Saint Elizabeths Hospital

Clinical Psychology Postdoctoral

Fellowship Program

2027-2028

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GREETINGS!

We at Saint Elizabeths Hospital (SEH) are delighted that you are interested in our postdoctoral Fellowship 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 Fellowship program offers the opportunity to hone your clinical skills while working with a severely mentally ill, urban, minority patient population. Our program provides the training needed to prepare you for your career as a psychologist in the behavioral health workplace. Our faculty is composed of excellent clinicians of diverse backgrounds, theoretical orientations, and skill sets who are role models for psychologists in public mental health. They have a wide range of clinical experiences and training they draw upon to educate you on how to apply best practices with severely mentally ill individuals in an inpatient public mental health setting. We offer a challenging and varied educational experience that exposes you to the many different roles that psychologists play in a public mental health hospital and to the different stages of psychopathology as individuals in care undergo treatment. We are committed to fostering your professional development and preparing you for your future career as a professional psychologist.

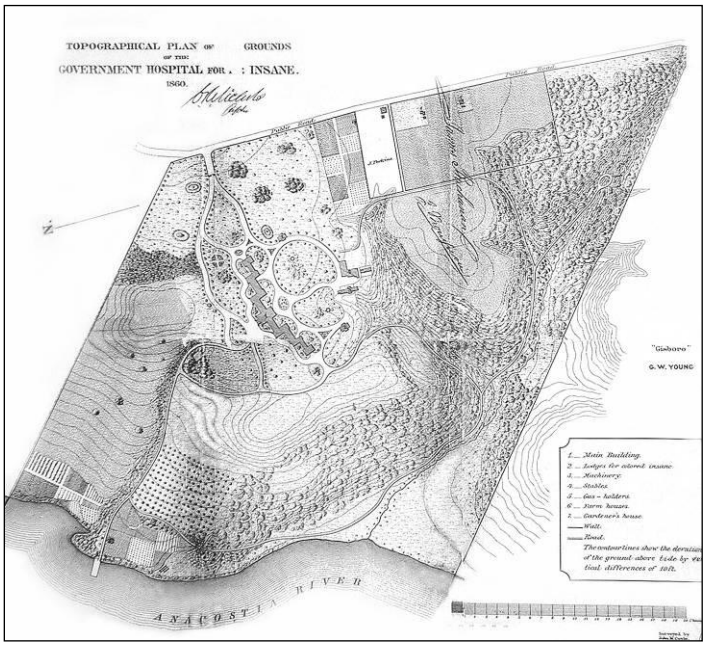
This brochure includes information about the hospital, the psychology department, and the Fellowship training program. Its purpose is to provide you with information needed to make an informed decision about whether this program is a good fit for your interests and training needs.

SAINT ELIZABETHS HOSPITAL HISTORY

By 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.

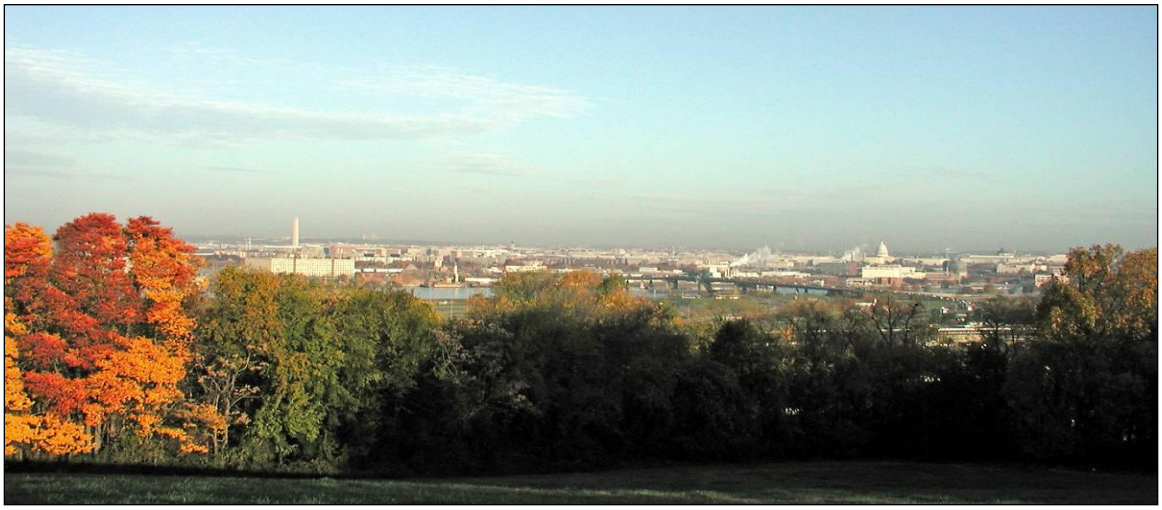


1860 Site Drawing of the Grounds of Saint Elizabeths Hospital

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

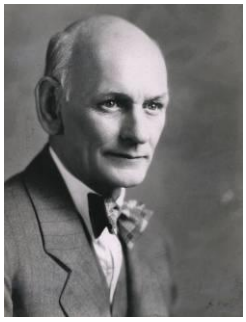
William Alanson White, the fourth superintendent (1903-1937), was a leading figure in 20th century psychiatry, and he steered St. Elizabeths even further toward the scientific vanguard by establishing a psychology laboratory and subsequently forming the first psychology department in any mental hospital,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

100th 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 St. 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 20th 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 staff maintains a strong commitment to the training of postdoctoral Fellows and makes every effort to provide as enriching an 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 savoring the training process. 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 Fellows work alongside staff psychologists, frequently conducting assessments and treatment jointly at the beginning of a rotation. This model helps Fellows develop through 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 Fellowship year. Fellows are considered junior colleagues and soon function with increasing independence and autonomy while respecting appropriate boundaries of supervision. We are committed to helping Fellows develop their own professional identities as they expand and refine their clinical competencies.

