

The Connecticut Valley Psychology Internship Program

The Connecticut Valley Psychology Internship Program anticipates three full-time clinical positions available for the 2010 - 2011 training year. The appointments are for one year and begin on will begin on August 27, 2010. The internship has a stipend of \$45,136. Holidays, vacations, and other benefits are granted in accordance with the civil service practices of the State of Connecticut.

A full time internship must be a pre-doctoral requirement of the applicant's program. In addition, applicants must have completed at least three years of doctoral training in professional psychology, including at least 1,000 hours of program-sponsored practicum experience supervised by psychologists, at least 500 of which are direct service hours. Priority is given to applicants enrolled in APA-accredited scientist-practitioner model programs in clinical psychology. By the beginning of the internship, applicants must have completed all doctoral course work and qualifying examinations. Especially desirable training backgrounds include: experience working with persons with severe and persisting mental illness, experience with the assessment and brief treatment of the underemployed and uninsured working poor, and experience with the MMPI2 and the Comprehensive System for the Rorschach.

Applicants representing the broad spectrum of human diversity are particularly encouraged to apply.

Program Philosophy and Mission Statement

The Connecticut Valley Psychology Internship subscribes to the traditional definition of the scientist-practitioner model for training professional psychologists that gives substantial credence to intensive scientific training balanced by intensive exposure to clinical experience, clinical training, and the development of professional standards and systems of care. The mission of the program is to train public-sector and public-sector-sensitive practitioners with the skills and values necessary to treat people with severe and persisting mental disorders, as well as to provide clinical psychological services to those members of the general population who, for financial reasons, can not access mental health care elsewhere in the community.

In our training model, we seek to engage in ongoing integration and communication of the principles of psychology, not merely the acquisition of facts and techniques. We see our implementation of the scientist-practitioner tradition as promoting how interns think about clinical practice; how they communicate their thinking; how they evaluate the outcomes of their thinking, generate new knowledge, and subsequently adjust their professional practices accordingly. We agree with Belar and Perry (1992) who describe the essence of the scientist-practitioner training model as turning out psychologists whose training integrates science and practice and who can function as investigators or practitioners consistent with the highest standards of the profession.

Background

The Connecticut Valley Psychology Internship offers predoctoral internship training to prepare students for the practice of professional psychology. The internship is a one year, 2000 hour pre-doctoral training experience in clinical psychology. The Connecticut Valley Psychology Internship is sponsored by the Connecticut Department of Mental Health and Addiction Services (DMHAS), and is based at and supported by River Valley Services (RVS), a JCAHO-accredited community mental health center. DMHAS promotes a recovery model and is responsible for providing an integrated network of comprehensive, effective and efficient mental health and addiction services to the adult citizens of Connecticut. DMHAS provides a broad range of services including homeless outreach; crisis intervention; hospital diversion; outpatient treatment; brief and long term inpatient treatment; maximum-security forensic assessment and treatment.

DMHAS services are structured into regional, integrated networks that link public and private not-for-profit providers in the pursuit of optimum care. River Valley Services is the lead mental health authority for Middlesex County and the towns of Lyme and Old Lyme in south central Connecticut. The mission of River Valley Services is to provide high quality community mental health services for residents of Middlesex County, Lyme, and Old Lyme who have serious mental illnesses and lack the financial resources to obtain private care. We strive for improved quality of life for our clients, resulting from effective and efficient services, provided by competent and caring employees through approaches which are responsive to individual needs and promote dignity and ability. The main office for RVS is in the city of Middletown on the campus of Connecticut Valley Hospital. The agency has a satellite office in Old Saybrook.

The major training experiences in the program (80%) are in the clinical programs at River Valley Services with approximately 20% of time in training at an inpatient forensic facility (the Whiting Forensic Division of Connecticut Valley Hospital). The primary programs at River Valley Services include: the Admission and Liaison Services Program for comprehensive initial assessment and triage within the service system; the Community Support Program providing case management and clinical services for people with severe and persistent mental illnesses; the Assertive Community Treatment team for people who require a more intense level of community treatment; the Lower County Clinical Program providing diversified treatment and residential services for people in areas somewhat distant from Middletown and the Young Adult Services (YAS)/Community Living Services (CLS) which offer services for people between the ages of 18 and 25, including some residential support as well as case management, clinical services and vocational rehabilitation services. The Mobile Crisis Team handles all forms of mental health crises and hospital admissions and diversions from hospitalization. The Program for Autonomous Living (PAL) provides psychosocial rehabilitation services.

