



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

**The Audrey Hepburn Children's House**

## Psychology Internship Training Manual



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***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**  
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**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 in the forefront of pediatric care given to child maltreatment victims. The Children's House has a staff of clinical psychologists, clinical social workers, creative arts therapists, board certified child abuse pediatricians, nurses and nurse practitioners. The AHCH provides direct service and consultation to the Division of Child Protection and Permanency (DCPP) within the Department of Children and Families, the Office of the Attorney General, local Prosecutors' Offices, the Juvenile and Family Courts and other referred families within the northern five counties in New Jersey. The AHCH has over four thousand five hundred (4500) patient visits a year. Interns will provide assessment and treatment to youth as well as their adult caregivers referred to the center due to concerns of child maltreatment and Child Protection Services (CPS) involvement. Experiences of maltreatment include, but are not limited to, sexual abuse, physical abuse, neglect, psychological maltreatment, exposure to intimate partner violence (IPV), and exposure to substance abuse. Ages range from infants to the geriatric population. Moreover, based 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 AHCH training program follows all APPIC and APA training guidelines in general and have incorporated recommendations pertaining to developing trauma competencies (APA, 2015) and competencies in forensic psychology (APA, 2007).



## Goals and Objectives of Training

The goal of the training program is to provide Interns 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 Interns are expected to have mastered competencies which 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, Interns are expected to:

- Demonstrate knowledge of various types of trauma and child maltreatment, to include:
  - the possible impact of trauma at various points along the life span, 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
- Assess for trauma and child maltreatment, in a forensic context, to using developmentally appropriate assessment methods, including:
  - appreciating the differences between clinical and forensic evaluation and developing skill in both areas as related to child maltreatment
  - 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 presence or absence of alternative hypotheses
  - acknowledgment and appropriate articulation the limitations of the findings
- Demonstrate knowledge of the rules, procedures, and techniques related to forensic report writing and expert witness testimony. Relatedly, Interns will be able to communicate results of evaluation or treatment progress to relevant third parties in a clear, transparent, comprehensive, articulate and appropriately focused fashion, consistent with ethical standards.
- 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 a wide knowledge of evidence based and other interventions
  - tolerating intense affect and content, as well as working with presentations coinciding with hypoarousal
  - 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



- Interact with people from various backgrounds and experiences, who are often mandated to treatment or evaluation, in a culturally informed, ethical and appropriate fashion.
  - demonstrating the ability to identify and appreciate intersecting identities of both clients and professionals as related to trauma
  - developing the ability to reflect upon one's own biases, assumptions and problematic reactions that may stem from working with trauma and cultural differences.
- Engage in self-reflective practice and conduct him or herself with integrity and accountability. Including:
  - recognizing the ethical responsibility for cultivating appropriate self-care
  - developing self-awareness of how one's history, values and vulnerabilities impact delivery of trauma treatment
- 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
- Overall, conduct oneself in a professional and ethical manner consistent with the values of the profession.

### **Training Experiences**

The training itself consists of a one year contract, with a minimum of 40 hours a week, meeting a minimum of 2000 training hours beginning on July 1 of the calendar year. More than 25% of Interns' time is spent in providing direct services.

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

**Psychological Evaluations:** Interns conduct mental health screenings for youth and suicide risk screens. They 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, Interns 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 Interns learn to conduct evaluations related to child maltreatment children (including but not limited to physical, emotional, medical and sexual abuse, neglect, exposure to intimate partner violence, exposure to substance abuse), but also be afforded the opportunity to learn risk assessment as related to the risk of engaging in problematic sexual behavior, and risk of sexual and physical violence. Interns will also explore systemic and cultural issues that directly or indirectly influence these evaluations and resulting recommendations. Upon graduation, Interns will be competent in these areas of assessment, including being able to articulate relevant psycholegal issues, recognizing ethical concerns, and developing comprehensive formulations and recommendations to address referral issues through the application of the most current psychological science. There is a possibility of being required to testify before the court on produced reports. Preparation for these experiences will be provided both through supervision and the relevant attorney.

**Therapy:** Interns will begin accumulating a caseload of approximately 4-6 clients as soon as possible. Psychotherapeutic services are provided to those who have experienced maltreatment (e.g. sexual abuse, physical abuse, exposure to substance abuse or intimate partner violence), supportive caretakers,



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

**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. Interns are provided a shared office with their own computer and workspace with access to the electronic medical record. Technology and equipment supporting dictation of reports is also available to the Interns. The AHCH also has several support staff for scheduling, billing and other related activities. Interns have access to the medical library, which is extensive to help support the Hackensack Meridian School of Medicine.

