



Saint Elizabeths Hospital Psychology Externship Program 2020-2021

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GREETINGS!

We at Saint Elizabeths Hospital are delighted that you are interested in our externship training program in clinical psychology. Saint Elizabeths Hospital in Washington, DC is a publicly funded inpatient psychiatric hospital, with approximately 300 beds distributed between 12 forensic and civil units. Our program offers the opportunity to develop your clinical skills while working with a severely mentally ill urban minority patient population and the training needed to prepare you for your career as a psychologist in the mental health workplace. Our faculty is composed of excellent clinicians who are role models for psychologists in public mental health careers. They have a wide range of clinical experiences and training which they draw upon in educating you in how to work with the severely mentally ill 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 to preparing you for your future career as a professional psychologist.

This brochure includes information about the hospital, the psychology department, and the externship 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.

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 residents of the District. Saint Elizabeths was America’s first federal mental hospital, and it was the first public mental hospital in the District of Columbia.

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.”

Saint Elizabeths’ historic prominence among American mental hospitals is reflected in the fact that its first five superintendents were all elected 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 the adoption of new forms of treatment, such as art therapy, psychodrama, and dance therapy, as well as 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.

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 sold to the federal government to become the future 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.

The new 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.



After nearly 10 years of design, planning, and construction of our state-of-the-art hospital building, we moved into the new hospital May 2010. In this new, modern environment of care, we are able to provide the kind individualized, recovery-based psychiatric care that individuals who stay with us deserve. We are proud to have had psychologists as Chief Executive Officers and a psychologist as current Chief Clinical Officer at Saint Elizabeths.

History of Psychology at Saint Elizabeths Hospital

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.”

Toward 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



Shepherd Ivory Franz, Ph.D.

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. Other staff-of-note or trainees were Karl S. Lashley, Harry Stack Sullivan, E. G. Boring, Alexander Wolfe, Hans Strupp, and Margaret Ives. We are proud to note our current Chief of Clinical Operations is a psychologist who trained here, as are many of the 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, individual 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 Department maintains a strong commitment to the training of externs 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 keeping the training mission paramount. This perspective is reflected in the quality of supervision that has characterized this program over the years. Our training program utilizes a Practitioner Apprenticeship model, and externs work alongside staff psychologists, psychology interns, and psychology residents, frequently conducting assessments and treatment jointly. This model helps externs develop competence through experiential learning or "learning by doing." and supervised practice under the guidance of experienced practitioners. We are committed to supporting externs in their development of their clinical competencies.

We place particular emphasis on exposing externs to the breadth and variety of professional roles assumed by psychologists, including exposure to specialty areas such as forensic psychology, geropsychology, and specialized assessments.

PSYCHOLOGY TRAINING PROGRAM GOAL

The primary goal of the Psychology Externship Program is to develop externs' knowledge base and clinical skills necessary for the culturally-competent practice of professional psychology, with particular emphasis on the development of skills in working with the severely mentally ill in a public health setting. Program graduates will leave with improved skills in individual and group psychotherapy, psychological assessment, ethical and professional behavior, consultation with treatment teams, and the culturally competent delivery of psychological services to an urban minority severely mentally ill patient population.

EXTERNSHIP PROGRAM DESCRIPTION

The externship is a nine-month, part-time experience beginning on or about mid-September of each year and ending on or about mid-June of the following year, depending on extern schedules and training needs. The externship is a 16-20 hour per week externship, offering an array of training experiences including direct clinical services and clinical supervision. Externs see a minimum of two individual therapy patients, co-facilitate one psychotherapy group each week, and conduct a minimum of two psychological evaluations. Externs may also have opportunities to complete additional assessments during the course of the externship training year.