The internship is based in the Transitional Treatment and Evaluation component of the Admission and Liaison Services Program. It provides assessment, treatment, psychological evaluation and case management services for people who present with problems that are expected to resolve sufficiently in an intermediate time frame, who need diagnostic clarification and/or who are unable to secure clinical services elsewhere in the community.

The program seeks to participate in the training of professional psychologists for careers in professional practice, research, administration, and scholarship. Two major emphases of the program are to expose interns to the practice environment of the public sector and to the specialized

treatment needs of persons with severe and persisting mental illness. The program is committed to provide interns with a diversified training experience addressing a wide variety of human problems.

DMHAS and River Valley Services are equal opportunity employers that promote the reduction of all forms of stigma, and aspire to provide services in ways that respect the cultural and ethnic diversity in the design and delivery of services. The program was founded in 1947 at Connecticut Valley Hospital and has enjoyed continuous accreditation since APA began the process in 1955.

The functions of the internship are fully integrated within the budgetary and administrative support structure of River Valley Services. Interns are salaried state employees with a job title and functional job description consistent with their doctoral training in professional psychology and their supervised scope of practice. The interns are represented by a labor union and are in the same bargaining unit as the supervising staff. The program enjoys cordial relationships with both management and the union. The internship is a full time position based on an expected work week of approximately 50 - 55 hours. There are no part-time or unpaid positions.

Selection

The program gives selection priority to students from scientist-practitioner model training programs in professional psychology. Applications from students in programs without APA-accreditation are not considered for admission. The host university need not be identified as a scientist-practitioner model program, nor must the program necessarily be listed as a clinical program. Training experiences and competencies are considered. In the case of qualified candidates from counseling psychology programs, the issues of concern are comparable academic preparation and practicum experience to students trained in clinical psychology programs. The training available in school psychology programs is deemed too far outside the day to day internship training experience in DMHAS to justify a good fit for either the program or the candidate.

All materials are screened by the training committee. The quality of intern applicants generally is quite high, and inclusion in the interview group is based partially on how the intern's goals and experience match with the type of training we provide. As such, non-inclusion does not imply inferior credentials. Only the top 24 - 26 applicants are invited individually for in-depth personal interviews in January.

Applicants are notified about interview status by email by December 15 annually. Interviews are typically conducted during the first two weeks of January. Applicants have 2, 45-55 minute semi-structured individual interviews with supervisors. Applicants have two 30-minute group meetings with the Training Director and a group meeting with the current interns for about 45 minutes. Requests to meet with specific staff members are honored whenever possible.

Academic and Practicum Preparation

The program seeks applicants with a sound background in the science and methodology of professional psychology. At a minimum, applicants should have completed all doctoral course work and have completed qualifying examinations prior to starting the internship. Completion of the dissertation is desirable but not necessary. Applicants should have at least 1000 hours of

practicum experience, of which no fewer than 500 hours are in direct service. Inpatient and public sector experience are valued, particularly experience working with persons with severe and persistent mental illness. A solid background in psychological assessment is necessary, and priority is granted to those applicants who can demonstrate experience with the Comprehensive System for the Rorschach, the MMPI-2, and the WAIS-IV.

Performance Evaluation

Feedback, advisement and competency assessment are ongoing elements in supervision. Formal written competency assessments take place at mid year, at the completion of a rotation, and during August. The competency assessments rely in part on the training plan completed during the second month of the internship. The plan is based on input from the intern, the home university training director or primary supervisor, and the supervising staff of the internship. The competency assessment includes a rating form with comments. Interns are given a copy of the competency assessment form, training plan form and supervisor evaluation form as part of the intern manual during orientation. The training plan addresses the clinical competencies noted below. Interns rate supervisors at the end of the year. Interns and supervisors meet to discuss ratings and attest to having reviewed the ratings by signing each form. Interns receive written feedback on the formal evaluations as direct feedback and a copy of the letter to their training director.

Early in the year, the interns meet regularly with the training director to assess each intern's integration into the system of care. These meetings fade in frequency as interns settle in. The program also incorporates the feedback of its current and former interns into the program structure. Several times during the year, and formally at the end of the training year, interns are interviewed as consumers of the program to assess strengths and weaknesses, and offer proposals to adjust the program.

