



Psychology Internship Program

2023-2024

Audrey Hepburn Children's House

Northern Regional Diagnostic Center for Child Abuse and Neglect

Joseph M. Sanzari Children's Hospital

Hackensack University Medical Center



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***The Audrey Hepburn Children's House Psychology Internship Program
is not accredited
by the Commission on Accreditation of the American Psychological Association (APA)***

Questions related to the program's accredited status should be directed to the

Commission on Accreditation:

Office of Program Consultation and Accreditation

American Psychological Association

750 1st Street, NE, Washington, DC 20002

Phone: (202) 336-5979 / E-mail: apaaccred@apa.org

Web: www.apa.org/ed/accreditation

***The Audrey Hepburn Children's House Psychology Internship Program is a full member of the
Association of Psychology Postdoctoral and Internship Centers (APPIC)***



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Overview of the Audrey Hepburn Children's House

The Audrey Hepburn Children's House is legislatively designated, by the State of New Jersey, as a Regional Diagnostic and Treatment Center (RDTC) for child abuse and maltreatment. The program resides in the Department of Pediatrics at Hackensack University Medical Center. The Joseph M. Sanzari Children's Hospital and the Audrey Hepburn Children's House are at the forefront of pediatric care given to child maltreatment victims. The Children's House has a staff of clinical psychologists, clinical social workers, creative arts therapists, board-certified child abuse pediatricians, nurses, and nurse practitioners. The AHCH provides direct service and consultation to the Division of Child Protection and Permanency (DCPP) within the Department of Children and Families, the Office of the Attorney General, local Prosecutors' Offices, the Juvenile and Family Courts, and other referred families within the northern five counties in New Jersey. The AHCH has over four thousand five hundred (4500) patient visits a year. Interns will provide assessment and treatment to youth as well as their adult caregivers referred to the center due to concerns of child maltreatment and Child Protection Services (CPS) involvement. Experiences of maltreatment include but are not limited to, sexual abuse, physical abuse, neglect, psychological maltreatment, exposure to intimate partner violence (IPV), and exposure to substance abuse. Ages range from infants to the geriatric population. Moreover, based on the geographic location, the AHCH provides services to a diverse population. Many of our clients have experienced significant exposure to ACEs, derive from various countries across the globe, vary in religious and cultural practices, and speak several languages.

The Audrey Hepburn Children's House recognizes and values individual and group differences related to the various and intersecting aspects of diversity including but not limited to racial, ethnic, national origin, language, sexual orientation, gender, gender identity, religion, socio-economic status, able-bodiedness, age, physical appearance, and appreciates their impact within a psychological context. We appreciate the importance of creating a welcoming, affirming, and respectful environment for our staff, clients, and interns which includes recruiting and retaining a diverse staff. Furthermore, fostering diversity in our staff, internship, and other trainee programs increases our agency's ability to creatively and competently provide high-quality psychological services and training. We acknowledge the need for continuous self-reflection and education about areas of diversity and its role in the psychological makeup and functioning of individuals.

At The Audrey Hepburn Children's House, the majority of our work is through a contract with child protective services to provide evaluation and therapy to families where there is suspected child maltreatment. We recognize and educate interns that our clientele is in a vulnerable position solely by



virtue of their involvement with child protective services. Beyond that, we recognize that a large segment of the individuals and families involved with child protective services and by extension, referred to us are from non-dominant and marginalized groups. We appreciate the history of large systems exerting prejudicial practices. We aim to competently and ethically provide services to our clients and appreciate it is incumbent on our agency to successfully navigate the range of diversity present in our clientele. We further aim to evaluate our recruitment and retention efforts to minimize potential bias.

Aims of Program

the ACHC internship program aims to provide interns with advanced clinical training in both general and psychological practice with an emphasis on trauma and child maltreatment. The AHCH Internship program trains two interns who engage in identical training experiences for the duration of the 12-month program. The AHCH internship training year is structured to provide a progressive experience such that by the end of the program Interns are required to demonstrate proficiency in the nine profession-wide core competencies and in the assessment and treatment of Child Maltreatment, Trauma and Forensics Related to Child Maltreatment. As such, Interns must demonstrate the ability to identify, diagnose, and describe the impact and related dynamics of child maltreatment including, neglect (medical, educational, environmental, secondary to exposure to Interpersonal Violence, secondary to substance abuse) physical abuse, sexual abuse, and psychological abuse. Interns must demonstrate the ability to explain factors contributing to child maltreatment, interventions to reduce/eliminate future incidents of child maltreatment, and possible impact on children. Interns must demonstrate the ability to apply the relevant research literature regarding child maltreatment and trauma to therapy and evaluations. Interns must demonstrate an understanding of systemic response to Child maltreatment including the Department of Child Protection and Permanency and legal/law enforcement. Interns must demonstrate the ability to articulate how forensic child maltreatment practice differs from general clinical practice. Including the varied forensic roles (i.e., evaluator, consultant, therapist). Interns must demonstrate an awareness of the potential implications of forensic child maltreatment work and how their opinions are used by the fact finders. Finally, Interns must demonstrate an appreciation for the impact of institutional racism on service provision in child protection.

Requirements for Completion

Successful completion of the program requires a minimum of 2,000 hours of supervised clinical and research experience and learning over the course of the one-year contract. Interns are evaluated and rated on the below areas of competency and must achieve the minimum level of achievement rating of 3 (intermediate competence) on the evaluation form at the six-month mark and a rating of 4 (proficient competence) at the 12-month mark of the training program. Interns are expected to have mastered competencies that are key to effective functioning as general clinicians, trauma specialists, and forensic psychologists.



Competencies of Training

I Research

- Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conferences, presentations, publications).
- Disseminate research or other scholarly activities (e.g., case conferences, presentations, and publications at the local (including the host institution), regional, or national level.

II Ethical and legal standards

- Be knowledgeable of and act in accordance with each of the following:
 - the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
 - Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
 - Relevant professional standards and guidelines.
- Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
- Conducts self in an ethical manner in all professional activities.
- Demonstrates awareness that practice requirements and legal standards vary between criminal and civil matters.
- Recognizes the ethical responsibility for cultivating appropriate self-care.

III Individual and cultural diversity

- An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
- Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
- The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.
- The ability to apply a framework for working effectively with areas of individual and cultural diversity.
- The ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

IV Professional values, attitudes, and behaviors

- Behave in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others
- Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- Actively seek and demonstrate openness and responsiveness to feedback and supervision.
- Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.



- Interns complete evaluations and other required paperwork in a timely manner.

V Communications and interpersonal skills

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- Demonstrate a thorough grasp of professional language and concepts; produce, comprehend, and engage in communications that are informative and well-integrated.
- Demonstrate effective interpersonal skills and the ability to manage difficult communication well.
- Demonstrates an understanding of how to communicate, consult, and make useful recommendations to DCPD and the Prosecutor's Office with an unbiased attitude toward the examinee, the legal system, and those who serve the legal system

VI Assessment

- Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- Demonstrate understanding of human behavior within its context (e.g., family, social, societal, and cultural).
- Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- Communicate the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
- Conducts interviews efficiently, with appropriate pacing and use of open-ended questions.

VII Intervention

- Establish and maintain effective relationships with the recipients of psychological services.
- Develop evidence-based intervention plans specific to the service delivery goals.
- Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.



- Demonstrate the ability to apply the relevant research literature to clinical decision-making.
- Modify and adapt evidence-based approaches effectively when a clear evidence base is lacking.
- Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.
- Describe strategies for dealing with intervention challenges specific to forensic child maltreatment or mandated clients.

VIII Supervision

- Apply supervision knowledge in direct or simulated practice with psychology trainees or other health professionals. Examples of direct or simulated practice examples of supervision include but are not limited to, role-played supervision with others, and peer supervision with other trainees.
- Apply the supervisory skill of observing in direct or simulated practice.
- Apply the supervisory skill of evaluating in direct or simulated practice.
- Apply the supervisory skills of giving guidance and feedback in direct or simulated practice.

IX Consultation and interprofessional/interdisciplinary skills

- Demonstrate knowledge and respect for the roles and perspectives of other professions.
- Apply the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other healthcare professionals, interprofessional groups, or systems related to health and behavior.

