



***Psychology Postdoctoral Fellowship 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***



Hackensack  
Meridian *Health*  
Joseph M. Sanzari  
Children's Hospital

## *Table of Contents*

<b>Overview of the Program</b>	<b>3</b>
<b>Aims and Competencies of Training</b>	<b>4</b>
<b>Training Experiences</b>	<b>5</b>
<b>Proposed Schedule for Fellow Educational Seminars and Case Conferences</b>	<b>9</b>
<b>Fellow Evaluation Form</b>	<b>13</b>
<b>Guidelines for Addressing Issues in Training (Due Process and Grievance)</b>	<b>22</b>
<b>Training Committee</b>	<b>27</b>



Hackensack  
*Meridian Health*  
Joseph M. Sanzari  
Children's Hospital

***Audrey Hepburn Children's House***  
***Northern Regional Diagnostic Center for Child Abuse and Neglect***  
**Joseph M. Sanzari Children's Hospital**  
**Hackensack University Medical Center**  
**30 Prospect Avenue**  
**Hackensack, New Jersey 07601**  
**Phone: 551-996-2271 Fax: 551-996-4926**

### **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. Fellows 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 upon 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, client, and trainees which includes recruiting and retaining a diverse staff. Furthermore, fostering diversity in our staff, internship, postdoctoral fellowship, and other trainee programs increase 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 their 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 Fellows 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 and Competencies of Training

The aim of the training program is to provide Fellows with advanced clinical training in both general and forensic psychological practice, with an emphasis on trauma and child maltreatment. 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. The training year is structured to provide a progressive experience such that Fellows are expected to have mastered competencies that are key to effective functioning as general clinicians, trauma specialists, and forensic psychologists. These competencies are both *foundational* (e.g. professional values, attitudes and behaviors, reflective practice/self-assessment, scientific knowledge and methods, communication and interpersonal skill, ethical and legal practice, individual and cultural diversity, interdisciplinary systems) and *functional* (e.g. assessment/diagnosis/conceptualization, intervention, research) in nature.

Upon completion of the program, Fellows are expected to:

- *Professional Values, Attitudes, and Behaviors* -Overall, conduct oneself in a professional and ethical manner consistent with the values of the profession.
  - develops identity as an early career professional, related to general and forensic psychology
  - active involvement in activities that maintain and improve performance, well-being, and professional effectiveness for self, colleagues, and agency
  - remains receptive and is responsive to feedback
  - recognizes roles of differing systemic agencies
  - enhances knowledge of current scholarly clinical and forensic psychology practice
  - understands the limits of clinical opinions within a reasonable degree of psychological certainty and practices within these bounds
- *Ethics and Legal Standards* - Engage in self-reflective practice and conduct him or herself with integrity and accountability to maintain ethical and professionalism in all activities including
  - demonstrates awareness of relevant national (APA) and state (NJ) ethical principles and laws in forensic and clinical practice.
  - recognizing the ethical responsibility for cultivating appropriate self-care
  - developing self-awareness of how one's history, values, and vulnerabilities impact the delivery of trauma treatment
  - is aware of methods for resolving ethical dilemmas
  - recognizes and discusses complex legal and ethical issues applicable to practice
  - Describes the legal context for various types of evaluations in his/her jurisdiction.
- *Individual and Cultural Diversity* - Interact with people from various backgrounds and experiences, who are often mandated to treatment or evaluation, in a culturally informed, ethical, and appropriate fashion.
  - recognizes and values individual and group differences, diversity, and culture, and appreciates their impact within a psychological context



