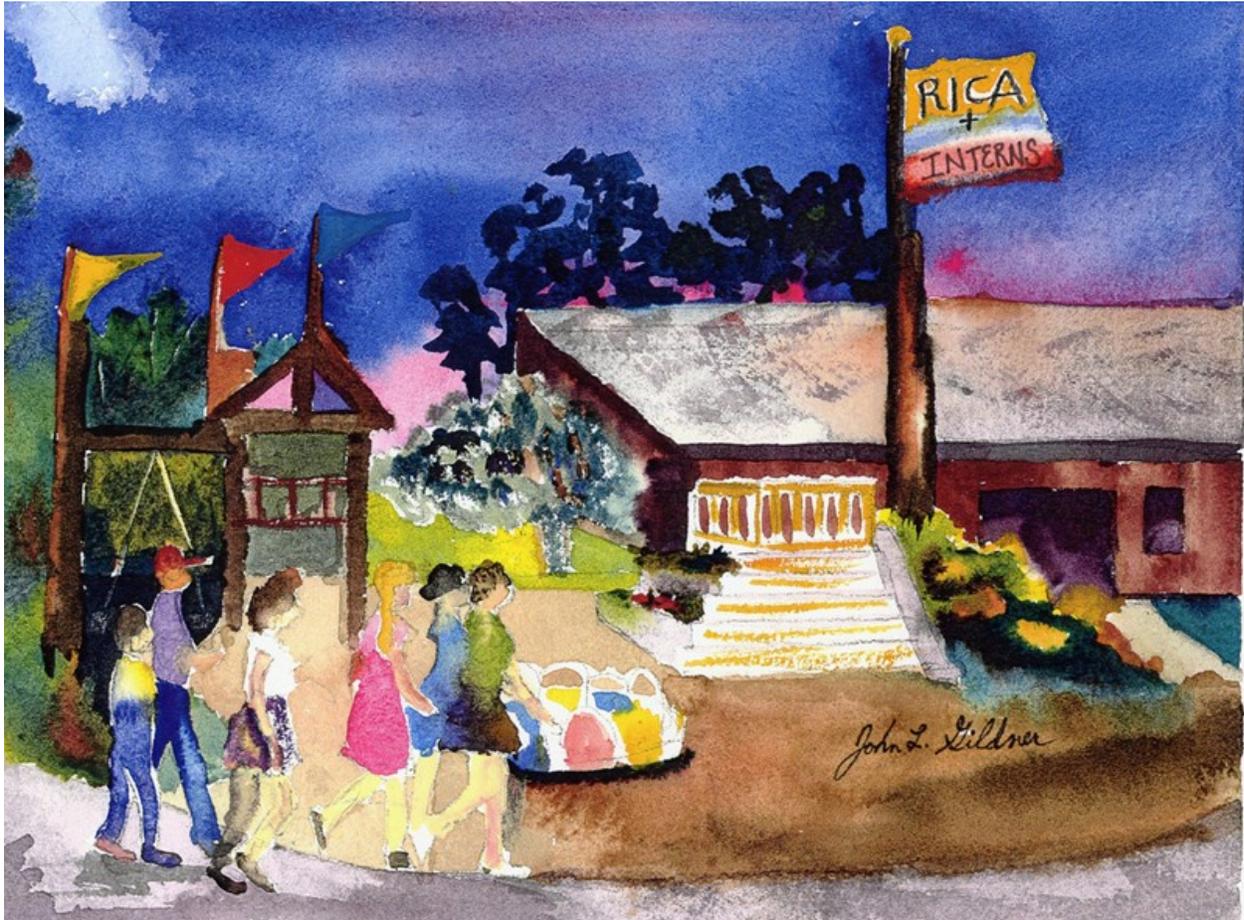


PREDOCTORAL INTERNSHIP IN CLINICAL PSYCHOLOGY
2017-2018



The John L. Gildner Regional Institute for Children and Adolescents
Rockville, Maryland

State of Maryland
Department of Health and Mental Hygiene
Mental Hygiene Administration
APA Accredited¹

¹APA Committee on Accreditation, 750 First Street, NE, Washington, DC 20002-4242 (202) 336-5979



JOHN L. GILDNER
REGIONAL INSTITUTE FOR CHILDREN & ADOLESCENTS



15000 Broschart Road • Rockville, Maryland 20850-3392
Telephone: 301.251.6800 • Fax: 301.309.900

Dear Prospective Applicant,

Thank you for your interest in the APA-Accredited Pre-Doctoral Clinical Psychology Internship at the John L. Gildner Regional Institute for Children and Adolescents (JLG-RICA) in Rockville, Maryland. This brochure describes our internship training program, the eligibility requirements and the application procedures. All application materials should be submitted using the online process and national match developed by the Association of Psychology Postdoctoral and Internship Centers (APPIC). Information regarding the online application process and registration for the national matching program can be found on the APPIC website (www.appic.org). All application materials for our program must be submitted by Midnight (EST) on Friday November 11th for consideration.

We look forward to receiving your application. Please contact me if you have any questions or need additional information about our program.

Sincerely,

Monya Cohen, Psy.D.