X Child Maltreatment, Trauma and Forensics Related to Child Maltreatment

- Demonstrates ability to identify, diagnose, and describe the impact and related dynamics of child maltreatment including, neglect (medical, educational, environmental, secondary to exposure to Interpersonal Violence, secondary to substance abuse) physical abuse, sexual abuse, and psychological abuse.
- Demonstrates ability to explain factors contributing to child maltreatment, interventions to reduce/eliminate future incidents of child maltreatment, and possible impact on children.
- Demonstrate the ability to apply the relevant research literature regarding child maltreatment and trauma to therapy and evaluations.
- Demonstrate understanding of systemic response to Child maltreatment including Department of Child Protection and Permanency and legal/law enforcement.
- Demonstrates ability to articulate how forensic child maltreatment practice differs from general clinical practice. Including the varied forensic roles (i.e., evaluator, consultant, therapist).
- Demonstrates an awareness of the potential implications of forensic child maltreatment work and how opinions are used by the fact finders.



Training Experiences

The AHCH Internship program trains two interns who engage in identical training experiences for the duration of the 12-month program. The training itself consists of a one-year contract, with a *minimum* of 42.5 hours a week, meeting a minimum of 2000 training hours beginning on September 1 of the calendar year. Interns are expected to work one evening a week until 7:30 pm. More than 25% of Interns' time is spent providing direct services.

Training is delivered through the following Learning Activities:

Psychological Evaluations: Interns conduct mental health screenings for youth and suicide risk screens. They also participate in conducting forensic psychosocial evaluations assessing for experiences of child maltreatment and subsequent impact. Through the use of our closed-circuit system, Interns observe several evaluations for all ages and referral types to provide a model for assessment. Trainees conduct one psychosocial evaluation weekly. For youth, not only will Interns learn to conduct evaluations related to child maltreatment children (including but not limited to physical, emotional, medical, and sexual abuse, neglect, exposure to intimate partner violence, and exposure to substance abuse), but also be afforded the opportunity to learn risk assessment as related to the risk of engaging in problematic sexual behavior, and risk of sexual and physical violence. Interns will also explore systemic and cultural issues that directly or indirectly influence these evaluations and resulting recommendations. Upon graduation, Interns will be competent in these areas of assessment, including being able to articulate relevant psychological issues, recognizing ethical concerns, and developing comprehensive formulations and recommendations to address referral issues through the application of the most current psychological science. There is a possibility of being required to testify before the court on produced reports. Preparation for these experiences will be provided both through supervision and the relevant attorney.

Therapy: Interns will begin accumulating a caseload of approximately 4-6 clients as soon as possible. Psychotherapeutic services are provided to those who have experienced maltreatment (e.g. sexual abuse, physical abuse, exposure to substance abuse or intimate partner violence), supportive caretakers, ambivalent caretakers, non-supportive caretakers, and depending on the nature of the referral (e.g. physical abuse) those who have abused or maltreated a child. Through didactics, supervision, and direct practice, Interns will become proficient in the treatment of trauma and child maltreatment through evidence-based and other interventions. Interns will complete online training in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and receive supervision from a TF-CBT-certified therapist. Interns will also be exposed to DBT-informed interventions, incorporating psychodynamic conceptualizations and interventions where appropriate, and working with mandated populations in large systems. Given the availability of appropriate referrals, the Interns may have the opportunity to run the following groups: TF-CBT groups (child and parent groups), game-based TF-CBT groups, and DBT skills groups for children with minor problematic sexual behaviors. Through didactics and possible direct application, given the availability of appropriate referrals, Interns will gain a basic knowledge of substance abuse intervention (e.g. Motivational Enhancement, Harm-Reduction, Relapse Prevention models), interventions for delinquency, therapeutic jurisprudence, and the treatment of sexual offending behavior.



Screening of Suicidality: Interns are assigned to an on-call schedule in which AHCH medical staff request consultation regarding child/adolescent patients who express suicidal ideation and/or nonsuicidal self-injury. Interns will meet with the medical patient and conduct a suicide screen and where appropriate draw up safety plans. Intern's time in this activity is variable and likely does not spend more than 2 hours/month.

Research: Interns are involved in a research or quality improvement project during their training year. The Mental Health Director directs these research initiatives. Currently, trainees are involved in providing the No Hit Zone initiative. Interns have and will continue to develop and provide positive parent skills training groups to the staff and parents of children enrolled in local Head Start Programs. Interns will then be intimately involved in the research examining the efficacy of these groups provided in multiple locations in New Jersey.

Didactics and Additional Training: Training is enhanced and supported through extensive didactics, supervision, and rounding. Didactics begin with basic concepts and progress to more specialized knowledge. There is a minimum of a once-weekly Educational Seminar presented by various staff members pertinent to clinical and forensic practice at the AHCH [approximately 2 hours]. Development of assessment and conceptualization skills are further supported through diagnostic team meetings on Tuesdays and Thursdays [approximately 1.5 hours]. Treatment team meetings and quarterly multidisciplinary meetings between the treatment team and DCP&P staff also provide additional opportunities for learning throughout the year.

Program Resources

Training is provided through active engagement by the training committee, consisting of five licensed, full-time psychologists, and supplemented through interaction with the rest of the mental health and medical staff. Interns are provided a shared office with their own computer and workspace with access to the electronic medical record. Technology and equipment supporting the dictation of reports are also available to the Interns. The AHCH also has several support staff for scheduling, billing, and other related activities. Interns have access to the medical library, which is extensive to help support the Hackensack Meridian School of Medicine.

Supervision and Evaluation of Progress

Cases for evaluation are reviewed by the Mental Health Director and by individual supervisors to determine appropriate referrals for trainees. These cases are then reviewed in preparation for evaluation and a report is drafted under strict supervision. These documents are then signed by the supervisor, as well as the trainee, both of whom are identified on the document. Similarly, trainees will inform treatment clients they are under the direct supervision of a licensed psychologist.

Interns spend a minimum of two hours per week in individual, regularly scheduled, face-to-face supervision. Individual supervision is delivered by a licensed psychologist and focuses on enhancing the Interns' acumen in both assessment and treatment. As related to group therapy, some additional supervision may be provided by Fellows, under the supervision of a licensed psychologist. Interns will



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also participate in a yearlong TF-CBT-specific group supervision to develop an in-depth understanding of the intervention. Additionally, Interns participate in group supervision which is both content and process-based. These sessions are facilitated by the Psychology Education Coordinator. Interns are provided with regular feedback through the course of supervision. Formal written evaluations will be completed at the 6th-month mark and the 12-month mark (completion of the internship training). Information regarding the interns' progress will be communicated with the Director of Clinical Training from the interns' graduate training program. Guidelines are in place to address issues in training through the Due Process Procedure and supplement the larger institution's Dispute Resolution Policy (PolicyStat ID: 8124499).

Applicant Requirements

For consideration for the AHCH Internship position, applicants must have completed adequate and appropriate training for the position prior to application. As such, candidates will only be considered if they have completed their formal academic coursework toward a doctoral degree in professional psychology (e.g. clinical, counseling, school), at an APA accredited doctoral program, successfully completed their institution's qualifying/comprehensive exams, and have participated in closely supervised experiential clinical training in practicum or externship placements. In addition, applicants must have their dissertation proposal defended and accepted by their dissertation committee. AHCH reviews each application submitted and there is some flexibility in requirements, The ideal candidate will have experience in both assessment and treatment of children (5-12) and adolescents (13-18). In addition, the ideal candidate will demonstrate experience and/or a strong interest in treating trauma.

If offered an internship with AHCH, the Intern will be required to provide proof of citizenship or legal residency. The Intern will have a comprehensive medical evaluation with occupational health which includes either providing proof of or consent to receive COVID-19 immunization (fully vaccinated with one booster,) yearly influenza immunization, Tdap immunization, Hep C immunization, and MMRV immunization. AHCH is a drug and tobacco-free workplace. The onboarding process includes a mandatory urinalysis drug screen. The medical evaluation will also include an N95 mask fit test. In addition, if an intern accepts an internship at AHCH the intern will be required to complete a fingerprint-based criminal background check, at no cost to the Intern. While employment is contingent upon the successful completion of a background check, a criminal conviction does not automatically prohibit employment. However, a history of a felony or misdemeanor may prevent the intern from working at the Audrey Hepburn Children's House. Employment eligibility will be determined by the administration, in consultation with Human Resources.