We place particular emphasis on exposing Fellows to the breadth and variety of professional roles assumed by psychologists. This includes in-depth training in specialty areas such as forensics and the development and implementation of behavioral plans within a Positive Behavioral Support (PBS) framework. It is the philosophy of the training faculty that the Fellowship program should encourage Fellows' acquisition of specialty skills while maintaining ongoing practice of generalist skills. The faculty members who serve as mentors and supervisors for Fellows are selected based on their advanced clinical skills and experience with specialty populations.

FELLOWSHIP AIMS, OBJECTIVES AND COMPETENCIES

The primary aim of the Clinical Psychology Fellowship program is to produce graduates who have the knowledge and skills necessary for the practice of health service psychology. Program graduates should be equipped to deliver a range of psychological services and function in a variety of clinical settings. After completing the training program, graduates should be ready for entry-level doctoral positions that incorporate applications of their general and specialized clinical skills.

Our training program focuses on the development of our Fellows' professional skills in the following areas of competency:

- Psychological Assessment
- Psychological Interventions (depending on selected track)
- Ethical & Professional Behavior
- Consultation
- Cultural Competency

- Supervision (depending on selected track)
- Teaching

FELLOWSHIP PROGRAM DESCRIPTION

The Clinical Psychology Fellowship Program at Saint Elizabeths Hospital is funded and housed within the Department of Psychology. Psychology trainees are employees of Saint Elizabeths Hospital. The Fellowship offers four tracks, a ***General Inpatient/SMI Track***, an ***Inpatient Forensic Track***, an ***Enhanced Forensic Evaluation Track***, that allow for development of specialty skills consistent with Fellows' career goals, and a ***Clinical Neuropsychology Track***. The faculty members who serve as mentors and supervisors are selected based on their advanced clinical skills and experience with specialty populations. The Fellowship (***Inpatient SMI, Inpatient Forensic, and Enhanced Forensic Evaluation*** tracks) is a twelve-month, full-time experience beginning on or about September 1st of each year and ending on or about August 30th of the following year, depending on correspondence with government pay period. The Fellowship (***Inpatient SMI, Inpatient Forensic, and Enhanced Forensic Evaluation*** tracks) is 12 months and 2000 hours and fulfills the requirements for hours and supervision for licensure as a psychologist in the District of Columbia. The ***Clinical Neuropsychology Fellowship*** offers two years of specialized didactics and supervised clinical experiences intended to prepare trainees for readiness to become Board Certified in Clinical Neuropsychology.

The Fellowship program offers an array of training experiences including direct clinical services, clinical supervision, and seminars. The direct clinical services provided by Fellows vary slightly depending upon the clinical track, minor, and interests of the Fellow.

The administrative structure of Saint Elizabeths Hospital in relationship to the training program is as follows:

Chief Executive Officer
Chief Clinical Officer
Director of Psychology
Deputy Director of Psychology
Director of Psychology Training
Fellow
Extern*

* Only Fellows in the inpatient Psychology Track positions will supervise clinical psychology externs.

INPATIENT PSYCHOLOGY FELLOWSHIP TRACKS

Inpatient Psychology Fellows may choose from two tracks, the **Forensic Track** and the **Serious Mental Illness (SMI) Track**. All Fellows spend approximately seventy-five percent (75%) of their time involved in service delivery. The remaining twenty-five percent (25%) is spent in didactic seminars, supervision, and supervision of supervision. The Inpatient Psychology Fellowship Track is structured into major and minor rotations for the duration of the year. Trainees spend about 16-20 hours per week at their major rotation, and approximately 8-10 hours per week engaged in work for the minor rotation. The Inpatient Psychology Fellowship Track is a hospital-based program and primarily offers training opportunities with an inpatient adult population.

Program Components

Supervision

Intensive clinical supervision is the cornerstone of the Fellowship. Each Fellow receives a minimum of four hours of supervision per week provided by licensed clinical psychologists, at least three hours of which are individual supervision. Fellows work with 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 Fellow is assigned a supervisor for psychological assessment, group psychotherapy, individual psychotherapy, and major and minor rotations. Use of audiotape and/or videotape as tools in supervision is strongly encouraged.

In addition, Inpatient Psychology Fellows in both tracks receive experience and training in the provision of therapy and assessment supervision. Fellows will be assigned psychology graduate students (externs) who are at the hospital for doctoral practicum training. Fellows engage in supervision of externs while under the supervision of licensed clinical psychologists. The Fellows will receive three hours weekly of group supervision focused on the development of competency in the provision of clinical supervision. This supervision also provides opportunities to process issues related to the experience of being a new supervisor.

Psychological Assessment

Fellows are encouraged to expand their repertoire of assessment instruments and their familiarity with manual and computerized scoring. Training in assessment includes integration of test data with treatment planning and clinical case consultation. Inpatient Psychology Fellows in both tracks will complete an array of assessments throughout the training year. Depending on client availability and needs, Fellows may have opportunities to perform neuropsychological screenings, psychological evaluations, and specialized forensic evaluations (i.e., sexual and violence and risk assessments,

malingering assessments). Inpatient Psychology Fellows are expected to complete **a minimum** of **four** psychological evaluations during the training year, with Fellows on the Forensic Track taking on assessments that include a forensic referral question.

