

FLORIDA STATE HOSPITAL



APA-ACCREDITED PREDOCTORAL PSYCHOLOGY INTERNSHIP



2012-2013 Training Year

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Internship Program Web Address: <http://www.dcf.state.fl.us/facilities/fsh/docs/psyintern.pdf>

Florida State Hospital is Florida's largest and oldest residential mental health facility. Operated by the Florida Department of Children and Families, the hospital has served individuals with mental disorders and developmental disabilities since the 1870's.* Psychology services to hospital residents are provided by twenty-three doctoral level and six master's level staff. Staff members also provide psychology training and supervision for undergraduate volunteers and graduate practicum students. The internship program, launched in 1985 with three interns and a strict forensic focus, has grown in size and scope. One hundred fifty-seven interns have completed the internship, which now provides generalist training opportunities throughout the hospital's service areas. The program continues to emphasize inpatient criminal forensic clinical training, and the typical applicant is drawn to the program for the forensic opportunities.

PSYCHOLOGY INTERNSHIP MISSION & GOAL

Internship training at Florida State Hospital has as its overall goal to produce generalist adult psychology practitioners who have demonstrated the capacity to function autonomously and responsibly (i.e., are prepared to acquire and maintain licensure), and who are particularly prepared for public service with adults in an agency environment that uses an interdisciplinary team approach.

The program philosophy is that experiential learning takes place through guided exposure, mentoring, opportunities for self-reflection, and supervised practice with clinical populations, within a "local clinical scientist" model. This model, as articulated by Stricker and Trierweiler (1995), integrates the contributions of science with the realities of everyday clinical practice in a defined setting. This setting, and its population, are defined on page 3. Interns are supported as they adopt an attitude of critical thinking that is scientifically-informed and tempered by skepticism and flexibility in considering multiple ways of looking at a problem, assessing possible approaches, planning therapeutic interventions, and maintaining or changing strategies based on analysis of outcome measures. Interns collaborate with their supervisors as decisionmakers in the treatment and assessment strategies they will employ at this site, as opposed to applying pre-determined strategies without opportunity to question such strategies. Through this training, as well as through guided exposure, supervised practice, and didactic presentations, prepared doctoral trainees who are accepted as interns will increase knowledge and proficiency in the application of psychological principles to psycholegal issues, in the generalization of core clinical skills to persons with severe and persistent mental illness, and in the practice of psychology in an interdisciplinary, public service, inpatient setting. Specific goals and objectives of the program are covered later.

In terms of outcome, interns who complete this program find employment in the field of psychology in various settings, mostly state hospital and other applied settings. A list of interns and their post-internship employment is on the final pages of the brochure. The reader will note that many interns elect to stay for postdoctoral supervision and staff jobs.

The internship program is designed to encourage each trainee to build a professional identity which capitalizes on his or her own capabilities and personal style. Interns take part in the diverse diagnostic and therapeutic challenges of daily professional life. They are encouraged to test skills and reappraise theoretical constructs in a supervised training environment and to evolve their own identity as a vital member of an interdisciplinary mental health team.

Diversity of training is promoted through participation in a variety of therapy and assessment experiences in different treatment units. Placements are made with the intern's training goals and needs in mind, and substantial personalization, tailored to the intern's level of professional development, is the norm. The program is highly flexible, based on interns' interests and level of doctoral preparation.

* Cover: Florida State Hospital Administration Building, constructed in 1830 as the headquarters of the United States Army's Apalachicola Arsenal.

Throughout training, interns are included as contributing members of the hospital's interdisciplinary Recovery Teams. Responsibility for professional decision-making grows as the intern's clinical skills are demonstrated and refined, but the primary role remains that of trainee.

In order to function effectively in this program, the intern needs strong writing skills in order to produce well-organized, well-reasoned reports for criminal courts. In addition, the intern needs willingness, interest, and clinical maturity to provide services to individuals with severe mental illness, personality disorders, and behavioral disturbances in the context of being an interdisciplinary team member.

ACCREDITATION & APPIC MEMBERSHIP

The Florida State Hospital predoctoral psychology internship has been accredited by the American Psychological Association since the class of 1986-1987, with its next accreditation review scheduled for 2017. Information about the Commission on Accreditation, and accreditation status of this and other programs, is available from the APA Office of Program Consultation & Accreditation, 750 First Street NE, Washington, DC, 20002-4242, (202) 336-5979, and at its website www.apa.org/ed/accreditation.

The hospital is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), and abides by APPIC policies, including compliance with the requirements of the annual "match" process hosted by National Matching Service. All APPIC policies are available for viewing at the APPIC website, www.appic.org. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

SETTING AND POPULATION

Florida State Hospital in Chattahoochee comprises over 200 buildings on a 600-acre, beautifully landscaped and maintained campus straddling the Florida-Georgia border. Currently, the hospital serves close to 1,000 persons called *residents*. The residents represent a broad spectrum of personal characteristics, backgrounds, and mental health needs (70% men, 48% Caucasian, 44% African-American, a minority of residents are of Hispanic, Asian or American Indian origin; age range 16-100+; ten to fifteen residents at any time have hearing impairment; frequent diagnoses on Axis I = schizophrenia, bipolar disorder, substance abuse, frequent diagnoses on Axis II = borderline, antisocial). Many residents are members of chronically underserved populations due to their severe and persistent mental illnesses, dual mental health and substance disorder diagnoses, involvement with criminal justice system, complicated medical conditions, cultural/ethnic heritages, and rural or inner city living circumstances. Most residents are committed by Florida's criminal court judges because of mental health issues entwined with felony charges, while other are civilly committed. Mental health service planning, individualized for each resident, is organized around the concept of Recovery as well as the empirically-based psychiatric rehabilitation concepts promulgated by William A. Anthony, Ph.D., and Boston University. The psychiatric rehabilitation philosophy, which emphasizes Recovery as a very personal and individualized path, is reflected in the mission, vision, and values of Florida State Hospital and its approach to recovery service planning.

Service provision at the hospital takes place in various residential units and specialty programs, described below.