Program Components

The following are components of the externship program:

Psychological Assessment

During the training year, externs are encouraged to expand their repertoire of test instruments and to increase their familiarity with manual and computerized scoring. Training in assessment includes learning how to work effectively with seriously mentally ill individuals in an assessment setting. In addition, externs have the opportunity to learn new assessment instruments and develop skills relevant to choosing appropriate tests for the clinical population and referral question. Externs also receive training in the integration of all data into reports to provide a comprehensive clinical picture of the individual, along with individualized recommendations relevant to the individual's needs.

Externs must complete a minimum of two full battery psychological evaluations. Externs *may* also have opportunities to complete initial psychological assessments on pretrial / admissions rotations and/or 60-day update assessments on long-term rotations by the end of externship.

Psychotherapy

Training in psychotherapy occurs via group and individual interventions. Trainees are expected to maintain a minimum caseload of one psychotherapy group hour and two individual psychotherapy cases per week over the course of the externship. Externs will have opportunities to learn new skills providing therapy to individuals diagnosed with serious mental illness, including psychotic disorders (e.g., schizophrenia, schizoaffective disorder, and bipolar disorder), personality disorders (e.g., borderline personality disorder, antisocial personality disorder), neurocognitive impairments, and intellectual disabilities.

Seminars and Clinical Case Presentation

Approximately 1.5 hours per week are devoted to didactic seminars. The extern seminar series covers a variety of topics, including working with individuals who are seriously and persistently mentally ill, personality and cognitive assessment, group and individual therapy, legal issues, forensic processes, and ethics and diversity. During the second half of the externship seminar, externs will present two cases. One presentation will include data obtained from an assessment conducted by the extern, and the other presentation will be a conceptualization of a therapy case that includes treatment recommendations and rationale, multicultural issues, and legal/ethical issues. All externs are required to attend the weekly seminar every Friday morning.

Externs are also welcome to attend continuing educational activities including Grand Rounds and those sponsored by the SEH Department of Psychology.

Supervision

Intensive clinical supervision is the cornerstone of the externship. Each extern receives a minimum of three hours of supervision per week. Externs are supervised by SEH psychology

postdoctoral fellows and licensed psychologists. Each extern will receive one hour per week supervision for psychological assessment and one hour supervision per week for individual psychotherapy from the fellow supervising that activity. Licensed clinical psychologists provide supervision of supervision for the fellows. Externs also receive an additional hour of unit and group therapy supervision from licensed staff psychologists.

Major Rotation

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 as well as the Intensive Therapeutic Learning Center (TLC). The Transitional side includes the transitional treatment, medically compromised and geriatric units, and the Transitional Therapeutic Learning Center. Externs spend the duration of their externship rotation on an admissions/pretrial unit or on a long-term intensive or transitional unit.

Admissions/Pretrial Units

Acute Admissions: For the majority of civil individuals in care, the co-ed acute admissions unit (1E) is where individuals in care begin their stay at Saint Elizabeths Hospital. Individuals in care are admitted to SEH from the following referral sources: the Comprehensive Psychiatric Emergency Program (CPEP), transfer from other area hospital psychiatric units, 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 transfer to a longer-term unit in the hospital.

Pretrial: The majority of the individuals admitted to pretrial units have been charged with a crime, and following the charge(s), a judge has ordered an evaluation to be conducted in an inpatient setting. The types of evaluations vary according to the court order. The most common type of evaluation requested is related to the individual's competency to stand trial. At times, additional evaluations are requested, including competency to plead guilty, competency to waive the insanity defense, competency to participate in sentencing, and competency to participate in probation revocation hearings. The pretrial units provide competency restoration, along with short-term treatments such as psychotherapy and psychoeducational groups. There are four pretrial units at the hospital, including one all-female unit.

Long-Term Units

Long-term Intensive Units: Long-term intensive units provide services to persons adjudicated Not Guilty by Reason of Insanity and persons needing more time to stabilize in a secure setting while their current psychiatric issues are addressed within a structured and supervised therapeutic setting. Emphasis is on helping people develop skills to allow them

to meaningfully participate in their recovery and effectively manage the increased freedom, responsibility and opportunities for growth available in less secure/structured settings. There are three long-term intensive units: two all-male medium/maximum security units, and one co-ed continuing care unit.