- demonstrates the ability to identify and appreciate intersecting identities of both clients and professionals
- develops the ability to reflect upon one's own biases, assumptions and problematic reactions that may stem from working with trauma and cultural differences.
- aware of the need to and educates themselves about unfamiliar cultures and subcultures
- describes potential impact of the interaction of different races, ethnicities, and languages, appearances, and cultural factors
- *Communication, Consultation, and Interpersonal skills* - Demonstrate an ability to be receptive to and expressive of thoughts, questions, and concerns
  - seek relationships with others across role, agency, and responsibility
  - demonstrate effective interpersonal skills and the ability manage difficult communication respectfully
  - express disagreement and respond to feedback and redirection with composure and professionalism
  - Exhibits a respectful and unbiased attitude toward the multidisciplinary partners including examinee, the legal system, and those who serve the legal system
- *Knowledge of Trauma and Maltreatment* - Demonstrate knowledge of various types of trauma and child maltreatment, to include:
  - the possible impact of trauma at various points along the lifespan, including a nuanced understanding of the impact of developmental trauma
  - the factors that contribute to the emergence of child maltreatment, interventions to reduce recidivism, and the possible impact of such experiences on children.
  - the importance of also incorporating an assessment of strengths, resilience and growth into both assessment and treatment
- *Assessment (Forensic and Other)* - Demonstrate knowledge of the rules, procedures, and techniques related to forensic report writing and expert witness testimony, including:
  - incorporating appropriate psychological measures into the assessment process and understanding the need to interpret them according to context, individual and culture.
  - recognition and assessment of the presence or absence of alternative hypotheses
  - acknowledgment and appropriate articulation of the limitations of the findings
  - communication results of evaluation or treatment progress to relevant third parties in a clear, transparent, comprehensive, articulate, and appropriately focused fashion, consistent with ethical standards.
  - Assess for trauma and child maltreatment, in a forensic context, using developmentally appropriate assessment methods
  - Conducts interviews efficiently, with appropriate pacing and use of open-ended questions; thorough
- *Intervention* - Implement trauma-informed and culturally sensitive interventions to address both experiences related to child maltreatment and mitigate risk in those who have engaged in maltreatment. This includes:



- demonstrating an understanding of professional literature in relevant intervention areas. Evidences of a wide knowledge of evidence-based interventions such as TF-CBT for both the general clinical population and those referred related to maltreatment.
- develop evidence-based intervention plans specific to the service delivery goals.
- ability to communicate rationale and foundation for clinical treatment plan and techniques utilized to address treatment goals
- appreciating the impact of the forensic setting on traditional therapeutic relationships and goals.
- developing flexibility in utilizing treatment interventions to address the complexities of each individual case or family
- balancing the need for fidelity to treatment models with flexibility related to context or culture
- *Research* - Demonstrate the ability to critically evaluate research and theory, as well as to formulate and conduct research that is of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base
  - critically evaluate and disseminate research or other scholarly activity via professional publication and presentation at the local (including the host institution), regional, or national level
- *Child Maltreatment Trauma and related Forensic Practice* -Demonstrate knowledge and skill in the diagnosis and treatment of the various form of Child Maltreatment and the ability to apply this to psychotherapy and forensic assessment of child maltreatment. This includes:
  - Demonstrates ability to identify 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.
  - Demonstrate the ability to apply the relevant research literature regarding child maltreatment and trauma to treatment and evaluations.
  - Demonstrate understanding of Department of Child Protection and Permanency procedures.
  - Demonstrate understanding of the legal system as it relates to Child Maltreatment.
  - Demonstrates an understanding of how to communicate, consult and make useful recommendations to DCPD and Prosecutor's Office
  - Demonstrates ability to articulate how forensic child maltreatment practice differs from general clinical practice.
  - Recognizes and appreciates appropriate role boundaries with all parties (e.g., DYFS workers, Prosecutors, physicians) involved in forensic and general clinical work.
  - Differentiates the varied roles of forensic specialists (i.e., evaluator, consultant, treatment provider).
  - Demonstrates an awareness of the potentially profound implications of forensic child maltreatment work and how their opinions are used by the fact finders.
  - Demonstrates an appreciation for the impact of institutional racism on service provision in child protection.



## Training Experiences

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. Fellows are expected to work one evening a week until 7:30 pm. More than 25% of Fellow's time is spent providing direct services.

### ***Training is delivered through the following Learning Activities:***

**Psychological Evaluations:** Fellows conduct mental health screenings for youth and suicide risk screens. They will also participate in conducting forensic psychosocial evaluations assessing for experiences of child maltreatment and subsequent impact. Through the use of our closed-circuit system, Fellows will observe several evaluations for all ages and referral types to provide a model for assessment. Trainees will conduct one psychosocial evaluation weekly. For youth, not only will Fellows 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. Fellows will also explore systemic and cultural issues that directly or indirectly influence these evaluations and resulting recommendations. Upon graduation, Fellows 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:** Fellows 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, Fellows will become proficient in the treatment of trauma and child maltreatment through evidence-based and other interventions. Fellows will complete online training in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and receive supervision from a TF-CBT-certified therapist. Fellows 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 Fellows may have the opportunity to run the following groups: TF-CBT groups (child and parent groups), game-based TF-CBT groups, DBT skills groups for children with minor problematic sexual behaviors. Through didactics and possible direct application, given the availability of appropriate referrals, Fellows 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.



