



# Mid-Hudson Psychiatric Center

## Psychology Internship Training Program



2834 Route 17M

New Hampton, NY 10958

845-374-8700

Dear Applicant,

Thank you for your interest in the Mid-Hudson Forensic Psychiatric Center (MHFPC) Psychology Doctoral Internship Training Program.

The Internship is a one-year training program offering two full-time, paid Intern positions in Health Services Psychology, within a maximally secure, forensic inpatient psychiatric care facility. The facility serves a diverse, justice-involved patient population. The internship is designed to train doctoral psychology students to provide mental health services from a biopsychosocial, culturally sensitive, and trauma-informed perspective. The training is generalist in nature, albeit within a forensic context, such that the knowledge and skills acquired may be applied to a wide range of future clinical endeavors in private and public sector settings. The Internship is based on a practitioner-scholar model that emphasizes the integration of science and clinical practice and the development of profession-wide competencies proposed by the Health Service Psychology Education Collaborative (2013) and the American Psychological Association Standards of Accreditation for Health Service Psychology (2017).

In this document, you will find information about MHFPC including its mission and clinical services. You will also find information about the internship program, its training philosophy, and its objectives. The program's approach to training is intern-centered, collaborative, and flexible such that consideration is given to each intern's individual training needs and professional development. We are committed to ensuring a supportive learning environment and to training students who represent a broad spectrum of cultural and individual diversity.

We require that you submit a recent integrated psychological assessment report with your completed application, with all identifying information redacted. This assessment submission should be one you consider to be a good example of your current level of competence in psychological testing and interpretation.

**The Application Deadline is December 1<sup>st</sup>, 2021.** The Interview Notification Date is December 15<sup>th</sup>, 2021.

We look forward to reviewing your application,  
The MHFPC Psychology Internship Training Committee

**APPIC Membership**

The MHFPC Doctoral Internship Program in Health Service Psychology is currently not a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC).

**APA Accreditation Status**

The Psychology Doctoral Internship Training Program is not currently accredited by the APA. Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation  
American Psychological Association  
750 1<sup>st</sup> Street NE, Washington DC 20002  
(202) 336-5979  
[apaaccred@apa.org](mailto:apaaccred@apa.org)  
[www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)

**Contact Information**

Mid-Hudson Forensic Psychiatric Center  
2834 Route 17M  
New Hampton, NY 10958  
845-374-8700

Training Director:

Jessica Heschel, Psy.D.  
[Jessica.heschel@omh.ny.gov](mailto:Jessica.heschel@omh.ny.gov)

Acting Chief of Psychology:

Paul Saks, Ph.D.  
[Paul.saks@omh.ny.gov](mailto:Paul.saks@omh.ny.gov)

# Setting and Patient Population

## **MHFPC Mission:**

MHFPC provides comprehensive forensic mental health services using evidence-based practices for the restoration of competency and both the assessment and treatment of persons with dangerous mental illnesses (as that term is defined by law). Recovery and hope are promoted through the efforts of interdisciplinary treatment teams within a safe, secure, and therapeutic environment in which freedom from violence and coercion is a guiding principle. The MHFPC community consists of the hospital's patients and their families, the communities they reside in, hospital staff, and the New York state judicial and mental health systems.

The vision of MHFPC is that we will lead in the pursuit of excellence in forensic mental health. Our value system is represented by the acronym, HEART:

**H**ardworking

**E**xcellence

**A**ppreciation

**R**espect

**T**eamwork

## **Psychology Training Program Setting:**

MHFPC is a secure psychiatric center located in New Hampton, New York and owned and operated by the New York State Office of Mental Health (OMH). The hospital serves persons committed either under the provisions of Section 730 of the Criminal Procedure Law as lacking capacity to stand trial, under Section 330.20 as not criminally responsible due to mental illness or defect, under Part 57 of the Mental Hygiene Regulations for civil patients requiring confinement and treatment in a maximum security hospital, or under Correction Law 508 as pre-sentenced inmates in local county correctional facilities. The hospital serves forensic patients from the entire state of New York with 60% of all admissions from New York City. The hospital consists of 18 units, two of which are mixed-gender environments, 15 of which house only men, and one which may house patients of any gender depending on their behavioral stability. Patients with serious medical issues are housed in our Acute Care Unit and patients with acute behavioral problems are housed in our Special Services Unit. In addition, MHFPC recently created two units for providing specialized treatment to specific populations. These include the Behavior Change Unit for patients with sexually based offenses, and the Substance Abuse Hope and Recovery unit, to treat patients with long hospital stays and/or histories of substance abuse.

