

**POSTDOCTORAL FELLOWSHIP  
PROGRAM IN PROFESSIONAL PSYCHOLOGY  
THE GEORGE WASHINGTON UNIVERSITY  
WASHINGTON, D.C.**

**Training Orientation:**

The George Washington University Professional Psychology (Psy.D.) program has a psychodynamic and community-service orientation, and the post-doctoral fellowship seeks to attract emerging professionals aspiring to careers in academic, clinical, or research leadership in psychodynamic or psychoanalytic clinical psychology.

**Training Setting:**

The Professional Psychology program offers a generalist training from a psychodynamic framework. Our core faculty includes five members who completed psychoanalytic training and several others who have completed advanced psychotherapy training at local analytic institutes. Besides the three postdoctoral Fellows, our core faculty includes six full time members and five half-time members. All eleven teach, provide supervision, advise students, read doctoral papers, and participate fully in developing program policy and curricula.

Our fellows work with the clinic co-directors to organize and oversee pre-doctoral training in our Center Clinic, a non-profit community mental health center housed within the George Washington University Professional Psychology program. The Center Clinic is staffed by advanced doctoral students in the George Washington University Professional Psychology program and by the postdoctoral fellows. These therapists are supervised by the postdoctoral fellows and by licensed, highly-experienced professionals. The Clinic provides mental health services to adults, adolescents, and children in the Washington, D.C., area who may otherwise not have access to needed care. These services include individual, couples, family, and group psychotherapy, as well as psychological assessment. Patients may be referred from our clinic for a psychiatric consultation through a partnership with the University's Department of Psychiatry and Behavioral Sciences. The Clinic also contributes to local community service agencies (such as public and charter schools, homeless shelters, and addiction recovery programs) by providing needed consultation, assessment, and therapeutic services free of charge. We provide short- and long-term mental health treatment on a sliding scale fee. We work with a variety of populations, including: ethnic, racial, and sexual minorities; young children; extended families in crisis; and women in the workforce. Depending on therapist availability, we may be able to provide services in languages other than English.

## How to apply:

We welcome applications from potential fellows with doctoral degrees in clinical or counseling psychology from APA-accredited programs, or who have completed re-specialization programs in clinical or counseling psychology that will qualify them for licensure. Applicants must have completed, or be in process of completing, an internship at an APA/CPA accredited site, or an APPIC member site. An additional requirement is expertise, sufficient to supervise doctoral students, with the Comprehensive System and/or R-PAS approaches to the Rorschach; applicants who lack sufficient Rorschach experience may be considered if they are willing to develop these skills through tutorial work with a member of our program faculty in the spring and summer before beginning the fellowship. We welcome applications from graduates of psychoanalytically or psychodynamically oriented doctoral programs and from graduates of other doctoral clinical or counseling psychology programs equipped with strong psychodynamic backgrounds and interests.

Our Postdoctoral Fellows are appointed as Visiting Instructor and Clinical Postdoctoral Fellow for one year, with the possibility of renewal for a second year by mutual agreement. Second year fellows continue in all listed activities and supervisions, and continue to see their patients for a second year. Fellows participate in teaching, supervising, and training pre-doctoral students while also undergoing supervised advanced training in psychodynamic psychotherapy and assessment, providing psychodynamically-informed supervision, clinic training and administration, and teaching.

We are an APPIC-member fellowship and will follow the APPIC calendar for recruiting fellows, including the national notification day in February. Interested candidates can contact Katherine Marshall Woods, Psy.D., Director of Clinical Training, at [kswpsyd@gmail.com](mailto:kswpsyd@gmail.com) or 202-994-, with any questions. To apply, we ask that candidates email Dr. Marshall Woods the following materials by December 1:

- Letter explaining your interest in the post-doctoral fellowship program and your career aspirations
- Complete and updated curriculum vitae
- Your doctoral transcript. A computer copy will do initially, though we will need an official transcript to complete any appointment.
- A sample de-identified treatment report which describes the course of therapy
- A sample de-identified comprehensive psychological evaluation, including both cognitive assessment and personality assessment (this must involve use of the Rorschach)
- Letters of recommendation and contact information for the writers of three references, one of whom must be your dissertation chair or doctoral project director and the others supervisors familiar with your psychotherapy and psychological assessment work.

## **Overview of the Fellowship**

All three Fellows engage in supervised activities designed to support growth in a number of profession-wide competencies (PWCs). We approach each PWC from a psychodynamic framework, including empirical support for dynamic approaches, although we also consider non-dynamic contributions to understanding. Covered PWCs include ethical and legal standards; working with individual and cultural diversity; professional attitudes, values, and behaviors; communications and interpersonal skills; intervention; supervision; and consultation and inter-professional/interdisciplinary skills.