Monya Cohen, Psy.D.
Licensed Psychologist
Director of Internship Training
JLG-RICA

monya.cohen@maryland.gov
301-251-6882

OUR MISSION

To provide the best possible patient care and education to all students and their families

The John L. Gildner-RICA
PREDOCTORAL CLINICAL PSYCHOLOGY INTERNSHIP

The John L. Gildner Regional Institute for Children and Adolescents (JLG-RICA) is a State supported community-based residential and day treatment center and special education school for 96 emotionally disabled children and adolescents, ages 9-21. JLG-RICA began admitting students in 1980 and has held full accreditation status by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) since 1981. JLG-RICA is an interagency program operated by the State of Maryland Department of Health and Mental Hygiene (DHMH) in partnership with Montgomery County Public Schools (MCPS). Day treatment students are accepted from Montgomery County. Residential students are admitted from Montgomery and surrounding counties (Carroll, Frederick, Howard, Prince Georges and Washington).

JLG-RICA offers a full range of services: Day and residential treatment; milieu therapy; psychopharmacology; recreational and expressive therapies; individual, family and group therapy; Dialectical Behavioral Therapy (DBT) and a fully accredited Special Education school with academic and vocational programming. The clinical staff is comprised of five psychiatrists, nine licensed psychologists, six licensed clinical social workers, and three expressive therapists. In addition, JLG-RICA has a large staff of registered nurses and residential counselors. School staff are employed by Montgomery County Public School (MCPS) and include certified Special Education teachers and instructional assistants. During the school day medical coverage is provided by the health suite staff, comprised of a registered nurse and a part-time pediatrician. JLG-RICA is built on a 15-acre campus and consists of an administrative/clinical building that adjoins the school building. There is also an indoor pool, an exercise room and a refurbished gymnasium. Basketball courts, two baseball diamonds and a large football/soccer field surround the school building. The facility is handicap accessible and has been upgraded to meet ADA guidelines. JLG-RICA is in close proximity of the Capitol beltway and public transportation, including the Metro, an efficient subway serving the metropolitan Washington area.

MULTIDISCIPLINARY APPROACH

JLG-RICA is a unique collaboration between clinical, residential and educational services within a single facility. This allows for “transitions” between therapeutic levels of care. Depending on their clinical needs, RICA students may live in a private residence, therapeutic foster care or group home, residential cottage or on

the RICA Evaluation Unit, while the RICA school remains constant. For most residential students, the long term objective is to transition to their home environment, by way of weekend passes while processing progress and assessing continuing needs through weekly family therapy meetings. A multidisciplinary approach is the foundation of the JLG-RICA treatment program. The clinical, residential and educational programs are integrated through the **team concept** and the coordination of the individual treatment plan (ITP) and the individual education plan (IEP). A clinical therapist is at the core of each child's treatment team and serves as both primary therapist (providing individual and family therapy) and case manager.

An expressive therapist, residential staff and school staff are assigned to each child and his/her family throughout their stay at JLG-RICA. In addition, a consulting psychiatrist works closely with each treatment team. This team develops implements and monitors the student's treatment plan. Students are involved in individual and group therapy, with the frequency determined by each student's needs. All families are expected to be involved in family therapy. Therapists are available to see families during day and/or evening hours. A student's behavioral progress is monitored through the use of a "phase system" a structured behavior modification program involving both short and long-term goals for increasingly appropriate behavior.

The residential program provides a 24-hour living environment for students who are unable to function in the community or at school without intensive structure and supervision. Within the residential program, the staff fosters personal and social growth, independent living, goal setting and group cohesiveness, based on each student's developmental needs. The goal of treatment for residential students is their return to their family or, when clinically indicated needed, placement in a group home or specialized foster care.

Expressive therapy services offer a variety of process-oriented therapies based on each student's emotional needs and developmental skill level. These therapies currently include art, music and movement modalities. Interns often choose to co-lead these groups as a way to develop an appreciation for these alternative treatment modalities.

A special eight-bed Evaluation Unit (EU) is provided for adolescents who have been ordered into residential treatment by juvenile or family court for the purpose of conducting psychological, educational, social and psychiatric assessments and developing placement, treatment, and academic recommendations. Interns are

assigned a rotation on the EU and are responsible for two clinical cases under supervision. As part of their testing requirement, interns may also conduct psychological and educational evaluations on the EU if their skills are at the required level. Additional opportunities during the EU rotation may include attending court hearings, participating in County IEP meetings, and coordinating directly with community providers.

The RICA educational program strives to provide a rigorous instructional program while focusing on students' social/emotional skill development. The school employs a strong behavior management system and helps students build their resilience, perseverance, self-awareness, and growth mindset skills. There is a small staff to student ratio in order to provide as much individualized and personalized instruction as possible. A variety of specialized services are offered in a highly structured classroom setting which stresses the consistent implementation of each student's IEP. Instruction follows the MCPS curriculum and is based on Common Core State Standards. Academic and special course offerings include English/language arts/reading, math through pre-calculus, Spanish, social studies/history/government, sciences, art, music, physical education, technology, career awareness and site-based work experience. When students demonstrate social-emotional readiness they have the opportunity to mainstream into the county's comprehensive school programs, with the goal of eventually returning full-time to a less restrictive environment.

