Saint Elizabeths Hospital

Clinical Psychology Postdoctoral

Fellowship Program

2022-23

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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 mental 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.

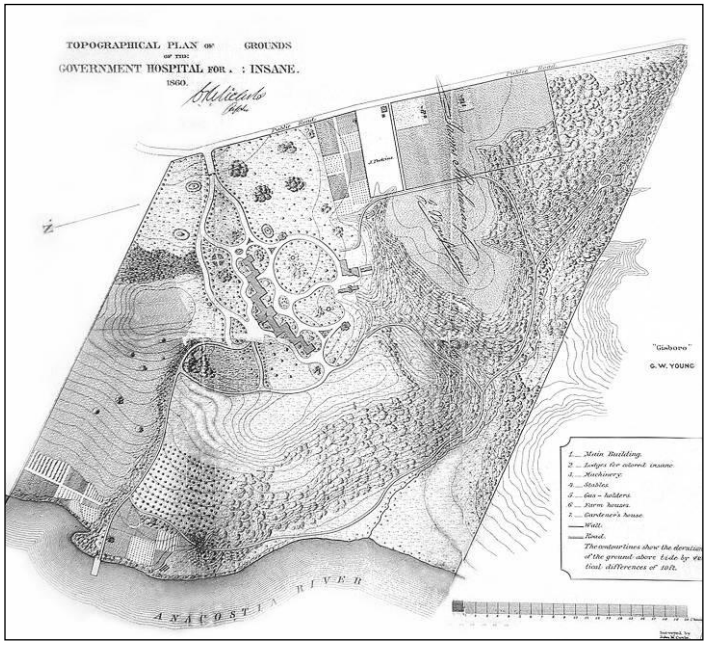
This brochure includes information about the hospital, the psychology department, and the Fellowship training program. Its purpose is to provide you with information needed to make an informed decision about whether this program is a good fit for your interests and training needs.

SAINT ELIZABETHS HOSPITAL HISTORY

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

Dorothea Lynde Dix

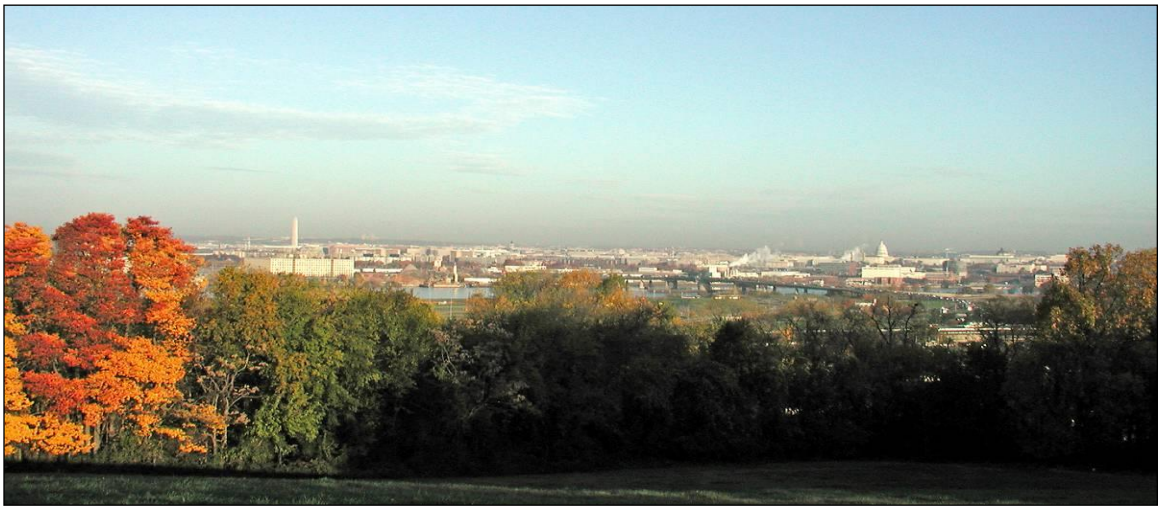
Saint Elizabeths Hospital, originally known as the Government Hospital for the Insane, was founded by Congress in 1852 through the efforts of Dorothea Lynde Dix. Ms. Dix was a pioneering mental health reformer who worked to change the view of the mentally ill and how to properly care for them. She advocated 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 St. Elizabeths Hospital