FORENSIC

The Forensic Service is among the nation's largest secure inpatient forensic facilities. More than one thousand men and women are evaluated and treated here every year. The hospital has a sizable number of

forensic beds for women, a population with minimal research to date. Residents come from every jurisdiction in Florida and are committed by state criminal courts as Incompetent to Proceed in Florida's statutes or as Not Guilty By Reason of Insanity. Residents range in age from 15 to over 80 years. Nearly all Axis I and Axis II disorders are seen, with the most frequent diagnoses being major thought and affective disorders, severe personality disorders (primarily antisocial and borderline), and substance abuse/dependence.

Every resident in the facility needs general clinical psychological services, to be assessed by the psychology member of the team. In addition, each person presents one or more forensic issues, requiring each psychology staff member, including interns, to develop and utilize some specialized forensic knowledge and skill. For instance, the detection of malingering or other response style variant is a routine clinical issue addressed by psychology staff. Assessment and testing are personalized for each resident, with no predetermined batteries being used. Clinical interviewing, behavioral observations, and reviews of historical and collateral information are the mainstays of assessment. Experiential training opportunities in inpatient forensic psychology are a significant strength of the internship program.

Psychology staff, including interns, in the Forensic Service have the lead role in competency for trial evaluations, decisions about whether competency has been restored, and associated need for continued involuntary hospitalization. Psychology staff provide all reports to the committing courts. Interns write the court reports with the co-signature of their licensed supervisors. Interns, like staff, could be called upon for expert testimony in criminal cases. In addition, psychology staff provide intake evaluation, diagnostic consultation, psychological assessment, group and individual psychotherapy and psychoeducation, and staff consultation services, as well as serving on interdisciplinary treatment teams.

Forensic Admissions Unit

This is a 200-bed maximum-security area for men in which efforts focus on assessment of new admissions, evaluation of residents' Competency to Proceed, short-term treatment for defendants committed as Incompetent To Proceed, and behavior stabilization for residents committed as Not Guilty By Reason of Insanity.

Forensic Central Unit

Residents of this large service area comprise men with forensic commitments who have demonstrated stability within the facility during their stay in the admissions area. They require somewhat less security and who are receiving longer-term treatment for severe mental illness. In addition, this area has all the forensic women's wards. These wards house women whose service needs run the gamut from admissions and short-term evaluation to stabilization, long term treatment, and discharge planning.

CIVIL

This division of the hospital provides services to adults of all ages, some of whom are voluntary admissions and some of whom are involuntarily committed for treatment pursuant to Florida's civil commitment statute, known as the Baker Act. Some residents are from the eighteen counties of northwest Florida, but the catchment area has been expanded to include all areas of Florida where demand for services has exceeded available beds. The majority of civil units serve residents who have forensic commitments or remain under criminal court jurisdiction, but have been diverted because they are regarded as not in need of high security placements.

Civil service Psychology staff are responsible for assessment, individual and group psychotherapy, psychosocial and behavioral programming, training of and consultation with direct care staff, reports to court, and occasional testimony regarding civil commitment and placement issues. As in the Forensic Service, psychologists, including interns, also perform the forensic evaluations and write the court reports for the sizable number of residents with forensic commitments. Here, as in the forensic units, psychologists and interns work as members of interdisciplinary treatment teams.

Civil Admissions Unit

Residents of this unit are men and women newly admitted to Florida State Hospital. Professional activities center around diagnostic assessments and placement planning. Other activities in this 90-bed unit include short-term psychotherapy, program development, staff training, and consultation.

Civil Transition Unit

Residents of the west wing of this unit are men who have forensic commitments and have undergone treatment in one of Florida's three forensic mental health facilities, but no longer require the high security treatment setting. This 115-bed setting is a transition program which prepares residents for transfer to the community or to other, less restrictive treatment units or programs. Treatment provided by psychology staff includes group and individual therapy as well as psychological assessment, court-ordered evaluations, and reports to court.

The 116 beds in the east wing, another forensic step-down unit, are for male and female residents for whom extended hospitalization is probably. Treatment includes traditional medication and group and individual therapies within a behavioral framework of a step system of increasing privilege levels, as well as psychosocial rehabilitation.

Specialty Care Unit

This large unit has three internal sections, one of which provides a rehabilitation program for 61 men and women who are long-term residents. Residents also receive individualized therapy and psychological evaluation. Another section provides services to 30 men and women who have developmental disabilities in addition to mental illness. The focus of psychology activity is behavioral treatment within a structured residential treatment program, along with assessment. Another section is a 68-bed certified psychogeriatric unit for men and women. The unit serves as the hospital's Admissions Unit for all civilly committed residents aged 65 and older, and select younger residents whose physical vulnerabilities would benefit from this treatment environment. The residents' length of stay ranges from newly admitted residents (some of whom are first time admissions to a state hospital) to residents who have spent their entire lives at Florida State Hospital (with length of stay exceeding 50 years). Services provided by Psychology staff includes: Neuropsychological screening, differential diagnosis of Alzheimer's and other dementias, staff consultations, group therapies, treatment team participation, crisis management and court-ordered evaluations for the geriatric forensic residents (typically 15-30% of the unit population).

Note about Dialectical Behavior Therapy Services at Florida State Hospital

The hospital offers various specialty rehabilitation and treatment programs housed in centralized "malls" where residents spend five hours per day, outside their residence area. Most of the offerings are within

the disciplines of psychiatric rehabilitation, with emphasis on building skills and identifying needed supports to function effectively in one's environment of choice, and substance recovery.

The Psychology Department oversees the provision of DBT skills groups for men and women in the hospital's main centralized service area and in the civil admissions unit. Group format is generally adherent to Linehan's manual, with some adaptation to the inpatient setting such as biweekly instead of weekly groups, and adjustments to pacing and repetition of skills practice. Other adaptations include a group focused on pain management through mindfulness, and a mindfulness-based art therapy group.

Interns are welcome to gain exposure to DBT through co-facilitation of group skills training or assistance with program evaluation. Interns who provide individual therapy to residents enrolled in DBT may receive supervision in its principles to facilitate communication and generalization of skills, even if offering therapy from a different theoretical orientation. Interns who are interested in a role in the program are encouraged to read some of Marsha Linehan's publications, particularly the Skills Training Manual for Treating Borderline Personality Disorder, before internship starts.

INTERNSHIP PROGRAM

The program is designed to help the intern accomplish objectives by building competencies in the following foundational and functional areas of *general* professional psychology practice. Consistent with the "Education and Training Guidelines for Forensic Psychology" (Forensic Speciality Council, 2007), the development of competence in *forensic* practice is to be addressed during postdoctoral training and beyond.