GENERAL DESCRIPTION OF THE PRE-DOCTORAL PSYCHOLOGY INTERNSHIP TRAINING PROGRAM

JLG-RICA is highly committed to the training of pre-doctoral interns in psychology. Our pre-doctoral internship training program is designed to meet the one-year requirement for obtaining the Doctor of Philosophy (Ph.D.) or Psychology (Psy.D.) degree in Clinical Psychology. In June 1991, the APA granted the JLG-RICA internship program provisional accreditation as a Clinical Psychology Pre-doctoral Internship (as is traditional at a program's onset). We have successfully maintained full accreditation status¹ through three APA site visits, the first in October 1996, the second in May 2001, and most recently in June 2013. The internship program adheres to the standards of the Association of Psychology Postdoctoral and Internship Centers (APPIC), as well as those of the National Register of Health Providers in Psychology. Only applicants from Clinical Psychology programs are considered. We offer three fully funded positions, plus State employee benefits including health insurance, vacation and all

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State holidays. The current stipend is \$29,640.00. The internship begins in early August and continues into the following August for one calendar year (2,000 hours required).

JLG-RICA STUDENTS DIVERSITY

The JLG-RICA student population is diverse in terms of age, racial and ethnic backgrounds, gender and psychopathology. Current demographic statistics are as follows: Gender distribution is typically 41% female and 59% male. Ages range from 9-21 years old, with an overall average age of 15.

JLG-RICA students are drawn from the racial and cultural communities represented in surrounding Maryland counties. Currently 59% come from minority groups, the largest of which is African-American (29% of all students). Other percentages of students are Latino (19%), Asian (5%) and biracial (6%). Caucasians represent 41% of the population.

The most common reported JLG-RICA family constellations are single-parent households (46%); followed by both biological parents present (28%), adoptive parents (12%), and blended families with stepparents (13%). The overall socioeconomic status of JLG-RICA families is normally distributed and divided into four groups. At present, our clients are somewhat over-representative of the lower middle income group.

Other student characteristics of interest include adoption outside the family (17.7%). Some of our students are either court ordered to JLG-RICA or court involved. Many of our students are involved with Montgomery County Department of Child Welfare or the Maryland Department of Juvenile Services.

The most common diagnoses our students have on admission to our program are Depressive Disorder (34%), Post-Traumatic Stress Disorder (10%), Anxiety Disorder (9%), Autism Spectrum Disorder (8%), Attention Deficit Hyperactivity Disorder (8%), Bipolar Disorder (7%), Mood Disorder NOS (5%), Oppositional Defiant Disorder (5%), Reactive Attachment (4%), Impulsive/Explosive (2%), Schizoaffective (1%), Other (7%). These diagnoses often occur in combination with specific learning disabilities. Other types of psychopathology seen in the JLG-RICA population include traits of personality disorders, Conduct Disorder, Impulse Control Disorder, Obsessive Compulsive Disorder and Substance-related and Addictive Disorders.

PHILOSOPHY

Our facility's late Chief Executive Officer, John L. Gildner, articulated the following Mission Statement for the facility: *“To provide the best possible patient care and education to all students and their families.”*

JLG-RICA's mission is actualized through the Vision Statement, which strives to make the facility *“a resilient and fully integrated multidisciplinary program, which addresses each realm of functioning for every client in our care.”*

In accordance with this mission and vision, the JLG-RICA Protectoral Clinical Psychology Internship Training Mission is: *“To provide the best possible professional Psychology training within a multidisciplinary team setting for emotionally disabled children, adolescents and their families.”*

The twin tenets of JLG-RICA's internship training program are:

- I. To provide a range of clinical experiences with emotionally disabled children and adolescents that prepares interns to assume professional responsibility in a variety of related settings, and
- II. For interns to achieve a thorough integration of psychological knowledge, theory and practice.

The training model used to achieve these goals most closely fits the Practitioner—Scholar model, with the emphasis on clinical practice and service delivery, as well as learning by doing. Elements of the Scientist-practitioner and Scholarship Practitioner models are also evident, but less prominent in the training program. Consistent with the Practitioner-Scholar model, interns are treated as professional colleagues who are expected to function as “primary” clinical therapists and fully integrated members of their respective treatment teams. They are guided and supported throughout their internship year by intensive supervision, mentoring and a planned sequence of relevant training activities. Interns are exposed to the role of psychologist as Scientist-Practitioner through their involvement in a yearlong clinical research or program evaluation project.