**Supervision and Evaluation of Progress:** Cases for evaluation are reviewed by the Mental Health Director and by individual supervisors to determine appropriate referrals for trainees. These cases are then reviewed in preparation for evaluation. 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.

Interns spend a minimum of two hours per week in individual, regularly scheduled, face-to-face supervision. Individual supervision is delivered by a licensed psychologist and focuses on enhancing the Interns' acumen in both assessment and treatment. As related to group therapy, some additional supervision may be provided by Fellows, under the supervision of a licensed psychologist. Interns will also participate in a yearlong TF-CBT specific group supervision to develop an in-depth understanding of the intervention. Additionally, Interns will participate in group supervision which will be a combination of a content and process-based focus. These sessions will be facilitated by members of the



training committee and staff at large. Interns are provided with regular feedback through the course of supervision. Formal written evaluations will be completed at the 6<sup>th</sup> month mark and completion of the program. Guidelines are in place to address issues in training, supplementing the larger institution's Dispute Resolution Policy.

**Applicant Requirements:** For consideration for the AHCH Internship position, applicants must have completed adequate and appropriate training for the position prior to application. As such, candidates will only be considered if they have completed their formal academic coursework toward a doctoral degree in professional psychology (e.g. clinical, counseling, school), successfully completed their institution's qualifying/comprehensive exams, and have participated in closely supervised experiential clinical training in practicum or externship placements. The ideal candidate will have experience in both assessment and treatment of children. If offered an internship with AHCH, we require completion of a criminal background check, at no cost to you. While employment is contingent upon 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. Similarly, applicants are expected to submit to a urinalysis drug screen.

**Application Process:** Please provide a letter of interest, current Curriculum Vitae, a redacted evaluation report and two letters of recommendation to [Kirsten.Byrnes@hmhn.org](mailto:Kirsten.Byrnes@hmhn.org) and/or [Brett.Biller@hmhn.org](mailto:Brett.Biller@hmhn.org).



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***Proposed Schedule for Intern Educational Seminars and Case Conferences 2021-2022***

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 there of related to child maltreatment, impact or harm upon youth, individual and family risk factors and appropriate recommendations. While Interns 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 internship year during Educational Seminars. Though externs and Fellows may participate in these educational seminars, the content is developed specifically for the Internship program. Interns may also avail themselves to didactics presented to the Fellows, which are more advanced, nuanced and forensic specific. The below topics can be re-ordered or adjusted at any time based on the need of the agency, the training needs of the given cohort, or scheduling demands of presenters. Interns may also be provided with syllabi related to some topics, to be reviewed prior to the presentation, to assist in learning and application. Unless otherwise specified, didactics are scheduled for Wednesday mornings, 9:00a-11:00a.

<b>Month/ Wk</b>	<b>Day</b>	<b>Topic</b>	<b>Presenter</b>	<b>Length</b>
<b>July Week 1</b>	<i>Wed</i>	General Orientation to AHCH	Several Faculty	3 hrs or more
	<i>Thurs</i>	Services/Documentation/Reports	Michelle Mroz, LCSW, MBA	1 hr
	<i>Thurs</i>	Psychological Testing Batteries; CHECs	Richard F. Coco, Ph.D./ Candice Hudson, Psy.D.	1 hour or more
<b>Week 2</b>	<i>Mon</i>	Hospital wide on-boarding	Hospital Presenters/HR	All day
	<i>Wed</i>	More Specific Overview of Evaluation and Therapy Protocols	Richard F. Coco, Ph.D.	1.5 hrs
	<i>Thurs</i>	Review of pre-reading [e.g. suicide assmt, etc.]	Kirsten Byrnes, Psy.D.	2 hrs



