

**STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES**

**CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM
AT
THE HUNTERDON DEVELOPMENTAL CENTER**

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APA Accreditation Status: None

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INTRODUCTION

The Hunterdon Developmental Center (HDC) is one of 7 developmental centers operated by the Division of Developmental Disabilities (DDD) of the New Jersey Department of Human Services (NJ DHS). As part of its services provision, DDD offers case management, residential services, employment, and family support services. The stated mission of the center is “Creating a Home Where Rights are Honored and People are Supported to Achieve Their Best”.

HDC, was founded in 1969 on 104 acres located in Clinton, New Jersey. Hunterdon Developmental Center is approximately 32 miles from Trenton, 32 miles from New Brunswick, 23 miles from Hackettstown, 42 miles from Newark and approximately 17 miles from Easton Pennsylvania. It can be easily accessed from Route 78, Route 31 and Route 22.

HDC is a major provider of behavioral, psychiatric, and developmental services to primarily adult residents of many different NJ counties. The center employs approximately 1450 full and part-time employees and is certified for providing services to 636 individuals (currently we have 590 individuals in residence). The majority of these clients have some degree of medical and/or physical complications in addition to their cognitive disability. Individuals reside in 1 of 18 different buildings referred to as cottages. At the present time, the facility is attempting to downsize through attrition and community placement in order to afford individuals more privacy, greater space, and a better homelike environment.

HDC provides services to a widely diverse population in terms of psychiatric diagnosis, developmental disorders, racial and ethnic background, and socioeconomic status. A 2005 census indicated that 62% of the residents are male and 38% are female. The individuals residing at HDC are 19 to 87 years old. In regards to level of intellectual functioning we have the following percentages: 2.8% function within the Mild range of Mental Retardation; 2.2% function within the Moderate range of Mental Retardation; 10% function within the Severe range of Mental Retardation; and 85% function within the Profound range of Mental Retardation. Other disabilities include, but are not limited to cerebral palsy (41%), seizure disorder (61%), visual impairment (62%), hearing impairment (12%) and those having severe contractures (19%) make up our population. In addition, 41% of our residents use a wheelchair (to varying degrees) for mobility.

Psychopathology of the clients also varies throughout the spectrum with bipolar and mood disorders, the schizophrenia spectrum, various Axis II disorders, mental disorders due to a general medical condition, anxiety disorders, and impulse control disorders. In terms of admissions to the center from January to December 2005, the center had a total of 22 admissions and 6 discharges.

ORGANIZATION OF HDC

HDC delivers an array of services including behavioral, mental health, and various types of vocational and skill development programs to meet the needs of those individuals who have medical illnesses and/or developmental disabilities. The center has 18 cottages and a Health Services Residence, which is located in the center of the facility. Staff members are on duty 24 hours a day, seven days a week in both the cottages and the Health Services Residence.

The Respite Care Program is a residential service provided for clients from the community in the event that their guardian/parent becomes sick, goes on vacation, and is otherwise unable to care for their child. Some respites are admitted to HDC on a regular or a semi-regular basis. In 2005 there were a total of 48 respites that resided at HDC. While at Hunterdon they receive the same services such as education, recreation, nursing and medical care and other assistance as needed. They also participate in workshops, greenhouse and swimming activities.

Cottages:

The following is a relative description of each cottage:

Cottage Profile: Cottage 6

The cottage is home to thirty-two gentlemen who range in age from 26 to 79. The vast majority of the individuals are profoundly retarded and physically challenged. Most of the individuals are non-ambulatory and many have other physical disabilities, including visual and hearing deficits. Self-help skills are limited and programming is at the level of hand over hand training or sensory stimulation. There are few behavioral problems; however, there are a few Level 1 Programs which address self injury and/or aggression.

Cottage Profile: Cottage 7

The cottage is home to thirty-three gentlemen who range is age from 23 to 47. Most of the individuals are profoundly retarded, ambulatory, and very active. Self help and vocational skills are limited and training is focused on hygiene, attending and other pre-voc skills. There are a number of behavioral problems including pica, elopement, self injury and aggression which are addressed by behavior support programs.