Psychotherapy

Training in psychotherapy occurs primarily in individual and group interventions. Trainees are expected to maintain a caseload of **at least 3** individual weekly psychotherapy cases for Inpatient Psychology Fellows on the SMI Track, and at **least 2** cases for Inpatient Psychology Fellows on the Forensic Track over the course of the training year. Fellows may also participate in groups, with Fellows assigned to pretrial and admissions units facilitating at least one unit-based group per week (e.g., Mock Trial, competency restoration, relaxation group).

Clinical Case Presentation

Inpatient Psychology Fellows in both tracks present clinical cases (e.g., testing or psychotherapy) during their Fellowship year.

Seminars & Training Opportunities

Inpatient Forensic Psychology Fellows in the Forensic Track will participate in didactics and trainings provided at the hospital and in the community. Our Inpatient Forensic Fellows also participate in the Forensic Seminar Series on Fridays from about 8:00 a.m. – 12:00 p.m. facilitated by the Walter Reed National Military Medical Center. Fellows in the SMI Track may also choose to join these trainings and seminars, depending on their interest. All Fellows are welcome to attend seminars that are offered as part of our internship training program if they are interested in supplementing their previous internship training. Fellows are able to attend the following didactic seminars:

Psychopharmacology Seminar
Assessment & Forensic Psychology Seminar (including Landmark Case presentations)
Ethics Seminar

All Fellows are encouraged to attend DBH-sponsored educational opportunities such as Grand Rounds, trainings offered by other hospital training departments, such as Psychiatry Training, and those sponsored by local associations such as The District of Columbia Psychological Association. Fellows are also welcome to attend continuing educational activities sponsored by the hospital's Department of Psychology. Recent trainings have included a review of the District of Columbia civil commitment process with members of the Commission on Mental Health, and a mock trial with the Office of the Attorney General regarding how to respond to cross examination as an expert witness. In addition to the aforementioned seminars, both Forensic and SMI track fellows are required to participate in weekly supervision of supervision groups, which amounts to at least three hours per

week of required learning activity. These supervision groups focus on increasing competency and skills in clinical supervision, and provide fellows with opportunities to process professional development issues related to becoming a new supervisor.

Teaching

Inpatient Psychology Fellows in both tracks will be required to facilitate educational seminars for other SEH discipline training programs within the hospital. These seminars are generally designed for 1st year psychiatry residents or dental residents and focus on supporting other disciplines in increasing their understanding of psychopathology, psychological testing (e.g., introduction to psychological testing and how to make an appropriate referral), and serious mental illness.

Research

All Inpatient Psychology Fellows are encouraged to participate in or conduct their own research according to their interests during their training year. The hospital has an Institutional Review Board that reviews and approves research, and we encourage scholarly research that benefits the hospital's mission and the Fellow's career goals. The hospital also has an excellent library with access to books from the National Library of Medicine and a health sciences librarian to further support research endeavors. Articles and texts are available through interlibrary loan services as well.

Evaluation Procedures

Supervisors formally evaluate Fellows on a semi-annual basis. Evaluations are discussed with the trainee and signed by both the trainee and supervisor. The Director of Psychology Training and the training faculty also meet monthly to allow for ongoing monitoring of trainees' performance. Fellows will also be asked to evaluate supervisors to provide feedback about the supervision process. In March and August (or at the mid- and end-of-year timeframe, depending on fellows' start date), written reviews of each fellow's progress are completed by the training staff. Any unacceptable ratings or deficits in expected levels of competency are discussed during these meetings, and a consensus is reached as to whether or not a problem is serious enough to be considered a deficiency, or whether continued individual supervision (with specific recommendations) is sufficient to remedy the situation. The procedures for notice, hearing, and appeal are further outlined in the program handbook. Fellows are provided information about the due process and grievance policies at the beginning of the training year following a two-week hospital orientation training and are required to sign an acknowledgement form indicating receipt of these policies.

Clinical Placements

We offer two tracks for the Inpatient Psychology Fellows: the **Forensic Track** and **SMI Track**. Both tracks share a common structure, as both include major and minor clinical rotations. For both tracks, Fellows complete a major rotation, which consists of approximately 16-20 hours per week of clinical

services. The major rotation is divided into two 6-month rotations over the year, on two units in the hospital (6 months on an admissions or pretrial unit and 6 months on a long-term transitional or intensive unit). These units serve as the Fellow's home base, where the Fellow becomes an integral part of the unit treatment team. Fellows participate in all unit-based activities, including but not limited to team meetings and rounds, individualized recovery plans (IRPs), community meetings, case conferences, forensic review board, and initial behavioral interventions.

A minor rotation consists of 8-10 hours per week of clinical services or research at an identified site. Major and minor placements occur concurrently in a Fellow's weekly schedule. This allows for a balance between in-depth experiences that allow for the pursuit and development of specialty competencies and exposure to unexplored or less familiar milieus.

The following are major and minor placement options:

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 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 Therapeutic Learning Center. Fellows have the option of spending one 6-month rotation on an admissions/pretrial unit and one 6-month rotation on a long-term intensive or transitional unit, or spending 12-months on one 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 Saint Elizabeths Hospital. Individuals in care are typically admitted to SEH from the following referral sources: The 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 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: Individuals who are admitted to pretrial units have been charged with a crime, and following these allegations, 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 is competency to stand trial. At times, additional competency evaluations are requested such as competency to plead guilty, competency to waive the insanity defense, competency to participate in probation revocation proceedings, or competency to be

sentenced. Pretrial units provide competency restoration in group (e.g., Mock Trial) and individual formats. They also provide short term psychotherapy and psychoeducational groups. There are four pretrial units at the hospital, including one all-female unit, and one all-male unit for individuals with protracted legal cases.