<i>Week 3</i>	<i>Wed</i>	Discussion of Developmental Considerations in Interviewing	Brett Biller, Psy.D.	1 hr
	<i>Wed</i>	Process of Disclosure	Brett Biller, Psy.D.	1 hr
<i>Week 4</i>	<i>Wed or Thurs</i>	Overview of Interventions for Maltreatment	Michelle Fanciullo, Psy.D.	2 hrs
<b>Aug</b> <i>Week 1</i>	<i>Wed</i>	Psychosocial Evaluations/Clinical Supports	Solomon Barry, Psy.D.	2 hrs
<i>Week 2</i>	<i>Wed</i>	Introduction to Trauma, Impact, Assessment	Brett Biller, Psy.D.	1 hr
	<i>Wed or Thurs</i>	Overview of Attachment	Richard F. Coco, Ph.D.	1 hr
<i>Week 3</i>	<i>Wed</i>	Conceptualization and Forensic Report Writing	Brett Biller, Psy.D./ Kirsten Byrnes, Psy.D.	2 hrs
<i>Week 4</i>	<i>Mon, Thurs or Fri</i> <i>[TBD]</i>	Overview of TF-CBT	Michelle Fanciullo, Psy.D.	2 hrs
<b>Sept</b> <i>Week 1</i>	<i>Wed or Thurs</i>	Focus on Developmental Trauma and Developmental Trajectories	Kirsten Byrnes, Psy.D.	2 hrs
<i>Week 2</i>	<i>Wed or Thurs</i>	Overview of Attachment, Regulation and Competency [ARC]	Richard Coco, Ph.D./ Kirsten Byrnes, Psy.D.	2 hrs
<i>Week 3</i>	<i>Wed or Thurs</i>	Risk and Vulnerability Factors Contributing to Maltreatment	Kirsten Byrnes, Psy.D.	2 hrs
<i>Week 4</i>	<i>Wed or Thurs</i>	Parenting Evaluations	Richard F. Coco, Ph.D.	2 hrs
<i>Week 5</i>	<i>Wed</i>	Sexual Abuse Evaluations [Medical]	Medical Staff	2 hrs
<b>Oct</b> <i>Week 1</i>	<i>Wed</i>	Psychological Maltreatment	Solomon Barry, Psy.D.	2 hrs
<i>Week 2</i>	<i>Wed</i>	Overview of Play Therapy	Candice Hudson, Psy.D	2 hrs
<i>Week 3</i>	<i>Full Wk</i>	<b>Finding Words/Child First</b>	Finding Words Faculty	~35 hrs
<i>Week 4</i>	<i>Wed</i>	Consolidation of Information from FW with AHCH practice	Brett Biller, Psy.D./ Kirsten Byrnes, Psy.D.	2 hrs
<b>Nov</b> <i>Week 1</i>	<i>Wed</i>	Game Based TF-CBT	Justin Misurell, Ph.D.	2-3 hrs
<i>Week 2</i>	<i>Wed</i>	Creative and Expressive Arts; Somatic Interventions	Kyongok Kim, MA, RDT/ Kirsten Byrnes, Psy.D.	2 hrs
<i>Week 3</i>	<i>Wed or Thurs</i>	Ethical Considerations in Maltx	Richard F. Coco, Ph.D.	2 hrs
<i>Week 4</i>	<i>Wed</i>	<b>HOLIDAY</b>	<b>No [mandatory] didactics</b>	



<b>Dec</b> <i>Week 1</i>	<i>Wed or Thurs</i>	Intro to Risk Assmt	Kirsten Byrnes, Psy.D.	2 hrs
<i>Week 2</i>	<i>Wed</i>	Nonaccidental Head Trauma	Medical Staff	2 hrs
<i>Week 3</i>	<i>Wed or Thurs</i>	Overview of EMDR	Mental Health Staff	2 hrs
<i>Week 4</i>	<i>Wed</i>	Neuropsych Evals in CPS context	Amanda Macdonald, Psy.D.	2 hrs
<i>Week 5</i>		Either week 4 or 5 will be a <b>HOLIDAY WEEK, no mandatory didactics</b>		
<b>Jan</b> <i>Week 1</i>	<i>Wed</i>	Overview of ACT	Greg Margherita, Psy.D.	2 hrs
<i>Week 2</i>	<i>Wed</i>	Vicarious Trauma	Kirsten Byrnes, Psy.D.	2 hrs
<i>Week 3</i>	<i>Wed</i>	Nonaccidental v Accidental Injury	Medical Staff	2 hrs
<i>Week 4</i>	<i>Wed</i>	IPV, Dynamics, Impact and Assmt [including SARA, CTS-2 and Danger Assessment]	Kirsten Byrnes, Psy.D.	2 hrs
<b>Feb</b> <i>Week 1</i>	<i>Wed</i>	IPV, Dynamics, Impact and Assmt [including SARA, CTS-2 and Danger Assessment], cont.	Kirsten Byrnes, Psy.D.	2 hrs
<i>Week 2</i>	<i>Wed</i>	TF-CBT applied workshop	Michelle Fanciullo, Psy.D.	2 hrs
<i>Week 3</i>	<i>Wed</i>	Latino Families in Maltreatment	Michelle Mroz, LCSW, MBA	2 hrs
<i>Week 4</i>	<i>Wed</i>	Working with Resistant/Mandated Clients	Leah Schild, Psy.D.	2 hrs
<b>Mar</b> <i>Week 1</i>	<i>Wed</i>	Grooming, Assessment and Impact	Kirsten Byrnes, Psy.D.	2 hrs
<i>Week 2</i>	<i>Wed</i>	Trauma and Language	Richard F. Coco, Ph.D.	2 hrs
<i>Week 3</i>	<i>Wed</i>	Custody Dispute as Possible Emotional Abuse; Alienation v Estrangement	Solomon Barry, Psy.D.	2 hrs
<i>Week 4</i>	<i>Wed</i>	Nonaccidental Head Trauma	Medical Staff	2 hrs
<i>Week 5</i>	<i>Wed</i>	Child on Child Sexual Contact	Kirsten Byrnes, Psy.D.	2 hrs
<b>Apr</b> <i>Week 1</i>	<i>Wed</i>	Problematic Sexual Behaviors in Youth	Solomon Barry, Psy.D./ Kirsten Byrnes, Psy.D.	2 hrs
<i>Week 2</i>	<i>Wed</i>	TF-CBT applied workshop	Michelle Fanciullo, Psy.D.	2 hrs
<i>Week 3</i>	<i>Wed</i>	Reunification Treatment	Richard F. Coco, Ph.D.	2 hrs
<i>Week 4</i>	<i>Wed</i>	Grand Rounds- Child Abuse Prevention Month	TBD	~3 hrs
<b>May</b> <i>Week 1</i>	<i>Tues</i>	Application of JSOAP, JSORAT, ERASOR	Kirsten Byrnes, Psy.D.	2 hrs
<i>Week 2</i>	<i>Wed</i>	Shame and Trauma Tx	Richard F. Coco, Ph.D./ Kirsten Byrnes, Psy.D.	2 hrs