Questions regarding any part of the selection process or AHCH's academic preparation requirements may be directed to the AHCH Psychology Education Coordinator at paula.iudicacosta@hmhn.org or at 551-996-3623.

Application Process



Applications should be submitted to the AAPI Portal and include a letter of interest, current Curriculum Vitae, a redacted evaluation report, and three letters of recommendation. All submitted applications are reviewed and all applicants are informed if they have or have not been invited for an interview date by the date noted on the APPIC directory. AHCH agrees to abide by APPIC policies.

Doctoral Intern Stipend

Doctoral Interns will be on site for 42.5 hours each week. Each intern will be a full-time employee of Hackensack Meridian Health and will have to comply with the HMH onboarding process which includes a physical examination and background check. The interns are provided a full benefit package which includes medical, dental, and prescription coverage. Interns are also provided three weeks of paid time off (PTO) and six hospital holidays. A financial stipend of \$36,000 is provided for the 12-month training period.

Proposed Schedule for Intern Educational Seminars

Below is a guideline of topics to be addressed over the course of the internship year during Educational Seminars. Though externs and Fellows may participate in these educational seminars, the content is developed specifically for the Internship program. The below topics can be re-ordered or adjusted at any time based on the needs of the agency, the training needs of the given cohort, or the scheduling demands of presenters. Interns may also be provided with syllabi related to some topics, to be reviewed prior to the presentation, to assist in learning and application. Unless otherwise specified, didactics are scheduled for Wednesday mornings, 9:00 a.m.- 11:00 a.m. in the first-floor conference room.

Week	Topic	Presenter	Day	Time	C *
Wk 1a	General Orientation- Workflow Procedures	Cherie Lynch Jenn Santiago	Wed	9-10	O
Week 1b	APSAC Reading Club-What Queer Theory Can Teach us About Personality Fluidity and Multiplicity of Racial Identities	APSAC Presenters: Jaiza Jones, A.M., LCSW Karen Zilberstein, LCSW	FRI	12-1p m	D
Week 2	RACE-Racial & Cultural Empathy Training-Rutgers UBHC: History of Racism in the United States	Denise Williams Johnson, Ph.D., Susan Esquelin, Ph.D. and Aida Lennon, Psy.D.	Wed	2-4 pm	D
Week 3	General Orientation-AHCH Mental Health Orientation-Services/Documentation/Reports	Brett Biller, Psy.D	Wed	9-11	O
Week 4	Evaluations-CHEC Evaluations (including scoring/interpretation of measures used)	Candice Hudson, Psy.D.	Wed	9-11	E



Week 5	A.Evaluations-Psychosocial Evaluations B. Clinical Supports	A.Solomon Barry, Psy.D. B.Brett Biller, Psy.D	Wed	A.9-10 B.10-11	E
Week 6	RACE-Racial & Cultural Empathy Training-Rutgers UBHC	Denise Williams Johnson, Ph.D., Susan Esquilin, Ph.D. & Aida Lennon, Psy.D.	Wed	2-4 pm	D
Week 7	A. Assessing Suicidality and AHCH Procedures B. Preparation to Assess for more than one form of abuse	A.Paula Iudica-Costa, Psy.D. B.Ruth Mesnard, Psy.D.	Wed	A.9-10 B.10-11	E
Week 8	Evaluations-40 hours-Finding Words Training.	Finding Words Faculty	M-F	9 am-5 pm 40 hrs	E F CM
Week 9	Evaluation-Consolidation of Information from Finding words to AHCH practice/ Developmental Considerations in Interviewing/ Clinical Case Conceptualization	Brett Biller, Psy.D	Wed	9-11	E

Week	Topic	Presenter	Day	Time	C
Week 10	A. Evaluation-Test Measures Used at AHCH B. APSAC Reading Club-Race and Racism How Are Children of Color Doing in Our Child Welfare Systems	A.Greg Margherita, Psy.D. B. Darrell Armstrong, M Div, Eds-MFT, DDiv Stacie LeBlanc, JD, MEd	Wed	9-10 12-1pm	A. E B. D
Week 11	RACE-Racial & Cultural Empathy Training-Rutgers UBHC	Denise Williams Johnson, Ph.D., Susan Esquilin, Ph.D. & Aida Lennon, Psy.D.	Wed	2-4 pm	D
Week 12	Evaluations-Conceptualizing and Forensic Report Writing	Brett Biller, Psy.D.	Wed	9-11	E F
Week 13 A	RACE-Racial & Cultural Empathy Training	Denise Williams Johnson, Ph.D., Susan Esquilin, Ph.D. & Aida Lennon, Psy.D.	Wed	2-4 pm	D
Week 13 B	APSAC Reading Club-Integrating Race, Power, Privilege, and Perspective Into Child Protective Services.	Debangshu Roygardner, Ph.D. Darcy H. Merritt, Ph.D. MSW	Fri	12-1pm	D
Week 14 A	A.Overview of Creative Arts Therapy	A. Kyongok Kim, MA	Wed	A.9-10	T E



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Week 14 B	B. What Tests To Choose at AHCH	B. Greg Margherita. Psy.D		B. 10-11	
Week 15	Developmental Trauma-Impact and Assessment	Ruth Mesnard, Psy.D.	Wed	9-11	CM
Week 16	Vicarious Trauma	Leah Schild, Psy.D.	Wed	9-11	CM
Week 17	Art Therapy	Kyongok Kim, MA	Wed	9-10	T
Week 18	Megan's Law	Anthony D'Urso, Psy.D.	Wed	9-11	F/ CM
Week 19	A. Drama Therapy B. Holistic Therapy Approaches	A.Kyongok Kim, MA B. Alexandra Leet LSW	Wed	A 9-10 B. 10-11	T T
Week 20	Child Maltreatment-Sexual Abuse Grooming/Perpetrator into Victim Status	Brett Biller, Psy.D.	Wed	A 9-10 2 hrs	CM
Week 31	A. Division of Child Protection and Permanency B. Adoption	Claudia Janiec, LCSW	Wed	A 9-10 B.10-11	T

Week	Topic	Presenter	Day	Time	C
Week 32	Collage Making	Kyongok Kim, MA	Wed	9-10	T
Week 33	Problematic Sexual Behaviors in Youth/Children	Solomon Barry Psy.D	Wed	9-11	CM T
Week 34	Dramatic Play	Kyongok Kim, MA	Wed	9-10	T
Week 35	Factitious Disorder Imposed on another	Julia DeBellis, MD	Wed	9-11	CM
Week 36	Art Therapy Techniques	Kyongok Kim, MA	Wed	9-10	T
Week 37	Non-Accidental Head Trauma	Jennifer Romalin, APN	Wed	9-10	MC
Week 38	Evaluation Testimony in CPS	Brett Biller, Psy.D.	Wed	9-11	CM F
Week 39	Creative Arts Therapy Case Consultation	Kyongok Kim, MA	Wed	9-10	T



Week 40	Medical Evaluations in Context of Suspected Child Maltreatment.	Julia DeBellis, MD	Wed	9-11	CM F
Week 41	Creative Arts Therapy Case Consultation	Kyongok Kim, MA	Wed	9-10	T
Week 42	Neuropsych Evaluations in CPS context	Amanda Macdonald, Psy.D.	Wed	9-11	CM E
Week 43	Creative Arts Therapy Case Consultation	Kyongok Kim, MA	Wed	9-10	T
Week 44	Parenting Evaluations	Solomon Barry, Psy.D	Wed	9-11	CM E
Week 45	Creative Arts Therapy Case Consultation	Kyongok Kim, MA	Wed	9-10	T
Week 46	Bridging Diversity and Family Systems: Culturally-Informed and Family-Based Treatment with Latino Families	Michelle Mroz, LCSW	Wed	9-11	D
Week 47	Mock Trial	Brett Biller, Psy.D. Chris Freid, JD	Wed	9-11	CM F
Week 48	Mock Trial	Brett Biller, Psy.D. Chris Freid, JD	Wed	9-11	CM F
Week 49	Makeup		Wed		
Week 50	Makeup		Wed		
Week 51	Wrap Up				
Week 52	GRADUATION				



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**PSYCHOLOGY INTERN
EVALUATION FORM**

Name of Intern: _____

Date: _____

Supervisor: _____

Evaluation Period: ___Mid ___Final

Evaluation Methods:

Direct Observation: (client initials and date of observation) _____

Review of Records (client initials and date of review) _____

This form will be used to assess both baseline competencies, administered for self-rating at the beginning of the pre-doctoral year, and development throughout the course of the year. As such, it will be formally completed by supervisors at the 6-month and 12-month periods.