The Scholarship-Practitioner model is manifested through the Psychology Seminar series, a weekly series of clinical case conferences or educational presentations focusing on current research and best practice treatment interventions that meet the

current mental health needs of our students and families. Seminar topics offered during the 2015-2016 internship year include:

- Family Therapy Case Consultation
- Therapy Case Consultation
- DBT Case Consultation
- Yoga and Nutrition Fundamentals for Wellness
- Cognitive Behavioral Treatment of Childhood Anxiety Disorders
- Assessment & Autism Spectrum Disorders
- Sand Tray Therapy: Core Principles, Ethics and Narrative Practice
- Neurosequential Approach to Trauma Focused Art Therapy
- Integrating Improvisation into Music Therapy
- Video Gaming
- Neuropsychological Assessment for Children and Adolescents
- How to Incorporate the Myers Briggs Type Indicator into Family Therapy
- Social Media and Adolescent Health: The Good, the Bad and the Ugly
- Program Evaluation of Two Specialized Group Interventions at RICA

Psychology Interns have the opportunity to present a topic of their choice to our clinical staff near the end of the training year.

Of particular relevance to the training program is the overall philosophy of JLG-RICA; specifically that treatment for our population is best provided by a systems oriented, multidisciplinary team approach. The treatment team respects the fact that each student is connected to a system comprised of himself or herself, his/her family, school and community. Individualized treatment planning is implemented by a multidisciplinary team consisting of clinical, residential and educational staff that works directly with the child.

At the center of each child's treatment team is a primary therapist who serves as the individual and family therapist, mental health consultant and case manager. The primary therapist, in consultation with the team, develops the individual treatment plan (ITP) and subsequently coordinates and monitors its implementation. Interns are trained primarily in carrying out this demanding and complex role. Secondary roles include psychological assessment service provider, group therapist and applied clinical researcher.

The clinical staff at JLG-RICA believes that the training of psychology interns to handle multiple clinical roles within a complex multidisciplinary system is helping them acquire the skills and flexibility to function in a wide variety of clinical settings. In the ever-changing mental health market, psychologists must learn to adapt to different settings, roles and responsibilities while maintaining a distinct and professional identity. Our graduates have given us feedback that their experience at JLG-RICA helped them to “fit in” with their subsequent job settings and prepared them to handle a variety of experiences with confidence.

The psychology internship is an integral part of the JLG-RICA clinical program. Other members of the clinical staff are always eager to work with the interns because they bring new ideas, different treatment approaches, and a fresh perspective to the facility.

EXPECTATIONS, GOALS AND OPPORTUNITIES

Upon completion of the JLG-RICA Internship, Interns will be expected to perform psychological assessments, individual, group and family therapies, and consultation at an entry level of professional competence. Training goals are as follows:

1. Interns will gain entry level professional clinical skill and competence in providing individual, family and group psychotherapy, as well as case management responsibilities with a child/adolescent population.
2. Interns will be able to provide consultation and liaison within JLG-RICA’s multi-disciplinary system, as well as with community agencies.
3. Interns will learn and apply ethical standards to the practice of psychology.
4. Interns will develop and strengthen psychological assessment techniques appropriate to children and adolescents with special needs.
5. Interns will understand organizational functioning and the dynamic process inherent in a group – in particular, the purposeful professional role of the psychologist in a complex mental health organization.
6. Interns will gain an understanding of the main issues involved in conducting applied research and program evaluation within a mental health agency.

7. Interns will integrate academically acquired information and apply this knowledge to the practice of psychology through participation in training seminars, workshops, and staff meetings.
8. Interns will utilize supervision and collaboration to accomplish the above goals.

In order to achieve these goals, interns will be available to JLG-RICA a minimum of 40 hours per week for 12 months (i.e., the goal of which is to accrue 2,000 hours). In the area of assessment, the intern is expected to have prior experience with and the ability to administer and score a variety of cognitive and social-emotional instruments, as well as interpret and communicate these findings in both written and oral form. Please see a complete list of Assessment Tools on page 19. The intern is also expected to have a thorough knowledge of psychopathology, the assessment literature, and of DSM-V classifications. The internship will enhance and refine these skills through the intern's participation in various seminars and through intensive one-to-one supervision and administration of at least 10 psychological evaluations. Students tested range in age from 9-21 and may include some students placed on the EU, as well as regular residential and day treatment students.

Interns are expected to abide by the rules and guidelines provided by the JLG-RICA staff and to perform in a competent and professional manner. Interns will act in accordance with professional standards and ethics as prescribed by APA and as is customary at JLG-RICA. Should a problem or conflict arise, a procedure is in place to address intern grievances both within the psychology internship program, and as a part of JLG-RICA's routine personnel counseling. This information (per APA standards) is made available to interns during their orientation in August. Intern applicants may also ask to see this information during interviews.

Clinical Skill Development

Comprehensive Psychological Assessment

Psychological Assessment is a primary focus of the JLG-RICA Pre-Doctoral Psychology Internship Program. The intern is expected to have prior assessment experience administering and interpreting a variety of cognitive, social-emotional, personality, and neuropsychological measures. The intern will be required to present the findings in oral and written forms to parents, educators, and other involved professionals. Proficiency in psychopathology, relevant literature, and diagnostic coding is required. As part of the internship program, the intern will be closely supervised by a licensed clinical psychologist who will evaluate the intern

on their administration, scoring, interpretation, written and oral feedback, and openness to supervision. The intern is required to complete at least 10 comprehensive evaluations, but opportunities for additional assessment cases is available.