<i>Week 3</i>	<i>Wed</i>	Interventions for PSB	Solomon Barry, Psy.D./ Kirsten Byrnes, Psy.D.	2 hrs
<i>Week 4</i>	<i>Wed</i>	Factitious Presentations	Kirsten Byrnes, Psy.D.	2 hrs
<b>June</b> <i>Week 1</i>	<i>Wed</i>	Testimony in CPS Cases	Brett Biller, Psy.D.	2 hrs
<i>Week 2</i>	<i>Wed</i>	Migration Trauma	Richard F. Coco, Psy.D./Kirsten Byrnes, Psy.D./ Michelle Mroz, LCSW, MBA	2 hrs
<i>Week 3</i>	<i>Wed</i>	Overview of Delinquency	Kirsten Byrnes, Psy.D.	2 hrs
<i>Week 4</i>	<i>Wed</i>	No didactics, completing remaining paperwork, etc.		
<i>Week 5</i>	<i>Wed</i>	No didactics, completing remaining paperwork, etc.		



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**FORENSIC PSYCHOLOGY INTERN  
EVALUATION FORM**

**Name of Intern:**

**Date:**

**Supervisor:**

**Evaluation Period:**

This form will be used to assess both baseline competencies, administered for self-rating at the beginning of the post-doctoral year, and development throughout the course of the year. As such, it will be formally completed by supervisors at the 6-month and 12-month period. 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 post-doctoral fellows within the program will succeed and develop the following competencies across the year, scores lower than a 2 may result in the initiation of due process procedures.

**1-Significant improvement needed** (significant improvement needed to meet expectations, fails to meet expectations, remediation required)

**2-Developing skill level** (expected level of competency pre-internship, marginally meets expectations, close supervision required on most cases)

**3-Intermediate skill level** (expected level of competency for an intern at mid-point of fellowship, routine or minimal supervision required on most cases)

**4-Advanced skill level** (expected level of competency for an intern at completion of internship, exceeds expectations, able to function largely autonomously)

**5-Seasoned professional skill level** (rare rating for internship, exceeds expectations, functions autonomously with a skill level representative of experience)

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



**DOMAIN 1. PROFESSIONAL VALUES, ATTITUDES and BEHAVIORS**

		1	2	3	4	5	NA
<b><i>General Practice</i></b>							
1	Conducts him/herself in ways that demonstrate integrity, accountability and concern for others	<input type="checkbox"/>					
2	Continues to develop an identity as an early career professional, both as related to general clinical psychology and the practice of forensic psychology	<input type="checkbox"/>					
3	Engages in self-reflection in both personal and professional functioning; actively involved in activities that maintain and improve performance, well-being and professional effectiveness	<input type="checkbox"/>					
4	Actively seeks and demonstrates an openness and responsiveness to feedback and supervision.	<input type="checkbox"/>					
5	Appropriately balances the need for supervision with increased professional autonomy. Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training	<input type="checkbox"/>					
<b><i>Forensic Practice</i></b>							
1	Can articulate how forensic practice differs from general clinical practice on multiple levels	<input type="checkbox"/>					
2	Recognizes and appreciates appropriate role boundaries with all parties (e.g., DYFS workers, Prosecutors, physicians) involved in forensic and general clinical work.	<input type="checkbox"/>					
3	Differentiates the varied roles of forensic specialists (i.e., evaluator, consultant, treatment provider).	<input type="checkbox"/>					
4	Shows familiarity with major scholarly works and ongoing debates in areas of practice.	<input type="checkbox"/>					