Grievance and Due Process Procedures

Concerns about intern development can be raised by a staff member at any time. Concerns are typically handled as a routine aspect of clinical supervision. In the event that concerns remain after a reasonable period of supervision, the matter may be referred to the training director and training committee. The program has a due process procedure for such situations. Similarly, there is a grievance procedure that interns can use if there are concerns about the program or its supervisors. Details of these processes are made available to incoming interns upon their arrival. As part of orientation, interns receive a copy of the contract between the State of Connecticut and New England Health Care Employees Union District 1199, which governs applicable policies, such as Grievance and Arbitration rights.

The program complies with all state and federal policies and guidelines for employment and training.

The Connecticut Valley Psychology Internship Program is accredited by the American Psychological Association Commission on Accreditation.

Program Philosophy, Objectives and Training Plan

The program seeks to implement the scientist-practitioner model of intensive clinical exposure to build upon and help integrate the practicum experience and scientific training of graduate level clinical training. DMHAS has a very wide scope of practice, and the program is embedded in an integrated service system. The program exposes interns to comprehensive intake services, a mobile crisis team, an assertive community treatment team, community support treatment teams, brief and intermediate term individual psychotherapy, DBT treatment, group psychotherapy, psychological assessment for treatment planning as well as diagnostic clarification, inpatient treatment, inpatient forensic assessment and treatment, psychosocial rehabilitation, behavior program development, and consultation. We aspire to train interns to function effectively within, and perhaps someday to assist in the creation of, integrated mental health service systems sensitive to meet the needs of people with severe and persisting mental illnesses. DMHAS supports the use of evidence-based practices whenever possible, including DBT, IDDT, supported employment, motivational interviewing, and illness management.

The program proceeds from the belief that interns benefit most from high levels of structure early in the training year, which is faded as the intern demonstrates evolving proficiency. In treatment relationships this guiding philosophy is manifested by supervisory oversight that accepts considerable responsibility for goal-setting and establishing the early paths for treatment at the beginning of the year. In assessment relationships, supervisory oversight ensures proper scoring, coding, interpretation and conceptualization, and takes responsibility for polishing reports. As skills are demonstrated, more decision-making autonomy falls to the intern. By the end of the year, interns are expected to function nearly independently in the primary clinical competencies outlined below.

Competencies

The program assists the intern to develop several entry-level competencies for the practice of professional psychology. One cluster of treatment competencies includes brief, intermediate and longer-term individual psychotherapies, conducted from multiple theoretical perspectives depending upon presenting problems and personality structure of the patient. Many of our patients have attachment difficulties and the engagement process for therapy is particularly important. Individual psychotherapy occurs both at RVS (community mental health center) and as part of the work at the inpatient forensic facility (Whiting Forensic Institute). DBT intervention is available with individual psychotherapy, a skills group for two of the interns, and a peer consultation group. An inpatient forensic psychotherapy group is a part of the Whiting rotation. A young person's group addresses the needs of clientele between the ages of 18 and 25. There are limited opportunities to develop family treatment skills.

Assessment competencies focus on diagnostic clarification and treatment planning, frequently requiring the Comprehensive System Rorschach, the MMPI2 or PAI and the WAIS-IV. Other instruments, particularly the WMS-III and the Vineland are commonly used. Still other instruments and techniques may be indicated in specific situations or with certain populations (e.g. the SIRS, M-FAST or PCL-R in cases of potential malingering). In addition, assessment skills are developed by spending a quarter of the year completing intake assessments.

The program aspires for interns to develop reasonable competence in the management of crises. Within the crisis intervention framework, interns develop clinical assessment, risk assessment, crisis resolution planning skills, and learn the rudiments of mental health triage. Interns spend one afternoon weekly with the Mobile Crisis Team for six months.

Interns are expected to participate in ongoing research, complete a research study, or serve as a research partner on a continuing quality improvement team during the internship year.

The program places a substantial emphasis on developing team-oriented work skills. Interns learn the ability to employ discipline-specific expertise within a multi-professional clinical environment in a manner that respects the knowledge horizons of the players and works toward clinical and interpersonal consensus.

The program seeks to help interns develop a sophisticated understanding of service delivery systems in the area of public mental health. The aspiration is that interns will learn how such systems operate for clinical service delivery and policy planning. The program also seeks to promote careers in public mental health.

The goal of developing these competencies is to help prepare interns to enter a work force in clinical psychology that serves the needs of patients, as well as systems of care.

