Saint Elizabeths Hospital
Psychology Externship Program
2018-2019

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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 among 11 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 will be able to provide the kind individualized, recovery-based psychiatric care that individuals who stay with us deserve.

Saint Elizabeths Hospital is proud to have a psychologist as its Chief Executive Officer and a psychologist as its Chief of Staff leading the administration and guiding the hospital’s future.

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 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 that our current Chief Executive Officer and Chief of Staff are psychologists who graduated from our training program, 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, 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 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 the use of 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 June 30 of the following year, depending on extern performance 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 2 individual therapy patients and co-facilitate 1 psychotherapy group each week, and conduct a minimum of 2 psychological evaluations. Externs may also have opportunities to complete Initial Psychological Assessments and/or 60-day update assessments over the course of their externship.
Program Components

The following are components of the externship program:

Psychological Assessment

Externs are encouraged to expand their repertoire of test instruments and their familiarity with manual and computerized scoring. Training in assessment includes learning new tests, developing skills in choosing appropriate tests for the clinical population and referral questions, and integration of test data in reports toward creating a useful clinical picture and individualized recommendations that are relevant to the patient’s needs. Externs must complete a minimum of 2 full battery psychological evaluations. Externs may also have opportunities to complete initial psychological assessments on pre-trial / admissions rotations and/or 60-day update assessments on long-term rotations by the end of externship.

Psychotherapy

Training in psychotherapy is in group and individual interventions. Trainees are expected to maintain a minimum caseload of 1 psychotherapy group hour and 2 individual psychotherapy cases over the course of the externship.

Seminars and Clinical Case Presentation

Approximately 1½ hours per week are devoted to didactic seminars. The extern seminar series covers a variety of topics, including working with the seriously and persistently mentally ill, personality and cognitive assessment, group and individual therapy, legal issues and 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, which occurs every Friday morning.

Externs are also welcome to attend continuing educational activities 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 residents. Each extern will receive one hour per week supervision for psychological assessment, and one hour per week for individual psychotherapy from our residents. All residents are supervised by licensed psychologist on the training faculty. Externs will receive an additional hour of unit based and group therapy based supervisions 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 is made up of the civil admissions, pretrial, and long-term intensive treatment houses and the Intensive Therapeutic Learning Center (TLC). The Transitional side is made up of the transitional treatment, medically compromised and geriatric houses and the Transitional Therapeutic Learning Center. Externs spend the duration of their externship rotation on either an admissions/pre-trial unit or on a long-term intensive or transitional unit.

**Admissions/Pre-Trial Units**

**Acute Admissions:** For the majority of civil individuals in care, this acute admissions unit is where individuals in care begin their stay at Saint Elizabeths Hospital. Individuals in care are generally admitted to SEH from the following three referral sources: CPEP-Comprehensive Psychiatric Emergency Program, transfer from other area psychiatric houses, 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.

**Pre-Trial:** Individuals in care who are admitted to pre-trial units are charged with a crime, and following this crime, an attorney or judge has requested an evaluation to be conducted in an inpatient setting. The types of evaluations vary according to the court order; however, the most common type of evaluation that is requested is related to the patient’s competency to stand trial. At times, additional competency evaluations are requested including competency to plead guilty, waive the insanity defense, or competency to be sentenced. While we are driven by the type of evaluation requested by the court, this unit also functions as a short-term treatment unit providing short term psychotherapy and psychoeducational groups. There are three pre-trial units at the hospital, including one all-female unit.

**Long-Term Units**

**Long-term Intensive Houses:** Long-term intensive side houses provide services to persons adjudicated not guilty by reason of insanity and persons needing more time to stabilize who require a secure setting because their current psychiatric issues warrant therapeutic structure and supervision. Emphasis is on helping these individuals develop the skills to allow them to meaningfully participate in their recovery and effectively manage the increased freedom, responsibility and opportunities for growth that are available in a less secure/structured setting or necessary for a return to the community. There are three long-
Long-term intensive houses: 2 all-male medium/maximum security houses and one co-ed continuing care house.