Cottage Profile: Cottage 8

The cottage is home to twenty-eight ladies who range in age from 26 to 71. All of the individuals are profoundly retarded, and many are ambulatory; however, there are a number of individuals who require a wheelchair. Self help and pre-vocational skills are very limited and training is focused on hygiene, attending, and sensory stimulation. There are a number of behavioral problems including pica, self injury, and assault addressed by behavior support programs.

Cottage Profile: Cottage 9

The cottage is home to thirty ladies who range in age from 36 to 64. All of the individuals are profoundly retarded, and many are ambulatory; however, there are a number of individuals who require assistance or a wheelchair. It is also noted that there are clients who are visually and/or hearing impaired. Self help and pre-vocational skills are limited and training is focused on hygiene, sensory stimulation, and pre-vocational skills. There are a number of behavioral problems including pica, self injury and aggression addressed by behavior support programs.

Cottage Profile: Cottage 10

The cottage is a home of thirty-one ladies who range in age from 38 to 64. Most of the individuals are profoundly retarded, and most are non-ambulatory and require a wheelchair or multi-positional boat.

Cottage Profile: Cottage 11

The cottage is home to thirty-one ladies who range in age from 19 – 65. Most of the individuals are profoundly retarded and many are ambulatory; however, there are a number of individuals who require assistance or a wheelchair. Self help, pre-vocational, and vocational skills require enhancement and training is focused in these areas. There are a number of behavioral problems including pica, self injury and aggression addressed by behavior support programs. There are also two ladies who require special supervision. One requires one to one staff supervision throughout waking hours and one to one when in bed.

Cottage Profile: Cottage 12

The cottage is home to thirty-two gentlemen who range in age from 23 to 75. Most of the individuals are profoundly retarded, ambulatory/semi-ambulatory with activity levels of normal to hyperactive. Training focuses on hygiene/grooming, attending/participation, fine/gross motor development and sensory awareness. Behavioral and Code indications include, but are not limited to pica, SIB, aggression, eloper, seizure, hearing and visually impaired. Behavioral Strategies and Behavior Support Plans are utilized for behavior management.

Cottage Profile: Cottage 13

The cottage is home to thirty-three gentlemen who range in age from 23 to 55. The vast majority of the individuals are profoundly retarded and some are physically challenged. Most of the individuals are ambulatory and others have other physical disabilities, including visual and hearing deficits. Self help and pre-vocational skills are limited and programming is focused on hygiene, sensory stimulation, attending and pre-voc skills. There are a few individuals who exhibit behaviors which include pica, self injury, and assault addressed by behavior support programs.

Cottage Profile: Cottage 14

The cottage is home to thirty-three gentlemen who range in age from 27 to 52. The vast majority of the individuals are profoundly retarded, ambulatory, and active in a variety of different programs. Training is focused on self help and community living skills, as well as, enhancing pre-voc and vocational abilities. There are a few individuals who exhibit behaviors which include pica, self injury, and aggression addressed by behavior support programs.

Cottage Profile: Cottage 15

The cottage is home to twenty-three gentlemen and ladies (7 females and 16 males) who range in age from 26 to 62. The vast majority of the individuals are profoundly retarded, ambulatory, and very active. Self help and vocational skills are limited and training is focused on hygiene, attending, and other pre-voc skills. There are a number of behavioral problems including self injury and aggression, as well as a significant number of individuals who exhibit pica. These behaviors are addressed by behavior support plan and environmental controls. Pica sessions are completed everyday with the cottage BMPT's for two hours with every client on a rotating basis.

Cottage Profile: Cottage 16

The cottage is home to thirty-two gentlemen who range in age from 32 to 58. All of the individuals are profoundly retarded and the majority are ambulatory. There are 7 clients who are in wheelchairs. Self help and pre-vocational skills are limited and programming is focused on hygiene, sensory stimulation, attending, and pre-voc skills. Behavioral problems including self-stimulation, pica, self injury, aggression, food grabbing, eloping, obsessive compulsive disorder, hyperactivity, and rectal picking are addressed by behavior support programs.