Program Organization

The training year begins with a month-long orientation to, River Valley Services, the Whiting Forensic Division of Connecticut Valley Hospital, and the DMHAS system of care. During the first week of the year, time is devoted to acquiring basic information about the integrated service system. Some of the information addresses issues of safety and clinical protocols. The majority of the second week is devoted to intense exposure to the Mobile Crisis Team and the Middletown Program for Assertive Community Treatment Team (MPACT). A three-day intensive DBT seminar is offered during the third week. Case assignments, supervision begin during the third and fourth week of the internship.

The basic structure for the 2009 - 2010 training year is as follows.

RVS Transitional Treatment and Evaluation (TTE)

Time commitment: approximately 3 days weekly

Duration: 12 months

Training opportunities:

- 1) Psychological evaluation
- 2) Individual psychotherapy
- 3) Treatment planning
- 4) Consultation
- 5) Prescriptive behavior planning

Supervisors: Kristina Hallett, Ph.D. and Kathleen Chapman, Ph.D.

RVS Intake

Time commitment: One intake assessment weekly during the rotation.

Duration: Completion of 10 intakes (about one quarter of the training year)

Training opportunities:

- 1) Comprehensive interview-based assessments
- 2) Diagnosis and initial treatment planning
- 3) Community triage

Supervisor: Rosemary Bleyer, Ph.D. and Vatsala Kucharski, Psy.D.

Whiting Forensic Division of Connecticut Valley Hospital (CVH)

Time commitment: 1 day weekly

Duration: 12 months

Training opportunities:

- 1) Individual psychotherapy
- 2) Group psychotherapy
- 3) Psychological assessment
- 4) Team consultation & collaboration
- 5) Competency evaluation
- 6) Malingering and risk assessment
- 7) Expert court testimony

Supervisors: Dean Leone, Ph.D. and Claudio Negrao, Ph.D.

RVS Mobile Crisis Team (MCT)

Time commitment: Three and one half hours weekly.

Duration: 3 months

Training opportunities:

- 1) Assessment of Risk
- 2) Risk Management
- 3) Crisis Intervention
- 4) Pre-Crisis Planning
- 5) Hospital Diversion/Hospital Step-Down and Respite Services for the High-Risk Client
- 6) Community Mental Health Consultation
- 7) Mental Health Law for High-Risk Clients

Supervisor: Team supervision model/on-site

RVS Dialectical Behavior Therapy

Time commitment: approximately 4 hours weekly, depending upon degree of involvement

Duration: 12 months

Training opportunities:

- 1) Individual DBT therapy
- 2) DBT skills group
- 3) DBT peer consultation group

Supervision: Rosemary Bleyer, Ph.D.

In each of the training experiences, the primary training method is experiential i.e. providing services and reflecting upon those experiences during supervision, seminars, mentoring and periods of peer interaction. Approximately 15 hours weekly is devoted to direct services. Indirect services generally require 15 - 20 hours weekly, leaving the intern with time protected for learning activities, research participation, and other activities.

Interns receive no less than four hours of supervision weekly, with additional drop-in or on-the-fly supervisory contact. At least two of the hours of supervision are individual. The preferred method for therapy supervision is review of audiotape. Co-therapy, co-assessment, role modeling, session enactment, and case consultation are also used regularly.

Direct services and individual supervision are augmented by several supervisory seminars that: review diversity of clinical practice with various community providers (Special Topics Seminar); focus on the integration of science and practice with Dr. Chapman (Science and Practice Seminar); develop expertise in traditional clinical assessment with Dr. Hallett and Dr. Hillbrand (Psychological Assessment Seminar); covers a variety of special topics in forensic psychology (Forensic Seminar); contribute to entering the profession and professional development with Dr. Hallett (Professional Development Seminar, and Supervision Seminar); expand clinical practice and knowledge (Psychotherapy Seminar); provide an overview of DBT with Dr. Bleyer (Dialectical Behavior Therapy Seminar), and a combined didactic and group supervision experience in Mobile Crisis Team work with Dr. Demakovsky. Seminars generally begin during the fourth full week of the internship. The seminars are intended to supplement practical experience in the program through the integration of relevant theory, research findings, and illustrative case material.

Interns applicants are selected, in part, by their perceived goodness-of-fit for the scope of practice and learning opportunities available in the program.

Program Resources

The program has eight primary supervisors who are licensed clinical psychologists. Each supervisor oversees intern work in the supervisor's areas of expertise and daily clinical practice. Psychologist supervisors are members of the intern training committee and participate in selection and recruitment, as well as the organization, implementation, and review of the program.