Situated on a bluff overlooking the convergence of the Anacostia and Potomac rivers, the hospital became known as "St. Elizabeths"—often appearing in print as just "St. 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 St. 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 St. Elizabeth's Hospital



View from the Point, West Campus, St. 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 (1903-37), 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 recently celebrated its 100th anniversary in 2007. The following section chronicles the creation of the department:

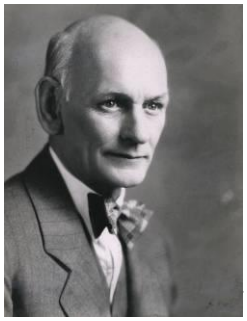
100th Anniversary of Psychology Department

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."



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
- Ethical & Professional Behavior
- Consultation
- Cultural Competency
- Supervision
- Teaching

FELLOWSHIP PROGRAM DESCRIPTION

The Fellowship 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 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 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 and interests of the Fellow.

Fellows may choose from two tracks, the **Forensic Track** and the **General Inpatient/SMI Track**. All Fellows spend approximately seventy-five percent (75%) of their time involved in service delivery. The remaining twenty-five percent is spent in didactic seminars, supervision, and supervision of supervision. The Fellowship 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 engage in work for the minor rotation.

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 program is a hospital-based program and therefore primarily offers training opportunities with an inpatient adult population.

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

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 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, Fellows 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. Fellows will complete an array of assessments throughout the training year. Depending on client availability and needs, Fellows may also have opportunities to perform neuropsychological screenings, evaluations and specialized forensic evaluations (i.e., sexual and violence and risk assessments, malingering assessments). 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 Fellows on the General Inpatient/SMI Track, and at **least 2** cases for 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, relaxation group).

Clinical Case Presentation

Fellows present clinical cases (e.g., testing or psychotherapy) during their Fellowship year. This includes presenting to faculty, staff, trainees from other programs, and at SEH Multidisciplinary Case Conferences. Some presentations involve collaboration with trainees from other disciplines in the hospital and include information gleaned from assessments, therapy, or behavioral interventions pertinent to the selected case.

Seminars & Training Opportunities

Fellows in the Forensic Track will participate in didactics and trainings provided at the hospital and in the community. When available, our Fellows also participate in the Forensic Seminar Series on Fridays from 9:00 a.m. – 12:00 p.m. Fellows in the Civil 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:

Assessment Seminar
Psychopharmacology Seminar
Forensic Psychology Seminar
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. When offered, forensic Fellows may attend an ABPP preparatory course, previously given at Walter Reed. 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

All psychology Fellows will be required to facilitate educational seminars for other SEH discipline training programs within the hospital. These seminars are generally designed for nursing staff, 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 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 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.

Clinical Placements

We offer two tracks in our Fellowship program: **Forensic** and **General Inpatient**. 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.

During the orientation period, Fellows learn about the units and placements available for major and minor rotation assignments. Faculty supervisors provide extensive information about available clinical rotations so Fellows may make informed decisions about their training preferences. Specifically, the supervising psychologists provide information about each rotation, including the client population, treatment modalities, supervision arrangements, and time commitments associated with the rotation. Final clinical assignments are made by the Director of Psychology Training, with consideration for the Fellow's preferences, their pre-Fellowship clinical experiences, and availability.

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.

Forensic Consult 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 Consult Service.

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 conducting 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 Therapeutic Learning Center (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 Therapeutic Learning Center (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 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 D.C., and recommendations for maintaining health and safety.