Evaluation methods include but are not limited to direct observation, review of documentation, feedback from staff, etc.

Please note, that while it is expected that all doctoral interns within the program will succeed and develop the following competencies across the year, scores lower than a **3** may result in the initiation of due process procedures. Information regarding interns' progress will be provided to the Clinical Training Directors from their doctoral education institutes at the 6-month and 12-month time frame. Clinical Training Directors will also be contacted at any other time when a training concern emerges so they will be able to assist in addressing the concern, including the development of a remediation plan. Interns will be encouraged to discuss disagreements or lack of understanding regarding any aspect of the evaluation.

1-Remedial- Significant skill development required; remediation necessary

2-Beginning/Developing Competence- Expected level of competency pre-internship, close supervision required on most cases

3-IntermediateCompetence- Expected level of competence for an intern at the mid-point of the internship, routine or minimal supervision required on most cases

4-Proficient Competence- Expected level of competency for an intern at the completion of the internship, ready for entry-level practice

5-Advanced Competence- Rare rating for internship able to function autonomously with a level of skill that is beyond the expected range at the conclusion of internship training.

N/A- Not applicable at this time



	DOMAIN I: RESEARCH	1	2	3	4	5	NA
1	Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications).						
2	Disseminate research or other scholarly activities (e.g., case conference, presentation, publications at the local (including the host institution), regional, or national level.						
Elaboration on strengths and challenges:							

	DOMAIN II: ETHICAL AND LEGAL STANDARDS	1	2	3	4	5	NA
1	Be knowledgeable of and act in accordance with each of the following: <ul style="list-style-type: none"> o the current version of the APA Ethical Principles of Psychologists and Code of Conduct; o Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and o Relevant professional standards and guidelines. 						
2	Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.						
3	Conducts self in an ethical manner in all professional activities.						
4	Recognizes the ethical responsibility for cultivating appropriate self-care.						
5	Demonstrates awareness that practice requirements and legal standards vary between criminal and civil matters.						
Elaboration on strengths and challenges:							

	DOMAIN 3. INDIVIDUAL AND CULTURAL DIVERSITY	1	2	3	4	5	NA
1	An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.						
2	Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional						



	activities including research, training, supervision/consultation, and service.						
3	The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.						
4	The ability to apply a framework for working effectively with areas of individual and cultural diversity.						
5	The ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.						
Elaboration on strengths and challenges:							

	DOMAIN IV: PROFESSIONAL VALUES, ATTITUDES, and BEHAVIORS	1	2	3	4	5	NA
1	Behave in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.						
2	Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.						
3	Actively seek and demonstrate openness and responsiveness to feedback and supervision.						
4	Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.						
5	Interns complete evaluations and other required paperwork in a timely manner.						
Elaboration on strengths and challenges:							

	DOMAIN V: COMMUNICATION and INTERPERSONAL SKILL	1	2	3	4	5	NA
1	Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.						
2	Demonstrate a thorough grasp of professional language and concepts; produce, comprehend, and engage in communications that are informative and well-integrated.						
3	Demonstrate effective interpersonal skills and the ability to manage difficult communication well.						



4	Expresses disagreements and responds to feedback and criticism with composure and in a professional manner.						
5	Demonstrates an understanding of how to communicate, consult, and make useful recommendations to DCPD and the Prosecutor's Office with an unbiased attitude toward the examinee, the legal system, and those who serve the legal system.						
Elaboration on strengths and challenges:							

DOMAIN VI: ASSESSMENT		1	2	3	4	5	NA
1	Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.						
2	Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).						
3	Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.						
4	Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.						
5	Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.						
6	Communicate the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.						
7	Conducts interviews efficiently, with appropriate pacing and use of open-ended questions.						
Elaboration on strengths and challenges:							

DOMAIN VII. INTERVENTION		1	2	3	4	5	NA
1	Establish and maintain effective relationships with the recipients of psychological services.						



2	Develop evidence-based intervention plans specific to the service delivery goals.						
3	Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.						
4	Demonstrate the ability to apply the relevant research literature to clinical decision-making.						
5	Modify and adapt evidence-based approaches effectively when a clear evidence base is lacking.						
4	Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.						
5	Describe strategies for dealing with intervention challenges specific to forensic child maltreatment or mandated clients.						
Elaboration on strengths and challenges:							

DOMAIN VIII: SUPERVISION		1	2	3	4	5	NA
1	Apply supervision knowledge in direct or simulated practice with psychology trainees or other health professionals. Examples of direct or simulated practice examples of supervision include but are not limited to, role-played supervision with others, and peer supervision with other trainees.						
2	Apply the supervisory skill of observing in direct or simulated practice.						
3	Apply the supervisory skill of evaluating in direct or simulated practice.						
4	Apply the supervisory skills of giving guidance and feedback in direct or simulated practice.						
Elaboration on strengths and challenges:							

DOMAIN IX: CONSULTATION AND INTERPROFESSIONAL /INTERDISCIPLINARY SKILLS		1	2	3	4	5	NA
1	Demonstrate knowledge and respect for the roles and perspectives of other professions.						
2	Apply the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.						
Elaboration on strengths and challenges:							



PROGRAM SPECIFIC DOMAIN: KNOWLEDGE OF CHILD MALTREATMENT & FORENSICS AS IT RELATES TO CHILD MALTREATMENT		1	2	3	4	5	NA
1	Demonstrates ability to identify, diagnose and describe the impact and related dynamics of child maltreatment including, neglect (medical, educational, environmental, secondary to exposure to Interpersonal Violence, secondary to substance abuse) physical abuse, sexual abuse, psychological abuse from a developmental perspective.						
2	Demonstrates ability to explain factors contributing to child maltreatment, interventions to reduce/eliminate future incidents of child maltreatment, and possible impact on children.						
3	Demonstrate ability to apply the relevant research literature regarding child maltreatment and trauma to treatment and evaluations.						
4	Demonstrate understanding of systemic response to Child maltreatment including Department of Child Protection and Permanency and legal/law enforcement.						
5	Demonstrates ability to articulate how forensic child maltreatment practice differs from general clinical practice. Including the varied forensic roles (i.e., evaluator, consultant, therapist).						
6	Demonstrates an awareness of the potential implications of forensic child maltreatment work and how their opinions are used by the fact finders.						
7	Demonstrates an appreciation for the impact of institutional racism on service provision in child protection.						
Elaboration on strengths and challenges:							

This intern has demonstrated satisfactory performance during this period:

Yes No. If no – suggested course of action.

Comments/Remarks by Intern:

Intern _____

(Signature)

Date: _____

Supervisor _____

(Signature)

Date: _____



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***Audrey Hepburn Children's House Psychology Internship Program
Training Committee***

Brett A. Biller, Psy.D.; Mental Health Director-Section Chief; Pace University [2004]