		1	2	3	4	5	NA
5	Describes efforts to maintain and enhance knowledge and skills in the full scope of forensic practice.	<input type="checkbox"/>					
6	Demonstrates an awareness of the potentially profound implications of forensic work and how their opinions are used by the fact finders.	<input type="checkbox"/>					
7	Demonstrates their commitment to providing accurate information to the fact finder and advocating for their data, rather than advocating for a particular side or outcome.	<input type="checkbox"/>					
8	Understands the limits of clinical opinions within a reasonable degree of psychological certainty and practices within these bounds	<input type="checkbox"/>					
<b>Elaboration on strengths and challenges:</b>							

**DOMAIN 2. ETHICS AND LEGAL STANDARDS**

		1	2	3	4	5	NA
1	Demonstrates awareness of relevant national (APA) and state (NJ) ethical principles and laws in forensic and clinical practice.	<input type="checkbox"/>					
2	Articulates appropriate applications of the <i>Specialty Guidelines for Forensic Practice</i> .	<input type="checkbox"/>					
3	Demonstrates methods for resolving ethical dilemmas.	<input type="checkbox"/>					
4	Describes the legal context for various types of evaluations in his/her jurisdiction.	<input type="checkbox"/>					
5	Describes relevant case, statutory, and regulatory law associated with practice area. This includes an ability to provide an historical overview of the law, including the names and impact of relevant cases.	<input type="checkbox"/>					
6	Recognizes and discusses complex legal and ethical issues applicable to his or her practice.	<input type="checkbox"/>					



7	Demonstrates awareness that practice requirements and legal standards vary across jurisdictions.	<input type="checkbox"/>					
8	Fellow conducts him/herself in an ethical and professional manner in all professional activities.	<input type="checkbox"/>					
<b>Elaboration on strengths and challenges:</b>							

**DOMAIN 3. INDIVIDUAL AND CULTURAL DIVERSITY**

		1	2	3	4	5	NA
1	Recognizes and values individual and group differences, diversity, and culture, and appreciates their impact within a psycholegal context.	<input type="checkbox"/>					
2	Recognizes the effect their own cultural worldview and biases have on their professional work.	<input type="checkbox"/>					
3	Demonstrates an awareness of the need to educate one's self about unfamiliar cultures and subcultures.	<input type="checkbox"/>					
4	Provides examples of efforts to gain awareness of and minimize the impact of own biases.	<input type="checkbox"/>					
5	Evidences ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own	<input type="checkbox"/>					
6	Describes the potential impact of an examinee's race, ethnicity, native language, etc. on the forensic evaluation process.	<input type="checkbox"/>					



		1	2	3	4	5	NA
7	Describes how common challenges inherent to working with a diverse population are addressed.	<input type="checkbox"/>					
<b>Elaboration on strengths and challenges:</b>							

**DOMAIN 4. COMMUNICATION and INTERPERSONAL SKILL**

		1	2	3	4	5	NA
1	Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.	<input type="checkbox"/>					
2	Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts.	<input type="checkbox"/>					
3	Demonstrates effective interpersonal skills and the ability to manage difficult communication well.	<input type="checkbox"/>					
4	Voices disagreements and responds to feedback and criticism with composure and in a professional manner.	<input type="checkbox"/>					
5	Exhibits a respectful and unbiased attitude toward the examinee, the legal system, and those who serve the legal system.	<input type="checkbox"/>					
6	Respects the effects of individual and cultural differences.	<input type="checkbox"/>					
<b>Elaboration on strengths and challenges:</b>							



**DOMAIN 5. ASSESSMENT [FORENSIC and OTHER]**

		1	2	3	4	5	NA
1	Clearly articulates the referral question and related issues.	<input type="checkbox"/>					
2	Conducts interviews efficiently, with appropriate pacing and use of open-ended questions; thorough.	<input type="checkbox"/>					
3	Organizes reports to guide the reader in understanding what forensic question was considered, what information the evaluator used, and how the evaluator reasoned from this information to reach his or her forensic conclusion.	<input type="checkbox"/>					
4	Attempts to eliminate jargon from one's reports.	<input type="checkbox"/>					
5	Includes only data relevant to answering the forensic question.	<input type="checkbox"/>					
6	Separates observations from inferences in forensic reports.	<input type="checkbox"/>					
7	Uses multiple sources of information to corroborate information received from sources.	<input type="checkbox"/>					
8	Well-versed in the current scientific literature regarding psychological measures used in their practice.	<input type="checkbox"/>					
9	Proficient in the administration, scoring, and interpretation of psychological tests used in their practice.	<input type="checkbox"/>					
10	Able to clearly explain the rationale for test selection, the strengths and weaknesses of tests used, and the description of test results.	<input type="checkbox"/>					
11	Articulates the uses and empirical limits of relevant assessment methods.	<input type="checkbox"/>					
12	Carefully considers what information can be drawn from psychological tests results and how this information applies to the specific forensic question at hand.	<input type="checkbox"/>					