The program is mindful of the value of peer interaction and support, and the program is designed to ensure plentiful opportunities for intern-intern interaction. The faculty believes that a well-

balanced life and the ability to manage complexity make for a better fit between the intern and the program.

The program offers a stipend of approximately \$45,136. The benefit package is the same as any other state employee and includes medical coverage, sick leave, 11 State holidays, the equivalent of two weeks vacation, 3 days personal leave time, and conference time. State regulations preclude using vacation, personal or conference time for the first six months of employment. Interns share an office with individual phones, local area networked computers, internet access, psychological assessment software, and related office support software. Interns have access to both the RVS and the CVH libraries, with services of the CVH librarian available for additional assistance as needed.

Individual Differences and Diversity

The program is committed to select, train and evaluate interns on the basis of their skills, knowledge and proficiency in the practice of professional psychology. We are interested in entertaining applications from the broad spectrum of human diversity.

To augment the clinical sensitivity of interns, the program provides access in part of the Special Topics Seminar to practitioners with expertise in the diagnosis and treatment of major cultural and linguistic groups. In a typical training year, the groups represented are African Americans, people of Caribbean heritage, bilingual and monolingual people from Puerto Rico, people from the cultures of India, gay and lesbian adults, and the deaf and hearing impaired. These scheduled training activities are supplemented by additional training opportunities sponsored by DMHAS or River Valley Services.

Instructions to Applicants

1. Written inquiries about the program are welcome at any time. Dr. Hallett can be reached by e-mail at Kristina.Hallett@po.state.ct.us. The program has a web site at www.ct.gov/dmhas/rvs/brochure, which contains this document. Links also connect to the State of Connecticut web site, APA and APPIC.
2. The program uses the "APPIC Application for Psychology Internships." The application can be found on the APPIC web site at www.appic.org
3. The APPIC web site also contains the document "APPIC Match Policies." **No additional documentation is required.**
4. The completed application should be sent to Dr. Hallett by November 15, 2009.
5. Applicants should have three letters of recommendation. The letters should be written by people closely acquainted with your education and clinical training. **One letter must be from someone who has supervised your clinical work within the last year.**

5. We receive a large number of applications and it is not possible for us to interview all applicants. As a result, interviews are by invitation only. Our response to applicants is expected to take place by December 15, 2009. Interviews are generally scheduled in early to mid January.

6. The Connecticut Valley Psychology Internship Program complies with APPIC policy regarding internship offers and acceptance and participates in the computer match for intern selection. 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. **There are no unpaid, part-time, or pre-allocated positions.**

7. As part of the employment process and conditions of employment as a Psychology Intern with the Department of Mental Health and Addiction Services/River Valley Services, offers of employment are contingent upon the successful completion of:

1. a criminal history background check;
2. an Office of Inspector General Federal Sanctions check;
3. checks of the State of Connecticut Department of Children and Families and Department of Developmental Services abuse and neglect registries;
4. a pre-employment physical, including but not limited to medical history, laboratory reports, and other medical information.

Failure to meet the above conditions of employment, or any misrepresentations, misstatements, omissions, or distortions about your credentials or employment history, may be just cause for termination of your employment with the Department of Mental Health and Addiction Services.

Address:

River Valley Services
Connecticut Valley Psychology Internship Program
P.O. Box 351
Middletown, CT 06457

Kristina.Hallett@po.state.ct.us

Telephone: 860 / 262-5229

For information pertaining to APA accreditation, please contact:

The Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE
Washington, D.C. 20002-4242

(202) 336-5979 or on the web at: www.apa.org/ed/accreditation

The Connecticut Valley Psychology Internship Program Faculty

Kristina Hallett, Ph.D.
Director of Clinical Internship Training
Coordinator, Transitional Treatment and Evaluation
River Valley Services

Rosemary Bleyer, Ph.D.
Director, Admission and Liaison Services Program
River Valley Services

Kathleen Chapman, Ph.D.
Quality Improvement Director
River Valley Services

Marc Hillbrand, Ph.D.
Chief of Psychology
Connecticut Valley Hospital

Dean Leone, Ph.D.
Chief Psychologist
Whiting Forensic Division
Connecticut Valley Hospital

Claudio Negrao, Ph.D.
Psychologist
Whiting Forensic Division
Connecticut Valley Hospital

Vatsala Kucharski, PsyD
Intake Clinician
River Valley Services

Clinical Interns, 2009 - 2010: Brooke Carson (University of Indianapolis); Erin Hughes (Nova Southeastern University) and Shawna Urbanski (University of Denver)

Program History

The Connecticut Valley Psychology Internship was established in 1947 in what was then the Psychological Laboratories at Connecticut State Hospital. The program was founded by Jules Holzberg, Ph.D. who was the chief psychologist for the hospital at the time. About 1961, the hospital was renamed Connecticut Valley Hospital (CVH), and around the same time, the Psychology Service became the Psychology Department.