Since receiving his doctoral degree, from Pace University, New York, New York, Brett A. Biller, Psy.D. has maintained employment at three of New Jersey's four legislatively designated Regional Diagnostic and Treatment Centers (RDTC). As a licensed psychologist working with children and families who have been impacted by maltreatment, Dr. Biller has had the privilege to work clinically with children, adolescents, and families, from diverse socioeconomic and ethnic backgrounds, who have experienced varied maltreatment including physical and sexual abuse, neglect, and exposure to domestic violence. Dr. Biller has conducted forensic evaluations as well as provided ongoing individual and group therapy. He additionally consults with and provides educational lectures to schools, child welfare agencies, law enforcement, and other medical and mental health professionals, as well as provides expert and fact testimony in criminal and civil hearings. Dr. Biller was the founding Director of Training at the Dorothy B. Hersh RDTC, at Saint Peter's University Hospital, in New Brunswick, New Jersey, where he developed and directed an Association of Psychology Postdoctoral and Internship Centers (APPIC) recognized forensic doctoral training program. Dr. Biller currently serves as the Mental Health Director/Section Chief at the Audrey Hepburn Children's House (AHCH) at Hackensack University Medical Center, in Hackensack, New Jersey. In his role as the Mental Health Director, Dr. Biller is responsible for clinical supervision and oversight of the program's mental health diagnostic and therapeutic services and supervises the clinical supervisors of the mental health staff. Dr. Biller additionally functions as a consultant and supervising clinician in the Department of Pediatrics, including the evaluation, diagnosis, and treatment of mental disorders and aspects of the psychological adaptation of patients and their families. In addition to his responsibilities within Hackensack UMC, Dr. Biller organizes and participates in professional and community educational conferences and seminars on related topics. He collaborates with New Jersey State Officials and Child Welfare Administrators to identify child welfare needs, identify service gaps, and plan for improvements in the system. Dr. Biller's responsibilities include serving as a resource and liaison to community and governmental agencies that seek medical and mental health information or services for victims of child maltreatment. Dr. Biller also serves on the Multidisciplinary Teams (MDT) of the AHCH five catchment counties, including Bergen, Essex, Hudson, Morris, and Sussex. Dr. Biller maintains a faculty position with Child First Finding Words, New Jersey, where he has the pleasure of educating and supervising MDT professionals so that they may learn how best to interact with children who have disclosed sexual abuse.

While valuing the impact of his clinical work, Dr. Biller has served in leadership roles within several professional organizations. Dr. Biller served as the Executive Board President of the American Professional Society on the Abuse of Children, New Jersey Chapter (APSAC-NJ). In his role as the APSAC-NJ Executive Board President, Dr. Biller worked collaboratively with professionals from different disciplines including legal, medicine, mental health, child protection agencies, and law enforcement to increase advocacy, education, and support for treating and eradicating child maltreatment. Dr. Biller also served on the New Jersey Psychological Association's (NJPA) Committee on Legislative Affairs (COLA) for five years, one of which he served as Chair. Dr. Biller's involvement with COLA afforded him the opportunity to consult individually with several New Jersey state legislators to advocate on behalf of almost 2000 psychologists in New Jersey and the community members with whom psychologists practice. Dr. Biller provided expert testimony to members of the New Jersey Congress.

Licensed: Licensed Psychologist in NJ and NY



Paula N. Iudica-Costa, Psy.D.; Psychology Education Coordinator; Wright State University-School of Professional Psychology [1999]

Dr. Iudica obtained a Bachelor's Degree with a Double Major in Psychology and French. She received a doctorate in Clinical Psychology and defended her dissertation on Building Bi-cultural Competence as a Means of Dispelling Bias. She completed an APA-accredited internship at Southlake Center for Mental Health in Merrillville, Indiana. During her internship, she received specialized training in family therapy for families in which incest had occurred. Dr. Iudica-Costa worked for six years at The Audrey Hepburn Children's House from 1999-2005 conducting psychological and psychosocial evaluations as well as individual, group, and family therapy in the area of child abuse and neglect. Dr. Iudica was a clinical supervisor at an APA-accredited internship site from 2006 through 2021. Dr. Iudica-Costa administered a rotation on the treatment of trauma at an APA-accredited internship site from 2006-2021. Dr. Iudica-Costa was the Assistant Director of Psychology Training for APA accredited Internship Site from 2010-2021. Dr. Iudica-Costa has taught as adjunct faculty in the graduate psychology program. Dr. Iudica-Costa also maintains a private practice.

Licenses: Licensed Psychologist in NJ

Richard Coco, Ph.D.: Psychology Supervisor; Seton Hall University [2000]

Dr. Coco received his doctorate in Counseling Psychology from Seton Hall University. He completed an internship at the Lincoln Medical and Mental Health Center in Bronx, New York, with a focus on infant and preschool assessments, and therapy. He has training in infant and preschool mental health. His extensive background includes work with an NIH-SAMSA-funded program for HIV/AIDS families and children and as interim clinical director of the therapeutic nursery at Trinitas Hospital in Elizabeth, NJ, and Clifton Mental Health Services, Clifton, New Jersey. Currently, he is employed as a psychology supervisor at the Audrey Hepburn Children's House at Hackensack University Medical Center. Dr. Coco conducts both forensic evaluations and psychotherapy in the area of child abuse and neglect. He also served in the Peace Corps at an orphanage in Chile between the years 1980-1982. Dr. Coco is a clinical supervisor and plays an active role as a member of the Training Committee.

Licenses: Licensed Psychologist in NJ

Candice Hudson, Psy.D.; Staff Psychologist; American School of Professional Psychology at Argosy University [2009]

Candice Hudson, Psy.D. received a Bachelor of Arts degree in Psychology from Pepperdine University. She continued her education to receive a master's and doctoral degree in clinical psychology through the American School of Professional Psychology at Argosy University in Hawaii and California. Her area of concentration throughout graduate school, including externships and internship, was in child and adolescent psychology. She completed a postdoctoral fellowship at the Audrey Hepburn Children's House as well as a postdoctoral certificate in forensic psychology. She is currently on the training committee at the Audrey Hepburn Children's House.

Licenses: Licensed Psychologist in NJ

Certification (Practice only credential meaning not a therapy certification but a training certificate as a credential, i.e., Fellowship) Certificates in Family/Civil Forensic Psychology and Criminal Forensic Psychology from Montclair State University

Fellowships Clinical Forensic Psychology Fellowship in Child Maltreatment at AHCH, HUMC



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Michelle Fanciullo, Psy.D.; Staff Psychologist Long Island University, C.W. Post Campus [2017]

Dr. Fanciullo completed her doctoral training in Clinical Psychology, concentrating in Child and Family Violence. She completed her postdoctoral fellowship at the Audrey Hepburn Children's House [AHCH] at Hackensack University Medical Center, and was hired as a staff psychologist at AHCH in 2018. As a member of the training committee at AHCH, she provides clinical supervision and training to pre-doctoral level psychology students. Dr. Fanciullo conducts both forensic evaluations and psychotherapy in the area of child abuse and neglect and has offered testimony in the New Jersey Superior Court as an expert in clinical/forensic psychology. She is also certified in Trauma-Focused Cognitive Behavioral Therapy [TF-CBT] and completed the TF-CBT learning collaborative through the CARES Institute. Dr. Fanciullo is trained in both CBT and psychodynamic therapy and utilizes both treatment models.

Licenses: Licensed Psychologist in NJ

Certification: Trauma-Focused Cognitive Behavioral Therapy [TF-CBT]

Fellowships: Clinical Forensic Psychology Fellowship in Child Maltreatment at AHCH, HUMC

Solomon Barry, Psy.D.: Staff Psychologist; Long Island University, C.W. Post Campus [2013]

Dr. Barry joined the staff of The Audrey Hepburn Children's House (AHCH) at Hackensack University Medical Center in 2012. He received his Doctorate in Clinical Psychology from Long Island University - Post Campus and completed his postdoctoral fellowship at AHCH. He also holds two post-doctoral certificates in forensic psychology from Montclair State University and has offered testimony in the New Jersey Superior Court as an expert in clinical psychology. Dr. Barry holds a dual appointment as Assistant Professor of Psychiatry and Pediatrics at the Hackensack-Meridian School of Medicine/ Seton Hall University. As a member of the training committee at AHCH, he provides clinical supervision and training to pre-doctoral and postdoctoral level psychology students. Dr. Barry's responsibilities include conducting parenting and psychosocial evaluations, as well as individual and family psychotherapy. He has specialty training in treatment for disruptive behavior in children, parenting stress, parent training, reducing family conflict, and recovery from trauma and abuse. In his work with clients, Dr. Barry integrates evidence-based Cognitive Behavioral Therapy (CBT) techniques, motivational interviewing, and traditional psycho-dynamic treatment approaches."