Cottage Profile: Cottage 17

The cottage is home to twenty-eight gentlemen who range in age from 35 to 54. Most of the individuals are profoundly retarded, and all are ambulatory and very active. Self help and vocational skills are limited and training is focused on hygiene, attending, pre-voc, and vocational skills. There are a number of behavioral problems including pica, self injury, and aggression addressed by behavior support programs.

Cottage Profile: Cottage 18

The cottage is home to thirty-three /*thirty-four gentlemen who range in age from 24 to 66. Approximately one half of the individuals are profoundly retarded while the rest function in the mild to severe range. Most of the individuals are ambulatory but there are nine to ten who are either in a wheelchair or require assistance or support moving from one area to another. Half of the individuals are involved in out of cottage programs or work activities. Training is focused on self help and community living skills as well as enhancing cognitive and vocational abilities. Some individuals exhibit behaviors which include pica, self injury, and aggression addressed by behavior support programs.

* One client spends days in cottage 18 and sleeps in the wards; he is in a wheelchair.

Cottage Profile: Cottage 19

The cottage is home to twenty-nine ladies who range in age from 23 to 61. Most of the individuals are profoundly retarded and all are ambulatory; however, there are a few individuals who require assistance or a wheelchair for transport. Self help, pre-vocational, and vocation skills require enhancement and training is focused in these areas. There are a number of behavioral problems including pica, self injury, and aggression addressed by behavior support programs.

Cottage Profile: Cottage 20

The cottage is home to thirty gentlemen who range in age from 21 to 58. Approximately one third of the individuals are profoundly retarded while the rest function in the mild to severe range. Most of the individuals are ambulatory but there are a few who require assistance or support moving from one area to another. Most of the individuals are involved in out of cottage programs or work activities. Training is focused on self help and community living skills as well as enhancing cognitive and vocational abilities. Many of the individuals exhibit behaviors including pica, self injury and aggression addressed by behavior support programs.

Cottage Profile: Cottage 21

The cottage is home to twenty-five ladies who range in age from 25 to 55. Most of the individuals are profoundly retarded; however, several are severely and a few are mildly retarded. The cottage includes five ladies diagnosed with Borderline Personality Disorder. All of the ladies are both ambulatory and very active though there are a few individuals with visual disabilities. Many of the individuals are involved in out of cottage programming and work activities. Self help, community living skills, prevocational, and vocational abilities require enhancement and training is focused in these areas. There are a great number of behavioral problems including pica, self injury, and aggression addressed by behavior support programs.

Cottage Profile: Cottage 22

The cottage is home to thirty gentlemen who range in age from 38 to 74. Over half of these men are over the age of 60. Most of the individuals are profoundly retarded and many are medically involved. Nine of the men are non-ambulatory, while many have other disabilities related to aging. There include vision and hearing deficits, osteoporosis and dementia. Their self-help and vocational skills are limited. There are a small number of men that participate in out-of-cottage programming, although severe hot or cold weather may prevent attendance. There have been an increasing number of younger, more behaviorally involved clients coming to this cottage in the past couple of years.

Cottage Profile: Cottage 23

This co-ed cottage is home to thirty-three individuals sixteen of whom are men and seventeen women. The individuals range in age from 27 to 77. The intellectual level ranges from borderline retarded to profoundly retarded with less than half the individuals testing at that level. Most of the ladies and gentleman are non-ambulatory or need support to assistance to move

around in the cottage. Some individuals have other physical disabilities, including visual and hearing deficits. Self help skills are limited because of the physical disabilities and support is provided at the level necessary. Many individuals are involved in out of cottage or work programs and training is focused on enhancing self help and community living skills as well as cognitive and vocational skills. There are a few behavioral problems including self injury, aggression, pica and property damage addressed with behavior support programs.

HSR Profiles

Unit A – This is the infirmary for HDC. Clients reside here for limited periods due to acute illness, then return to their home cottage.