Long-Term Units

Long-term Intensive Units: Long-term intensive side units provide services to persons adjudicated Not Guilty by Reason of Insanity (NGRI) and persons who require additional time to stabilize in a secure setting because their current psychiatric issues warrant that level of 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. One of the all-male units serves as a step-down unit for individuals who are still pretrial status, and who are stable and able to attend the TLC programming.

Long-term Transitional Units: Long-term transitional units are minimum security, mostly post-trial units, with some civilly committed individuals residing on each unit (one unit is all-male and the other is co-ed). The post-trial individuals in care on these units have been found Not Guilty by Reason of Insanity (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, and/or are older adults. The goal of these units 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 provides assistance with eating and toileting) to fully independent. Many individuals on these units have cognitive impairments due to a progressive dementia, traumatic brain injury, or stroke. One unit is all-male, and the other is male and female. Both are a mixed population of forensic (e.g., NGRI) and civilly committed patients.

Minor Rotations

A minor rotation consists of 8-10 hours per week of clinical services or research. Major and minor placements occur concurrently in a Fellow's weekly schedule. Minor rotation options are listed below. Inpatient Psychology Fellows on the Forensic Track complete their minor rotation with Forensic Consultation Service (FCS). Inpatient Psychology Fellows on the SMI Track may choose from the Positive Behavioral Support Team, Applied Clinical Research, or Neuropsychology minor rotation.

Forensic Consultation Service (FCS)

During this rotation, trainees conduct pretrial psychological evaluations of individuals sent to SEH for competency restoration (as well as other potential referral questions). Trainees will gain experience with competency-based assessment measures and writing letters to the court. Supervision is conducted by licensed psychologists on the FCS.

Positive Behavioral Support (PBS) Team

During this rotation, trainees will join the Positive Behavioral Support 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 received many awards and accolades, including the Department of Mental Health Innovation Award and the DC Hospital Association Patient Safety Award.

Applied Clinical Research

During this rotation, trainees will be responsible for developing and implementing an IRB-approved research study based on their interests. The role of the Applied Clinical Research Minor Rotation is to encourage and support scientific research as an integral part of the experience of psychology trainees.

Neuropsychology at the Neurology Clinic

The Neurology Clinic is located in the Neurology Department of Saint Elizabeths Hospital. This rotation includes performing neuropsychological screenings as well as using a flexible battery approach to full evaluations on both civil and forensic individuals in care. This rotation requires Fellows to have substantial prior experience in neuropsychological assessment.

Therapeutic Learning Centers* (TLCs)

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 Fellows may conduct groups there during the year. In addition to general psychotherapy groups, specialized treatment is provided for subgroups such as those who have

committed sexual offenses, individuals in recovery from substance abuse, and persons diagnosed with personality disorders.

The Intensive Services program treats individuals presenting with acute symptomatology who require additional intensive treatment before they are community-ready, as well as individuals in need of competency restoration services. Individuals in care in the Intensive Services Program receive a variety of therapeutic services and specialized programming. Initial services are provided on the civil admissions and pretrial units upon admission to the hospital. As individuals stabilize, they receive therapeutic services off-unit in the Intensive TLC. The manner in which individuals are assessed and referred to the Intensive TLC varies by unit.

The Transitional Services program treats individuals working toward 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 in the Transitional TLC.

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

Individuals with sex offending behaviors: Programming provides specialized groups for individuals who have committed sex offenses, as well as individuals who display sexualized acting out behaviors. Groups focus on identifying risky and unhealthy cognitions and behaviors, working toward cognitive change when indicated, and relapse prevention. Topics may include, but are not limited to defining sexual offending behaviors, identifying offense triggers, identifying high-risk situations for sexual re-offending, developing intervention strategies for risky situations, healthy vs. unhealthy sexual fantasies, and identifying consequences for the individual and victims of sexual offending behaviors.

DBT & ACT: Dialectical Behavior Therapy (DBT) and Acceptance and Commitment Therapy (ACT) have been adapted to fit the needs of our chronically mentally ill, cognitively impaired, or acutely symptomatic clinical populations. Several twice-weekly groups are offered, including a modified 6-week program for pretrial female individuals. The DBT program has been honored by the Patient Advisory Council for its contribution to the recovery of individual in care.

Competency Restoration: Programming for pretrial individuals focuses on assessment and evaluation for competency. Groups for this population focus on trial competency, and include Mock Trial and competency restoration groups. Groups occur on all pretrial units and on the Intensive TLC.

** Due to the pandemic, the TLCs were used temporarily as patient care areas. Due to the need to avoid cross-exposure among units, all groups occurred on the units between 2020 and 2023. Currently, the TLC is run on half-day schedules with the Stepping Stones TLC in the morning and the Pre-Trial TLC in the afternoon. Groups are held on the units throughout the day for those not at the TLC. Some groups may not be available, or may occur via telebehavioral health technologies, depending on changes in COVID-19 status at the hospital.

ENHANCED FORENSIC EVALUATION TRACK

The program of training for the Enhanced Forensic Evaluation Track offers a year of specialized didactics and supervised clinical experiences intended to prepare trainees for a career as a Forensic Psychologist. Fellows spend approximately seventy-five percent (75%) of their time involved in service delivery (conducting forensic and forensically relevant evaluations). The remaining twenty-five percent (25%) is spent in didactic seminars, supervision, and teaching. The Enhanced Forensic Evaluation Track is structured into one major and three minor rotations for the duration of the year. This track involves the unique opportunity to deliver forensic services in a range of contexts: inpatient, outpatient, and correctional settings.

Program Components

Supervision

Intensive clinical supervision is the cornerstone of the Fellowship. Each Fellow receives a minimum of 3 hours of supervision per week provided by licensed clinical psychologists or psychiatrists, in addition to direct observation of forensic interviews by supervisors. Fellows work with 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 Fellow is assigned a supervisor for each of their major and minor rotations, as well as an Assessment supervisor.