**The Psychology Department** is part of the interdisciplinary treatment team and provides individual and group therapy, in addition to conducting assessments of patients in a number of specialized areas. The Licensed Psychologists are responsible for completing Forensic Examinations in order to determine if a patient is dangerously mentally ill and requires services in a secure setting, as well as providing expert testimony in court. Additional evaluations that are undertaken by the department include intelligence testing, personality assessment and other assessments such as examinations for malingering symptoms, fitness to stand trial, and possible cognitive impairments that interfere with competency to stand trial.

**Psychology interns** will have the opportunity to be part of an interdisciplinary team, consisting of a psychiatrist, nurse, social worker, psychologist, and direct care staff. They will be required to attend morning rounds and other team meetings and participate in treatment planning. Interns are responsible for providing individual therapy for a caseload of 3-5 patients, co-leading treatment groups, developing treatment plans, and conducting psychological assessments. Interns will complete a minimum of five supervised psychological assessment batteries within the training year which may include cognitive and achievement assessment, neuropsychological assessment, and personality assessment. In addition, interns will have the opportunity to be trained in conducting risk assessments utilizing the HCR-20v3 under direct supervision.

A unique aspect of our training site is the opportunity for interns to observe various aspects of the forensic process for patients served at this facility. Interns will have the opportunity to observe licensed psychologist and psychiatrist conduct forensic evaluations related to assessing a patient's fitness to stand trial, assessing a patient's risk related to dangerousness as that is legally defined, assessing needed level of care, among other forensic and related questions posed. Similarly, interns are able to attend court proceedings to observe psychology and psychiatry staff provide expert testimony. This unique opportunity for students provides an in-person introduction into how the judicial system operates in relation to mental hygiene laws and provides introduction into how clinicians may be involved in this system.

### **Patient Population:**

Most of all patients at Mid-Hudson Forensic Psychiatric Center are involuntarily committed under Sections 330.20 or 730 of the Criminal Procedure Laws of the State of New York. However, Mid-Hudson Forensic PC also admits patients as per 14 NYCRR Part 57 who are referred from across New York State, and Corrections Law 508 patients.

#### **1. Patients Committed Under Section 330.20 CPL**

- a. Section 330.20 CPL patients have been found not criminally responsible for the charges against them by reason of mental disease or defect.

Approximately 54% of patients at MHFPC at any one time are CPL 330.20 patients.

- i. **CPL 330.20 Examination:** After an individual has been granted the 330.20 plea, a court order is issued for 30-day evaluation by two psychiatric examiners. These evaluations most frequently occur in a secure psychiatric facility. Following examination possible findings include a finding that the patient is "dangerously mentally ill" indicating the need for commitment to a forensic psychiatric hospital (Track 1); "mentally ill" but not dangerous, indicating the need for commitment to

a civil psychiatric hospital (Track 2); and neither “dangerously mentally ill” or “mentally ill” (Track 3) indicating release to the community.

- ii. **CPL 330.20 Commitment:** These patients have been found to be “dangerously mentally ill” (Track 1) and in need of care at a forensic psychiatric center. Average length of stay for these patients at MHFPC is between five to ten years, but depends on many factors including their response to, and engagement in, treatment. The goal of treatment for these patients is to continually evaluate and to provide therapeutic and rehabilitative interventions such that the person’s risk factors are mitigated and they may be deemed no longer dangerously mentally ill. When a patient is deemed no longer dangerously mentally ill as that term is defined by law, they are transferred to a state-run civil psychiatric facility for further care.

## 2. Patients Committed Under Section 730 CPL

- a. Section 730 CPL patients have been assessed as not competent to stand trial and have been committed to MHFPC for restoration to competency. Approximately 38% of the total patients are CPL 730 status at any given time. Three types of 730 CPL patients are briefly described below:

- i. **CPL 730.40 Temporary Order of Observation:** These are non-indicted felony cases where the court ordered temporary commitment for 90 days because they are unable to stand trial due to mental incapacitation. At the expiration of the temporary order, if the patient has not regained fitness, MHFPC must evaluate the need for involuntary inpatient psychiatric treatment as per MHL 9.33. The patient is simultaneously evaluated to determine whether they are appropriate for recommendation for transfer to a less secure facility. The District Attorney’s Office may choose to indict; they have six months from the expiration of the temporary order to do so. If indicted, the patient is remanded to the Criminal Justice System and receives a new legal status.
- ii. **CPL 730.50 Order of Commitment:** The majority of the 730 CPL patients belong to this group. Like the 730.40 Temporary Order of Observation, the charge is a felony, but the patient has been indicted and found not fit to proceed. The patient is retained in the facility until either recovery of competence and return to court for trial or upon the expiration of such time that two-thirds of the maximum time that the patient would have served if found guilty of the crime charged. When the latter occurs, the patient will be converted to civil status.