HSR Profile: Unit B

This residence is home to sixteen gentlemen who range in age from 36 to 75. All of the individuals are profoundly retarded and physically challenged. All of the individuals are non-ambulatory and many have other physical disabilities, including visual and hearing deficits. Many of the gentlemen are medically fragile and require twenty-four hour nursing services. Self help and pre-vocational skills are limited and for many, programming is at the level of sensory stimulation; however, there are individuals who benefit from training to enhance self help, attending, and pre-vocational skills. Behavioral problems include self stimulation, mild self injury and mild assault which is addressed by suggested management techniques and training in appropriate behaviors.

HSR Profile: Unit C

This residence is home to eleven ladies and four gentlemen who range in age from 34 to 63. All of the individuals are profoundly retarded and physically challenged. All of the individuals are non-ambulatory and many have other physical disabilities, including visual and hearing deficits. Many of the ladies are medically fragile and all require twenty-four hour nursing services. Self help and pre-vocational skills are limited and programming is at the level of sensory stimulation; however, there are individuals who benefit from training to enhance self help, attending, and pre-vocational skills. Behavioral problems include self stimulation and self injurious behavior which is addressed by suggested management techniques and training in appropriate behavior.

HSR Profile: Unit D

Ward A is home to sixteen ladies who range in age from 25 to 88. Eighteen percent of the population is in the 20 to 40 age range, fifty-seven percent is in the 41 to 60 age range and twenty-five percent of our ladies are 61 years of age through 88 years. All of our individuals are profoundly retarded; all are physically challenged, non-ambulatory, and completely dependent on staff for all of their needs. All of our population is medically fragile and require twenty-four hour nursing services. Self-help, prevocational and vocational skills are nearly non-existent and programming primarily focuses on enhancing sensory stimulation and attending skills. Only four clients are on course ground or puree diets and the remainder are tube fed. Two clients have Level 1 Behavioral Support Plans in place.

HDC PSYCHOLOGY DEPARTMENT

Currently, Hunterdon Developmental Center's Psychology Department consists of six full-time doctoral level psychologists (2 who are NJ Licensed Psychologists), 1 part-time doctoral psychologist, and 7 psychologists who are at the Master's level. The Director of Psychological Services is licensed in New Jersey as is one of the Assistant Directors. The department also includes 23 Behavior Modification program Technicians (BMPTs) assigned to specific cottages throughout the facility. The BMPT's primary responsibilities consist of developing and implementing a variety of client behavioral support programs and assisting the Psychologist with their general job responsibilities. Although the Director of Psychological services provides all psychology staff with administrative and clinical direction, each psychologist supervises his or her own team of BMPT's.

PSYCHOLOGY INTERNSHIP PROGRAM-TRAINING STRUCTURE

HDC offers a full time (1750 hours) pre-doctoral internship program in clinical psychology. Interns maintain a five-day per week, 35-hour schedule. Training is scheduled each day at HDC with the exception of one day per week which is scheduled at the affiliated out-patient placement and community services and these Wednesdays when Central office seminars are scheduled. The time frame and number of hours of this internship is consistent with NJ state licensure requirements. However, some latitude is given and interns will be allowed to accumulate up to a total of 2000 hours of pre-doctoral internship hours, depending on their specific needs.

The DDD psychologist is a specialized individual with training and expertise in Clinical, Developmental, Behavioral and Forensic areas. At Hunterdon, Psychological Services helps to promote client growth and independence by providing a wide array of clinical and behavioral services. As a department comprised of clinicians from varying theoretical and educational backgrounds, interns will be exposed to a variety of methodologies and clinical orientations. However, the department maintains an essential interest in the theory and Application of Learning principles and behavioral treatment. There are numerous opportunities for psychological assessment. Hunterdon's Psychology Department provides guardianship and forensic evaluations to the community as well as the Division of Developmental Disabilities who serve individuals with mental retardation.