Fellows in the Enhanced Forensic Evaluation Track do not receive training or experience in the provision of supervision to psychology externs.

Psychological Assessment

In addition to developing skills in pre- and post-trial forensic evaluations, fellows in the Enhanced Forensic Evaluation Track are expected to expand their skills in responding to additional, forensically relevant assessment referral questions, including violence and sexual violence risk assessment, and civil commitment determination. Trainees will receive training and supervision in the administration and interpretation of specialized assessment tools, as applicable. There are opportunities to conduct these evaluations for both inpatient individuals in care and outpatient consumers. The Fellow will complete a minimum of **four** evaluations with emphasis on specialty forensic evaluations (e.g., violence risk, sexual violence risk, PTME, criminal responsibility). **One** of the four evaluations can be a civil commitment evaluation at either SEH or OCRP.

Clinical Case Presentation

Fellows in the Enhanced Forensic Evaluation Track present **one** clinical case during their Fellowship year. This involves presenting an evaluation case to members of the Forensic Consultation Service. Presentations involve discussion of the evaluee's clinical-forensic presentation, addressing the psycho-legal question, discussion of any forensic assessment instruments used, consideration of the ethical and legal factors involved, and discussion of cultural considerations pertinent to the selected case.

Seminars & Training Opportunities

Fellows in the Enhanced Forensic Evaluation Track attend the Forensic Seminar Series on Fridays from about 8:00 a.m. – 12:00 p.m. facilitated by the Walter Reed National Military Medical Center. All Fellows are welcomed to attend seminars that are offered as part of our internship training program if they are interested in supplementing their previous internship training. Fellows are able to attend the following didactic seminars:

Psychopharmacology Seminar
Assessment & Forensic Psychology Seminar (including Landmark Case presentations)
Ethics Seminar

All Fellows are encouraged to attend DBH-sponsored educational opportunities such as Grand Rounds, trainings offered by other hospital training departments, such as Psychiatry Training, and those sponsored by local associations such as The District of Columbia Psychological Association. Fellows are also welcome to attend continuing educational activities sponsored by the hospital's Department of Psychology. Recent trainings have included a review of the District of Columbia civil commitment process with members of the Commission on Mental Health, and a mock trial with the Office of the Attorney General regarding how to respond to cross examination as an expert witness.

Teaching

Enhanced Forensic Psychology Fellows will be required to facilitate educational seminars for other SEH discipline training programs within the hospital. These seminars are generally designed for 1st year psychiatry residents or dental residents and focus on supporting other disciplines in increasing their understanding of psychopathology, psychological testing (e.g., introduction to psychological testing and how to make an appropriate referral), and serious mental illness.

Research

Fellows in the Enhanced Forensic Evaluation Track are encouraged to participate in or conduct their own research according to their interests during their training year. The Hospital has an Institutional Review Board that reviews and approves research, and we encourage scholarly research that benefits

the Hospital's mission and the Fellow's career goals. The Hospital also has an excellent library with access to books from the National Library of Medicine and online access to multiple databases to further support research endeavors. Articles and texts are available through interlibrary loan services as well.

Evaluation Procedures

Supervisors formally evaluate Fellows on a regular basis. Evaluations are discussed with the trainee and signed by both the trainee and supervisor. The Director of Psychology Training and the training faculty also meet monthly to allow for ongoing monitoring of trainees' performance. Fellows will also be asked to evaluate supervisors to provide feedback about the supervision process. Written reviews of the Fellow's competency are completed by training staff at the end of each minor rotation (i.e., every four months) and the mid- and end-of-year time frame for the major rotation. Any unacceptable ratings or deficits in expected levels of competency are discussed during these meetings, and a consensus is reached as to whether or not a problem is serious enough to be considered a deficiency, or whether continued individual supervision (with specific recommendations) is sufficient to remedy the situation. The procedures for notice, hearing, and appeal are further outlined in the program handbook. Fellows are provided information about the due process and grievance policies at the beginning of the training year following a two-week hospital orientation training and are required to sign an acknowledgement form indicating receipt of these policies.

Rotations

Fellows in the Enhanced Forensic Evaluation Track complete **one** major (12-month) and **three** minor (4-month) rotations.

The **major** rotation is a year-long placement with the **Forensic Consultation Service (FCS).** In this rotation, trainees conduct pretrial psychological evaluations of individuals admitted to SEH for competency restoration (as well as other potential referral questions). Trainees will gain experience with competency-based assessment measures and writing letters to the Court for inpatient individuals in care. Supervision is conducted by licensed psychologists on the Forensic Consultation Service and/or psychologists/psychiatrists from the Forensic Services Division (FSD).

The Fellow's **first 4-month minor rotation** placement is at the **Outpatient Competency Restoration Program (OCRP) in Northeast DC.** The OCRP provides group competency restoration sessions (and individual sessions on a case-by-case basis) to individuals who have been found incompetent by the Court and who remain in the community. Trainees will gain experience with competency-based

assessment measures and writing letters to the Court for outpatient consumers. Supervision is conducted by licensed psychologists or psychiatrists at the OCRP.

The Fellow's **second 4-month minor rotation** placement is at the **FSD Outpatient Office at the DC Superior Court courthouse.** Trainees will gain experience conducting pretrial evaluations (e.g., preliminary competency screenings and full competency evaluation) for individuals who reside in the community. Opportunities may also arise for specialized evaluations such as sentencing evaluations or criminal responsibility evaluations. Supervision is provided by licensed psychologists/psychiatrists with the FSD.