Psychotherapy

A primary focus of the psychology internship program is the development of psychotherapy skills. Interns will be expected to demonstrate professional, entry level competence in the following areas: interviewing skills, critical thinking skills, report writing skills, observational skills, intervention and interpretation skills, the ability to formulate appropriate treatment goals, the ability to conceptualize cases theoretically, and a thorough understanding of major theories of personality and psychotherapy. Each intern is expected to carry five supervised cases (5-10 individual therapy hours and 4-5 family therapy hours per week) co-lead one family therapy with an individual therapy supervisor and to participate as a co-leader in two group therapy experiences. Each intern is also responsible for 2 EU cases during their EU rotation.

Case Management

In addition to the basic core skills described above, the intern serves as a case manager for his/her five cases, thus building his/her consultation skills through collaboration with the school and residential staff regarding behavior management and clinical issues, as well as accessing various community resources. Skills in crisis intervention and mental status assessment are also developed over the internship year.

Clinical Research and Treatment Evaluation

In keeping with the model of Scientist-Practitioner, the psychology internship program participates in an active program of clinical research and evaluation of treatment effectiveness. Kerstin Youman, Ph.D., a staff psychologist, also serves as Director of Research and Program Evaluation. Interns may develop projects in collaboration with Dr. Youman, the Research Committee, and other clinical staff. Interns may find opportunities for dissertation research as well. All interns work weekly with a member of the Research Committee to learn about program evaluation and to conduct a focused program evaluation/research project with expectations of a completed project presentation, report, and/or possible publication.

Evaluation Unit

Interns are assigned a rotation on the Evaluation Unit and are responsible for two clinical cases under the direction and supervision of Maya Spernoga, Psy.D. As part of their testing requirement, interns may also conduct psychological and educational evaluations on the EU if their skills are at the required level. Additional opportunities during the EU rotation may include attending court hearings, participating in County IEP meetings and coordinating directly with community providers.

Group Supervision

Group Supervision is led by Ann Kimball, Psy.D. and the Expressive Therapists. Each psychology intern is required to co-facilitate a minimum of two different groups (or two semesters of the same group). The current options include opportunities to co-lead an Expressive Therapy group (Music, Dance/Movement, Art), Huddle Up & Cope (HUAC) or Dialectical Behavior Therapy (DBT).

- Expressive therapies are unique treatment modalities which utilize art, music, and movement for nonverbal and verbal expression. We work with the treatment team and student's goals outlined in his or her individual treatment plan. We often see hidden strengths as we work with students. We strive to enhance self-esteem, help build positive relationships with peers, and provide an outlet for feelings that are difficult to put into words. **Music Therapy** offers students opportunities to grow through creative musical experiences. The purpose is not to teach music, but to accept, support and expand each student's self expression. **Art Therapy** provides opportunities for self expression and communication through use of colors, forms, lines, and spaces to reflect feelings in a symbolic form. **Movement Therapy** involves a direct expression of one's self through one's body. Through body action student learns to control impulses, to increase sense of organization, and to explore healthy means of expressing feelings.
- **Huddle Up and Cope:** A skills group for residential students based on research with traumatized adolescents. This group is co-led by both clinical and residential staff and teaches self soothing skills, sensory grounding and improved affect regulation.

- **Dialectical Behavioral Therapy:** DBT is a therapy intervention based on principles of cognitive behavioral therapy, Zen philosophy and the Bio-Social Theory. DBT is utilized in three modalities: Individual therapy, DBT skills group and DBT multi-family skills group for both day and residential students who have a history of emotional and behavioral dysregulation, skills deficits, a history of suicidal ideation or gestures and/or a history of self injurious behaviors. Interns have the opportunity to learn and develop DBT Skills as a co-leader in a DBT Skills group and participating on the DBT Consultation Team.

Journal Club

Interns will participate once per month in the JLG-RICA journal club. Interns are expected to read the articles and participate in the discussions. Once throughout the training year, interns will each select an article of interest and lead a journal club discussion.

Process Group

A crucial part of internship training is personal growth. Interns share information and experiences with one another through participation in the trainee process group one day per week under the leadership of Nancy Barkoviak, MSN.

Psychology Seminar

The JLG-RICA psychology staff offers a weekly Psychology Seminar focused on clinical, ethical and professional issues. Workshops and seminars offered by professionals in the DC Metro area are approved for continuing education units by the Maryland Board of Examiners of Psychologists and the Maryland Board of Examiners for Social Work.

Directors Meeting

Dr. Monya Cohen, Director of Internship Training holds a weekly meeting with the interns to promote professional growth and development, as well as facilitate discussions regarding systemic issues and ethical concerns. Dr. Cohen also provides guidance in applying for post-doctoral and psychology associate positions and for preparing for licensure.

Structure of the Psychology Internship Training

Each intern is assigned to a multidisciplinary Team and serves as primary therapist/case manager to students and their families within the Team structure.

The major clinical rotation is with adolescent students (ages 9-21). Each student is seen in individual therapy for at least one session a week (or as needed) and families are seen weekly. Interns also serve as co-therapists for two psychotherapy or psychoeducational groups of adolescents or younger children.