Objective 1: To function in an ethically aware, professionally responsible, and culturally sensitive manner across all activities.

Competency 1a: Intern knows, and adheres to, ethical standards, institutional policies and procedures, laws, and administrative regulations

Competency 1b: Intern reliably identifies and analyzes complex legal and ethical issues inherent in the state hospital population.

Competency 1c: Intern demonstrates effective time management

Competency 1d: Intern's case presentations and work products articulate and use culturally appropriate findings, skills, and techniques

Objective 2: To demonstrate a commitment to self-awareness, lifelong learning and a scientific stance as the means to maintain professional competence as self, and the field, evolve

Competency 2a: Intern accurately self-evaluates and self-monitors strengths as well as areas in need of continued development

Competency 2b: Intern has knowledge of strategies of self-care and how to assess risk of ineffectiveness or burnout

Competency 2c: Intern keeps up with knowledge base of the profession and contributes to clinical practice as well as professional development of self and colleagues

Competency 2d: Intern willingly presents work for others' scrutiny and review.

Objective 3: To relate effectively to others as an individual and a team member.

Competency 3a: Intern maintains effective interpersonal relationships with clients, peers, supervisors, administrators, and allied professionals in the interdisciplinary Recovery Team.

Competency 3b: Intern adapts professional behavior in a flexible, culturally sensitive manner in response to interpersonal and organizational demands.

Competency 3c: Intern uses skillful and sensitive language in oral and written communication.

Objective 4: To demonstrate knowledge and proficiency in assessment & treatment with clients representing diverse diagnoses, demographics, and clinical or forensic issues

Competency 4a: Intern administers, scores, and interprets tests and assessments accurately.

Competency 4b: Intern communicates results orally and in writing in a manner that is effective and tailored to the audience.

Competency 4c: Intern plans a well-reasoned assessment strategy.

Competency 4d: Intern understands and conducts evaluations of competency to stand trial.

Competency 4e: Intern understands and conducts risk assessments.

Competency 4f: Intern develops case conceptualizations that guide treatment planning and therapeutic interventions.

Competency 4g: Intern knows and uses evidence-based approaches specific to local population.

Competency 4h: Intern maintains or changes therapeutic strategy based on analysis of outcome measures.

Competency 4i: Intern demonstrates effective working engagement with therapy clients.

Objective 5: To demonstrate knowledge and proficiency in consultation, evaluation, and supervision

Competency 5a: Intern's consultation work products and presentations effectively address the referral question in language appropriate for the intended audience.

Competency 5b: Intern understands general principles of systematic quality management and performance improvement through observation of one local performance measure over the course of the training year.

Competency 5c: Intern articulates knowledge of a theory of supervision and what is required (legally, ethically) to assume supervisory responsibility for others.

Major Rotations:

Incoming interns are oriented for about a week and a half, along with other new employees of the facility, and complete an internship program orientation with a review of its goals and objectives, policies and procedures. The interns' first professional task upon conclusion of orientation is to develop an individual training plan to guide their choices of rotations during this training year. Some interns have already begun this task as part of their graduate school's requirements, but most interns begin from scratch. The intern will think ahead to desired professional outcomes and will request rotations, with guidance from the Internship Director, in which they will develop skills and competencies to further their goals. The intern develops a more specific, concrete training plan with the supervisor at the outset of each rotation to guide their activities and expectations. Each intern is expected to make thoughtful choices among numerous options to help formulate an individual training plan. Each rotation plan is expected to build upon the one before to ensure graduated exposure to more cases, of increasing complexity, with increasing independence of clinical decision-making, across the course of the year.

Psychology interns at Florida State Hospital spend the bulk of their time gaining supervised experience in clinical settings. They participate in three, 4-month, major rotations, working in the selected unit at least three days per week. They may remain at a clinical site for two, 4-month periods, but the focus of training must shift during each rotation to ensure diverse experiences. Rotation assignments take into account the intern's professional goals, training needs, supervision needs, and preferences. Rotations are not

pre-selected prior to the intern's arrival. Rather, selection of rotations is done on site, during the year, to fit interns' training needs and developing skills and interests.

Major rotation sites are the forensic and civil units described earlier. An intern who chooses a special area of focus, such as forensic or geriatric application of general clinical psychology, will spend at least two of the three major rotations in that service area. Given the interests of our typical applicant, interns at this site often spend at least eight months working in a forensic unit setting.

Supervision: frequency, orientation, and modes

Licensed psychologists provide clinical supervision of psychology interns. Of the core supervisory staff, 44% are men and 20% are of minority racial/ethnic identification (African-American, Asian).

An intern is provided four hours per week of supervision, two of which are individual hours, with exposure to diverse theoretical orientations that can best be characterized collectively as "pragmatic-humanistic". The majority orientation represented for therapy is cognitive-behavioral, but some supervisors work within dynamic, systems, or other models. One of the most frequently employed modes of supervision here is *in-vivo supervision*, that is, co-therapy or co-interviewing with the supervisor. The focus of the supervision is on the therapy, assessment, and consultative services the intern provides (rather than a focus on processing personal issues of the intern). Supervision typically changes over the course of a rotation, and over the course of the training year, from a transactional style with close structure and oversight to a more transformational (consultative, collegial) supervision style. In addition, group supervision covers case conceptualization and therapy, and professional development issues including ethics, site-specific issues, and integration of literature with practice.

Evaluation

In addition to ongoing supervisory feedback, a formal written review and evaluation with feedback is provided at the end of each rotation for each intern. Interns are expected to build a practice portfolio with exemplars of work products, and are encouraged to maintain a practice diary. Interns provide formal written reviews of the program, and interns are welcome to attend the open portions of the meetings of the training supervisors to offer feedback on their own, or through their group's selected Intern Representative.

Seminars/Didactics/Field Trips

Within the internship's "Local Clinical Scientist" model, the didactic and ancillary training activities that support clinical service provision focus on the defined setting and population. The intern class meets as a group on a weekly basis for didactic training and group supervision, totaling about two to three hours. Seminar leaders are drawn from the internship faculty. Seminars are designed to facilitate the development of treatment skills, to enhance abilities in assessment, and to assist in the intern's understanding of legal and societal psychological issues. Both content and format are flexible, with special presentations designed as needed.