The Fellow's **third 4-month minor rotation** placement will be with **FSD evaluators at the D. C. Jail (Central Detention Facility or Central Treatment Facility).** Trainees will gain experience conducting pretrial evaluations (e.g., preliminary competency screenings and full competency evaluation) for individuals who are currently detained. Due to Covid-19 safety precautions, these evaluations are currently being conducting via telehealth, which may be subject to change. In this placement, trainees will gain experience completing forensic evaluations within a short time frame. Supervision is provided by licensed psychologists/psychiatrists with the FSD.

Please note that the Enhanced Forensic Evaluation Track requires travel off-site (i.e., outside of SEH) for some training activities.

CLINICAL NEUROPSYCHOLOGY TRACK

The program of training for the Clinical Neuropsychology Track offers two years of specialized didactics and supervised clinical experiences intended to prepare trainees for readiness to become Board Certified in Clinical Neuropsychology. Fellows spend approximately seventy-five percent (75%) of their time involved in service delivery (conducting clinical and forensically relevant neuropsychological evaluations). The remaining twenty-five percent (25%) is spent in supervision (giving and receiving), research, teaching forensic psychiatry residents and medical students, and, didactics/case seminars – the latter of which includes collaboration with Walter Reed National Military Medical Center (WRNMMC) and other fellowship training programs across the nation via video teleconference. The Neuropsychology Track is structured predominantly around minority adult in-patients with severe mental illness who have concomitant developmental, addiction and/or later life developing neurocognitive disorders. Occasional forensic outpatients are also evaluated. Half of the inpatients are pre-trial forensic defendants; others are generally either civilly committed or are post-trial insanity acquittees. Fellows will provide evaluation of these individuals for diagnostic clarification and treatment recommendations. Fellows will maintain

a small caseload of patients in cognitive remediation. This track involves a focused opportunity to deliver neuropsychology services to a neuropsychiatric population.

Program Components

Supervision

Clinical supervision is provided by two neuropsychologists – one each for evaluation and treatment (cognitive remediation). Supervision of evaluations will include individual and group supervision (case conference). At least one supervisor is board certified in clinical neuropsychology through the American Board of Professional psychology (ABPP).

Fellows will be supervised in providing clinical supervision to other trainees (e.g., neuropsychology externs and psychology interns).

Neuropsychological Assessment

A Boston Process flexible battery approach is utilized to conduct evaluations with focus on effort, malingering, premorbid functioning, achievement, attention, executive functioning, language, visuospatial skills, learning/memory, sensory-motor functioning, adaptive functioning and emotional functioning. The fellow will learn to apply neuropsychological testing tools within a neuropsychiatric population in order to rule out deficits due to comorbid pathologies. Frequent comorbid diagnoses include Metabolic Syndrome, Specific Learning Disorder, Intellectual Disability, and Mild/Major Neurocognitive Disorder. Referrals come from treatment teams and the neurology service. Occasionally, referrals will be neuropsychiatric outpatients which may require travel within the District of Columbia. The fellow will complete between **15 and 20 evaluations/year**. Important specifics of this training site include:

- review of a sometimes decades-long medical record;
- learning the neurocognitive and emotional sequelae of neuropsychiatric illness;
- learning the neurocognitive impact of both poly-psycho-pharmacy and active psychosis on test administration;
- appreciation for the neurologic impact of chronic substance addiction;
- understanding of the impact of lower socio-economic status on education;
- understanding of demographic adjustments to data in a racial minority population; and,

- working with patients/defendants who have decreased motivation within a forensic context who sometimes exhibit malingering behaviors.

Cognitive Remediation Therapy

In addition to developing skills in conducting neuropsychological evaluations in a neuropsychiatric setting, the fellow will maintain a caseload of **one to three** patients in cognitive remediation which involves **twice/wk.** face-to-face encounters with patients followed by specifically tailored computer administered remediation strategies.

Didactics

The fellow in the Neuropsychology Track with participate in and/or lead the following:

- Neuropsychology Case Conference/Group Supervision – Weekly 1-hour meeting with SEH neuropsychology externs and interns. Internal hospital cases are presented by students for supervision/discussion, and, cases are brought in for presentation from outside the hospital to increase exposure to different diagnoses and different types of neuropsychological evaluations (Clinical Evaluations, Independent Neuropsychological Evaluations [INE], Disability/Workman's Comprehension Evaluations, Pre-Trial & Aid-In-Sentencing Evaluations, Civil Law Suit Evaluations, Various Competency Evaluations, Death Penalty Evaluations, etc.). The fellow will occasionally lead this meeting.
- Neuropsychology Distance Learning Series – Weekly programming hosted by Walter Reed National Military Medical Center's (WRNMMC) Postdoctoral Fellowship Training Program in Clinical Neuropsychology.
    - This programming spans a 2-Year Cycle.
    - This is a 2-hour, weekly multisite video teleconference that provides didactic training, case conference, and board exam preparation. The objective of the series is for fellows to develop an up-to-date, research-based understanding of foundational concepts and contemporary issues in clinical and experimental neuropsychology.
    - Didactic training includes discussions of required reading materials that are selected by the Fellowship Director with input from the other participating programs' faculty. Fellows across sites are assigned to lead the weekly reading discussions. The series is divided into four terms over a 2-year cycle, each governed by a major theme:
        - Psychometric properties of neuropsychological tests and procedures
        - Neuropsychological aspects of specific diseases
        - Neuroanatomy and neurobehavioral signs and symptoms
        - Conceptual foundations, advanced topics, and diversity in neuropsychology

- Case conferences are assigned by week to participating fellows across sites. Fellows may present a case that illustrates a rare syndrome or condition or a challenging case for which they would like others' feedback and suggestions.
- Board exam preparation involves faculty-led fact-finding exercises, periodic ethics vignette discussions, and challenging questions from the faculty following each fellow's case presentation.