GENERAL INFORMATION

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 $40, 323, 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 $1000 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

Three full-time Fellowship positions are anticipated for this training year. Recent Fellows have graduated from the following universities:

University of Virginia
Adelphi University
George Washington University
Loma Linda University
William James College
Wright State University
Fielding University
University of Denver
Fuller Theological Seminary
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
- 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
- Confidential counseling services are available

PSYCHOLOGY TRAINING FACULTY

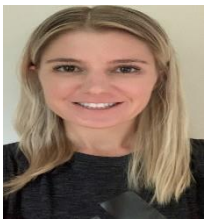
SID BINKS, Ph.D., ABPP-CN (George Washington University, 1992)
Internship: Spring Grove Hospital Center
Residency: National Institutes of Mental Health (Neuropsychology)
Staff Psychologist – Neurology Services
Theoretical Orientation: Psychodynamic
I**nterest**s: Forensic Neuropsychology, Schizophrenia

RICHARD BOESCH, Ph.D. (Catholic University of America, 2001)
Internship: Howard University Counseling Center
Residency: Howard University Department of Psychiatry
PBS Team Leader
Theoretical Orientation: Psychodynamic
Interests: Behavioral interventions, Developmental Disabilities, Adult Survivors of Childhood Sexual Abuse, Couples Therapy

JESSICA EDDINS, PSY.D. (Yeshiva University, New York)
Internship: NYU/Bellevue Hospital Center (Forensic Track)
Residency: Saint Elizabeths Hospital (Forensic Track)
Staff Psychologist – Shields House, 1F, **Forensic Consult Service**
Theoretical Orientation: Cognitive Behavioral Therapy
Interests: Psychological Assessment, Forensic Psychology, Risk Assessment and Management, Clinical Supervision

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 Consult 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



AMANDA GIORDANO, Psy.D. (Nova Southeastern University, 2020)
Internship: Springfield Hospital Center
Residency: Saint Elizabeths Hospital (Civil Track)
Psychology Associate
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 (Child Track)
Residency: DC Commission on Mental Health Services (Family Track)
Chief Clinical Officer
Theoretical Orientation: Systemic (Multisystemic, Structural, Strategic, & Solution-Focused)
Interests: ADHD, Family Therapy, Multicultural Issues

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- 2D
Theoretical Orientation: Cognitive-Behavioral
Interests: Geropsychology, Treatment of Serious Mental Illness, Health Psychology, 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)
Staff Psychologist – Unit 1B Barton House
Internship: New York University–Bellevue Hospital Center (Civil and Forensic tracks)
Theoretical Orientation: Family Systems, Hypnotherapy, Brief Psychotherapy
Interests: Race and Psychology, Neuropsychology, Geropsychology, Forensic Psychology/Violence Risk
For Fun I… like riding my bike and reading history and biography**.**

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)
Staff Psychologist – Dix House, 1D
Forensic Consult Service
Theoretical Orientation: Cognitive Behavioral
Interests: Forensic Evaluation, Psychological Assessment, Competency Restoration, Risk Assessment and Management, Malingering
For Fun I… Eat, travel, root for the Vikings, binge sci-fi and superhero content, and nap on the couch with my dog.

Michael B. Gaskell, PsyD (Xavier University, 2016)
Internship: UMass Medical School/Worcester Recovery Center & Hospital (Forensic)
Residency: UMass Medical School/Worcester Recovery Center & Hospital (SMI/Positive Behavior Support)
Staff Psychologist- Unit 1G, **Forensic Consult Service**
Theoretical Orientation: Behavioral
Interests: Assessment, PBS, violence and mental illness, social media/technology and violence
For fun I…: Collect fossils, stargaze, various avuncular activities, and vegetate with my dogs

CARLA STERLING, Psy.D., (Regent University, VA, 2014)
Internship: The Village for Families and Children, Hartford, CT
Staff Psychologist
Theoretical Orientation: Integrative (including Biopsychosocial theory, CBT, Psychodynamic, Humanistic)
Interests: Trauma & Resilience; Attachment & Trauma; Compassion Fatigue & Vicarious Trauma; Neurofeedback; Social Justice; Multicultural Diversity; Health Promotion & Disease Prevention; Health & Emotional Wellness; Mindfulness.
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.