Didactic topics include ethics and professional issues, risk assessment in inpatient settings, supervision, forensic assessment, multicultural topics, mental health law, hospital practice issues, and expert testimony. Sample topics provided the the past two years include: Competency to Proceed, Dissociative Identity Disorder, Delusional Misidentification Syndromes, Ethical and Legal Issues in Psychology Practice: Focus on Florida, Expert Testimony Overview, Functional Assessment Rating Scale (FARS) – online certification, Florida Forensic Examiner Training and Expert Testimony (3 days), Assessment of Response

Styles in Competency Evaluation, Interviewing and Mental Status Assessment, The Insanity Defense, Language for Cultural Competence, Principles of Supervision, Religiosity in the state hospital setting, Risk Assessment, Stigma and Serious Mental Illness, Suicide Assessment, Treatments for Anger/Aggression and Risk Reduction, Transformation and the Recovery Movement in Mental Health, Culture of Honor and the Southern Male, Comparison of Personality Assessment Inventory and Trauma Symptom Inventory, Working with People who are Deaf.

Interns have occasional field trips during the year. Past trips have included touring Death Row, correctional mental health units, and Florida's execution chamber, visiting a Snoezelen Room, visiting a juvenile sex offender treatment facility, attending Board of Psychology meetings, attending Florida State legislative committee meetings, and meetings with attorneys who prosecute psychologists for violations of the practice act. Furthermore, interns have opportunities to attend court to observe expert mental health testimony given by their supervisors or other professionals.

Time spent at professional conferences and workshops, with prior approval, counts as seminar/didactic time for the internship.

Interns are welcome to attend local psychology training activities sponsored by the Capital Chapter of the Florida Psychological Association, which are low cost for nonmembers and free for those who become student affiliates (\$20 student dues).

Clinical Minor Rotations: Optional

Beginning with the second four-month rotation, an intern may be allowed to spend up to 8 hours weekly in a clinical minor assignment. As with major rotation assignments, these activities should enhance the intern's professional development and fit with training goals as part of the individual learning plan. A licensed psychologist with responsibility for the services being provided will supervise the intern's professional activities in a minor rotation. The intern develops a written proposal for a structured minor rotation, which must then be approved by the Internship Director. The minor assignment is typically scheduled for one day per week. An intern who is not managing time effectively and is late or tardy with major rotation or internship assignments will not be allowed to take part in a minor rotation.

Minor rotations may take place at any of the Florida State Hospital treatment units or programs, or they may occasionally take place at cooperating facilities or agencies. Examples of on-campus clinical minor rotations completed by past interns include program development for a behavior stabilization unit, neuropsychological screening, women's issues, administration and performance measurement.

Research: Optional

Consistent with current concerns regarding accountability and outcomes of services, Florida State Hospital is committed to program evaluation at multiple levels. Interns are encouraged to contribute to this process. In addition to ongoing investigations, new research issues are constantly encountered, and initiation or participation in research that contributes knowledge in mental health is endorsed. Research supervision and collaboration with staff personnel are also available. Time is available during second and third rotation (up to four hours per week upon request, and upon approval by the Internship Director) for research pursuits such as completion of dissertation analysis and write-up, in place of elective clinical minor rotations. The research review process for new projects is time-consuming, particularly for non-archival studies. There are a number of interesting measurement and evaluation projects underway at the hospital in which interns may become involved, and such activities will often be part of the job expectations of interns' eventual professional positions.

Consulting, Case Presentations, and other opportunities

Interns routinely provide oral and written consultation as representatives of the profession in the Recovery Teams. They participate in and present to various hospital case review forums known as High Risk Reviews, Barriers to Discharge Reviews, and Forensic or Civil Review Board. They present case material in group supervision, such as therapy case conceptualizations.

In addition, interns are customarily granted release time for relevant training offered by Florida State University, Florida Psychological Association, or Florida A&M University, or to attend or make presentations at professional conferences. Such opportunities are approved in advance by the Internship Director. Interns are responsible for paying their own fees unless attendance is required as a component of the program. Interns and supervisors attend meetings of the Florida Psychology Licensing Board whenever it meets within driving distance.

CLINICAL ACTIVITIES

Interns' daily clinical activities reflect the duties of professional psychologists in public service direct care settings. Activities are also chosen to provide challenge, to reflect increasing independence of professional judgment, and to expose the trainee to the diversities among the resident population as well as among members of the psychology training staff.

Forensic Evaluation

Trainees are closely involved in several kinds of clinical-legal assessment. The intern reviews relevant collateral data from court, police, and social agency sources, conducts specialized interviews, and formulates hypotheses, conclusions, and recommendations. Risk assessments using the HCR-20 are conducted routinely. Assessment of malingering using instruments like the SIRS, the M-FAST or the TOMM, along with collateral observation, is a typical assignment. Unlike many internship sites, interns here write the actual court reports, with supervisor's co-signature. These reports typically address issues of competency for criminal proceedings, and the disposition of residents acquitted by reason of insanity. Since the intern may not have been exposed to forensic psychology in graduate school, seminar and supervision time is devoted to Florida statutes and rules as well as to theory, practical issues and ethical dilemmas that occur at the interface of psychology and law.

Psychological Assessment

Psychological testing is viewed as a valued and basic clinical skill. Trainees typically arrive with considerable didactic background in psychological assessment, but often have limited practical experience. Graduate school training should provide a firm base upon which to build expertise with a variety of traditional and nontraditional instruments. Incoming interns are expected to be able to administer, score, and interpret Wechsler scales and MMPI-2, as well as write integrated assessment reports for adults.

The internship does not provide training in basic test administration, scoring, and interpretation skills. Interns are expected to arrive with that training. Instead, trainees learn to use test results pragmatically. Interns integrate evaluation, consultation, and treatment planning in the context of the resident's clinical and legal needs. Interns will increase proficiency in their interviewing skills, diagnostic skills and use of diagnostic

nomenclature. The number of comprehensive assessments completed during the year varies according to the intern's training needs and individualized learning plan for the year.

Individual Treatment

Florida State Hospital psychology interns are expected to provide individual therapy for several residents, including long term therapy that spans the training year. Interns most often work with clients in relatively short-term treatment, but they may also engage in longer term psychotherapy, crisis intervention, supportive counseling, or behavior therapy. There are opportunities to practice many of the empirically supported interventions targeting depression, suicidality, personality disorder, and anxiety, such as: Dialectical Behavior Therapy, Motivational Interviewing, Cognitive-Behavioral Therapy, and integrated treatment of dual diagnoses.