- Medical Neuroscience Course – During year one, the fellow is expected to audit an intensive 12 week course typically offered at Georgetown University School of Medicine in the fall (or through another Institution based on availability). Fellows are expected to attend all lectures, labs, and review sections. Auditing students are not allowed to take the course's final examination, but it is required that they complete the weekly quizzes and provide the results to the Fellowship Director. If extenuating circumstances such as illness or family emergencies occur and prevent attendance at some of the course sessions, the fellow must attend a minimum of 85% of the instructional hours to meet the fellowship requirement for the course. There is no fee for fellows to audit the course.

Additional Optional Seminars & Training Opportunities

Fellows in the Clinical Neuropsychology Track are welcomed and encouraged to join in any of the following opportunities for learning to supplement the aforementioned didactic requirements:

- Grand Rounds – Hospital wide series of rounds with varied speakers across many topics related to inpatient psychiatry and forensic issues.
- Psychology Department Sponsored Continuing Educational Activities
- Psychiatry Case Conference & Journal Club – Weekly Wednesday afternoon meeting.
- Internship Training Program Seminars:
    - Assessment Seminar
    - Psychopharmacology Seminar
    - Forensic Psychology Seminar (including Landmark Case presentations)
    - Ethics Seminar

Teaching

The fellow will teach "Introduction to Neuropsychology" – a twice-yearly, brief 2-session course given to rotating medical students and psychiatric forensic residents focusing on exposure to testing cognitive domains, adaptive functioning and cognitive effort, as well as, case presentation with the goal of teaching how to discern appropriate referrals to the Neuropsychology Service.

The fellow will present two didactic seminars to the psychology internship program as part of the program's seminar series. The seminar sessions will focus on the primary role neuropsychology plays

within the umbrella of psychology and how to discern when referrals should be made through case examples.

Research

Fellows are encouraged to participate in or conduct their own research according to their interests during their training years. The Hospital has an Institutional Review Board that reviews and approves research, and we encourage scholarly research that benefits the Hospital's mission and the Fellow's career goals. The Hospital also has an excellent library with access to books from the National Library of Medicine and online access to multiple databases to further support research endeavors. Articles and texts are available through interlibrary loan services as well.

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GENERAL INFORMATION (applicable to all fellowship tracks)

Work Hours

Work hours are generally from 8:30 am to 5:00 pm, Monday through Friday for a total of 40 hours per week. Lunch is 30 minutes. Hours may vary at off-campus sites.

Stipend

The current stipend is $74,933 and is subject to salary increase at the start of the fiscal year in October. Fellows are represented by the psychologists' union in a collective bargaining agreement with the DC government regarding contract salary and benefits. They receive union benefits and yearly salary increases as defined by the contract. Paychecks are issued every two weeks, and directly deposited into one's bank account. Please note that stipends are limited to twelve months. Fellowships cannot be extended past the twelve-month period, and Fellows 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 $1300 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 11 paid holidays. Administrative Leave totaling up to 10 days are offered to each trainee to attend relevant conferences and continuing education programs.

Number of Positions

Four full-time Fellowship positions are anticipated for this training year: three Inpatient Psychology Fellows (either SMI or Forensic track) and one Fellow in the Enhanced Forensic Evaluation Track. Recent Fellows have graduated from the following universities:

University of Virginia
Adelphi University
George Washington University
Loma Linda University
William James College
Xavier University
Adler University
Wright State University
Fielding University
University of Denver
Fuller Theological Seminary
Eastern Kentucky University
Loyola University Maryland
Alliant International 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

Education and Staff Development Department, Room **248**

Employee Assistance Program

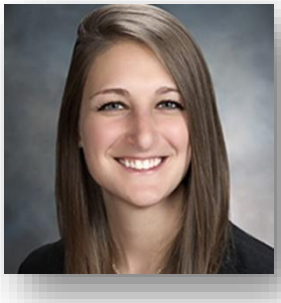
- INOVA 1-800-346-0110 Website: inova.org/eap
- Confidential counseling services are available

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 Consult Service
Theoretical Orientation: Psychodynamic
Interests: Individual Psychotherapy, Personality Disorders, HIV/AIDS Prevention

ANDREA ARAUJO TALLEDO, Psy.D. (Spalding University, 2020)
Internship: Federal Correctional Complex, Allenwood
Clinical Psychologist – 1C/O'Malley House
Theoretical Orientation: Cognitive Behavioral
Interests: Forensic Evaluations (e.g., Competency to Stand Trial, Criminal Responsibility), Competency Restoration, Criminal Behaviors in the Military, Group Therapy, Training

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



Kathryn Baselice, M.D. (University of Virginia, School of Medicine, 2017)
Residency: New York University Department of Psychiatry
Fellowship: University of Virginia, Forensic Psychiatry Fellowship (UVA Institute of Law, Psychiatry and Public Policy; Western State Hospital; Fluvanna Correctional Center for Women)
Forensic Psychiatrist, Forensic Services Division
Theoretical Orientation: Biological, Evolutionary, Behavioral
Interests: Forensic Evaluation, Violence Risk Assessment and Mitigation, Sexual Violence Risk Assessment, Competency Evaluation, Criminal Responsibility Evaluation

SID BINKS, Ph.D., ABPP-CN (George Washington University, 1992)
Internship: Spring Grove Hospital Center
Residency: National Institutes of Mental Health (Neuropsychology)
Staff Neuropsychologist – Neurology Services
Theoretical Orientation: Psychodynamic
Interests: Forensic Neuropsychology, Schizophrenia

CERELLA CHANDRA, Ph.D. (Southern Illinois University – Carbondale, 2025)
Internship: Saint Elizabeths Hospital
Staff Psychologist/Psychology Associate - Dix House, 1D
Theoretical Orientation: Third Wave CBT
Interests: ACT, DBT, Individual Therapy, Competency Restoration
For fun I… enjoy traveling, horseback riding, cooking/baking, and the performing arts (particularly choir, opera, and musical theater).