The center itself has adopted a multi-disciplinary treatment approach, whereby psychological interns will be assigned to a specific Interdisciplinary Team (IDT). Each of these teams, consisting of a psychologist, social worker, nurse, dietician, instructor/counselor, physical therapist, and habilitation plan coordinator (HPC) who provides services to cottage housing up to 33 clients. The psychologist is considered a core member of the IDT. Additionally, two consulting psychologist teams are available weekly to review cases requiring their expertise. By working hand in hand with a professional psychologist and the IDT in an assigned cottage, the Psychology intern will learn to deliver broad-based behavioral and psychological services that are both effective and efficient in meeting the clients' individualized needs. As such, an integral part of the intern's training and developing of a professional identity will involve actively

collaborating with a variety of disciplines. Specific areas of information will be psychopharmacology, psychiatric symptomatology and psychological treatment.

To maximize the intern's educational and clinical experience, intern training opportunities are divided into two parts; providing clinical and behavioral services to the developmentally disabled and diagnostics and assessment. In addition, interns will spend one full day per week working in a community based treatment and assessment offices of the Division of Developmental Disabilities. There the intern will be exposed to the use of numerous psychological, educational and psychiatric assessment tools. In this setting the intern will work directly with Dr. Joan Kakascik who pioneered the format which all state psychologist use to complete guardianship evaluations and needs assessment evaluations. As the theoretical and clinical component of the rotation is structured around behavioral and learning theory, every attempt will be made to be flexible for those interns who might want their outpatient placement to provide them with clinical experiences that are of a more varied clinical nature.

Interns will enjoy a comprehensive and behaviorally focused, year long training experience with emphasis on translating theoretical knowledge into practical therapeutic techniques and diagnostic skills. Interns will be challenged to develop a wide variety of clinical skills and competencies. Six primary components will be addressed:

1. Behavioral Therapy – This experience focuses primarily on two different treatment modalities, individual and group therapy with the number of type of cases assigned by one's supervisor. The expected number of cases that an intern will manage, however, is approximately 3-5 individual cases. The cases chosen can range across a broad spectrum of psychopathology and developmental disorders including clients with Autism, Pica, Impulse Control problems, Eating Disorders, Communication Disorders, Obsessive-Compulsive Disorder, Affective Disorders, Schizophrenia and Other Psychotic Disorders, and severe personality disorders.
2. Community based/outpatient Training – The intern will be provided the opportunity to complete psychological assessments of a year long caseload of 5-7 but a minimum of 5 psychodiagnostic test batteries. Interns will become familiar with the various psychological measures and techniques relative to assessing cognitive and emotional functioning of individuals with developmental disabilities. They will learn that evaluations are very specific and detailed in their content. That is, they are written from the perspective of understanding the purpose of problem behaviors and to support the Interdisciplinary Team (IDT) in the development and implementation of appropriate treatment goals for the client.

During the year, interns will increase their familiarity and ability to administer, score, and interpret some of the traditional projective and objective instruments of measuring psychological functioning. These may include: the TAT, House-Tree person Test, Bender-Gestalt Test Sentence Completion Test, and various inventories of Anxiety and Depression, i.e. The Beck Depression Scale. Also, the intern will become more proficient in determining the reliability, validity, quality, and utility of such measure for ensuring accurate assessment.

There will also be exposure to various and broad-based measures of intellectual functioning and achievement such as: the WAIS-R, WAIS-III, WISC-III, WIAT-II the Slosson Intelligence Test (SIT), and other tests of non-verbal and perceptual ability such as the Leiter International Performance Scale (LIPS). There is a highly trained experience Neurophysiologist who is one of the Assistant Directors and who will spear-head the interns' training in neuropsychology.

Interns will be exposed to several types of assessments that measure the functionally based skills of clients such as The Vineland Adaptive Behavior Scales (VABS), and the objective individual assessment specific to the population at this facility.

Two other tools, the Functional Analysis and the Behavior Assessment will be utilized to conceptualize challenging behaviors. Such an in-depth, comprehensive functional assessment is the key to understanding the primary purpose and communication underlying maladaptive behaviors. By using the clinical conclusions drawn from these assessments, the intern will become skilled and competent in designing contextually appropriate, multi-component behavior support programs with functional goals. These positive support programs are regarded as essential in treating and managing severe, challenging behaviors, and facilitating the teaching of more adaptive behaviors.