Long-term Transitional Units: Long-term transitional units are minimum security, mostly post-trial units, with some civilly committed individuals on each unit (one unit is male and the other is a co-ed unit). The post-trial individuals in care on these units have been found Not Guilty by Reason of Insanity (NGRI) and committed to SEH indefinitely for psychiatric treatment. The primary goal on these units is treatment, with 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 civilly committed individuals in a minimum security setting.

Geriatric/Medically Compromised Units: Individuals in care referred to this unit for treatment typically have chronic medical problems, dementia, and/or are older adults. These units aim to provide optimal programming, treatment planning and therapeutic interventions aimed at treating serious mental illness while also addressing 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., they require assistance with eating and toileting needs) to fully independent. Many individuals on this unit have cognitive impairments due to progressive dementia, traumatic brain injury (TBI), or stroke. The individuals on these are a mixed population and have forensic and civil statuses.

Therapeutic Learning Centers (TLCs)

The psychology department provides a full range of psychological services in the Intensive and Transitional TLCs including individual therapy, group psychotherapy, psycho-educational groups, and psychological assessment. Group psychotherapy is the primary modality of psychotherapy practiced in the TLCs, and externs may conduct a group there throughout their training. In addition to general psychotherapy groups, specialized treatment is provided for subgroups such as individuals with sex offense histories, those in recovery from substance abuse, or individuals diagnosed with personality disorders. Externs may have opportunities to participate in or observe a specialty group, depending on appropriateness for the group members' treatment.

The Intensive TLC includes pretrial programming (e.g., competency restoration groups), as well as other groups adapted for treatment of individuals who are presenting with acute symptomatology and need more intensive treatment before they are community-ready. Individuals in care in the

Intensive TLC receive a variety of therapeutic services and specialized programming, including many groups aimed at competency restoration for those individuals of pretrial status.

The Transitional TLC provides treatment for individuals who are preparing to reenter the community. Within the Transitional TLC groups, individuals in care present with a full range of severe psychiatric conditions. Individuals in care in the Transitional services program receive a variety of therapeutic services, including participation in specialty groups such as ACT, DBT, Coping Skills, and Anger Management. Group services are also provided on the in the milieu on all Intensive and some Transitional units at various times during the day, and group topics are developed based on the needs of the individuals residing on each unit.



One of four courtyards for outdoor groups and therapy

GENERAL INFORMATION

Work Hours

At Saint Elizabeths Hospital, hours are 8:30 am to 5:00 pm, Monday through Friday. Lunch is 30 minutes. **Fridays are required**, given that the extern seminar series takes place on Fridays. At the onset of their externship, externs will select one additional weekday to be present at SEH.

Hospital Orientation

Externs will be required to attend a week and a half long hospital orientation prior to the onset of their training, generally offered during the summer months. Information regarding this orientation will be dispersed to selected applicants.

Number of Positions

Four externship positions are anticipated for each training year.

SAINT ELIZABETHS HOSPITAL RESOURCES

Employee Health Unit (Location: Saint Elizabeths Hospital Medical Clinic, Room 114.08)

Health Sciences Library (Location: Saint Elizabeths Hospital, Room 256)

- Interlibrary loan services with the National Library of Medicine are available.
- Internet database access that is available via your work or home computer.
- Access to electronic version of the DSM 5

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
Interests: 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 – Supervisory Clinical Psychologist
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
Interests: Psychological Assessment, Forensic Psychology, Risk Assessment and Management, Clinical Supervision



HOLLY CASAZZA, Psy.D. (*Argosy University [DC], 2009*)
Internship: *Saint Elizabeths Hospital (Forensic)*
Residency: *Saint Elizabeths Hospital (Civil)*
Staff Psychologist -2TR
Forensic Consult Service
Theoretical Orientation: Eclectic (CBT & Psychodynamic)
Interests: Assessment and treatment of individuals with severe and chronic mental illness; Risk Assessment; Research interests include assessing the inter-rater reliability on scoring and interpreting the Rorschach with SMI populations