AVANTI SADASIVAN, Ph.D. (Palo Alto University, CA 2015)
Internship: Saint Elizabeths Hospital
Fellowship: Worcester Recovery Center and Hospital & Bridgewater State Hospital
Forensic Consult Service
Theoretical Orientation: CBT
Interests: Forensic psychology, competence to stand trial, criminal responsibility, malingering
For fun I…read Harry Potter, watch football, and cook/bake!

CHRISTOPHER J. EDWARDS, Ph.D. (Palo Alto University, 2018)
Internship: Saint Elizabeths Hospital
Staff Psychologist – 1D Dix House
Theoretical Orientation: Integrative, Transtheoretical
Interests: Systematic Treatment Selection and other Clinical Research, Psychodiagnostic Assessment, Forensic Assessment
For fun I… listen to music/go to concerts, spend lots of time on the water (beaches, lakes, etc.) doing related activities, and watch/get involved with sports.

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

KERI-LYNN DOYLE, Psy.D. (Loyola University of Maryland, 2018)
Internship: Saint Elizabeths Hospital
Residency: Saint Elizabeths Hospital
Staff Psychologist – 2B Barton House
Theoretical Orientation: Cognitive Behavioral Therapy
Interests: Trauma Informed Care, Risk Assessment

TIARRA CURRIE, Ph.D. (Derner School of Psychology, Adelphi University)
Internship: Saint Elizabeths Hospital
Residency: Saint Elizabeths Hospital (Forensic Track**)**
Staff Psychologist- 2C Blackburn House
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

ELIZABETH TEEGARDEN, Ph.D. (University of Maryland,1983)
Internship: PG County Schools
Residency: University of Nebraska Medical School (Neuropsychology)
Clinical Psychologist FCS/Pre-Trial and Assessment Service
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

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 – 1C O'Malley House**, Forensic Consult Service Theoretical Orientation:** DBT & Interpersonal
Interests: Forensic Evaluation and Treatment, Sex Offender Evaluation and Treatment, Short term Violence Risk Assessment and Management Strategies, Gender and Sexual Identity Models
For fun I…Read my kindle, try new restaurants, plan parties and social events, bake sweet treats

TANYA HATCHER-SCHIPANOVA (Kazakh State University, Kazakhstan, 1981)
Specialist Diploma in Journalism with State Qualification of Journalist Psychology Department Program Specialist

ELIGIBILITY

Fellowship applicants must have completed their doctoral degrees from an APA-accredited clinical or counseling psychology Ph.D. or Psy.D. program, as well as an APA-accredited pre-doctoral internship program. Those with psychology doctorates who have re-specialized in an APA-accredited clinical or counseling program may also apply. Applicants must specify their interests in either the **General Inpatient/SMI Track** or **Forensic Track**.

The doctoral degree must be conferred *prior* to start of Fellowship. Fellows must remain in training for twelve full months in order 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).
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 applicants to the **Forensic Track**, please include an additional redacted report that addresses a forensic referral question (e.g., competency to stand trial, malingering, and other court ordered evaluations).

All application materials should combined into one PDF document and emailed directly to seh.psychologytraining@dc.gov.

Scanned unofficial transcripts are acceptable for electronic application. If you are selected for a Fellowship here, we do require an official transcript to be submitted immediately upon acceptance. Your recommendation letters may be sent directly to seh.psychologytraining@dc.gov via email, or included in your combined PDF document.

Applications are due by 11:59 PST, December 27, 2021.

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 7, 2022. Interview appointments will be offered on weekdays starting the week of January 21, 2022.

This year, in consideration of cost and safety due to the pandemic, 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.

Due to the COVID-19 pandemic, all interviews will be held virtually this year, with opportunities to meet with Psychology training faculty.

TRAINING POSITION OFFERS

Offers will be made following completion of the interview process. 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

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/