## 3. Patients Committed Under Part 57

- a. These are civil patients from a non-secure facility, transferred to a secure facility like Mid-Hudson Forensic PC for close supervision and stabilization. These patients are deemed dangerous and reasonable efforts to control the dangerous behavior have been made at the sending civil facility. Upon application from a civil facility, the NYS Office of Mental Health Division of Forensic Services can grant transfer to one of the maximum-security forensic hospitals. Once the patient is sufficiently stabilized, he or she will return to the sending non-secure institution.

#### **4. Patients Committed under Correction Law 508**

- a. These are pre-sentenced inmates in local county correctional facilities who are involuntarily committed by a two-physician certificate for treatment of a mental disorder. Once adequately stabilized, the patient is returned to their sending correctional facility.

#### **Care Settings:**

MHFPC has a total bed capacity of 285 which is divided into the following ten treatment units:

- 1. Units 21/22 - Psychiatric Stabilization Unit:** Located in Building 2. The mission of this treatment unit is to provide an environment with a fundamental focus on understanding mental illness and need for treatment. Patients on this unit are developing appropriate relapse prevention plans to reduce future risk of relapse and violent behavior or stabilizing their psychiatric illness in order to be restored to competency to stand trial.  
\*Mixed-gender unit
- 2. Units 23/24 - Continuing Treatment Unit:** Located in Building 2. The mission of this treatment unit is to provide more freedom in patient treatment choices, and more in-depth focus on understanding mental illness and developing an appropriate relapse prevention plan. Most patients on this unit have CPL 330.20 legal status and are striving to reduce long-term risk factors for dangerousness such that they can be transferred to a civil hospital.  
\*Mixed-gender unit
- 3. Unit 25 - The Alternate Care Unit (ACU):** Located in Building 2. The mission of this treatment unit is to provide additional care and support for those patients who have significant medical/nursing care needs by creating an environment with greater physical support and fewer physical demands. Patients on this unit are developing appropriate relapse prevention plans to reduce future risk of violent behavior or stabilizing their psychiatric illness in order to be restored to competency to stand trial.  
\*Mixed-gender unit depending upon need
- 4. Unit 26 - The Special Services Unit (SSU):** Located in Building 2. The mission of this treatment unit is to provide enhanced treatment services for those individuals with exceptional levels of violence and aggression. The priority target of treatment is managing this aggressive behavior so that the individual may be stable enough to return to a regular care unit. The unit maintains a lower census and higher ratio of staff to patients in order to better anticipate, detect, and efficiently respond to symptoms before they escalate into hostile behaviors. The unit provides treatment to patients of any gender and any legal status, and patients are referred for transfer to another unit when they no longer require such an environment to manage their acute violence.  
\*Mixed-gender unit
- 5. Units 31/32 - Psychiatric Stabilization Unit:** Located in Building 3. The mission of this treatment unit is to provide services to recently admitted and more acutely mentally ill individuals. The primary treatment focus is on restoration of fitness to stand trial for patients admitted pursuant to CPL 730.40 and CPL 730.50.