**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. Development of assessment and conceptualization skills are further supported through evaluation team meetings on Tuesdays [approximately 2 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.

**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. Fellows 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 Fellows. The AHCH also has several support staff for scheduling, billing, and other related activities. Fellows 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. The evaluation is processed in rounds 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 clearly identified on the document. Similarly, trainees will inform treatment clients they are under the direct supervision of a licensed psychologist for the purposes of training.

Fellows 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 Fellows' 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. Fellows will also participate in a yearlong TF-CBT-specific group supervision to develop an in-depth understanding of the intervention. Additionally, Fellows will participate in group supervision which will be a combination of content and process-based focus. These sessions will be facilitated by members of the training committee and staff at large. Fellows are provided with regular feedback through the course of supervision. Formal written evaluations will be completed at the 6-month mark and at the completion of the Postdoctoral Fellowship training. The same form is used for both the 6 and 12-month evaluation, with a delineation as to which time the evaluation represents at the top to be written in by the supervisor[s]. Guidelines are in place to address issues in training, supplementing the larger institution's Dispute Resolution Policy (PolicyStat ID: 8124499).

**Applicant Requirements:** For consideration for the AHCH Postdoctoral Fellowship 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 successfully graduated with a doctoral degree (Psy.D. or Ph.D. in professional psychology (e.g. clinical, counseling, school). The ideal candidate will have experience in both assessment and treatment of children and some experience in child maltreatment.





Hackensack  
Meridian *Health*  
Joseph M. Sanzari  
Children's Hospital

If offered a Postdoctoral Fellowship with AHCH, you will be required to be up to date with COVID-19 vaccinations and boosters, and flu shots. Also, the onboarding process includes a mandatory urinalysis drug screen. In addition, if you accept a Postdoctoral Fellowship at AHCH we require the completion of a criminal background check, at no cost to you. While employment is contingent upon the successful completion of a background check, a criminal conviction does not automatically prohibit employment. Eligibility for employment will be determined by the administration, in consultation with Human Resources.

**Postdoctoral Fellow Stipend:** Postdoctoral Fellows will be on site for 42.5 hours each week. Each intern will be a full-time employee of Hackensack Meridian Health Network and will have to comply with the HMHN onboarding process which includes a physical examination and background check. The Fellows are provided a full benefits package which includes medical, dental, and prescription coverage. Fellows are also provided three weeks of paid time off (PTO) and six hospital holidays. A financial stipend of \$47,000 is provided for the 12-month training period.

**Application Process:** Please provide a letter of interest, current Curriculum Vitae, a redacted evaluation report, and two letters of recommendation to the APPA-CAS portal.



Hackensack  
Meridian Health  
Joseph M. Sanzari  
Children's Hospital

Audrey Hepburn Children's House  
Northern Regional Diagnostic Center for Child Abuse and Neglect  
Joseph M. Sanzari Children's Hospital  
Hackensack University Medical Center  
30 Prospect Avenue  
Hackensack, New Jersey 07601  
551-996-2271 Fax 551- 996-4926

***Proposed Schedule for Fellow Educational Seminars and Case Conferences 2023-2024***

The following schedule provides a general schedule for Case Conferences and Educational Seminars throughout the year. Each week, the mental health staff convenes at 9a on Tuesday mornings to review evaluations for the day and relevant clinical focuses. Staff reconvenes in the afternoon [1p] to discuss each of the evaluations, information gathered, clinical support or lack thereof related to child maltreatment, impact or harm upon youth, individual and family risk factors, and appropriate recommendations. While Fellows are not conducting parenting evaluations of risk personally, these case conferences serve to provide a framework for understanding risk assessment both as related to the individual parent and the family system.

Below is a guideline of topics to be addressed over the course of the Postdoctoral Fellowship year during Educational Seminars. 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. Fellows 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, 9:00a-11:00a.