Group Treatment

Opportunities to practice group therapy or psychoeducational interventions (such as restoration of judicial competency) are available in many rotations. Usually, interns first assist a psychologist in conducting groups, then advance to co-therapist, and finally may organize and lead their own groups.

Consultation

Much of a psychologist's work, particularly in hospital practice, involves consultation with others about individual clients or about treatment services. Interns accordingly assume important roles in interdisciplinary collaboration, individual and ward level service planning, clinical staffing, intake and discharge decisions, clinical and administrative review of complex cases, and occasionally staff development.

PERSONNEL POLICIES

The internship is a full-time, one-year, funded position that requires a minimum of forty hours per week of services and supervision across 50 to 51 funded weeks. The program is designed to provide a 2,000-hour period of experience (allowing some vacation time) with at least 25% of the interns' time in face-to-face client contact. Employment outside the internship is strongly discouraged, but if pursued, requires specific prior approval from the internship director and from the agency. Interns who do not complete their hours due to excessive absences may be allowed to complete the internship as a volunteer at the facility until the hours are accrued.

As employees of the State of Florida, interns earn six days of paid sick leave, six days of paid annual leave, and time off for state holidays. In addition, two days of release time can be arranged for attending dissertation defense or meetings of the intern's research committee. With prior approval, interns can have paid leave time to attend professional conferences of their choice.

Training Year

This internship operates on the academic year. The starting date is in the fourth week of August or very early September, and the ending date is in the third or fourth week of August. The exact starting and ending dates are announced in the letter to selected interns after the Match Date. The 2012-2013 Internship year is projected to begin around August 24 to 31, 2012, and to finish in the time period near August 23, 2013.

In compliance with Commission on Accreditation requirements, no certificates of completion are issued to interns or to graduate programs prior to the internship ending date.

Training Stipend & Benefits

The training program stipend during the 2011-2012 internship year is \$21,060. Interns, like all state employees, are paid biweekly. Interns will have access to purchase individual or family health insurance as state employees, priced for individual or for "family" (spouse and/or dependents) plans. Information about the exact biweekly cost of health insurance is available from the Training Director via telephone or electronic mail.

Background Check, Criminal History, Physical Examination, Expectation of Compliance with Facility Rules during Employment: Please Read Carefully

Interns at this site are placed on the payroll as parttime state government employees and have the remainder of their hours covered as clinical volunteers. Applicants' responses on the AAPI regarding criminal background are used as initial indicators of eligibility for appointment to a state employee position. "Matched" interns complete a State of Florida application for employment. The applicant must disclose past pleas of guilty or No Contest, past adjudication or "adjudication withheld," for felonies and misdemeanors. Interns' written responses will be verified through a criminal background check which will be performed on-site about 10 days before the internship start date (i.e., after the "Match"). Certain elements of the criminal background automatically disqualify a person for employment, while others may result in an exemption, depending on agency review of documentation about the background. A matched intern may forfeit State employment through failure to give full accurate disclosure of arrest and court outcome information during the application process, during the time period between the "Match" and internship start date, or during the internship program.

Florida statutes require that state mental health treatment facilities staff who provide direct services to residents undergo security background investigations as a condition of initial as well as continued employment. Applicants who are selected in the Match process will complete an *Affidavit of Good Moral Character* form, and have a security check including fingerprinting which is processed by the Florida Department of Law Enforcement and/or the Federal Bureau of Investigation. This check is expected to be consistent with what the intern reports on the AAPI and the subsequent State application, for matched applicants. Note that appointment (payroll status) as an intern may be terminated for particular criminal offenses that occurred in the past, that occur between the Match date and the start date, or that occur during employment. For example, a plea of no contest or guilty, or an adjudication of guilt, to felony drug charges, constitutes a disqualifying offense. The agency reserves the right to deny employment or volunteer status to any person after investigation of the their criminal background. For a list of specific criminal offenses that preclude employment, contact the Internship Director during the application process.

It is the responsibility of each applicant and each matched intern to make full disclosure to the Intern Director on all application materials about past and newly-occurring arrests and court outcomes at three time periods: during the application process, during the period between selection and beginning the internship, and during the course of the internship.

This position is also conditional upon successful completion of two tests for TB exposure, performed by nurses at the hospital's Employee Health Clinic just prior and within the first week of employment. The purpose is to assure employees' and residents' safety through monitoring for exposure to tuberculosis.

Florida State Hospital is a drug free workplace. In addition, it is a Tobacco Free Workplace. No form of smoked or chewed tobacco is permitted on the grounds, even outdoors. Florida State Hospital

has a dress code that permits business casual professional attire but precludes facial jewelry other than earrings while on duty, and requires that tattoos be covered while on duty. Specific information about the dress code is available from the internship director.

Because the intern's financial support is provided as a State of Florida parttime employee (in "temporary" status for the duration of the one-year appointment), interns are expected to comply with all agency rules and regulations while on payroll. Interns, like other employees, could face disciplinary actions up to or including termination, for behaviors that are not permitted by state employees (such as, but not limited to, violations of internet or e-mail usage policies). While such behaviors may not appear to have direct relevance to becoming a professional psychologist, they are nevertheless conditions of employment relevant to this internship. Like all state employees, interns must meet expectations for attendance, professional and ethical behavior, and completion of job duties to remain on paid employment status.

Living Arrangements & Benefits

Most interns and psychology staff elect to reside in Tallahassee and commute the forty miles to Chattahoochee. Tallahassee is home to about 160,000 residents (335,000 in metro area) with the educational, cultural, and recreational amenities expected in a community which is both the state capital and home to three colleges (Florida State University, Florida A&M University, and Tallahassee Community College) with more than 60,000 students. Customary transportation arrangements from Tallahassee include commuter vans and car pools. Both Tallahassee and Chattahoochee are near vast tracts of national forest and state wildlife preserves, about ninety minutes' drive from the famous beaches of the Gulf of Mexico.

Two rent-free apartments have been designated for psychology trainees on the campus of Florida State Hospital. Some rental housing can be found in the town of Chattahoochee (population about 3,000).

The hospital has a well equipped Fitness Center, available 24 hours/7 days per week for employees at an annual cost of about \$25 (exact cost available upon request).