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

Internship: *Saint Elizabeths Hospital (Civil)*

Residency: *Saint Elizabeths Hospital (Civil)*

Staff Psychologist – Barton House 1B

Theoretical Orientation: Psychodynamic

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



JONATHAN DUGDILL, D.Clin.Psych. (*Bangor University, Wales, 1997*)

Director of Psychology

Theoretical Orientation: Cognitive Behavioral

Interests: Cognitive Therapy for Delusions, Forensic Psychology, Existential Psychotherapy, ACT, DBT, Clinical Research.



MICHELE P. GODWIN, Ph.D. (*Auburn University, 2003*)

Internship: *William S. Hall Psychiatric Institute in Columbia, SC*

Residency: *Saint Elizabeths Hospital (Forensic Track)*

Staff Psychologist- Howard House 1G

Forensic Consult Service

Theoretical Orientation: Cognitive Behavioral

Interests: Forensics, Competency, Criminal Responsibility, Civil Commitment



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- Blackburn House 2C
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*)
Internship: *New York University – Bellevue Hospital*
Staff Psychologist – Gorelick House 2A
Theoretical Orientation: Systemic (Structural & Strategic), Eriksonian Hypnosis
Interests: EEG/Biofeedback, Learning Disabilities Assessment & Treatment, Domestic Violence, Childhood Psychopathology, Forensic Psychology



A. MICHELLE MARSH, Psy.D. (*The Virginia Consortium Program in Clinical Psychology, 1999*)
Internship & Residency: *Howard University Hospital*
Staff Psychologist – Hayden House 1E
Theoretical Orientation: Cognitive Behavioral
Interests: Psychological Treatment of the Seriously and Persistently Mentally Ill, CBT for Schizophrenia, Group Psychotherapy



Brittany Sheehan, Psy.D. (American School of Professional Psychology at Argosy University, 2014)

Internship: Saint Elizabeths Hospital

Residency: Saint Elizabeths Hospital (Forensic Track)

Staff Psychologist – Nichols House- 2B

Theoretical Orientation: Eclectic with an Emphasis on Cognitive Behavioral Therapy

Interests: Psychological Assessment, Positive Behavioral Support, Forensic Psychology, Risk Assessment and Management, Mindfulness Research, Clinical Supervision, Individual Therapy, Sex Offender Treatment



SCOTT PIZZARELLO, Ph.D. (Florida State University)

Internship: Center for Behavioral Medicine, Kansas City

Residency: Fulton State Hospital

Staff Psychologist – Shields House, 1F

Forensic Consult Service

Theoretical Orientation: CBT

Interests: Forensic Psychology, malingering, risk assessment and management



AVANTI SADASIVAN, Ph.D. (Palo Alto University, CA 2015)

Internship: Saint Elizabeths Hospital

Fellowship: Worcester Recovery Center and Hospital & Bridgewater State Hospital

Staff Psychologist – Dix House, 1D

Forensic Consult Service

Theoretical Orientation: CBT

Interests: Forensic psychology, risk assessment and management, competency evaluation and restoration



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

Internship: Saint Elizabeths Hospital

Residency: Saint Elizabeths Hospital (Forensic Track)

Staff Psychologist – 2D Franz House

Forensic Consult Service

Theoretical Orientation: Cognitive Behavioral

Interests: Group and individual competency restoration, risk assessment, competence to stand trial evaluation, civil commitment

Photo Coming Soon!

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)

Photo Coming Soon!