Interns will meet with their diagnostic supervisors for a minimum of 1 hour per week. The standard requirement is that interns complete a minimum of 5 full test batteries (the tests to be used will be determined based on presenting issues and client's functional level) per year. There will be an additional focus on completing Functional Analysis and Behavior Assessments (3 total) in the intervening months. It is the diagnostic supervisor's responsibility to provide referrals for the individual that these assessments are to be completed on. A comprehensive training plan to address the intern's relative strengths and weaknesses in administration, scoring, and report writing will be developed at the commencement of the internship year. This plan will be developed by the intern's diagnostic supervisor after observing the intern administer a full test battery. Besides learning these multiple assessment techniques, interns will also develop their interviewing skills, begin to formulate more accurate diagnosis based on DSMIV-R criteria, and learn how to translate the results of their assessments into viable treatment recommendations and psychotherapeutic techniques.

3. Seminar Training – As part of the aim of the internship to combine theoretical knowledge with sound clinical practice, interns will participate in two tracks of ongoing seminars consisting of the in-house presentations at HDC (including but not limited to presentations on positive programming, functional analysis, recognizing and treating mental illness in a developmentally disabled population) and those that are offered through the Chief of Psychological Services out of Central Office.

4. **Interdisciplinary Team Consultation** – The internship includes as part of its experiential base a great deal of exposure to and emphasis on this type of collaborative approach. Functioning as a liaison to the psychology department, s/he becomes intimately acquainted with the process by which the various disciplines coordinate the client's individualized needs and implement treatment strategies. The intern will be similarly expected to accomplish work assignments in support of these team's objectives. Consistent with such a role, interns prepare for, attend, and participate fully in formulating clinical and behavioral interventions as part of the treatment planning and management of client services that occurs at these meetings.
5. **Professional Role Development and the Supervisory Relationship** – As the internship progresses, and the Psychology intern develops a more intimate working knowledge of the clinical setting, s/he will be expected to display increasingly higher levels of commitment and effort in his or her designated role. To reflect such changes, the intern may be assigned more responsibilities, i.e. to observe and become an active participant in monthly Behavior Support Committee meetings (BSC) where behavior plans are reviewed to determine whether or not they are clinically/technically appropriate, as well as a special case conferences which are an meta-review of problem or treatment refractive cases and psychiatric consultation where the intern will be responsible for interfacing and providing clinical impressions and opinions to the consulting psychiatrist. Some other activities might include program development, an applied research project, or reviewing certain behavior plans to ensure positive behavioral outcomes using the least aversive techniques. Such assignments would be commensurate with the unique strengths and interests of the intern.

Another process that is facilitative and reflective of the intern's growth and development involves the nature of the learning and rapport building between the intern and supervisor. Initially, supervision will emphasize the role of the supervisor as a teacher who seeks to help the intern integrate their acquired learning with their client experiences and assess the effectiveness of this integration through question and observation. However, throughout the internship, it is hoped that interns begin to function in an increasingly autonomous fashion. At the same time, the intern should remain open to areas of both growth and deficiency in their development. In this way, the intern's perception of self should become more reflective of his or her being a "junior professional" who is capable of generating his or her own solutions to clinical problems. By providing concrete feedback and specific suggestions in their area of expertise, the supervisor will assist in as much as is necessary to facilitate the intern's continued development and ability to set realistic client goals.

PHILOSOPHY AND GOALS

Our philosophy is that effective internship training requires a broad-based, yet structured clinical and educational experience in a supportive and challenging environment. To fully realize the intern's individualized training goals and objectives, interns are encouraged to immerse themselves in the study of learning and behavioral principles. An additional emphasis is placed on the process of behavioral analysis. Interns are strongly encouraged to take an active role in their training, developing and building upon their training needs and personal objectives throughout the year with their respective supervisors and colleagues. This, the internship utilizes an experiential and didactic approach to learning in which strong communication skills are not only valued, but expected. The majority of this learning includes face to face contacts with clients, mentorship, supervision, directed reading, and peer review of cases. Such a collaborative and process-oriented approach to training will enable the intern to acquire and refine their diagnostic and treatment skills, conceptualize and treat cases from a behavioral perspective and effectively integrate this theoretical knowledge into therapeutic techniques.