Month/ Wk	Day	Topic	Presenter	Length	<u>C</u>
<i>Month 1</i>					
<i>Wk 1a</i>	<i>Wed</i>	Orientation-Workflow Procedures/Review of Manual	Cherie/Sandy/ Jenn Santiago	9-10 am 1 hr	O
<i>Wk 1b</i>	<i>Fri</i>	Diversity: 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	12-1 pm 1 hr	D
<i>Wk 2</i>	<i>Wed</i>	RACE-Racial & Cultural Empathy Training-Rutgers UBHC: History of Racism in the United States	Denise Williams Johnson, Ph.D., Susan Esquilin, Ph.D., and Aida Lennon, PsyD	2-4 pm 2 hrs	D



Hackensack  
Meridian Health

Joseph M. Sanzari  
Children's Hospital

<i>Wk 3</i>	<i>Wed</i>	General Orientation-AHCH Mental Health Orientation- Services/Documentation/Report	Brett Biller, Psy.D.	9-11 am 2 hrs	0
<i>Wk 4</i>	<i>Wed</i>	Evaluations-CHEC Evaluations (including scoring/interpretation of measures used)	Candice Hudson, Psy.D	9-11 am 2 hrs	A
<b>Month 2</b>					
<i>Wk 5</i>	<i>Wed</i>	A. Evaluations-Psychosocial B. Clinical Supports	A. Barry Solomon, Psy.D. B. Brett A. Biller. Psy.D.	A. 9-10 B.10-11 2hrs	A
<i>Wk 6</i>	<i>Wed</i>	RACE-Racial & Cultural Empathy Training-Rutgers UBHC	Denise Williams Johnson, Ph.D., Susan Esquilin, Ph.D. & Aida Lennon, Psy.D.	2-4 pm 2 hrs	D
<i>Wk 7</i>	<i>Wed</i>	A. Assessing Suicidality and AHCH Procedures B. Preparation to Assess for more than one form of abuse	A. Paula Iudica. Psy.D. B. Ruth Mesnard Psy.D.	A.9-10 B.10-11 2hrs	A
<i>Wk 8</i>	<i>All week</i>	Finding Words Training	Finding Words Faculty	40 hrs	A F
<b>Month 3</b>					
<i>Wk 9</i>	<i>Wed</i>	Evaluation-Consolidation of Information from Finding words to AHCH practice/ Developmental Considerations in Interviewing/ Clinical Case Conceptualization	Brett A. Biller, Psy.D.	9-11 am 2 hrs	A F
<i>Wk 10</i>	<i>Wed</i>	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	9-10 am  12-1 pm	A D
<i>Wk 11</i>	<i>Wed</i>	RACE-Racial & Cultural Empathy Training-Rutgers UBHC	Denise Williams Johnson, Ph.D., Susan Esquilin, Ph.D. & Aida Lennon, Psy.D.	2-4 pm	D
<i>Wk 12</i>	<i>Wed</i>	Evaluations-Conceptualizing and Forensic Report Writing	Brett Biller, Psy.D.	9-11 am 2hrs	A F
<b>Month 4</b>					
<i>Wk 13a</i>	<i>Wed</i>	RACE-Racial & Cultural Empathy Training	Denise Williams Johnson, Ph.D.,	2-4 pm	D