- 6. Units 33/34 - Psychiatric Stabilization Unit:** Located in Building 3. The mission of this treatment unit is to provide treatment services to recently admitted and more acutely mentally ill individuals. The focus is on attaining psychiatric stability and subsequently either competency to stand trial or developing appropriate relapse prevention plans to reduce future risk of violent behavior.
- 7. Units 35/36 - Continuing Treatment Unit:** Located in Building 3. The mission of this treatment unit is to provide treatment services to patients continuing to address their understanding of mental illness and development of an appropriate relapse prevention plan. This unit utilizes Recovery-Oriented Cognitive Therapy (CT-R) as a model for treatment.
- 8. Units 41/42 - Substance Abuse Hope and Recovery Unit:** Located in Building 4. The mission of this treatment unit is to provide treatment services to patients with long hospital stays and/or those who have particular need to address significant substance abuse histories. The focus is on developing appropriate relapse prevention plans to reduce future relapse as well as mitigate risk of violent behavior. This unit utilizes Recovery-Oriented Cognitive Therapy (CT-R) as a model for treatment.
- 9. Unit 43/44 - Psychiatric Stabilization Unit:** Located in Building 4. The mission of this treatment unit is to provide services to recently admitted and more acutely mentally ill individuals. The primary treatment focus is on restoration of fitness to stand trial for patients admitted pursuant to CPL 730.40 and CPL 730.50.
- 10. Units 45/46 - Behavior Change Program Treatment Unit:** Located in Building 4. The mission of this treatment unit is to provide specialized treatment services to patients continuing to address their understanding of mental illness and development of an appropriate relapse prevention plan. Most people assigned to this unit have a history of inappropriate sexual behaviors as an added treatment focus.



# Internship Program

## **Administrative Structure of the Program**

The Psychology Internship Training Program consists of a designated training director and a Training Committee. The Training Committee is comprised of primary psychology supervisors and the training director, with oversight from the Chief of Psychology. The committee meets monthly to address training needs, the progress of interns on each rotation, and review recommendations from other psychologists in the department. This committee attempts to assure continuity of training within training setting, and it is responsible for all routine training activities. Members of the Training Committee, as well as other psychologists in the department participate in the interviewing process and provide input regarding the applicants. However, the Training Committee makes the final decisions about which applicants will be ranked by the program. If necessary and in the case of lack of consensus, the training director would have the final decision.

## **MHFPC Doctoral Internship Psychology Program Aim**

The aim of the MHFPC Doctoral Internship in Health Service Psychology is to train ethical, competent, and culturally responsible psychologists for future clinical practice in varied settings, with an emphasis on provision of mental health services to the severely mentally ill population in a forensic inpatient setting. The Internship is integral to the function and philosophy of MHFPC and OMH in its provision of a wide range of treatment and evaluation services to traditionally underserved populations and the courts, its commitment to individual and public safety, and its focus on ongoing education and professional development for employees toward the services they provide.

## **Multicultural Competence and Humility**

At MHFPC interns will be working with a culturally diverse patient population. They will also work have the opportunity to work within an extremely diverse and multidisciplinary environment. Staff members at MFHPC have widely varied cultural identities, nationalities, and perspectives, and they speak many languages. Interns will be expected to develop case formulations with attention to cultural and individual differences. They will be guided in supervision to remain mindful of the ways in which their own cultural identities and life experiences shape their understanding of their patients. They will be asked to consider the influences of religion, race and ethnicity, socioeconomic status, gender identity, sexual orientation, and disability status on the therapeutic relationships they form. There are also cultural factors unique to an inpatient forensic hospital. It is important to demonstrate an awareness of the systems that affect our work, particularly the legal system in the United States, and the inherent cultural biases of these systems.

## **Salary, Benefits, and Resources Policy**

The Psychology Department of Mid-Hudson Forensic Psychiatric Center (MHFPC) sponsors two full-time (40 hours per week) doctoral clinical internship positions in psychology. The internship year begins September 1<sup>st</sup> of 2022 ends August 31<sup>st</sup> of 2023, not to exceed 365 days. A total of 2000 hours is required for successful completion. The Internship Program carries a yearly income of approximately \$35,074 which is subject to taxes and other applicable deductions. In addition to this base salary, interns will receive location pay (additional monies that are paid to employees depending on the physical location of their work site within NY state) in the amount of \$1,513 per year. Interns will also receive quarterly Hazardous Duty pay which amounts to an additional \$0.75 per hour worked. Interns will receive benefits including sick leave, vacation leave, educational/conference time, and 13 paid holidays. Five personal days are available for

use upon starting the program. The remainder of paid leave, including sick time, vacation time, and educational leave accrues over the course of the year and is therefore not available until accrued. Additionally, no employees, including interns, may use vacation time during the first six months of their employment. Unpaid extended leave may be available in extenuating circumstances. Interns must obtain prior approval from their supervisors to use all available leave. Interns should work closely with their supervisors to ensure they are meeting the hours requirements for the program when planning their time off. Other benefits include free parking, optional pre-tax dependent care accounts, and optional pre-tax medical, dental, prescription, and vision/eyeglass insurance. Interns are supplied with facility email accounts and internet services. Questions regarding income and benefits can be directed to the training director and/or the MFHPC Human Resources Department.