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 – 1G Howard House

Forensic Consult Service

Theoretical Orientation: Dialectical Behavior Therapy and Cognitive Behavior Therapy

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



WENDY OLSON, Ph.D. (Texas A & M University, 2010)

Internship: Colorado Mental Health Institute at Fort Logan

Residency: Saint Elizabeths Hospital (Forensic Track)

Psychology Training Director, Interim

Forensic Consult Service

Theoretical Orientation: Eclectic with an Emphasis on Cognitive Behavioral Therapy

Interests: Sex Offender Assessment and Treatment, Forensic Psychology, Risk & Threat Assessment, Clinical Supervision & Training, Mental Illness and Cognitive Impairment, Social Justice and Cultural Humility



Tanya Hatcher

Program Specialist

Psychology Department

ELIGIBILITY

Applications for externship will be rated in consideration of the following criteria: academic preparation, clinical experiences, and fit between the applicant's learning and career objectives and our program's offerings. Candidates with practicum training/clinical experience with psychological testing and individuals with serious mental illnesses are preferred.

In accordance with the DC Human Rights Act of 1977, as amended, DC Code 1-2501, et seq., (The Act), The District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, marital status, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, disability, source of income, or place of residence or business. Sexual harassment is a form of sexual discrimination which is also prohibited by the Act. Discrimination in violation of the act will not be tolerated. Violators will be subject to disciplinary action.

APPLICATION PROCEDURES

Applicants should submit:

1. A letter of interest describing specific reasons for wanting to train at SEH and ways in which the SEH externship is consistent with your career goals
2. Curriculum vita
3. Official graduate school transcript(s) – to be sent from registrar directly to address listed below
4. Two (2) letters of recommendations from persons familiar with your clinical work, including a **current** supervisor
5. Sample of an integrated psychological evaluation (minus identifying information) that includes **both** intellectual and objective and/or projective personality test measures

We prefer electronic versions of all documents except your transcript. Letters of recommendation may be scanned and sent directly from those who are providing recommendations. Please send electronic submissions to wendy.olson@dc.gov in **ONE** email, with the exception of letters of recommendation, which should be sent directly from supervisors to Dr. Olson. Please ask your letter writers to include "Recommendation Letter for X applicant" in the subject line.

Any questions about our application procedures may be emailed to Wendy A. Olson, Ph.D. (she/her/hers), Interim Director of Psychology Training at wendy.olson@dc.gov.

Our Mailing Address is:

Saint Elizabeths Hospital
ATTN: Wendy A. Olson, Ph.D.
Department of Psychology
1100 Alabama Avenue S.E.
Washington, DC 20032
Email: wendy.olson@dc.gov

The deadline for completed applications for 2020-2021 was Friday, February 7, 2020.

The application deadline for 2021-2022 will be announced in summer 2020.

Following review of the application packages, selected applicants will be invited for an onsite interview at the hospital. Applicants who are no longer under consideration will be informed via e-mail by February 21, 2020.

INTERVIEW DATES AND LOCATION

Applicants invited for interviews will be contacted via phone or email by February 21, 2020. All interviews are face-to-face and will be held at Saint Elizabeths Hospital during the months of February and March. The hospital is located at 1100 Alabama Avenue, SE, Washington, DC 20032

TRAINING POSITION OFFERS

The Greater Washington Area Directors of Clinical Training (GWADCT) helps coordinate the annual offering and accepting of externship placements by clinical psychology graduate students.

We will adhere to a Universal Student Acceptance Date Approach as advised by the GWADCT. Specifically, applicants will be offered positions during the week of March 13, 2020, with the understanding that students are not able to accept an offer until 9:00 a.m. on March 13, 2020.

In addition, we will adhere to the following guidelines from the GWADCT:

- Applicants can accept externship offers on Friday, March 13, 2020, starting at 9:00 am.
- Applicants must decide on offers made after 9:00 am within one hour up until 5:00 pm.
- The deadline for deciding on offers made after 4:00 pm on March 13 will be Monday March 16 at 10:00 am
- Applicants may reject offers or withdraw from consideration at any time before Friday, March 13, 2020. Please email Dr. Olson if you wish to withdraw from consideration.