Hackensack  
Meridian Health

Joseph M. Sanzari  
Children's Hospital

			Susan Esquilin, Ph.D. & Aida Lennon, Psy.D.	2hrs	
<i>Wk 13b</i>	<i>Fri</i>	APSAC Reading Club-Integrating Race, Power, Privilege, and Perspective Into Child Protective Services.	Debangshu Roygardner, Ph.D. Darcy H. Merritt, Ph.D. MSW	12-1 pm	D
<i>Wk 14</i>	<i>Wed</i>	A. Overview of Creative Arts Therapy B. What tests to choose	A.Kim- B.Margherita	A.9-10 B 10-11	I A
<i>Wk 15</i>	<i>Wed</i>	Child Maltreatment- Intergenerational Trauma-Impact and Assessment	Ruth Mesnard	9-11 am 2hrs	C M
<i>Wk 16</i>	<i>Wed</i>	Child Maltreatment-Vicarious Trauma	Leah Schild	9-11 am 2hrs	C M
<b>Month 5</b>					
<i>Wk 17</i>	<i>Wed</i>	A. Therapy-Art Therapy B. Attachment/Regulation/Competency	A.Kyonok Kim B.Richard Coco	A..9-10 B.10-11	I C M
<i>Wk 18</i>	<i>Wed</i>	Megan's Law	Tony D'Urso	9-11 am 2hrs	F C M
<i>Wk 19</i>	<i>Wed</i>	Child Maltreatment-Sexual Abuse Grooming/Perpetrator into Victim Status	Brett A. Biller, Psy.D.	9-11 am 2 hrs	C M
<i>Wk 20</i>	<i>Wed</i>	Risk and Vulnerability Factors Contributing to Maltreatment	Solomon Barry, Psy.D.	9-11 am 2 hrs	C M
<b>Month 6</b>					
<i>Wk 21</i>	<i>Wed</i>	Therapy-Poetry Therapy	Kim	9-10 am 1hr	I
<i>Wk 22</i>	<i>Wed</i>	Child Maltreatment-Psychological Maltreatment	Barry	9-11 am 2 hrs	C M
<i>Wk 23</i>	<i>Wed</i>	Therapy-Using Song-making with young children	Kim	9-10 am 1 hr	I
<i>Wk 24</i>	<i>Wed</i>	Developmental Trauma and Developmental Trajectory	Fanciullo	9-11 am 2hrs	C M
<b>Month 7</b>					
<i>Wk 25</i>	<i>Wed</i>	Therapy-Using Storytelling in treatment	Kim	9-10 am	I



				1hr	
<i>Wk 26</i>	<i>Wed</i>	Child Maltreatment-Process of Disclosure	Biller	9-11 am 2hrs	C M F
<i>Wk 27</i>	<i>Wed</i>	Therapy-Mask Making	Kim	9-10 am 1hr	I
<i>Wk 28</i>	<i>Wed</i>	Therapy-Play Therapy	Hudson	9-11 am 2hrs	I
<i>Wk 29</i>	<i>Wed or Thurs</i>	Therapy-Game Based CBT	Macdonald	9-11 am 2 hrs	I C M
<b>Month 8</b>					
<i>Wk 30</i>	<i>Wed</i>	Therapy-Acceptance and Commitment Therapy	Margherita	9-11 am 2hrs	I
<i>Wk 31</i>	<i>Wed or Thurs</i>	Therapy-Adoption	Janiec	9-11 am 2 hrs	I C M
<i>Wk 32</i>	<i>Wed</i>	Therapy-Collage Making	Kim	9-10 am 1hr	I
<i>Wk 33</i>	<i>Wed</i>	Therapy Problematic Sexual Behaviors in Youth/Children	Barry	9-11 am 2hrs	I C M
<b>Month 9</b>					
<i>Wk 34</i>	<i>Wed</i>	Therapy-Dramatic Play	Kim	9-10am 1hr	I
<i>Wk 35</i>		Child Maltreatment- Medical Evaluations	DeBellis	9-11 am 2 hrs	C M
<i>Wk 36</i>	<i>Wed</i>	Therapy-Art Therapy Techniques	Kim	9-10 am 1hr	I
<i>Wk 37</i>	<i>Wed</i>	Non-Accidental Head Trauma	Marriano/Romalin	9-11 am 2hrs	C M
<i>Wk 38</i>	<i>Wed</i>	Evaluation-Testimony in CPS	Biller	9-11 am 2hrs	F C M
<b>Month 10</b>					
<i>Wk 39</i>	<i>Wed</i>	Therapy-Creative Arts Therapy Case Consultation	Kim	9-10 am 1hr	I