### **Training Curriculum and Supervision**

Interns are expected to work closely with a supervising psychologist throughout their training year. They will participate in two clinical rotations during the training year, which will change at the mid-point of the year. Each rotation will be assigned by the Training Director based on a discussion of the intern's previous experiences, future interests, and training needs. Available rotations will be chosen by the Training Director from the hospital's treatment units. For each of the two rotations, the intern will be assigned to one unit within the hospital and become an active member of the treatment team on that unit. The psychologist on that unit will become the intern's direct clinical supervisor. The rotations will be assigned to the intern by the training director, in consideration of the intern's expressed clinical interests and career goals. MFHPC designs the internship program with two clinical rotations in order to provide a breadth of clinical experiences, the opportunity to learn from multiple supervisors, and enough time on each rotation to develop relationships with supervisors and clients.

The focus areas of inpatient services are as follows: assessment of clinical needs and diagnoses, crisis management and psychiatric stabilization, psychoeducation and direct treatment/intervention, suicide and violence risk assessment and reduction, competency restoration, and relapse prevention planning.

### **Clinical Duties and Supervision**

Interns will be expected to function as an active member of the clinical treatment team on each unit to which they are assigned for their two rotations. On a daily basis, interns will attend morning treatment rounds on their assigned unit for each rotation. They will participate in other weekly treatment team meetings such as treatment planning sessions. They will provide milieu interventions on each of their units and will also be involved in crisis prevention, assessment, and interventions as necessary. They may be asked to develop treatment plans, specialized treatment interventions for specific behavioral concerns presented by patients, and/or to develop Individualized Intervention Plans (IIPs) as part of their learning process.

They will co-lead at least two weekly treatment groups during each rotation. They will be assigned to 2-3 individual patients to provide brief individual therapy during each rotation. Additionally, Interns will work with their first supervising psychologist to choose one patient with whom they will continue to provide long-term therapy throughout the duration of the training year.

Interns will provide approximately 10-15 hours of direct, face-to-face hours of direct service per week. This approximates to 25-37% of interns' total work week.

Interns will participate in 4 hours of weekly supervision. This will include 2 hours of weekly individual clinical supervision with their direct clinical supervisor, an hour of assessment supervision, and an hour of group supervision.

### **Psychological Assessment and Supervision**

Interns will be given opportunities to complete full psychological assessment batteries and are expected to complete a minimum of five such batteries within the training year (e.g., diagnostic clarification, cognitive evaluations, malingering assessments). They will have a designated testing supervisor and will participate in 1 hour of weekly individual supervision in assessment.

### **Group Supervision**

Interns will participate in 1 hour of weekly group supervision with one of the Co-Training Director.

### **Intern Provision of Supervision**

Interns will be provided with the opportunity to supervise student externs who are in their third and fourth years of clinical doctoral training.

### **Didactic Training**

Two hours of weekly group didactic training will also be provided, which will provide education and experiential learning on a variety of topics relevant to intervention, assessment, forensic mental health, diversity and cultural competency, and other topics relevant to general practice of psychology and delivery of health services.

### **Departmental Duties and Required Presentations**

Interns will participate in monthly departmental psychology meetings with the Acting Chief Psychologist. Interns are expected to provide three presentations to the psychology department during these departmental meetings throughout the training year. They will provide two clinical case conceptualization presentations: one at the middle of the year and one at the end of the year. They will also provide a presentation on a topic of their choosing related to diversity and cultural competence at the end of the year. Interns will be evaluated on the quality of each presentation. Evaluations of their presentations will be used to provide the intern with feedback in supervision and will inform the intern's next performance evaluation on relevant learning elements (e.g. communication skills, professionalism, preparedness, cultural competence, etc.)

### **Forensic Duties**

Interns will observe forensic evaluations that are performed by licensed psychologists throughout their training year. They will be given the opportunity to observe psychologists who are evaluating patients for the purposes of completing Forensic Psychiatric Reports and CPL 330.20 examination reports. They will also observe Hospital Forensic Committee panels as they meet to evaluate patients. They will be able to review the reports written for these evaluations, which are also submitted to the court as part of the forensic process. Interns will be given the opportunity to assist their supervisors in completing formal risk assessments with the use of the HCR-20 measure. They will also observe psychologists and psychiatrists provide court testimony pertaining to forensic issues such as Medication Over Objection orders, CPL 330.20 retention hearings, and CPL 330.20 examinations (to determine whether a patient is designated Track I, II, or III).