APPLICATION

The Florida State Hospital internship welcomes trainees from diverse personal backgrounds, doctoral programs, and geographical areas. Variations in experience and theoretical approach are expected. For individuals considering a forensic concentration, prior training or experience in forensic settings is not required, although it may enhance the goodness of fit which is a factor in selection.

Requirements for Internship

- (1) Student in APA-accredited clinical or counseling psychology program. Occasionally the program may consider applicants from programs with pending applications for accreditation.
- (2) At least two years of graduate education have been completed, and a master's degree in psychology or closely allied field conferred by start date of the internship.
- (3) Endorsement from the applicant's director of graduate training or department chair that s/he is prepared for internship, on the standard forms designated as part of the universal application.
- (4) 1000 hours of supervised practicum experience. More is preferred; successful applicants generally have well over 1500 hours, including Wechslers, MMPI-2's, and writing of integrated adult reports. Successful applicants generally have had professional exposure to the seriously

mentally ill adult population. Forensic coursework and practicum experience, while not required, would enhance an intern's suitability. We have not designated a minimum number of Assessment & Intervention hours.

Application Documents

- (1) A completed "Application for Psychology Internship," **current universal version used by APPIC and available on its website, www.appic.org.**
- (2) As you answer the essay questions on the universal application, or in your cover letter, describe your reasons for considering this site, with its public service and forensic emphases.
- (3) A copy of your vita, to be included as part of the designated universal application procedures..
- (4) Transcripts of all graduate education. Scanned copies will be used at the application phase, but matched interns will be required to secure an official version from the graduate program that shows completion of the master's degree. Transcripts of undergraduate training are not required.
- (5) Three letters of recommendation from psychologists associated with your graduate program or training experience placements. In addition, the AAPI statement is required from the director of graduate or clinical training of your department, certifying readiness for internship.

SITE-SPECIFIC TIPS

- (1) **Do not provide any work samples.**
- (2) Proof-read carefully. Your application is regarded as a writing sample.

Application Process

Once the application is received via the on-line AAPI process, the Internship Director will contact each applicant in accordance with APPIC-recommended time frames for contact. Applicants whose files indicate a good fit with the site will be invited for an in-person visit, while those whose files do not indicate a good fit will be so advised. A variety of dates between late December and early February will be offered, from which the applicant can choose. Telephone contact may be arranged for applicants whose circumstances make travel here a hardship. You should be aware, however, that the likelihood of your admission to this program is strongly enhanced by visiting the facility. The visit to Florida State Hospital is a time for you to see this large, unique facility, for you to assess your "fit" with the site and the staff, and for the staff to assess your fit with the program. Feedback from applicants through the years describes the on-site visit as valuable and a unique departure from the typical internship site interview.

This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

Deadline: Applications should be completed by **November 15, 2011**. Late applications may be considered under special circumstances. There is no application fee.

Selection: Applicants will be informed of internship decisions according to the APPIC guidelines for notification and acceptance (i.e., the "Match").

Applications for the internship program should be made via the universal on-line APPIC/National Matching Service application process. In case the applicant has further need to contact the program, information follows:

CONTACT INFORMATION

**Ellen E. Resch, Ph.D., ABPP, Internship Director
Florida State Hospital
P. O. Box 1000
Chattahoochee, FL 32324-1000
(850) 663-7706
(850) 663-7011 fax**

**Physical Address:
100 North Main Street, Building 1249**

Preferred contact mode: ellen_resch@dcf.state.fl.us

Psychology Staff & Primary Professional Interests

Key: * = former intern employed at FSH after internship
 ** = former intern employed elsewhere after internship who has since returned to FSH to work

- **Wayne Anderson, Ph.D.** *Florida State University, 1999 (Psych-Geriatric program).* Forensic evaluation, mental health practice with elders.
- Robert Chitwood, Ph.D.** *Florida State University, 1981 (Central Forensic).* Forensic evaluation.
- *Trina Christner-Renfroe, Psy.D.** *Minnesota School of Professional Psychology (Chief Psychologist).*
- Joseph A. D'Agostino, Ph.D.** *Florida State University, 1991 (Forensic Admissions).* Clinical and Forensic Psychology, Evaluation and Treatment of Juvenile Offenders, Disability Evaluations, Humanistic Therapies, Assessment of Malingering.
- **Leslie Dellenbarger, Psy.D.** *Florida Institute of Technology, 1994. (Forensic Women's Program)* Competency evaluation, psychological testing, anger management, individual and group therapy, treatment with abuse survivors, private practice, children and adolescents' treatment.
- Bill Himadi, Ph.D.** *University of Arizona, 1982. (Central Forensic)* Behavioral assessment and treatment of chronically mentally ill, social skills training, anxiety disorders, clinical research, clinical and forensic psychology.
- Nichole Livingston, Psy.D.** (Indiana University of Pennsylvania, 2009). DBT, treatment, supervision.
- *Mimi Okazaki, Ph.D.** *California School of Professional Psychology - Fresno, 1996. (Central Forensic)* Clinical and forensic psychology, psychodiagnostic assessment, cognitive-behavioral individual and group treatment.
- *Lindsay Owings, Ph.D.** *University of Maine, 2010 (Forensic Admissions)* Forensic evaluation.
- Ellen E. Resch, Ph.D., ABPP-Forensic** *Florida State University, 1988. (Director of Psychology Training)* Forensic assessment and treatment, ethics, professional training in psychology, DBT.
- **Gary M.J. Simmons, Ph.D.** *University of Southern Mississippi, 1999 (Forensic Transition Program)* Psychotherapy
- Marcellus Taylor, Ph.D.** (Forensic Admissions). Forensic assessment.
- Glen Watson, Ph.D.** *University of Kentucky, 1978. (Central Forensic)* Forensic assessment, individual therapy, behavioral approaches to treatment.

ASSOCIATED AGENCY PSYCHOLOGISTS

- *Suzonne Kline, Psy.D.** *Argosy University, District of Columbia.* Clinical Director, Sexually Violent Predator Program Office
- *Anthony McCoy, Ph.D.** *University of Alabama.* Statewide Forensic Treatment Coordinator
- *Adam Wasserman, Ph.D.** *MCP Hahnemann University.* Dept of Children & Families Program Office. Risk assessment, outcome measurement.