All clinical experiences are closely supervised. Supervision for individual and family psychotherapy is provided by staff psychologists and consists of a minimum of two hours weekly. During their EU rotation, Maya Spernoga, Psy.D. will provide 1 hour of weekly supervision. Bi-weekly group supervision is provided by Ann Kimball, Psy.D. in collaboration with the Expressive Therapists. As a role modeling experience, interns also participate in co-family therapy with one of their clinical supervisors. In addition, the intern can expect at least one hour weekly of direct individual supervision for psychological assessment.

Throughout the year the intern will be exposed to supervisors from a variety of theoretical orientations. A list of current psychology supervisory staff, clinical staff, psychiatric consultants and past interns is included in the Addendum. Each intern will also meet weekly with his/her Team leader for one hour of administrative and case management supervision, and with his/her Team psychiatrist for a half-hour of consultation. These experiences are intended to support the intern through the stresses of working with a difficult population and to facilitate the development and growth of the intern's identity as a professional psychologist.

Current training facilities available at JLG-RICA include private offices, voicemail, personal desktop computers, videotaping, group meeting rooms, and test equipment for cognitive and personality assessment, as well as neuropsychological screening. Computer scoring programs are available for the ABAS-3, BASC-3, RIAP, Exner Scoring System, MMPI-A, Jesness Inventory, BRIEF, Conner's 3, WISC-5, MASC2, MPACI, MACI, Wisconsin Card Sort and Woodcock Johnson IV.

JLG-RICA SUPERVISORY PSYCHOLOGY STAFF

Keelin Brady, MA

Doctoral Candidate, University of Hartford, Psy.D. expected Dec. 2016. Primary Therapist, Team 4. EU Team Member. Clinical interests: child and adolescent development, psychological assessment, play therapy, complex trauma, bibliotherapy.

Monya Cohen, Psy.D. – Director of Psychology Internship Training

Doctorate in Clinical Psychology, Argosy University Washington, DC Campus 2001. Maryland License. Primary Therapist, Team II. DBT Team Member. Coordinator of Psychology Seminar. Clinical Interests: Complex trauma across the life span, child and adolescent development & attachment and integration of yoga mindfulness, expressive therapies and psychotherapy.

Ann Kimball, Psy.D. – Group Therapy Supervisor

Doctorate in Clinical Psychology, Chicago School of Professional Psychology, Chicago, IL (2012). Maryland License. Primary Therapist Team II, DBT Team Member. Clinical Interests: family and community systems, complex trauma, disruptive behavior disorders, group therapy, integration of humanistic therapy and cognitive-behavioral interventions.

Justin Leak, Psy.D.

Doctorate in Clinical Psychology, ASPP Argosy University, 2016. Primary Therapist Team 31. Clinical Interests: Assessment, Family Therapy, Parent Training, Cognitive Behavioral Therapy, Developmental Psychology, Learning Disorders.

Prabha Menon, Psy.D. – Director of Clinical Services

Doctorate in Clinical Psychology, American School of Professional Psychology Argosy University, Washington, DC 2004. Maryland License. Clinical Interests: Clinical Child Psychology, Psychological Assessments, Play Therapy, Forensic Psychology.

Maya Spernoga, Psy.D. - Director of the Evaluation Unit

Doctorate in Clinical Psychology, Argosy University (2014). Maryland License. MA in Forensic Psychology from Marymount University, Team 31. Clinical Interests: Assessment, especially neuropsych assessment; anxiety disorders, family systems, and juvenile justice issues.

Elissa Stieglitz, Ph.D. – Team Leader

Doctorate in Clinical Psychology, Yeshiva University 1991. Maryland License. Team Leader, Team IV and Primary Therapist. DBT Team Member. Clinical Interests: Play Therapy, Child Development and Psychopathology, Psychodynamic Psychotherapy, and Psychological Assessment.

Tammy Villines, Psy.D. – Evaluation Unit

Doctorate in Clinical Psychology, American School of Professional Psychology Argosy University Washington, DC (2004). Maryland License. Neuropsychological and Forensic Evaluator, Assessment Supervisor for Doctoral Candidates, Team II Clinician. Clinical Interests: Neuropsychological and Forensic Assessment, Assessment Supervision and Training.

Kerstin Youman, Ph.D. – Director of Research & Evaluation

Doctorate in Clinical Psychology, George Mason University 2010. Maryland License. Primary Therapist Team 31. DBT Team Member. Clinical Interests: Trauma, Motivational Interviewing, Cognitive Behavioral Therapy.

Deborah Zlotnik, Ph.D.

Doctorate in Clinical Psychology, St. John’s University, 2013. Maryland and Washington, D.C. License. Primary Therapist, Team II, DBT Team Member, assessment and therapy supervisor. Clinical Interests: Child and Adolescent Psychology, Trauma, Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), and Assessment.