Licenses: Licensed Psychologist in NJ

Certification (Practice only credential meaning not a therapy certification but a training certificate as a credential, i.e., Fellowship) Certificates in Family/Civil Forensic Psychology and Criminal Forensic Psychology from Montclair State University

Fellowships Clinical Forensic Psychology Fellowship in Child Maltreatment at AHCH, HUMC



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APPENDICES

Policies and Procedures

- A. Administrative and Financial Assistance Policy
- B. Diversity and Nondiscrimination Policy
- C. Evaluation, Retention, and Termination Policy
- D. Due Process and Grievance Procedures
- E. Intern Selection and Preparation Requirements Policy
- F. Telesupervision Policy



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Appendix A

Audrey Hepburn Children's House Psychology Internship Administrative and Financial Assistance Policy (Stipend, Resources, and Benefits)

The stipend for all interns at The Audrey Hepburn Children's House (AHCH) is \$36,400 for the 12-month training period. As employees at Hackensack University Medical Center, interns receive a full benefits package that includes medical, dental, and prescription coverage available on their start date. Interns are also provided three weeks of paid time off (PTO) and six hospital holidays. Questions regarding specific benefits packages can be directed to HUMC's Human Resources department at <https://myway.hmhn.org>.

PTO procedures:

Interns can request PTO 2 weeks prior to the time requested with their supervisor, who will post their time off on The AHCH Google calendar. Interns must also inform other supervisors of their anticipated absence and make arrangements about client appointments and report deadlines. Interns also contact their supervisor and support staff to report unanticipated absences as soon as possible. Supervisors are available for any questions related to time off requests.

Resources:

AHCH interns have access to numerous resources. All interns are provided with shared office space. In their shared office, interns are provided with their own: desk, computer with all necessary software, access to electronic medical records, office phone with voice mail, technology and equipment supporting the dictation of reports, and basic office supplies. Interns are given an ID badge which provides access to the AHCH building, permitted areas in the hospital, and assigned parking garages. In addition, interns have access to therapy rooms, a creative arts therapy room, a gardening area, an outdoor patio space, toys, games, art supplies, intervention manuals, and assessment materials. Interns have access to the DSM-5 and other needed reference materials. Additional materials may be requested with the Training Committee's approval. Attendance at professional conferences is encouraged and limited funding exists. AHCH has four support staff members who provide scheduling and billing support.

Each intern also has access to 24-hour/7 days a week IT support which can be accessed by calling 551-996-4357. Furthermore, interns have access to Hackensack Meridian School Of Medicine Interprofessional Health Sciences Library which provides access to over 2.1 million ebooks, 1 million journal titles, and 480 unique databases. Access to databases, journals, electronic books, and interlibrary loan is available online 24hr/7 days a week. The library is staffed by a team of 4 Health Sciences Librarians Monday-Friday from 8 am – 6 pm. Librarians are available to assist students with literature searches, securing interlibrary loan requests, and answering reference questions.



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Appendix B

Audrey Hepburn Children's House Psychology Internship Diversity and Nondiscrimination Policy

The Audrey Hepburn Children's House Internship Program values individual and group differences related to the various and intersecting aspects of diversity including but not limited to race, ethnicity, national origin, language, sex, sexual orientation, gender identity, religion, socio-economic status, able-bodiedness, age and, physical appearance. In addition, Hackensack Meridian Health is committed to the principles of equal employment opportunity and affirmative action. It conducts all hiring and employment practices strictly in accordance with applicable fair employment practices laws and regulations. Discrimination in employment on the basis of any classification protected under federal, state, or local law is a violation of our policy and is illegal.

AHCH seeks diversity in our staff and interns because we strongly believe this enhances our vitality and creativity resulting in the provision of high-quality and culturally competent psychological services. Our value in diversity is evident in AHCH's continual assessment of our policies and procedures to ensure that we minimize the impact of implicit bias in our recruitment of staff and interns and in our sustained efforts to retain valued staff members. We evaluate our applicants on their past work and life experiences, their clinical knowledge, and an expressed desire to learn about the clientele we serve and the psychological services we provide. We anticipate that interns may require accommodations and encourage communicating these with the training director as soon as sufficient comfort has been established.

In order to fulfill these multicultural aspirations, we recognize that all staff members and interns must feel safe and respected. Therefore, we endeavor to make AHCH an inclusive, affirming, and equitable environment which necessitates not only ongoing education about areas of diversity but also ongoing self-reflection upon one's own values, biases, and assumptions, a curiosity about differences, and the ability to humbly address problematic interactions.

The Audrey Hepburn Children's House intern diversity training program is infused in all aspects of the training and assists interns in developing the knowledge, skill, awareness, and comfort with diverse experiences through didactics about the history of discrimination in our culture and profession, and through personal self-exploration of both their dominant and nondominant statuses and the impact of these on their identities, values, implicit biases, blindspots, and world view. The self-exploration occurs not only through didactics but also through experiential training, individual supervision, group supervision, trainee process group, and treatment team meetings. In addition, interns are evaluated on their openness to self-exploration, engagement in discussions, and progress in negotiating diversity factors in their clinical work. Furthermore, interns engage in qualitative research about the demographics of our clientele and the identification of culturally competent practices.



Appendix C

Audrey Hepburn Children's House Psychology Internship Program Evaluation, Retention, and Termination Policy

The Audrey Hepburn Children's House (AHCH) Internship Program formally measures interns' progress in the training program at the six and twelve-month time frames. The Intern's supervisor(s) complete a standard evaluation form with a five-point Likert rating and an area for narrative feedback. The evaluation form covers the nine profession-wide competencies and related training elements as well as the program-specific competency and training elements regarding child maltreatment and the forensics related to child maltreatment.

All competencies and elements on the Intern Evaluation Form are rated on a five-point scale with the following rating values: 1 = Remedial, 2 = Beginning/Developing Competence, 3 = Intermediate Competence, 4 = Proficient Competence, 5 = Advanced Competence. Supervisor(s) review evaluations with the Intern which provides an opportunity for discussion at each evaluation point. Interns are asked to sign their evaluation form indicating they have reviewed and discussed the feedback. Interns are also able to provide narrative feedback on their evaluations. The intern's Director of Clinical Training is contacted at the six and twelve-month time frame to provide the intern's evaluation and any other relevant data.

In order to successfully complete the AHCH internship, interns must receive a minimum rating of 4 or above on all competencies and training elements and have completed 2000 hours of training. At the twelve-month time frame, the DCT is informed that the Intern has successfully completed the program. Upon successful completion of the internship, Interns are given a certificate of completion which, along with their six-month and twelve-month evaluations are maintained indefinitely by AHCH in a secure digital file.

If an Intern receives a score less than 3 (the minimum level of achievement or MLA at the mid-point) on any training element at the mid-year evaluation, a rating of less than 4 (the MLA at the end-year evaluation) the Due Process Procedure is initiated. However, if the training committee has reason to be concerned about the student's performance or progress at any point during the program, the Due Process Procedure will be initiated. These guidelines can be found in the AHCH Training Manual.

It is AHCH's intention to provide interns with the opportunity and appropriate support to successfully complete the internship program. However, AHCH also has the responsibility to protect the public, the clients at AHCH, and the AHCH Internship program. If at any time, for any reason an Intern has entered into the formal review step of the Due Process procedure, the Director of Clinical Training (DCT) from the Intern's Doctoral Program is contacted in order to assist in developing a corrective plan and when possible, provide resources to support the intern. Interns are also encouraged to independently seek the assistance of their DCT at their doctoral educational training program to assist and/or represent their concerns. The DCT is notified of the intern's progress or if any further action may be taken by the AHCH Internship Program up to and including termination from the program.

In addition to the evaluations described above, interns complete an evaluation of their supervisor(s), the Psychology Education Coordinator, and a program evaluation at the end of the internship program. Feedback from these evaluations is reviewed by the Training Committee for possible quality improvement changes. Copies of these evaluations are found in the AHCH Handbook and intranet.



Appendix D

Audrey Hepburn Children's House Psychology Internship Program Guidelines for Addressing Issues in Training (Due Process and Grievance Procedures)

The due process afforded by the internship policy is always granted to the intern, and the agency policies do not conflict with the due process.