**Long-term Transitional Houses:** Long-term transitional houses are minimum security, mostly post-trial units, with some civilly committed individuals also housed on each unit (one house is all male, while 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 (NGBRI) 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 Houses:** Individuals in care referred to this Unit for treatment typically have chronic medical problems, dementia, or fall in the geriatric age range. The goal of this unit is to provide optimal programming, treatment planning and therapeutic interventions aimed at treating psychiatric illness while working with these other special needs. Some individuals are not fully ambulatory and require wheelchairs or walkers. Functional status of individuals range from ‘full assist’ (e.g., nursing helps to feed and toilet) to fully independent. Many individuals on this ward have cognitive impairments due to a progressive dementia, traumatic brain injury (TBI), or stroke. This ward has a mixed population of male and female forensic and civil patients.

**Therapeutic Learning Centers (TLC)**

A full range of psychological services are delivered by the psychology department in the Intensive and Transitional TLCs including: individual and group psychotherapy services, psycho-educational groups, and psychological assessments. Group psychotherapy is the primary modality of psychotherapy practiced in the TLCs and interns will be conducting groups there throughout the year. In addition to general psychotherapy groups, specialized treatment is provided for subgroups such as individuals with sex offense histories, a history of substance abuse, or individuals diagnosed with personality disorders. The TLCs are open from 10:00 a.m.–3:00 p.m. Monday, Tuesday, Thursday, and Friday and 10:00 a.m.–2:00 p.m. on Wednesdays.

The Intensive TLC includes pretrial programming, 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.
GENERAL INFORMATION

Work Hours

At Saint Elizabeths Hospital hours are generally from 8:30 am to 5:00 pm. Monday through Friday. Lunch is 30 minutes. **Fridays are required**, given that the extern seminar series will take place on this day. 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 (OVID & EBSCO host) is available that can be accessed at your computer desktop or at your home computer
The following is a list of Saint Elizabeths Hospital’s Psychology Training Faculty:

**PAM BARRIGHER, Ph.D. (George Washington University, 1996)**
Internship: *Saint Elizabeths Hospital (Forensic Track)*
Residency: *Saint Elizabeths Hospital (Forensic Track)*
Interim Chief Psychologist
Theoretical Orientation: Psychodynamic
Interests: Psychological Assessment, Civil and Forensic Risk Assessment, Clinical Research, Multicultural Issues & Psychodiagnostic Issues

**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

**HOLLY CASAZZA, Psy.D. (Argosy University [DC], 2009)**
Internship: *Saint Elizabeths Hospital (Forensic)*
Residency: *Saint Elizabeths Hospital (Civil)*
Staff Psychologist - Gorelick House 2A
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)
Staff Psychologist – Shields House, 1F
Theoretical Orientation: Cognitive Behavioral Therapy

TRAVIS FLOWER, J.D., Psy.D. (Widener University, 2004)
Internship: Widener University; placed at The Keystone Center Extended Care Unit and the Belmont Center
Staff Psychologist – Nichols House 2B
Theoretical Orientation: Integrative
Interests: Group Psychotherapy/Individual Psychotherapy, Risk Assessment, Psychosexual Disorders, Complex Trauma

MICHELE P. GODWIN, Ph.D. (Auburn University, 2003)
Internship: William S. Hall Psychiatric Institute in Columbia, SC
Residency: Saint Elizabeths Hospital (Forensic Track)
Director of Forensic Services
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

MEAGAN GRASMICK, PSY.D. (University of Denver, 2013)
Internship: Saint Elizabeths Hospital
Residency: Saint Elizabeths Hospital (Forensic Track)
Staff Psychologist – O’Malley House, 1C
Theoretical Orientation: Third Wave Behavioral Therapies (ACT) and Self Psychology (Intersubjective Theory)
Interests: Forensic Psychology, Risk Assessment, Sex Offender Assessment and Treatment, Competence to Stand Trial

ENITH E. HICKMAN, Ph.D. (Catholic University, 2012)
Internship: Reading Hospital and Medical Center
Residency: Emory University School of Medicine
Staff Psychologist – Forensic Consult Service
Theoretical Orientation: Integrative (mostly CBT and Psychodynamic)
Interests: Forensic Psychology, Psychological Assessment

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 KELLEY, Psy.D. (Loyola University Maryland, 2010)
Internship: VAMC Hampton, Virginia
Residency: Saint Elizabeths Hospital (Civil Track)
Director of Psychology Training
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)
Staff Psychologist – Howard House 1G
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 – Blackburn House 2C
Theoretical Orientation: Systemic (Structural & Strategic), Eriksonian Hypnosis
Interests: EEG/Biofeedback, Learning Disabilities Assessment & Treatment, Domestic Violence, Childhood Psychopathology, Forensic Psychology