<i>Wk 40</i>	<i>Wed</i>	Child Maltreatment-Factitious Disorder	DeBellis	9-11am 2hrs	C M
<i>Wk 41</i>	<i>Wed</i>	Therapy-Creative Arts Therapy Case Consultation	Kim	9-10 am 1hr	I
<i>Wk 42</i>	<i>Wed</i>	Neuropsych Evaluations in CPS context	Macdonald	9-11 am 2 hrs	C M
<b><i>Month 11</i></b>					
<i>Wk 43</i>	<i>Wed</i>	Therapy-Creative Arts Therapy Case Consultation	Kim	9-10 am 1hr	I
<i>Wk 44</i>	<i>Wed</i>	Psychological/Parenting Evaluations	Barry	9-11 am	A F C M
<i>Wk 45</i>	<i>Wed</i>	Therapy-Creative Arts Therapy Case Consultation	Kim	9-10 am 1hr	I
<i>Wk 46</i>	<i>Wed</i>	Latino Families in Maltreatment	Mroz	9-11 am	D
<b><i>Month 12</i></b>					
<i>Wk 47</i>	<i>Wed</i>	Mock Trial	Chris Freid	TBD	F C M
<i>Wk 48</i>	<i>Wed</i>	Mock Trial	Chris Freid	TBD	F C M
<i>Wk 49</i>	<i>Wed</i>	Make Up			
<i>Wk 50</i>	<i>Wed</i>	Make Up/Wrap Up			
<i>Wk 51</i>	<i>Wed</i>	Wrap Up			
<i>Wk 52</i>	<i>Wed</i>	GRADUATION			



Hackensack  
Meridian *Health*  
Joseph M. Sanzari  
Children's Hospital

*Audrey Hepburn Children's House*  
*Northern Regional Diagnostic Center for Child Abuse and Neglect*  
Joseph M. Sanzari Children's Hospital  
Hackensack University Medical Center

**PSYCHOLOGY POSTDOCTORAL FELLOW  
EVALUATION FORM**

**Name of Fellow:**

**Date:**

**Supervisor:**

**Evaluation Period:**

This form will be used to assess both baseline competencies, administered for self-rating at the beginning of the training year, and development throughout the course of the year. As such, it is 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, while it is expected that all doctoral Fellows 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 Fellows' progress will be provided to the Clinical Training Directors from their doctoral education institutes. Feedback will be provided to the Clinical Training Directors at 6-month and 12-month intervals. 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. Fellows 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 at Fellowship, close supervision required on most cases

**3-IntermediateCompetence-** Expected level of competence for a Fellow at the mid-point of the Fellowship on each element, routine or minimal supervision required on most cases

**4-Proficient Competence-** Expected level of competency for a Fellow at the completion of the Fellowship on each element, ready for entry-level practice

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

**N/A- Not applicable at this time**



	<b>DOMAIN I: RESEARCH</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
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.						
<b>Elaboration on strengths and challenges:</b>							

	<b>DOMAIN II: ETHICAL AND LEGAL STANDARDS</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
1	Be knowledgeable of and act in accordance with each of the following: <ul style="list-style-type: none"> <li>o the current version of the APA Ethical Principles of Psychologists and Code of Conduct;</li> <li>o Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and</li> <li>o Relevant professional standards and guidelines.</li> </ul>						
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.						
<b>Elaboration on strengths and challenges:</b>							





	<b>DOMAIN 3. INDIVIDUAL AND CULTURAL DIVERSITY</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
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.						
	<b>Elaboration on strengths and challenges:</b>						

	<b>DOMAIN IV: PROFESSIONAL VALUES, ATTITUDES, and BEHAVIORS</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
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	Fellows complete evaluations and other required paperwork in a timely manner.						



	<b>Elaboration on strengths and challenges:</b>
--	---

	<b>DOMAIN V: COMMUNICATION and INTERPERSONAL SKILL</b>	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.						
	<b>Elaboration on strengths and challenges:</b>						

	<b>DOMAIN VI: ASSESSMENT</b>	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.							
<b>Elaboration on strengths and challenges:</b>								

	<b>DOMAIN VII. INTERVENTION</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
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.						
<b>Elaboration on strengths and challenges:</b>							

<b>DOMAIN VIII: SUPERVISION</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
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.						
<b>Elaboration on strengths and challenges:</b>							

<b>DOMAIN IX: CONSULTATION AND INTERPROFESSIONAL /INTERDISCIPLINARY SKILLS</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
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.						
<b>Elaboration on strengths and challenges:</b>							



	<b>PROGRAM SPECIFIC DOMAIN: KNOWLEDGE OF CHILD MALTREATMENT &amp; FORENSICS AS IT RELATES TO CHILD MALTREATMENT</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
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.						
	<b>Elaboration on strengths and challenges:</b>						