OTHER JLG-RICA CLINICAL STAFF

Clinical Administrators

- Kenneth Basler, Chief Executive Officer
- Claudette Bernstein, M.D., Medical Director
- Prabha Menon, Psy.D., Director of Clinical Services
- Nancy Barkoviak, MSN, Director of Residential and Nursing Services

Child Psychiatrists

- Rebecca Edelson, M.D. (Team II and 31)
- Rick Imirowicz, M.D. (Team II and IV)
- Hector Parada, M.D. (Evaluation Unit)
- Shira Rubinstein, M.D. (Team II)

Primary Therapists

Clinical Social Workers:

- Kelly Bedell, LCSW-C (Team Leader Team 31)
- Joan Gottesman, LCSW-C (Team Leader, Team II)
- Amanda Jacob, LGSW (Team II)

- Drew Rosenzweig, LGSW (Team IV)

Expressive Therapists:

- Andréé Schillesci, MA, ADTR (Dance/Movement Therapist)
- Suzannah Dichter, MA (Art Therapist)

RICA School

- Michelle Schultze, RICA School Principal, M.Ed. School Administration, Certified School Administrator II and in Special Education
- Joshua Munsey, RICA Assistant Principal, M.A. Special Education, Certified School Administrator I and in Special Education
- Cynthia McGlone, RICA Program Specialist, M.A. Special Education, Certified School Administrator II and in Special Education
- John Arianna, RICA MS Program Specialist, B.A. Special Education, B.A. in Elementary Education; MEQ (Master's Equivalency)

RICA Residence

- Nancy Barkoviak, APRN, BC, Director of Nursing and Residential Services
- Carol Burnell, RN, Manager
- Lauren Niswander, RN, Manager
- Mark Ward, CAMHA, Supervisor
- Laura Vickers, CAMHA, Supervisor
- Andrew Beach, CAMHA, Supervisor
- Matt Miller, CAMHA, Supervisor

*CAMHA = Child & Adolescent Mental Health Associate

*APRN-BC = Advanced Practice Registered Nurse-Board Certified

PSYCHOLOGY TRAINING PROGRAM – TEN YEARS’ PREVIOUS TRAINEES

2015-2016

- Sasha Hileman - Adler University
- Justin Leak - Argosy University, Washington, DC
- Heather Mann - Roosevelt University

2014-2015

- Keelin Brady – University of Hartford
- Tarik Djamil – Florida School of Professional Psychology
- Shira Gottlieb – George Washington University

2013-2014

- Maya Spernoga – Argosy University, Washington, DC
- Adrienne Jett – Argosy University, Washington, DC
- Megan Strause – Argosy University, Washington, DC

2012-2013

- Allison Gottfried - Chicago School of Professional Psychology
- Allison Rallo - University of Hartford

2011-2012

- Lauren Christopher - Wright Institute
- Kathleen McDonald - University of Hartford
- Ann Kimball - Chicago School of Professional Psychology, Chicago Illinois

2009-2010

- Amberlyn Kelleher - American School of Professional Psychology at Argosy
- Amanda Sovik-Johnson - University of Virginia
- Hillary Roscoe - George Washington University

2008-2009

- Tanisha Bracey: Loyola College – Maryland
- Sukeshi Gosh: American School of Professional Psychology at Argosy
- Kerstin Rose: Spalding University

2008-2009

- Kerstin Youman - George Mason University
- Molly Barnett - Alliant International California School of Professional Psychology
- Chelsea Weyand - Indiana State University

2007-2008

- Charles Curtis – University of Virginia
- Kacie Fisher – American School of Professional Psychology at Argosy
- Kimberly Kruse – Florida School of Professional Psychology at Argosy, Tampa

2006-2007

- Shira Benhorin – DePaul University
- Lynn Maciolek – American School of Professional Psychology at Argosy
- Maisley Paxton – Catholic University

2005-2006

- Nicole Beadles – University of Virginia
- Erica Fener – George Washington University

2004-2005

- Steven Harner – American School of Professional Psychology at Argosy
- Barbra Kay – Massachusetts School of Professional Psychology
- Beth Silver – American School of Professional Psychology at Argosy

2003-2004

- Perette Arrington – George Washington University
- Elspeth Bell – Fordham University
- Prabha Menon – American School of Professional Psychology Argosy University

2002-2003

- Kristie McGurk – Texas Tech University
- Adrienne Mitchell – George Washington University
- James Venza – Long Island University

APPLICATION PROCEDURE:

Applicants must be enrolled in an APA accredited² Doctoral Program in Clinical Psychology. All formal course work and comprehensive examinations for the doctorate must be complete. Applicants must have a minimum of **one year of practicum experience** (1,000 hours), including psychological testing and psychotherapy. Preference is given to applicants who have practicum/work

² APA Committee on Accreditation, 750 First Street, NE, Washington, DC 20002-4242 (202) 336-5979

experience with children and adolescents (Outpatient, Inpatient, Residential, Special Education, etc) and experience in psychological testing, individual and family therapy, group therapy, child psychopathology and personality theory.