While behavior modification is offered as a basic approach to help staff to manage challenging client behaviors, professional growth and personal development are emphasized. As part of the process of developing a professional identity, interns will be encouraged to explore and understand their own impact on the therapeutic process through weekly supervision. As a result of this training, interns will not only increase their sensitivity to individual and cultural differences as it pertains to their understanding of various disorders, but also learn to function autonomously as integral members of a multidisciplinary team.

Finally, consistent with our belief that learning is most effective when it consists of a balanced assignment of clinical/behavioral experience and formal academic instruction, interns will be encouraged to carry a diverse caseload of individuals possessing various types of disabilities and psychopathological problems (dually-diagnosed). As a result, interns will become more proficient in treating and conceptualizing developmental disorders as they can co-exist along with a wide array of presenting psychopathology, including the affective disorders, schizophrenia, organic disorders, and character disorders. Interns are expected to work with clients of all levels of functioning from diverse socioeconomic and educational backgrounds. His or her involvement as a member of the multi-disciplinary treatment team will facilitate the process of providing effective psychological treatment and becoming more sensitive to the various ethical, cultural, and psychosocial dimensions of treatment and professional conduct.

PSYCHOLOGY INTERNSHIP PROGRAM TRAINING STAFF

Dr. Loren Amsell has been the Administrator of Psychological Services at the Hunterdon Developmental Center for over seven years. Prior to this, she served as the Assistant Director of Psychology at the North Princeton Developmental Center. In her administrative tenure, Dr. Amsell has worked to decrease the applied use of restraints and aberrant behaviors in residential as well as community locations. She has worked on State of New Jersey Division of Developmental Disabilities' as well as Department of Human Service's committees to create

step-down units as well as establish policies for release of dangerous individuals into community settings. All psychologists are certified in the State's applied behavioral analysis certification program. She initiated and was instrumental in the development of the APA Clinical Internship at the Hunterdon Developmental Center. Dr. Amsell also has a private practice that treats specialty forensic populations and those with high profile acting out behaviors. She earned her doctorate from the University of Pennsylvania and is a licensed psychologist in both Pennsylvania and New Jersey. She completed her clinical internship at the Hospital of the University of Pennsylvania. She has presented on topics that include the mindset of the mentally retarded offender, borderline personality disorder, and sexual offense recidivism in the developmentally disabled.

Dr. Debra Lynch earned her doctorate degree in Counseling Psychology from Seton Hall University in 1999. Dr. Lynch successfully completed the N.J. State Internship program in 1983 and split her internship between the Child Diagnostic Center and the Adult Diagnostic Center (correction facility for sex offenders) both in Avenel N.J. Dr. Lynch began her professional career in March 1984 as a staff psychologist at Woodbridge Developmental Center. In April 1986 she transferred to Green Brook Regional Center. While at Greenbrook, she developed a specialty in developmental disabilities and geriatrics with a subspecialty in Down's syndrome and Alzheimer's disease. Dr. Lynch has presented on this topic at numerous conferences and agencies over the past 10 years. In May 1995, Dr. Lynch transferred to Hunterdon Developmental Center as a staff psychologist and in 2001 she was promoted to Assistant Director of Psychology.

Dr. Richard Blankenberg has over 20 years of experience working with the developmentally disabled. He earned his Ph.D. from the State University of New York at Albany. He specializes in behavioral analysis with people who are multi-handicapped and present behavioral challenges. His interests include graphic analysis, psychiatric liaison, functional analysis and treatment evaluation. He is licensed in New Jersey and is a member of APA, AAMR, NJPA and NJABA. He has presented several papers and poster sessions on managing aberrant behaviors in developmentally disabled individuals. He is an integral part of data management and analysis with respect to behavioral intervention, personal control techniques and restraint use at Hunterdon Developmental Center.