INTERN GRADUATES

Year	Intern	Graduate Program	Initial activity after internship
1986-87	Michael T. D'Errico	<i>University of Alabama</i>	forensic private practice
	Georgia Fultz	<i>Florida Institute of Technology</i>	Federal corrections
	Joseph Russell	<i>Auburn University</i>	state corrections
1987-88	James Evans	<i>Florida State University</i>	Florida State Hospital (FSH)
	Harry Reiff	<i>Chicago School of Professional Psychology</i>	state hospital
	Richard Offutt	<i>Antioch University/New England Graduate School</i>	private practice
1988-89	Ernest Bicknell	<i>Florida Institute of Technology</i>	private practice
	Arthur Linblad	<i>University of Manitoba</i>	community mental health center
	Anthony McCoy	<i>University of Alabama</i>	FSH

1989-90	David Acker	<i>Florida State University</i>	private practice
	Carlie Barbour	<i>Florida Institute of Technology</i>	psychiatric hospital
	Steven Collins	<i>University of Southern Mississippi</i>	quality management
	Victor Shoukry	<i>Miami Institute of Psychology</i>	Federal corrections
1990-91	Wendy Brill	<i>University of Louisville</i>	private practice
	Renee Cherin	<i>Miami Institute of Psychology</i>	private practice
	Kate Lartigue	<i>Florida State University</i>	private practice
	Gary Simmons	<i>University of Southern Mississippi</i>	FSH
	Raleigh Wood	<i>East Texas State University</i>	state hospital
1991-92	Ellen Graham	<i>Tennessee State University</i>	dissertation
	Rosemary Linderman	<i>Minnesota School of Professional Psychology</i>	private practice
	Colette Morse	<i>Minnesota School of Professional Psychology</i>	state corrections
	James Pointer	<i>University of Alabama</i>	state hospital
1992-93	Joseph Sesta	<i>Drexel University</i>	neuropsychology practice
	Karen Johnson	<i>Drexel University</i>	FSH
	Patricia Neilson	<i>Tennessee State University</i>	private practice
	Angela Register	<i>Florida State University</i>	disability determinations
	Ronald Rickner	<i>Fuller Theological Seminary</i>	private practice
	Robert Roy	<i>Simon Fraser University</i>	provincial prison
	Alan Steed	<i>Drexel University</i>	FSH
1993-94	Maxine Campbell	<i>Virginia Commonwealth University</i>	state hospital
	Polly Caskie	<i>Florida State University</i>	(deceased)
	Leslie Dellenbarger	<i>Florida Institute of Technology</i>	FSH
	Catherine Howell	<i>Florida State University</i>	private practice
	Jack May III	<i>Florida State University</i>	private practice
	Angela Nathaniel	<i>Howard University</i>	state corrections
	Greg Prichard	<i>Forest Institute of Psychology</i>	private forensic practice
	Denis Zavodny	<i>University of South Dakota</i>	juvenile forensic program
	Sandra Adams	<i>Forest Institute of Professional Psychology</i>	psychiatric hospital/adolescents
	Jeff Andrulot	<i>University of Alabama</i>	(deceased)
1994-95	Maxine Barker	<i>University of South Carolina</i>	juvenile justice
	Robert Buncher	<i>Florida State University</i>	state hospital
	Hildy Dinkins	<i>Georgia School of Professional Psychology</i>	neuropsych facility
	Martin Falb	<i>Florida State University</i>	private practice
	Christine Gault	<i>Auburn University</i>	forensic hospital
	David Quillian	<i>Georgia School of Professional Psychology</i>	private practice
	Salvatore Blandino	<i>California School of Professional Psychology</i>	forensic practice
	Jerry Gragg	<i>Illinois School of Professional Psychology</i>	forensic hospital
	Charles Harris	<i>University of Southern Mississippi</i>	state hospital
	Steve Kopetskie	<i>University of Hawaii</i>	sex offender facility
	Robert Kraft	<i>Adler Institute of Professional Psychology</i>	state corrections
1995-96	Mimi Okazaki	<i>California School of Professional Psychology</i>	FSH
	Rodolfo Quintana	<i>Miami Institute of Psychology</i>	school system
	Cathy Tench	<i>Georgia School of Professional Psychology</i>	private practice
	Miriam Bozarth	<i>Florida State University</i>	school system
	Cindy Hatfield	<i>Georgia School of Professional Psychology</i>	private practice
	Walter Krauss	<i>California School of Professional Psychology</i>	state corrections
	Louis LaPorta	<i>Nova Southeastern</i>	school system
	Cheryl S. Robatzen	<i>Minnesota School of Professional Psychology</i>	cmhc
	Laurie Sacks	<i>California School of Professional Psychology</i>	state corrections
	James Van Nort	<i>Illinois School of Professional Psychology</i>	state corrections
1996-97	Vincent Vindice	<i>Antioch University/New England Graduate School</i>	crisis unit/administration
	Theresa Baker	<i>University of Northern Colorado</i>	state forensic examiner/DD
	Michael Carter	<i>Fuller Theological Seminary</i>	state hospital
	Laura Job	<i>Nova Southeastern</i>	state hospital
	Steven Knauts	<i>University of Florida</i>	private practice sex offender treatment
	Jenise Kohnke	<i>University of Southern Mississippi</i>	state hospital
	Troy Martinez	<i>Forest Institute of Professional Psychology</i>	private forensic practice
	Robert Nagle	<i>University of Denver</i>	Federal corrections
	Chris Robison	<i>University of Nebraska</i>	private forensic practice
	1998-99	C. Wayne Anderson	<i>Florida State University</i>