		1	2	3	4	5	NA
13	Considers competing hypotheses and evidence for and against both.	<input type="checkbox"/>					
14	Opinions are supported by findings that are firmly grounded in the data.	<input type="checkbox"/>					
15	Clearly articulates the reasoning that connects the data to the forensic opinion, both orally and written	<input type="checkbox"/>					
16	Completes evaluations on a timely basis.	<input type="checkbox"/>					
<b>Elaboration on strengths and challenges:</b>							

**DOMAIN 6. INTERVENTION**

		1	2	3	4	5	NA
1	Evidences the ability to establish and maintain effective relationships, even with mandated or resistant clients	<input type="checkbox"/>					
2	Demonstrates understanding of professional literature in relevant intervention area. Evidences a wide knowledge of evidence-based interventions such as TF-CBT for both the general clinical population and those referred related to maltreatment.	<input type="checkbox"/>					
3	Develops evidence-based intervention plans specific to the service delivery goals.	<input type="checkbox"/>					
4	Able to discuss the rationale for interventions in forensic and general clinical cases.	<input type="checkbox"/>					
5	Describes the impact of legal and ethical issues on intervention in forensic cases.	<input type="checkbox"/>					
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
6	Appreciates the impact of the forensic setting on traditional therapeutic relationships and goals.	<input type="checkbox"/>					
7	Describes strategies for dealing with intervention issues specific to forensic or mandated clients.	<input type="checkbox"/>					



8	Evidences appropriate consideration of individual and cultural factors in intervention.	<input type="checkbox"/>					
9	Appropriately modifies case conceptualization and treatment plan based on ongoing contacts/intervention.	<input type="checkbox"/>					
10	Completes appropriate documentation including timely and appropriate progress notes.	<input type="checkbox"/>					
<b>Elaboration on strengths and challenges:</b>							

**DOMAIN 7. DIDACTICS**

		1	2	3	4	5	NA
1	Participated in forensic interviewing training Finding Words/Words First NJ for qualification as a child forensic interview specialist.	<input type="checkbox"/>					
2	Attends in-house educational seminars.	<input type="checkbox"/>					
3	Reads all assigned readings prior to scheduled didactics and demonstrates an adequate working knowledge of content through discussions and practical application	<input type="checkbox"/>					
4	Participates in State and National organizations that address child abuse and neglect issues.	<input type="checkbox"/>					
<b>Elaboration on strengths and challenges:</b>							

**DOMAIN 8. RESEARCH**

		1	2	3	4	5	NA
1	Demonstrates the ability to independently formulate research or other scholarly activities (e.g., critical literature reviews, dissertation, efficacy studies, clinical case studies, theoretical papers, program evaluation projects, program development projects) that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base.	<input type="checkbox"/>					
2	Demonstrates the ability to critically evaluate and disseminate research or other scholarly activity	<input type="checkbox"/>					



via professional publication and presentation at the local (including the host institution), regional, or national level.						
<b>Elaboration on strengths and challenges:</b>						

**DOMAIN 9. CONSULTATION**

		1	2	3	4	5	NA
1	Interacts with other professionals and support staff in a respectful, professional manner.	<input type="checkbox"/>					
<b>Elaboration on strengths and challenges:</b>							

This intern has demonstrated satisfactory performance during this period:

Yes       No. If no – suggested course of action.

Comments/Remarks by Intern:

Intern \_\_\_\_\_  
 (Signature)

Date:

Supervisor \_\_\_\_\_  
 (Signature)

Date:



## Guidelines for Addressing Issues in Training

As noted in the Dispute Resolution Process [Policy #1043-20-11; soon to be Guidelines for Cooperation and Discipline] "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 below guidelines are an elaboration of the steps by which this can be accomplished specifically within the training program. Again, these guidelines are not designed or intended to supersede or conflict with relevant hospital policies, and it is the employees' right to take matters to the Human Resources Department.