## Clinical Supervisors

### **Jessica Heschel, Psy.D. –Training Director, Licensed Psychologist**

Dr. Heschel received her Psy.D. in Clinical Psychology from Wright State University in 2012. She has experience working in psychiatric inpatient and correctional facilities in Ohio, New Jersey, and New York. Her areas of interest include forensic risk assessment; the treatment of justice-involved individuals with severe and persistent mental illnesses; the treatment and risk mitigation of individuals who have committed patricide, matricide, fratricide, and filicide; cultural sensitivity and humility in the practice of psychology; psychological assessment including neuropsychological assessment for dementia; and mindfulness-based practices.

### **Paul Saks, Ph.D. – Acting Chief Psychologist, Licensed Psychologist**

Dr. Saks earned degrees in Psychology and Education at Teachers College/Columbia University, a doctorate in Clinical Psychology at The Gordon F. Derner Institute of Adelphi University and engaged in analytic training at the NYU Postdoctoral Program in Psychoanalysis and Psychotherapy. His academic and clinical interests include psychodynamic treatments for psychosis, the treatment and assessment of the sex offending mentally ill, projective testing with the serious mentally ill, group psychotherapy and creative arts/poetry therapies. Dr. Saks is an Adjunct Assistant Professor of Psychology at Teachers College and has a private practice.

### **Nikaya Becker-Matero, Ph.D. – Licensed Psychologist**

Dr. Becker-Matero received her Ph.D. in Clinical Psychology from Adelphi University in 2013. She completed her pre-doctoral internship at Bronx Psychiatric Center. She completed her post-doctoral hours as a psychologist at Manhattan Psychiatric Center where she then worked as a licensed psychologist, supervising psychology externs and interns. She has experience working in multiple inpatient and outpatient psychiatric facilities and is licensed in New York. She has authored papers on personality disorders and the therapeutic alliance. Dr. Becker-Matero's areas of interest include violence/sexual violence risk assessment, severe personality pathology, the treatment of justice-involved individuals with severe and persistent mental illnesses; treating individuals who have committed patricide and matricide.

### **Melinda Delazar, Psy.D. – Licensed Psychologist**

Dr. Delazar received her Psy.D. in Clinical Psychology from Indiana University of Pennsylvania in 2004. Her past experience has included working in an Outpatient Community Mental Health Settings, Acute Skilled and Long-term Nursing Facilities, Acute Inpatient Psychiatry, and Veterans Affairs. Dr. Delazar, also has experience working in a private practice in the community. Her areas of interest include the treatment of Trauma (Veteran's, sexual trauma, childhood sexual abuse and it's sequelae); treatment of eating disorders/body image disturbance; treatment of substance abuse, in addition to treating individuals who have persistent and chronic mental illness within a forensic setting. Dr. Delazar has worked from a transtheoretical perspective, with the individual guiding the treatment based on their understanding, as the individual works through stages of change.

**Michal Hamaoui, Psy.D. – Licensed Psychologist**

Dr. Hamaoui received her Psy.D. in Clinical Psychology from the Ferkauf Graduate School of Psychology of Yeshiva University in 2006. She has experience working in psychiatric inpatient care settings as well as in skilled nursing facilities, OPWDD group homes, and outpatient care. Dr. Hamaoui has advanced training in working with couples and families and has special interests in working with families, working with women, utilizing mindfulness-based practices, and empowering individuals of all backgrounds to meet their highest potential.

**Aliya Heller, Psy.D. – Licensed Psychologist**

Dr. Heller received her Psy.D. in Clinical Psychology from William James College in 2016. She completed her pre-doctoral internship and a forensic postdoctoral residency at Saint Elizabeth's Hospital in Washington D.C. She has experience working in multiple inpatient psychiatric and correctional facilities and is licensed in New York, New Jersey, and Virginia. Her areas of interest include violence/sexual violence risk assessment, competence to stand trial, malingering, criminal responsibility, and CBT for psychosis.

**Michelle Stein, Ph.D., Licensed Psychologist**

Dr. Stein received her Ph.D. in Clinical Psychology from Sam Houston State University in 2014 and licensure in 2015. She has experience working in a state hospital setting in Florida prior to coming to Mid-Hudson. Her areas of interest include severe and persistent mental illness, cultural considerations, violence risk assessment, suicide risk assessment, evaluations of competency to proceed, and general and forensic assessment.

