious beliefs. If you are matched to a position, you must submit proof that you are fully vaccinated against COVID-19, or you must request an exemption from your representative.

### *Background Screening*

Saint Elizabeths Hospital is a Department of Behavioral Health facility of the D.C. Government and conducts background screening and pre-employment drug testing on job candidates upon acceptance of a contingent job offer and may use a third-party administrator to conduct background screenings. Background screenings are performed in compliance with the Fair Credit Report Act. Pre-employment drug testing applies to all selected candidates. A criminal history check including fingerprinting is required as a condition of transfer or employment for this position.

### *Notice of Non-Discrimination*

In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Official Code, Section 2-1401.01 et. seq., (Act) the District of Columbia does not discriminate on the basis of actual or perceived: race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, or place of residence or business. Sexual harassment is a form of sex discrimination which is also prohibited by the Act. In addition, harassment based on any of the above protected categories is prohibited by the Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.

### ***EEO Statement***

The District of Columbia Government is an Equal Opportunity Employer. All qualified candidates will receive consideration without regard to race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, family responsibilities, matriculation, disability, or political affiliation.

**Program Changes will be posted on the website [http:// www.appic.org](http://www.appic.org)**

### **PUBLIC DISCLOSURE**

For information regarding the Guidelines and Principles for Accreditation of Programs in Professional Psychology, contact:

Office of Program Consultation and Accreditation American Psychological Association  
750 First Street, NE Washington, DC 20002-4242  
(202) 336-5979  
<http://www.apa.org/ed/accreditation/>