IVAN N. MARIN-SOLER, Psy.D. (Carlos Albizu University, 2009)
Internship: DC Superior Court Child Guidance Clinic
Residency: Community Services Board, Fairfax VA (Forensic Track)
Staff Psychologist - Dix House 1D
Theoretical Orientation: Cognitive Behavioral
Interests: Psychological and Forensic Assessment, Group Psychotherapy, Cross-Cultural Psychology & Developmental 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

LAURA NIVER, PSY.D. (University of Denver, 2014)
Internship: Saint Elizabeths Hospital
Residency: Saint Elizabeths Hospital (Civil Track)
Staff Psychologist – Franz House 2D
Theoretical Orientation: Psychodynamic (Intersubjectivity Theory and Self Psychology)
Interests: Systemic behavioral interventions, therapeutic assessment, intersubjectivity and schizophrenia

PIUS OJEVWE, Psy.D. (American School of Professional Psychology/Argosy University, 2005)
Internship: DC Superior Court Child Guidance Clinic
Residency: Clifton T. Perkins Hospital
Clinical Administrator Psychologist – Nichols House 2B
Theoretical Orientation: Integrative (Cognitive-Behavioral, Psychodynamic, & Family Systems)
Interests: Forensic Psychological Assessment and Treatment (Competency to Stand Trial & Criminal Responsibility Evaluations; Violence and Sex Offender Risk Assessment; Presentencing Evaluations; civil commitment Assessment; juvenile Sex Offender Treatment)
WENDY OLSON, Ph.D. (Texas A & M University, 2010)
Internship: Colorado Mental Health Institute at Fort Logan
Residency: Saint Elizabeths Hospital (Forensic Track)
Staff Psychologist – Howard House 1G (covering), Forensic Consult Service
Theoretical Orientation: Eclectic with an Emphasis on Cognitive Behavioral Therapy
Interests: Sex Offender Assessment and Treatment, Forensic Psychology, Risk Assessment, Clinical Supervision, Clinical Research, Group and Individual Therapy, Mental Illness and Cognitive Impairment

Brittany Sheehan, Psy.D. (American School of Professional Psychology at Argosy University, 2014)
Internship: Saint Elizabeths Hospital
Residency: Saint Elizabeths Hospital (Forensic Track)
Psychology Associate – Dix House, 1D
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

ELIZABETH TEEGARDEN, Ph.D. (University of Maryland, 1983)
Internship: PG County Schools
Residency: University of Nebraska Medical School (Neuropsychology)
Clinical Psychologist – Pre-Trial and Assessment Service
Theoretical Orientation: Eclectic/with an Emphasis on Cognitive-Behavioral Therapy
Interests: Forensic Psychology, Psychological and Neuropsychological Assessment

Additional Departmental Staff:

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. 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 to us directly from those supervisors who are providing recommendations. Electronic submissions should be made to christine.kelley@dc.gov in ONE email, with the exception of letters of recommendation which will be sent directly from supervisors.

Any questions about our application procedures can be emailed to christine.kelley@dc.gov to the attention of Christine Kelley, Psy.D., Director of Psychology Training.

Our Mailing Address is:
Saint Elizabeths Hospital
ATTN: Christine Kelley, Psy.D.
Department of Psychology
1100 Alabama Avenue S.E.
Washington, D.C. 20032
Email: christine.kelley@dc.gov

Completed applications must be received by Monday, February 12th. Late applications will not be reviewed.

After the initial review of the application packages, selected applicants will be invited for an onsite interview. Externship applicants who are no longer under consideration will be informed via e-mail.

INTERVIEW DATES AND LOCATION
Applicants invited for interviews will be contacted via phone or email.

All interviews are face-to-face and will be held at Saint Elizabeths Hospital during the month of March. The hospital is located at 1100 Alabama Avenue, SE, Washington, DC 20032

TRAINING POSITION OFFERS
Externship position offers will be made through the Washington DC area Externship Consortium and in compliance with its guidelines and universal student acceptance date of April 6th for the 2018-19 training year.