**Deborah Sullum, Ph.D. – Licensed Psychologist**

Dr. Sullum received her Ph.D. in Counseling Psychology from SUNY Albany in 2001 and has worked as a psychologist in outpatient, inpatient, and forensic inpatient settings since that time. Her interests include Dialectical Behavior Therapy, the impacts of trauma over the lifespan, group and individual therapy, and self-care for clinicians. She has worked on mixed-gender units at MFHPC as well as all female and all-male units. She has also done a great deal of work within the MFHPC treatment mall.

# Internship Selection and Academic Preparation Criteria

In reviewing Intern applicants, the Faculty first consider whether applicants meet the minimum requirements for placement at MHFPC, which include:

1. Successful completion of all graduate coursework towards a doctoral degree, including practicum and externships.
2. A minimum of 400 intervention hours is required.
3. A minimum of 50 assessment hours is required. 100 assessment hours is preferred.
4. Endorsement of readiness for internship training by the director of their graduate program.
5. Prior inpatient psychiatric hospital experience.
6. Forensic experience and knowledge of risk assessments preferred but not required.

## **Application requirements:**

1. Completed Parts I and II of the AAPI
2. Cover Letter
3. Letter of Readiness for Internship from Director of Clinical Training
4. Curriculum Vitae
5. Three letters of recommendation
6. A redacted integrative testing report
7. Official transcripts

## **Application Review Process:**

Each application is carefully reviewed by our faculty with an eye toward identifying candidates who have prior experience or have demonstrated interest in working as part of a multidisciplinary team and in settings that treat populations similar to those served MHFPC. Specifically, applications are reviewed based on overall goodness of fit to our program, which includes previous coursework and clinical experience. Also considered are the quality of the applicant's recommendation letters, cover letter, academic performance, and overall ability to articulate internship goals and the relationship of those goals to our program.

The program requires on-site (as permitted by current restrictions/policies related to COVID-19) individual and group interviews to be conducted throughout the month of January. The interview is a chance for applicants to meet our faculty, ask questions, and meet our current interns. In addition, the interview process allows faculty to get a sense of the fit of an applicant for the program, including an applicant's interests, experience, goals, and professionalism. Applicants will be notified of their interview status by mid-December.

Decisions regarding which interns are ranked by the program are made by the training director with recommendations from the training committee. Our program abides by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking related information from any intern applicant.

Psychology interns matched to our program are required to submit documentation to our infection control department containing personal health information sufficient to determine that they can safely interact with our patients. This will include a negative PPD or blood

test for tuberculosis and titers for Hepatitis B, Measles, and Rubella, at minimum. They will also be required to receive a flu shot in the fall and provide documentation of its receipt, or, if they do not consent to receive a flu shot, they must wear a mask while inside the facility at all times during the declared flu season.

Interns must also complete human resource processing, which includes fingerprinting, background checks, and mandated trainings. In addition, since we are a secure psychiatric facility our interns must complete training in Preventing and Managing Crisis Situations (PMCS) prior to having contact with our patients. This training teaches safe physical interventions to manage any crisis situations with patients which may arise and is a mandated training for all individuals working with MFHPC patients.

It is the policy of the program to recruit, hire, and train persons without regard to race, color, creed, religion, gender, sexual orientation, marital or parental status, national origin, citizenship status, age, veteran status, disability, or social economic status. All decisions regarding interviews and hiring shall be based only on criteria relevant to success in this internship, as outlined above.

## **The Hudson Valley**

MHFPC is located in New Hampton, NY, just outside the city of Middletown, 60 miles from Midtown Manhattan. This area is known as the Hudson Valley. New Hampton has a population of just over 3,000 individuals and Middletown's population is approaching 30,000. Staff members commute to MHFPC from the immediate area as well as from NYC, New Jersey, and Pennsylvania.

Public Transportation: The Metro-North railway along the Hudson River has direct service to Grand Central Station from Beacon, NY.

Attractions/things to do: There are multiple attractions and activities to enjoy in Hudson Valley which is rich with natural beauty. There are mountain ranges, lakes, historical sites and mansions, animal sanctuaries, cultural institutions, and numerous villages to explore. There is skydiving, numerous biking and hiking trails, boating and kayaking on the Hudson River and surrounding lakes during the summer. There is also nearby skiing, snowboarding and other winter activities to enjoy in the colder months.