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

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

- A marked deficiency in skills, for example if an Intern receives a rating of "developing skill level [2]" or lower from any of the evaluation sources, or if one or more supervisors raises significant concerns about an Intern
- A marked deficiency in motivation
- Inability to function due to emotional problems or substance use
- Professional misconduct
- Failure to fulfill educational and administrative obligations
- Persistent tardiness
- Circumstances which are in conflict with the HUMC policies prohibiting discrimination, harassment, sexual violence or retaliation.
- Circumstances such as health, which may be beyond the Intern's control, but which prevent completion of the training program.
- When situations arise 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 Intern with the opportunity for appropriate support and remedial training. The following procedures will be initiated sequentially:

- A. The Intern's supervisors will meet with the Intern to discuss the problem and attempt to arrive at a mutually acceptable solution or plan for remediation. This situation is not unusual, and in the vast majority of the instances, would require no further action. However, these concerns and the resulting plan will be communicated to the Intern's Director of Clinical Training. The areas needing intervention, an approach to resolution (e.g.; increased supervision, readings, additional cases), allotted time frame, and the required outcomes will be identified.



- B. If the local intervention plan does not result in a satisfactory solution or if a pervasive pattern is noted to exist, then the issue will be discussed with the Training Coordinator. The Intern's supervisor will meet the Training Coordinator to discuss the rating or identified problem area and determine what actions needs to be taken.
- C. If the training issue is deemed to require remediation, the Intern will be notified, in writing that such a review is occurring and will have the opportunity to provide a statement related to his/her response to the rating or identified problem area. This notification to the Intern will occur within seven days of receipt of the documented issue. Please note, more serious or egregious behaviors (e.g. substance abuse, criminal conduct) will immediately trigger the Dispute Resolution Process (Policy #1043-20-11 soon to be Guidelines for Cooperation and Discipline). In turn, the Intern'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, 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. If the issue is determined to warrant serious action, as evidenced by either (1) a problem that is jeopardizing patient care, (2) a persistent problem that the Intern fails to address adequately at the previous level, (3) a significant violation of professional standards, (4) an irremediable deficit in professional competence, (5) significant personal factors that seriously affect professional functioning, or (6) a clear violation of Medical Center policies and procedures, it will need to be actively and systematically monitored by the faculty, through the supervisors and Training Coordinator. As noted above, such behaviors will trigger the Dispute Resolution Process (Policy #1043-20-11; soon to be Guidelines for Cooperation and Discipline) and Disciplinary Action Process.
- E. 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 Intern may choose to accept these conditions or may choose to challenge the action. If the training committee determines that the Intern has engaged in a sufficiently serious violation, or has failed to meet the requirements despite remediation, the committee invoke the larger Dispute Resolution Process (Policy #1043-20-11; soon to be Guidelines for Cooperation and Discipline) and Disciplinary Action Process and recommend dismissal from the Internship program.
- F. It is expected that the status of the rating will be reviewed no later than the next formal evaluation period or no later than the time limits identified in the written statement, whichever date is sooner. If the rating or the remediation plan has been rectified to the satisfaction of the faculty, the Intern and other appropriate individuals will be informed and no further action will be taken.



- G. The Intern has the right to appeal the actions taken by the program if they are in disagreement. Appeals will be filed with the Mental Health Director within 14 days of the hearing and decisions will be communicated, in writing within 14 days of the appeal. If the Dispute Resolution Process (Policy #1043-20-11; soon to be Guidelines for Cooperation and Discipline) is not then utilized, decisions of the Lead/Psychologist/Section Chief are final and binding.
- H. While the Intern may have completed a calendar year of training, failure to demonstrate appropriate competencies and remediate previously documented issues in training will result in AHCH declining to issue a certificate of completion.
- I. Should the Intern wish to appeal the matter further, and the policy had not been enacted earlier in the process, the Intern can avail him/herself to the steps outlined in the Dispute Resolution Process (Policy #1043-20-11; soon to be Guidelines for Cooperation and Discipline).
- J. The above procedures serve as a guideline for resolving disputes. It is the right of any involved party to inform HR of the matter and begin utilizing the Dispute Resolution Process (Policy #1043-20-11; soon to be Guidelines for Cooperation and Discipline) at any point in time.