All interns are full-time employees of Hackensack Meridian Health and as such, are provided the Hackensack Meridian Health (HMH) Code of Conduct at the onset of employment. The interns are required to sign the Code of Conduct, indicating that they have read the Code of Conduct and agree to comply with the expectations outlined within. As noted in the Dispute Resolution Policy (PolicyStat ID: 8124499) "Hackensack University Medical Center encourages open lines of communication by urging employees to bring questions, concerns or problems to the attention of their immediate supervisors. Most inquiries can be answered and problems solved when the supervisor and employee communicate. The supervisor has the responsibility to listen to employees' concerns and to discuss with them the means of resolving any questions before they become serious problems." The HMH Guidelines for Cooperation and Discipline (PolicyStat ID: 7542965) identify the HMH procedure for violations of the HMH Code of Conduct as well as departmental rules and guidelines. The Guidelines for Cooperation and Discipline dictate possible repercussions for infractions based on a two-tier method. Level 1 responses include 1st written corrective action, 2nd written corrective action, final warning with suspension, and termination. In cases involving a level 2 gross infraction where suspension or discharge from staff is requested, a four-step process will be followed including initial investigation, possible suspension, further investigation, and disciplinary review process meeting. Comprehensive information related to the Guidelines for Cooperation and Discipline is available in print form at AHCH as well as on the HMH intranet which is accessible by all interns. The below guidelines are an elaboration of the steps by which concerns can be addressed within the training program and AHCH at the immediate supervisory level. Again, these guidelines are not designed or intended to supersede or conflict with relevant hospital policies, and it is the interns' right to take matters to the Human Resources Department at any time they desire to do so. Additionally, the training program invites interns to seek the assistance of the Training Director from their doctoral education training program to assist and/or represent their concerns if doing so is preferred. The HMH Code of Conduct, Guidelines for Cooperation and Discipline, and the Dispute Resolution policies are provided to Interns at the time of hire and remain available on the HMH intranet.

Initiation of remediation of problems with an Intern, detected by a Faculty Member

Faculty have the responsibility to continually assess the progress of each Intern. The program has a responsibility to take steps to remediate situations in which an Intern exhibits continued serious difficulties and does not function effectively in a clinical or professional interpersonal situation. Any such instances will be communicated in writing to the Intern's educational institution. Examples can include but are not limited to

- A marked deficiency in skills, for example if an Intern receives a rating of "developing skill level [2]" or lower from any of the evaluation sources, or if one or more supervisors raises significant concerns about an Intern
- A marked deficiency in motivation
- Inability to function due to emotional problems or substance use
- Professional misconduct
- Failure to fulfill educational and administrative obligations
- Persistent tardiness



- Circumstances which conflict with the HUMC policies prohibiting discrimination, harassment, sexual violence or retaliation.
- Circumstances such as health, which may be beyond the Intern's control, but which prevent completion of the training program.
- When situations arise that may constitute criminal misconduct

The remedy for handling such problems must have sufficient flexibility to protect the program and the public while providing the Intern with the opportunity for appropriate support and remedial training. The following procedures will be initiated sequentially:

- A. The Intern's supervisors will meet with the Intern to discuss the problem and attempt to arrive at a mutually acceptable solution or plan for remediation. This situation is not unusual, and in the vast majority of the instances, would require no further action. The areas needing intervention, an approach to resolution (e.g.; increased supervision, readings, additional cases), the allotted time frame, and the required outcomes will be identified.
- B. If the local intervention plan does not result in a satisfactory solution or if a pervasive pattern is noted to exist, then the issue will be discussed with the Training Coordinator. The Intern's supervisor will meet the Training Coordinator to discuss the rating or identified problem area and determine what actions need to be taken.
- C. If the training issue is deemed to require remediation, the Intern will be notified, in writing, that such a review is occurring and the intern will have the opportunity to provide a statement related to his/her response to the rating or identified problem area. This notification to the Intern will occur within seven days of receipt of the documented issue. In turn, the Intern's statement must be submitted to the Training Coordinator within seven days of receipt of the written concern. These comments will be considered in the development of a remediation plan. Remediation plans will include objectives, schedules, expectations, and a corrective action plan. The Remediation period lasts 3 months. It is understood that within this time period, some issues related to training may require immediate rectification by the Intern, while other issues or deficits will require a longer period to remedy. These concerns and the resulting plan will be communicated to the Intern's educational institution's Director of Clinical Training.
- D. A hearing will be held within 14 days of the written notification to review outcomes and possible resulting actions. These include (1) complete remediation of the problem and, therefore, no further action taken, (2) incomplete remediation, improvement noted in some or all of the target areas, with remediation plan extended to be re-evaluated at a specified time (3) continued employment with the potential of not successfully completing the training program, (4) formal disciplinary action, and (5) termination. All remediation plans will include objective measurable goals and the time frame needed to complete them. The Intern may choose to accept these conditions or may choose to challenge the action. If the training committee determines that the Intern has engaged in a sufficiently serious violation, or has failed to meet the requirements despite remediation, the committee will invoke the HMH Guidelines for Cooperation and Discipline process (PolicyStat ID#: 7542965).
- E. It is expected that the status of the rating will be reviewed no later than the next formal evaluation period or no later than the time limits identified in the written statement, whichever date is sooner. If the rating or the remediation plan has been rectified to the satisfaction of the faculty, the Intern other appropriate individuals, The Interns and the Intern's Director of Clinical Training will be informed and no further action will be taken.
- F. The Intern has the right to appeal the actions taken by the program if they are in disagreement. Appeals will be filed with the Mental Health Director within 14 days of the hearing and decisions will be communicated, in writing within 14 days of the appeal. If the Dispute Resolution Policy (PolicyState ID: 8124499) is not then utilized, decisions of the Lead/Psychologist/Section Chief are final and binding.



- G. While the Intern may have completed a calendar year of training, failure to demonstrate appropriate competencies and remediate previously documented issues in training will result in AHCH declining to issue a certificate of completion.
- H. If the issue is determined to warrant serious action, as evidenced by either (1) a problem that is jeopardizing patient care, (2) a persistent problem that the Intern fails to address adequately at the previous level, (3) a significant violation of professional standards, (4) an irremediable deficit in professional competence, (5) significant personal factors that seriously affect professional functioning, or (6) a clear violation of Medical Center policies and procedures, it will need to be actively and systematically monitored by the faculty, through the supervisors and Training Coordinator. As noted above, more serious or egregious behaviors (e.g. substance abuse, criminal conduct) will immediately trigger the HMH Guidelines for Cooperation and Discipline. The conclusion of a Human Resources inquiry can be a verbal warning, written warning, suspension, or termination depending on the severity, frequency, and intent of the offense. In the event that an Intern is not in agreement with the finding established by the Human Resources investigation, the may initiate an appeal as outlined in the HMH Dispute Resolution Policy (PolicyStatID: 8124499)
- I. The above procedures serve as a guideline for resolving disputes. It is the right of any involved party to inform Human Resources of a matter and begin utilizing the Dispute Resolution Policy (PolicyStatID: 8124499). The Dispute Resolution Policy is available on the HMH PolicyStat intranet site. The procedure for dispute resolution includes an initial Department Executive review, followed by a Senior Leader Review from a different department, and finally a Panel of 3 Leader review (used when managing a recommendation for suspension or termination)

Guidelines for situations in which Interns raise a formal complaint or grievance about a supervisor, staff member, trainee, or program.

There may be situations in which the Intern has a complaint or grievance against a supervisor, staff member, other trainee, or the program itself and wishes to file a formal grievance. Examples of problems include:

- Faculty member has a serious deficit in knowledge or skill
- Faculty member has emotional difficulty or substance use which impairs or compromises expected standards of performance
- Faculty member does not provide sufficient attention to the training needs of the Intern
- Faculty member acts in an unprofessional manner or displays inappropriate behavior
- Faculty member displays behaviors which conflict with the HUMC policies prohibiting discrimination, harassment, sexual violence or retaliation.
- Circumstances such as health, which may be beyond the faculty member's control, but which prevent adequate attention to trainees.
- Situations arise from the faculty member that may constitute criminal misconduct
- Intern perceives they are not receiving the level of training necessary for the development of clinical skills.
- Intern is not receiving the required hours of supervision.
- Intern is being asked to engage in responsibilities beyond the scope of their abilities or requiring excessive time beyond that which is appropriate for the training experience.
- Intern is not provided with an appropriate level of research or didactic training.
- Intern perceives evaluation or assessment, whether formally or informally, as unjust, discriminatory, or not accurate in reflection of the Intern's performance.