This Fellow has demonstrated satisfactory performance during this period:  Yes  No. suggested course of action. Comments/Remarks by Fellow:

Fellow \_\_\_\_\_

Date:

Supervisor \_\_\_\_\_

Date:



Hackensack  
Meridian Health

Joseph M. Sanzari  
Children's Hospital

### **Guidelines for Addressing Issues in Training**

All Fellows 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 Fellows 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 Fellows. 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 fellow's right to take matters to the Human Resources Department at any time they desire to do so. The HMH Code of Conduct, Guidelines for Cooperation and Discipline, and the Dispute Resolution policies are provided to Fellows at the time of hire and remain available on the HMH intranet.

#### ***Initiation of remediation of problems with a Fellow, detected by a Faculty Member***

Faculty has the responsibility to continually assess the progress of each Fellow. The program has a responsibility to take steps to remediate situations in which a Fellow exhibits continued serious difficulties and does not function effectively in a clinical or professional interpersonal situation. Examples can include but are not limited to

- A marked deficiency in skills, for example, if a Fellow receives a rating of "developing skill level [3]" or lower from any of the evaluation sources, or if one or more supervisors raises significant concerns about a Fellow
- 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 are in conflict with the HUMC policies prohibiting discrimination, harassment, sexual violence or retaliation.



- Circumstances such as health, which may be beyond the Fellow's control, but which prevent completion of the training program.
- When situations arise which may constitute criminal misconduct

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

- A. The Fellow's supervisors will meet with the Fellow 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 instances, would require no further action. However, these concerns and the resulting plan will be communicated to the Fellow's Director of Clinical Training. 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 Fellow'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 Fellow 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 Fellow will occur within seven days of receipt of the documented issue. In turn, the Fellow's statement must be submitted to the Training Coordinator within seven days of receipt or the written concern. These comments will be considered in the development of a remediation plan. Remediation plans will include objectives, a schedule, 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.
- 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 target areas, with remediation plan extended to be re-evaluated at a specified time (3) continued employment with the potential to not successfully complete 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 Fellow may choose to accept these conditions or may choose to challenge the action. If the training committee determines that the Fellow 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 Fellow and other appropriate individuals will be informed and no further action will be taken.

- F. The Fellow 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 (PolicyStat ID: 8124499) is not then utilized, decisions of the Lead/Psychologist/Section Chief are final and binding.
- G. While the Fellow 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 Fellow 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 a Fellow is not in agreement with the finding established by the Human Resources investigation, they 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 Fellows raise a formal complaint or grievance about a supervisor, staff member, trainee, or program.***

There may be situations in which the Fellow has a complaint or grievance against a supervisor, staff member, another 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 are in 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 which may constitute criminal misconduct
- Fellow perceives they are not receiving the level of training necessary for the development of clinical skills.
- Fellow is not receiving the required hours of supervision.
- Fellow 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.
- Fellow is not provided with an appropriate level of research or didactic training.
- Fellow perceives evaluation or assessment, whether formally or informally, is unjust, discriminatory, or not accurate in reflection of the Intern's performance.

In the event of such an occurrence, the Fellow 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 Fellow 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 Fellow 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 Fellow 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.



Hackensack  
Meridian *Health*  
Joseph M. Sanzari  
Children's Hospital

- H. Fellows who pursue grievances in good faith will not experience any adverse personal or professional consequences.

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

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



Hackensack  
Meridian Health  
Joseph M. Sanzari  
Children's Hospital

*AHCH Training Committee*

**Brett A. Biller, Psy.D.;** 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 the 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.;*** 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 the 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 a graduate psychology program. Dr. Iudica-Costa also maintains a private practice.

**Licenses:** Licensed Psychologist in NJ

***Richard Coco, Ph.D.;*** 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

***Solomon Barry, Psy.D.;*** 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 New Jersey Superior Court as an expert in clinical psychology. Dr. Barry holds a dual appointment as an 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."



Hackensack  
Meridian Health  
Joseph M. Sanzari  
Children's Hospital

**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

**Candice Hudson, Psy.D.:** American School of Professional Psychology at Argosy University –  
Doctoral Degree in Clinical Psychology/Child and Adolescent Psychology [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

**Michelle Fanciullo, Psy.D.;** 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 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