Dr. Sean Wasielewski earned his Doctorate degree in School Psychology, with a specialization in Neuropsychology, from Ball State University in 1998. Dr. Wasielewski completed a two-year Post-Doctoral Fellowship in Neuropsychology at Children's Specialized Hospital in Mountainside NJ from 1998-2000 before moving to the Kessler Institute for Rehabilitation located in Welkind NJ where he was employed as a Clinical Neuropsychologist from 2000-2003. While at Kessler Dr. Wasielewski was responsible for providing psychotherapy, cognitive rehabilitation, and ancillary services to individuals with traumatic brain injuries in both individual and group settings and was one of the forces involved in designing a Cognitive Rehabilitation program at the facility. In 2003 Dr. Wasielewski left Kessler to come to Hunterdon Developmental Center as Assistant Director of Psychology. He serves as a member of the Medical Human Rights Committee and is one of four state psychologists chosen to train other state employees on the applied behavioral analysis certification program that emphasizes positive programming and functional analysis of problematic behaviors.

REQUIREMENTS FOR THE SUCCESSFUL COMPLETION OF THE INTERNSHIP IN CLINICAL PSYCHOLOGY

1. Completion of 1750 hours (full time for 12 months) during the training year.
2. Demonstrated proficiency in the principles and application of Learning Theory.
3. Successful performance clinically in diagnostic and therapeutic work as assessed by the mid-year and end of the year evaluations.
4. Interns are expected to have satisfactorily completed all written requirements, seminar presentations, monthly experience reports, placement evaluations, written project or case study, etc.
5. Development and competency in completing 5 psychodiagnostic batteries, 3 comprehensive functional analysis with accompanying behavior assessment report and behavior support program, on-going individual behavior therapy for at least 4 clients over the course of the internship.
6. Attendance at required bi-monthly colloquium and diagnostic/psychotherapy seminars at Central Office, unless absences are excused by the Director of Training.
7. Attendance at all scheduled HDC seminars and didactic presentations for psychologists, including peer case review, staff meetings, and other in-house scheduled training events.

COMPENSATIONS

The projected salary for the 2006-2007 internship year is \$23,000. Interns will also receive eight vacation days, eight sick days, two Administrative Leave Days, and three Professional Days for attending conferences and professional workshops. Interns receive 12 State holidays, as well. No medical coverage is provided.

INTERNSHIP ADMISSION REQUIREMENTS

The requirements for admission of pre-doctoral interns are as follows:

1. Graduation from an accredited college or university with a B.A. or B.S. degree.
2. Candidates must be currently enrolled in a clinical, counseling, or school psychology doctoral program at an accredited university of professional school.
3. The candidate's chairman and/or school's director of training must approve the internship in a letter.
4. Completion of a minimum of six semester/credit hours in each of the following areas:
 - a. Objective and projective testing with practicum experience.
 - b. Psychotherapeutic techniques and counseling with practicum experience.
 - c. Personality development and psychotherapy.
 - d. Motivation and learning theory.
 - e. Research design and statistics.
 - f. Approximately 500 hours of practicum experience.

APPLICATION PROCEDURES

To obtain a copy of the application and for information regarding the internship please write to:

Loren Amsell, PH.D.
Hunterdon Developmental Center
PO Box 4003, 40 Pittstown Road
Clinton, NJ 08809-4003

Email: Loren.Amsell@dhs.state.nj.us

Phone: 908 – 730 – 5719

Secretary: Jill Riggs

Completed applications are to be sent to the above address. Please also enclose the following supporting materials in your package.

1. Copy of your current Resume/Curriculum Vitae.
2. One copy each to be sent in a sealed envelope with the appropriate signature/stamp across seal:
 - All Official undergraduate transcripts.
 - All official graduate transcripts.
3. Letter from doctoral program director regarding your current standing and readiness to begin an internship.
4. Three (3) sealed letters of recommendation with signature/stamp across the seal of envelope.
5. Essay: Between 150-300 words describing your professional interests, accomplishments, and desire to work with individuals challenged with Developmental Disabilities.
6. A recent sample of your work which can be either a psychological test report or assessment.

Deadline for application is April 15, 2007 (applications post-marked later than this date will be returned).

For further information about the NJDHS Psychology Internship Program, please visit the New Jersey State website at (www.state.nj.us/humanservice/intership/html).