In the event of such an occurrence, the Intern should:

- A. Raise the issue with the staff member or other trainee in an effort to resolve the problem. If the problem remains uncorrected, the faculty member and Intern are unable to reach an acceptable solution, or the problem is of such severity that additional contact between the trainee and faculty



- member is not advised, the issue should be brought to a supervisor, staff member, or Training Coordinator.
- B. If the Training Coordinator is the object of the grievance or is unavailable, the issue should be raised with the Mental Health Director. If the Training Coordinator cannot resolve the matter, the Training Coordinator will bring the issue to the psychology training committee and to the attention of the Mental Health Director.
 - C. If mediation is not possible, a subcommittee consisting of the Training Coordinator, Chief Psychologist, and an additional staff member is convened. This subcommittee will meet within fourteen days of the unsuccessful mediation.
 - D. All proceedings at this level will be documented in writing and filed accordingly. Based on the subcommittee review, one of the following recommendations is proposed: (1) no disciplinary action, (2) reprimand with a remediation action plan. If the Intern does not feel comfortable continuing with the supervisor, an alternate supervisor will be assigned to the Intern. (3) Referral to the human resources department of HUMC for remediation plan and consequences.
 - E. If a remediation plan is recommended, it will be reviewed by the Mental Health Director, documented, and reviewed with the faculty member. This will occur within 7 days of the development of the remediation plan.
 - F. Once this formal remediation has been distributed, the Intern or faculty member can appeal in writing within 7 days. If the matter is raised within the AHCH and mediation has failed or the issue cannot be adequately resolved, the formal Dispute Resolution Policy (PolicyStatID: 8124499) should be utilized.
 - G. If the faculty member disagrees with the remediation decision, the member has the right to appeal. The Faculty member can appeal in writing to the Mental Health, Medical Director, or human resources department at HUMC.
 - H. Interns who pursue grievances in good faith will not experience any adverse personal or professional consequences.

In the event that the Intern is not receiving the compensation (financial/benefits) as indicated at the time of accepting the internship, the Intern should:

- A. Inform their direct supervisor who will consult with the Training Coordinator.
- B. The Intern, Supervisor, and Training Coordinator will meet to discuss the perceived discrepancy and clarification will be provided if the Intern's perception is not accurate.
- C. If the Intern's concern is accurate, the Training Coordinator will assist the Intern in contacting the benefits department, within Human Resources at Hackensack University Medical Center.
- D. Interns will be reminded that they may include the Training Director from their institute of higher education at any time during the process.



Appendix E

Audrey Hepburn Children's House Psychology Internship Program Intern Selection and Preparation Requirements Policy

Application Process

The AHCH Internship Program offers 2 full-time internship positions. Doctoral students interested in applying for the internship program should submit an online application through the APPIC website (www.appic.org) using the APPIC Application for Psychology Internships (AAPI).

A complete application consists of the following materials (requirements):

1. A completed online AAPI which includes
 - a. Cover Letter
 - b. A Current Curriculum Vitae
 - c. Three Recommendations (2 of which are from direct clinical supervisors)
 - d. Official Transcripts
 - e. A Sanitized Assessment Report

All application materials must be received by the date noted in the current APPIC directory listing in order to be considered.

Application Screening Processes

AHCH Internship Program will base its selection process on the entire application package noted above, however, the ideal candidate will have met the following qualifications prior to the beginning internship and will be considered preferred:

1. Current Enrollment and good standing in an APA- or CPA-accredited doctoral program in a clinical, combined clinical/school or counseling program;
2. 400 intervention hours (for Interns whose training was impacted by the COVID-19 Pandemic greater latitude is being granted);
3. Practicum or substantial prior clinical work experience with children and adolescents;
4. Practicum or substantial prior clinical work experience with clients (preferably children and adolescents) who have experienced trauma
5. 3-5 Integrated Reports (preferably child/adolescent)
6. The dissertation proposal was successfully defended and accepted by the dissertation committee.

All applications are reviewed by members of the AHCH Training Committee using a standard Application Rating Scale and evaluated for potential goodness of fit with the internship program. The Training Committee members meet to determine which applicants to invite for interviews based on the



results of this review process. Applicants are notified whether or not they have received an interview by email on or before January 20. Interviews are scheduled in January on a first-come, first-served basis. Applicants are given the option to participate in in-person interviews or virtual interviews with the Psychology Education Coordinator and the Mental Health Director. Interviews regardless of the platform are conducted using a standard set of interview questions, although members of the Training Committee may ask additional interview questions of applicants as appropriate.

Participation in the APPIC Match

The AHCH Training Committee holds a meeting within two weeks of the final interviews being completed and before APPIC's Rank Order Deadline to determine applicant rankings. The full application package and information gleaned from the interview process are utilized to determine applicant rankings. As a member of APPIC, the AHCH Internship Program participates in the national internship matching process by submitting its applicant rankings to the National Matching Service. The AHCH Internship Program abides by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

If offered an internship with AHCH, the Intern will be required to provide proof of citizenship or legal residency. The Intern will have a comprehensive medical evaluation with occupational health which includes either providing proof of, or consent to receive COVID-19 immunization (fully vaccinated with one booster,) yearly influenza immunization, Tdap immunization, Hep C immunization, and MMRV immunization. AHCH is a drug and tobacco-free workplace. The onboarding process includes a mandatory urinalysis drug screen. The medical evaluation will also include an N95 mask fit test. In addition, if an intern accepts an internship at AHCH the intern will be required to complete a fingerprint-based criminal background check, at no cost to the Intern. While employment is contingent upon the successful completion of a background check, a criminal conviction does not automatically prohibit employment. However, a history of a felony or misdemeanor may prevent the intern from working at the Audrey Hepburn Children's House. Employment eligibility will be determined by the administration, in consultation with Human Resources.

Questions regarding any part of the selection process or AHCH's academic preparation requirements may be directed to the AHCH Psychology Education Coordinator at paula.iudicacosta@hmhn.org or 551-996-3623.



Appendix F

Audrey Hepburn Children's House Psychology Internship Program Telesupervision Policy

The Audrey Hepburn Children's House Internship Program uses videoconferencing for individual and group supervision only in rare emergency situations. AHCH does not utilize off-site supervisors. In the event of an emergency in which travel to the AHCH building would pose a risk such as inclement weather, or natural disaster. The Interns and their supervisor would meet via site-administered videoconferencing technology. The video conferencing technology is HIPAA compliant and allows for, high-quality real-time transmission of simultaneous video and audio in a virtual conference room. If the emergency situation was prolonged in nature, 2 hours of individual supervision would be scheduled on a weekly basis. A minimum of two additional hours of group supervision would be scheduled through diagnostic team meetings and Trainee Group Supervision with the Psychology Education Coordinator. The use of Telesupervision in emergency situations policy is to ensure there is no disruption in service provision and training provided to the Intern. The use of Telesupervision in emergency situations fulfills the AHCH Internship Program's aims to provide Interns with advanced clinical training and to ensure that their training is a progressive experience.

It is expected that the foundation for all these supervisory relationships is cultivated initially during the in-person supervision that has formed prior to an emergency situation. Should this emergency occur at the beginning of the training year, an extended orientation would occur to assist Interns in acclimating to AHCH staff and procedures.

For all clinical cases discussed during individual or group supervision, full professional responsibility remains with the intern's primary supervisor. In the event, that any crises or other time-sensitive issues occur, Interns are provided with contact information for all AHCH supervisors including email and phone numbers. Interns are instructed to reach out to their supervisor, the Psychology Education Coordinator, or the Mental Health Director for immediate consultation.

All AHCH videoconferencing occurs over a secure network using site-administered videoconferencing technology. Supervision sessions using this technology are never recorded, thus protecting the privacy and confidentiality of all trainees. All interns are provided with instructions regarding the use of the videoconferencing equipment at the outset of the training year. Technical difficulties that cannot be resolved on-site are directed to the Office of Information Technology (OIT) Help Desk.



Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: 9/1

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide website link (or content from brochure) where this specific information is presented:	
Website with link to Internship Training Manual: https://www.hackensackmeridianhealth.org/en/Healthcare-Professionals/HUMC/Pediatric-Psychology-Internship	