The internship was awarded full accreditation by the American Psychological Association in 1955, the third free-standing internship - and the first in a public hospital - to be so recognized.

The program began with two interns and gradually grew to a peak of 10 in the 1979-1980 training year. Currently, the program hosts four interns. The program has nearly 300 graduates around the country.

Connecticut Valley Hospital, the oldest public mental health facility in Connecticut, was founded in 1868 as the Connecticut Asylum for the Insane. Through the years, the name has changed several times, as have treatment methods. The patient population, which was over 3,000 in the 1950s, approached 180 during 1995. As other state hospitals have closed, the hospital census has increased. The structure of CVH now includes a general psychiatric division, a forensic division and a substance abuse division.

River Valley Services was created in 1988 and until 1996 was the community mental health division of CVH. RVS currently occupies buildings on the CVH grounds. River Valley Services is the lead mental health authority for Middlesex county in south central Connecticut and is located in Middletown on the campus of Connecticut Valley Hospital. The agency operates a satellite clinic in Old Saybrook. The mission of River Valley Services is to provide high quality community mental health services for residents of Middlesex County, Lyme, and Old Lyme who have serious mental illnesses and lack the financial resources to obtain private care. River Valley Services is a JCAHO-accredited health care organization.

In 1994, as part of the natural evolution of mental health care away from hospital treatment and the increased emphasis on community treatment, the hospital-based internship evolved to a program that served the interests of the community and the hospital more equally. The shift in the program structure mirrored the shift in DMHAS from an inpatient focused service system to one with the majority of its resources in based in community care. In the new model, the training was divided between hospital and community training experiences. The program became the Connecticut Valley Psychology Internship, a name chosen both to distinguish it from the hospital internship and to convey that its roots were in the old Connecticut State Hospital and Connecticut Valley Hospital programs. Although now based at River Valley Services, the program maintains an active partnership with the Whiting Forensic Division of Connecticut Valley Hospital.

Suggested Reading

You are encouraged to peruse recent editions of Professional Psychology: Research and Practice for a variety of articles on internships and internship issues. In addition, most of us have been affected by at least a few of these readings....

Belar, C.D. & Perry, N.W. (1992). National conference on scientist-practitioner education and training for the professional practice of psychology. *American Psychologist*, 47, 71-75.

Barlow, D. *Clinical Handbook of Psychological Disorders*, 4th Edition, 2008

Exner, J. *The Rorschach: A comprehensive system*, Volumes 1 (4th edition) and 2 (3rd edition, 2005)

Falender, C. & Shafranske, E., Clinical Supervision, 2004
Haley, J. Uncommon Therapy, 1986
Karon, B. and Vanderbos, G. Psychotherapy of schizophrenia: The treatment of choice, 1981
Kaslow, N. and Rice, D. "Developmental stresses of psychology internship training: What staff can do to help", Professional Psychology, 1985, 16, 253-261
Lazarus, A. Behavior therapy and beyond, 1971
Lichtenburger, Mather, Kaufman and Kaufman, Essentials of Assessment Report Writing, 2004
Linehan, M. Cognitive-behavioral treatment for borderline personality disorder, 1993
Linehan, M. Skills training manual for treating borderline personality disorder, 1993
Minuchin, S. Families and family therapy, 1974
PDM Task Force, Psychodynamic Diagnostic Manual, 2006.
Rogers, R. Clinical Assessment of Malingering and Deception, 3rd edition, 2008
Shapiro, D. Neurotic styles, 1965
Stein, L. & Diamond, R. "A program for difficult to treat patients," In Stein, L. & Test, M. (Eds.), The training in community living model: A decade of experience, 1985
Suran, B. & Sheridan, E. "Management of burnout: Training psychologists in professional life span perspectives", Professional Psychology, 1985, 16, 741-752
Viglione, D. Rorschach Coding Solutions, 2002
Yalom, I. The theory and practice of group psychotherapy, 5th edition, 2006