Denise Coltson, Ph.D. (Gallaudet University, 2022)
Internship: University of Rochester Medical Center
Residency: University of Virginia/Western State Hospital
Clinical Psychologist
Theoretical Orientation: Eclectic-- with greater emphasis on psychodynamic theory
Interests: systems and oppression-based trauma, access and equity in psychiatric inpatient settings, milieu treatment, psychological and risk assessment with attention to cultural and diversity factors, and presentation complexity involving deafness and serious mental illness

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 Consult 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 (SMI), Saint Elizabeths Hospital (neuropsychology)
Neuropsychologist
Theoretical Orientation: Cognitive Behavioral
Interests: neuropsychology, cognitive remediation

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)
Supervisory Clinical Administrator, Forensic Services Division
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 & Co-Director of Training-Enhanced Forensic Evaluation Fellowship
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 Consult 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 Consult Service
Theoretical Orientation: Cognitive Behavioral Therapy
Interests: Forensic Evaluation, Psychological Assessment, Competency Restoration, Risk Assessment (Violence and Sexual Violence)

Natalie Pierson, Psy.D. (Pacific University, 2024)
Internship: Springfield Hospital Center
Residency: Saint Elizabeths Hospital (Enhanced Forensic Track)
Clinical Psychologist - Forensic Services Division
Theoretical Orientation: Cognitive Behavioral
Interests: Forensic Assessment (e.g., Competency to Stand Trial, Criminal Responsibility, Risk Assessment, Feigning/Malingering), Competency Restoration, Juror Perceptions, and Psychopathy

LAUREN PRICE, Psy.D. (Florida Institute of Technology, 2021)
Internship: Saint Elizabeths Hospital (Forensic Rotation)
Residency: Forum Ohio, LLC (Forensic)
Director of Psychology Training
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

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

ELIGIBILITY

Fellowship applicants must have completed their doctoral degrees from an APA-accredited clinical or counseling psychology Ph.D. or Psy.D. program. Those with psychology doctorates who have re-specialized in an APA-accredited clinical or counseling program also may apply. Applicants must have completed an APA-accredited internship. **The doctoral degree must be conferred *prior* to start of Fellowship.** Fellows must remain in training for twelve full months to successfully complete their Fellowship and earn a completion certificate.

APPLICATION PROCEDURES

Applicants should submit:

1. A detailed letter of interest describing your specific goals for post-doctoral training in the areas of therapy, assessment, supervision, cultural competency, and professional development (Cover Letter). In the cover letter, **applicants must indicate if they are applying to the Clinical Neuropsychology Track (1) position, Inpatient SMI Track (1) position, Inpatient Forensic Fellowship Track position (1), the Enhanced Forensic Evaluation Track position (1), or if they wish to be considered for both the Inpatient and Enhanced Forensic positions.**
2. Curriculum vita
3. Official graduate school transcript(s)
4. Three (3) letters of recommendations from individuals directly familiar with your clinical work, including at least one supervisor who may speak to your most recent clinical experiences.
5. An integrated psychological assessment report (fully redacted) for an adult testing case.
6. For the **Inpatient Psychology Forensic Track** and the **Enhanced Forensic Evaluation Track**, please submit an additional (fully redacted) report with a forensic referral question (e.g., Competency to Stand Trial, Criminal Responsibility). If a report with these specifications is not available, please include an equivalent alternative.

All application materials should be combined into one PDF document and emailed directly to seh.psychologytraining@dc.gov . Letters of recommendation may be included in the application PDF document or sent directly by the author of the letter to: seh.psychologytraining@dc.gov .

Scanned unofficial transcripts are acceptable for electronic applications. If you are selected for a Fellowship here, we require an official transcript to be submitted from your university immediately upon acceptance.

Applications are due by 11:59 EST, December 28, 2026.

Applications for Fellowship will be evaluated using the following criteria: academic preparation, clinical experience with a seriously mentally ill population, clinical experience with an urban minority population, and fit between the applicant's objectives and our program offerings.

INTERVIEW DATES AND LOCATION

Following an initial review of the Fellowship application packages, selected applicants will be invited via email for interview by **January 8, 2027**. Interview appointments will be offered on **January 15, 2027** or **January 22, 2027**.

We will be conducting interviews virtually. Applicants will meet with the Director of Psychology Training to learn about the structure of the program and will then interview individually with several members of the training faculty. Applicants will also have an opportunity to take a virtual tour of the hospital and ask additional questions. Requests to meet with specific staff are welcome. After interviewing, all applicants will have opportunities to contact additional members of the faculty, should they express an interest in doing so. Please contact: seh.psychologytraining@dc.gov with any questions you may have.

All interviews will be held virtually this year, with opportunities to meet with Psychology training faculty.

TRAINING POSITION OFFERS

We will adhere to the **Common Hold Date of February 16, 2027**. Interviews and offers will be made on a rolling basis until all positions are filled. We will be conducting virtual interviews and hospital tours.

The start date for the Fellowship is scheduled for the beginning of September. However, start dates are somewhat flexible based on internship completion dates.

Program Changes will be posted on the website http:// www.appic.org

PUBLIC DISCLOSURE

The postdoctoral fellowship program is an APPIC-member program and is not an APA-accredited residency.

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

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