Applications must be submitted through the APPIC site by **Friday, November 11, 2016.**

APPLICATIONS ARE TO INCLUDE:

AAPIC Application for Psychology Internship (AAPI), with applicant's original signature to include: Current curriculum vita, Official transcripts of all graduate credits, 3 letters of recommendation (at least *one* of these letters must be from a clinical supervisor who knows the candidate's clinical skills), copy of one full battery psychological test report that is representative of the candidate's integration of several sources of testing information – **preference is given for child or adolescent psychological reports.** The report should be reasonable in length, and signed by the applicant and his/her testing supervisor. Names must be blacked out for confidentiality. In addition, personal interviews are required of those applicants who pass the first phase of the screening process. For further information, you can reach Dr. Monya Cohen via email at monya.cohen@maryland.gov or telephone at **(301) 251-6882.**

ADMINISTRATIVE MATTERS

Interns receive a thorough orientation upon employment in mid-August that will cover procedures for intern performance evaluation and JLG-RICA's policies regarding advising, retention, termination and reporting of intern grievances. These administrative matters are also included in the JLG-RICA Psychology Internship Handbook, which is made available to interns upon request. These matters are covered in accordance with the APA Guidelines and Principles for Accreditation³ in Professional Psychology. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-rated information from any intern applicant.

³ APA Committee on Accreditation, 750 First Street, NE, Washington, DC 20002-4242 (202) 336-5979

Name of Assessment	Domain
Clinician-Administered	
WISC-5	Cognitive
WAIS-IV	Cognitive
WASI	Cognitive (brief)
WJ-IV Cognitive	Cognitive
KBIT-2	Cognitive
TONI-3	Cognitive- Nonverbal Intelligence
Vineland Adaptive Behavior Scales-II	Adaptive Functioning
WJ-IV Achievement	Academic Achievement
Nelson-Denny Reading Tests	Language/ Reading
OWLS-II	Language
PPVT-4	Language
GORT-5	Language
NEPSY-II	Neuropsych
Reitan-Indiana Aphasia Screening Test	Neuropsych/ Language
	Neuropsych/ Executive Functioning
D-KEFS	Neuropsych/ Executive Functioning
Wisconsin Card Sorting Test (WCST)	Neuropsych/ Memory
Wide Range Assessment of Memory and Learning (WRAML)	Neuropsych/ Memory
Wechsler Memory Scale- III (WMS-III)	Neuropsych/ VMI
Rey-Osterrieth Complex Figure Test (RCTF)	VMI
Beery VMI	VMI
Koppitz-2 Bender-Gestalt Test	VMI
Grooved Pegboard Test	VMI
Trail Making Test	Visual Attention
Rorschach Inkblot Test	Personality - Projective
Roberts-2	Personality - Projective
Thematic Apperception Test (TAT)	Personality - Projective
Child Apperception Test (CAT)	Personality - Projective
Self-Report	
Personality Assessment Inventory- Adolescent (PAI-A)	Personality
Millon Adolescent Clinical Inventory (Ages 13-19)	Personality
Millon Preadolescent Clinical Inventory (Ages 9-12)	Personality
Minnesota Multiphasic Personality Inventory- Adolescent (MMPI-A)	Personality
Rotter Incomplete Sentences Blank (RISB)	Personality- Projective
BRIEF	Executive Functioning
Conners-3 (Self, Parent, Teacher)	Executive Functioning/ ADHD
Conners ADHD Scales (CADS)	Executive Functioning/ ADHD
Autism Spectrum Rating Scales (ASRS)	Autism Spectrum Disorders
Jesness Inventory	Disruptive/Violent Behavior
Antisocial Process Screening Device (APSD)	Antisocial Personality/Behavior
Problem Oriented Screening Instrument for Teenagers (POSIT)	Behavior & Emotional Problems
BASC-3 (Self, Parent, Teacher; English & Spanish)	Behavior & Emotional Problems
Beck Combined Inventory	Behavior & Emotional Problems
Adolescent Anger Rating Scale (AARS)	Anger
Adolescent Coping Scale	Coping
Coping Responses Inventory (CRI)	Coping
Child Depression Inventory (CDI)	Depression
Reynolds Adolescent Depression Scale-2 (RADS-2)	Depression

ABAS-3	Adaptive Functioning Scale
BDI-II	Depression
BAI-II	Anxiety
Multidimensional Anxiety Scale for Children-2 (MASC-2; Self & Parent)	Anxiety
Revised Children's Manifest Anxiety Scale (RCMAS)	Anxiety
Beck Hopelessness Scale (BHS)	Hopelessness
Beck Scale for Suicidal Ideation (BSS)	Suicidal Ideation
Suicidal Ideation Questionnaire (SIQ)	Suicidal Ideation
Trauma Symptom Checklist for Children (TSCC; Ages 8-16)	Trauma
Trauma Symptom Inventory-2 (TSI-2; Ages 16+)	Trauma
Trauma Symptom Inventory-2-Abbreviated (TSI-2-A; Ages 16+)	Trauma
Trauma Event Screening Inventory for Children (Self & Parent)	Trauma
Child Dissociative Checklist (CDC)	Dissociation
Adolescent Dissociative Experiences Scale-II (ADES-II)	Dissociation
Substance Abuse Subtle Screening Inventory- Adolescent (SASSI-2-A)	Substance Abuse

Computer Scored Protocols

ABAS-3
BASC-3
BRIEF
Conner's 3
JESNESS
MACI/MPACI
MASC2
MMPI-A
RIAP
WISC-5
WISCONSIN CARD SORT
WOODCOCK JOHNSON IV