	Kim Bost	<i>Illinois School of Professional Psychology</i>	juvenile corrections
	William Brandhorst	<i>Miami Institute of Psychology</i>	cmhc
	Steve Gaskell	<i>Minnesota School of Professional Psychology</i>	forensic state hospital
	Andrew Kaiser	<i>Florida State University</i>	university faculty
	Kendra LaConsay	<i>Florida Institute of Technology</i>	state hospital
	Tess Scogan	<i>University of Alabama</i>	forensic state hospital
	Danielle Weittenhiller	<i>University of Denver</i>	forensic state hospital
1999-2000	Gloria Bell	<i>Texas Tech</i>	forensic state hospital
	Trina Christner	<i>Minnesota School of Professional Psychology</i>	FSH
	Susie Chung	<i>MCP Hahnemann University</i>	forensic state hospital
	David Ghostley	<i>Georgia School of Professional Psychology</i>	private practice
	Sandra Jensen	<i>Florida State University</i>	juvenile inpatient program
	Sean Leonard	<i>Nova Southeastern University</i>	private practice
	Luz Mogrovejo	<i>University of Missouri Kansas City</i>	juvenile corrections
	Peter Oropeza	<i>Forest Institute of Professional Psychology</i>	private forensic practice
2000-2001	Johnathan Forbey	<i>Kent State University</i>	university faculty
	Ronda Harrison	<i>Bowling Green State University</i>	forensic practice
	Nicole Jung	<i>Florida Institute of Technology</i>	disability determinations
	Pamela Mark	<i>Nova Southeastern University</i>	private practice
	Robert Smith	<i>Case Western Reserve</i>	state hospital
	Brad Tolstedt	<i>Kent State University</i>	state hospital
	Adam Wasserman	<i>MCP Hahnemann</i>	FSH
	Brent Willis	<i>Forest Institute of Professional Psychology</i>	forensic state hospital
2001-2002	Brian Friedman	<i>Minnesota School of Professional Psychology</i>	sex offender treatment/forensic hospital
	Julie Gross	<i>New York University</i>	FSH
	Suzonne Kline	<i>American School of Professional Psychology</i>	FSH
	Robert Kline	<i>American School of Professional Psychology</i>	private forensic practice
	Julie Kraus	<i>University of Denver</i>	state developmental facility
	Steven LaRowe	<i>Florida State University</i>	university clinical postdoc
	Saudia Major	<i>University of South Carolina</i>	cmhc
	Janice Pimentel	<i>Florida Institute of Technology</i>	forensic state hospital
2002-2003	Celeste Davidson	<i>Florida State University</i>	school psychology
	Liam Ennis	<i>University of Memphis</i>	private practice
	Timothy Kockler	<i>California School of Professional Psychology</i>	medical center psychologist
	Chad Nelson	<i>Minnesota School of Professional Psychology</i>	private forensic practice
	Aylene Templeton	<i>Illinois School of Professional Psychology</i>	(traveling)
	Monica Watkins	<i>University of South Florida</i>	forensic developmental services facility
	Tamara Young	<i>Fuller Theological Seminary</i>	university postdoc
2003-2004	Jeannie Fiumara	<i>Xavier University</i>	FSH
	Susan Forbes	<i>Argosy University, Tampa</i>	state corrections
	Stephanie Hamilton	<i>Carlos Albizu University</i>	federal corrections
	Lee Hudson	<i>University of Southern Mississippi</i>	FSH
	Heath Patterson	<i>University of Alabama</i>	forensic state hospital
	Rachel Wiseman	<i>Fuller Theological Seminary</i>	postdoc
2004-2005	Ann Ancevic	<i>Argosy University, Twin Cities</i>	state hospital postdoc
	Todd Bollinger	<i>Argosy University, Honolulu</i>	forensic state hospital
	David Clay	<i>University of South Florida</i>	FSH
	Sara Clements	<i>University of Hartford</i>	FSH
	Debbie Coleman	<i>Argosy University, D.C.</i>	VA
	Audrey Miller	<i>Ohio University</i>	forensic postdoc
	Jennifer Stransky	<i>Central Michigan University</i>	FSH
2005-2006	Michelle Barnett	<i>University of Alabama</i>	state hospital postdoc
	Mike Gassen	<i>Forest Institute</i>	state hospital postdoc
	Sherry Hills	<i>Argosy University, Atlanta</i>	forensic state hospital
	Lynn Katzenmeyer	<i>Argosy University, Schaumburg</i>	FSH
	Tammy Lander	<i>Drexel University</i>	FSH
	Amy Louck	<i>Wright State University</i>	FSH
	Jennifer Rohrer	<i>Kent State University</i>	juvenile forensic evaluation
2006-2007	Jennifer Mayer Cox	<i>Drexel University</i>	FSH
	Karen Davis	<i>Sam Houston State University</i>	forensic postdoc
	Daniel King	<i>Argosy University, Schaumburg</i>	CBT postdoc

	Sandi Lewis	<i>Florida State University</i>	FSH
	Kimberly McCollum	<i>Pacific University</i>	FSH
	Jacqueline Nuval	<i>Indiana State University</i>	FSH
	Mark Reeves	<i>Florida State University</i>	FSH
2007-2008	Jamie Dickson	<i>Argosy – Atlanta</i>	juvenile probationers
	John Dolores	<i>Drexel University</i>	university postdoc
	Kathleen Hale	<i>Florida State University</i>	FSH
	Anna Jetton	<i>University of Denver</i>	community/probations
	Patricia Stem	<i>University of Tulsa</i>	state juvenile facility
2008-2009	Daniel Hollar	<i>Florida State University</i>	FSH
	Gretchen Lamendola	<i>Nova Southeastern</i>	private forensic facility
	Amy Leeper	<i>University of South Carolina</i>	state forensic hospital
	Susan Martin	<i>Argosy - Atlanta</i>	postdoctoral experience
	Sheila Stanley	<i>Florida State University</i>	state hospital
	Tara Wagner	<i>Loyola College in Maryland</i>	FSH
	Amanda Wallace	<i>Spalding University</i>	forensic postdoc
2009-2010	C. Adam Love	<i>Regent University</i>	state hospital
	Marissa Jarrett	<i>Nova Southeastern</i>	state hospital
	Lindsay Owings	<i>University of Maine</i>	FSH
	Kristie Scheu	<i>University of LaVerne</i>	post-doc sex offender evaluation
	Priscilla Thorn	<i>Chicago School of Professional Psychology</i>	FSH
2010-2011	Cristnei Aquino	<i>Argosy University, Schaumburg</i>	forensic state hospital
	Kristin Fuger	<i>Argosy University, Honolulu</i>	post-doc sex offender treatment
	Jennifer Green	<i>Florida Institute of Technology</i>	forensic state hospital
	Dave Hill	<i>Pacific University</i>	forensic hospital
	Blair Mesa	<i>CUNY/John Jay</i>	FSH
2011-2012	Dede Avery	<i>Fielding</i>	
	Jennifer Corbin	<i>Fielding</i>	
	Tiffany Nayduch	<i>Argosy D.C.</i>	