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

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

- Faculty member has a serious deficit in knowledge or skill
- Faculty member has emotional difficulty or substance use which impairs or compromises expected standards of performance
- Faculty member does not provide sufficient attention to the training needs of the Intern
- Faculty member acts in 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

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

- A. Raise the issue with the staff member or other trainee in an effort to resolve the problem. If the problem remains uncorrected, the faculty member and Intern are unable to reach an acceptable solution, or the problem is of such severity that additional contact between the trainee and faculty member is not advised, the issue should be brought to a supervisor, staff member, or Training Coordinator.
- B. If the Training Coordinator is the object of the grievance, or 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 subcommittee review, one of the following recommendations is proposed: (1) no disciplinary action, (2) reprimand with remediation action plan. If trainee does not feel comfortable continuing with the supervisor, an alternate supervisor will be assigned to the Intern. (3) Referral to human resources department of HUMC for remediation plan and consequences.
- E. If a remediation plan is recommended, it will be reviewed by the Chief of Psychology, documented and reviewed with the faculty member. This will occur within 7 days of the development of the remediation plan.
- F. Once this formal remediation has been distributed, the Intern or faculty member can appeal in writing within 7 days. If the matter is raised within the AHCH and mediation has failed or the issue cannot be adequately resolved, the formal Grievance Policy for Hackensack University Medical Center should be enacted. (Dispute Resolution Process, Policy # 1043-20-11; found on the intranet; soon to be Guidelines for Cooperation and Discipline).
- 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 Chief of Psychology, Medical Director, or human resources department at HUMC.
- H. Interns who pursue grievances in good faith will not experience any adverse personal or professional consequences.

### *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 provide expert and fact testimony in criminal and civil hearings. Dr. Biller was the founding Director of Training at the Dorothy B. Hersh RDTC, at Saint Peter's University Hospital, in New Brunswick, New Jersey, where he developed and directed an Association of Psychology Postdoctoral and Internship Centers (APPIC) recognized forensic doctoral training program. Dr. Biller currently serves as the Mental Health Director/Section Chief at the Audrey Hepburn Children's House (AHCH) at Hackensack University Medical Center, in Hackensack, New Jersey. In his role as the Mental Health Director, Dr. Biller is responsible for clinical supervision and oversight of the program's mental health diagnostic and therapeutic services and supervises the clinical supervisors of the mental health staff. Dr. Biller additionally functions as a consultant and supervising clinician in the Department of Pediatrics, including the evaluation, diagnosis, and treatment of mental disorders and aspects of the psychological adaptation of patients and their families. In addition to his responsibilities within Hackensack UMC, Dr. Biller, organizes and participates in professional and community educational conferences and seminars on related topics. He collaborates with New Jersey State Officials and Child Welfare Administrators to identify child welfare needs, identify service gaps and plan for improvements in the system. Dr. Biller's responsibilities include serving as a resource and liaison to community and governmental agencies who 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 serving 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



**Kirsten Byrnes, PsyD.;** Long Island University, C.W. Post Campus [2011], John Jay College of Criminal Justice [M.A, Forensic Psychology, 1999]

Dr. Byrnes completed her doctoral training in Clinical Psychology, concentrating in Serious and Persistent Mental Illness. Since completing the postdoctoral fellowship at AHCH, she has served as a staff psychologist. As the Training Director she deliver individual and group supervision to all levels of trainee and maintaining the integrity of the didactics programs. She is the primary supervisor for the ABPP/ABFP Experiential Waiver approved fellowship and maintains adherence to ABPP/ABFP standards in training. Dr. Byrnes is an Assistant Professor of Psychiatry at the Hackensack Meridian School of Medicine. She has served as an adjunct professor for both undergraduate and graduate courses, at several local institutions [e.g. LIU, NYU, Montclair State University]. She has offered testimony in New Jersey Superior Court as an expert in clinical/forensic psychology. Dr. Byrnes conducts parenting and psychosocial evaluations, including risk assessments related to physical and sexual aggression/ problematic sexual behaviors. She has advanced training in trauma treatment through the Trauma Research Foundation. Treatment approaches integrate evidenced based practices and psychodynamic theory. Research at AHCH includes clinical presentations on the MACI, risk assessment and grooming.

**Licenses:** Licensed Psychologist in NJ and NY

**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

**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 a NIH-SAMSA funded program for HIV/AIDS families and children, and 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 to Dr. Byrnes 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 Assistant Professor of Psychiatry and Pediatrics at the Hackensack-Meridian School of Medicine/ Seton Hall University. As a member of the training committee at AHCH, he provides clinical supervision and training to pre-doctoral and postdoctoral level psychology students. Dr. Barry's responsibilities include conducting parenting and psychosocial evaluations, as



well as individual and family psychotherapy. He has specialty training in treatment for disruptive behavior in children, parenting stress, parent-training, reducing family conflict, and recovery from trauma and abuse. In his work with clients, Dr. Barry integrates evidence-based Cognitive Behavioral Therapy (CBT) techniques, motivational interviewing, and traditional psycho-dynamic treatment approaches.”

**Licenses:** Licensed Psychologist in NJ

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

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

**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