Fellows receive an appointment at George Washington University as a Visiting Instructor and Postdoctoral Clinical Fellow in Clinical Psychology providing a stipend of \$40,000 annually. The Fellows play active roles in the leadership of the Center Clinic. Fellows co-lead clinic teams, develop and conduct training for student clinicians, supervise clinic externs in psychological assessment and various modalities of psychotherapy, and participate in a weekly didactic seminar. Fellows also receive supervised experience doing long-term psychodynamic individual and group psychotherapy, teaching graduate courses, providing supervision from a psychodynamic perspective. Fellows training outside of the clinic are supported by the department that include travel and registration for conferences and licensure preparation. Fellows are evaluated twice annually upon competencies as a midyear and end of year review. Our goal is to help fellows achieve independent practice level skills in each of these areas.

## **Training Outcomes/ License Eligibility**

The Fellowship fulfills post-doctoral requirements for licensure as a psychologist in the District of Columbia. By the end of their training, Fellows should be competent for independent practice as clinical psychologists.

After the fellowship, our graduates have joined group private practices, established independent private practices, joined college counseling center staffs, and worked in secondary school counseling centers. All of our graduates have obtained licensure. Most are practicing in the Washington, D.C. area.

Our fellowship program offers supervised opportunities in multiple areas, aimed at assisting our postdocs to achieve proficiency to practice independently once they obtain licensure:

Advanced psychotherapy training: Fellows conduct about 8-10 hours per week of individual psychodynamic psychotherapy through our very diverse on-grounds community mental health clinic. They may see patients once or twice weekly and may work with them throughout the fellowship. They receive weekly individual supervision from senior faculty, many of whom have psychoanalytic training. Our clinic has videotaping capacity, which facilitates direct observation within the supervision.

Training in supervision: Fellows supervise pre-doctoral students' psychotherapy and psychological assessments. They receive weekly group supervision of this work.

Training in academic teaching: Each fellow leads a section of a pre-doctoral assessment practicum class, where students present data from assessments they are conducting; the class discusses this data in a seminar format. Senior faculty act as teaching mentor for the fellows, observing the class and engaging in discussion of effective teaching techniques. Fellows have also had opportunities to co-teach classes with more senior faculty.

Fellows also have myriad training/ teaching opportunities within our clinic. Along with the co-directors of the clinic, they conduct trainings for students about the workings of the clinic and about aspects of clinical work such as assessing and working with persons at risk for self-harm, patients needing referrals for medication assessments, patients presenting for intakes, patients who call the clinic emergency telephone, etc. These trainings involve presentations, case examples, role plays and other small and large group experiences.

Clinic team co-leadership: Pre-doctoral students seeing clinic patients are organized into three small (seven or eight students) teams. The fellows co-lead a team, along with a senior faculty member who provides supervision of this activity. Teams track students' clinical loads, discuss the impact of the work on the student-therapists and issues of self-care, and review intakes of potential clinic patients to help determine treatment disposition.

Clinic administration: In collaboration with the co-heads of the clinic, who also supervise this activity, the fellows administer the on-going functioning of the clinic. This includes tracking student-therapists' caseloads, assigning new cases based on trainee and patient needs, conducting chart audits and ensuring timely and appropriate documentation of services and billing, and suggesting and implementing changes in any of these processes, based on student feedback and our on-going assessment of clinic and student-therapist functioning.

Didactic experiences: There is a weekly seminar exclusively for the fellows, led by the training director with the involvement of other faculty and some outside presenters. The seminar runs on a module format: we read recent literature in an area (e.g., working with negative transference) for several weeks, and then a fellow presents relevant material from one of their clinical cases. Fellows may request modules in areas of current interest.

Our program sponsors at least two formal colloquiums per year, where we invite an important practitioner-scholar (e.g., Beatrice Beebe, Kimberlyn Leary) to make a presentation to our program students and faculty. Often the presenter also discusses a case; the fellows have first opportunity to present the clinical material which our visiting scholar discusses. We have additional presentations by local practitioners who present at the program, and fellows attend these talks. Fellows are also welcome to attend Psychiatry Grand Rounds at the George Washington University Medical School.

Scholarly Contributions

Fellows are welcome to join any of the on-going research teams in our program, focusing on attachment in the therapeutic dyad, rupture and repair in therapy, and comparing those with introjective and anaclitic depression on a number of treatment and outcome dimensions.

We also provide guidance and support for fellows' efforts to give presentations based on their doctoral papers or other scholarly work, and to prepare work to submit for publication. Fellows have presented in panels at past APA Division 39 meetings, with one another and with program faculty. The program provides financial support for fellows who present at conferences. Some past fellows have also pursued advanced training in supervision and group psychotherapy at the Washington School of Psychiatry during their (optional) second postdoctoral year.

### **Supervision and Program Support**

Fellows are mentored and supervised by Psy.D. Program core faculty members. Our faculty is collegial and diverse in our backgrounds, training, and integrative psychodynamic/psychoanalytic theoretical orientations. Faculty interests include family therapy, group therapy, short-term and long-term psychodynamic psychotherapies, psychodynamic treatment of severely disturbed patients, psychoanalytically informed approaches to psychological assessment, psychodynamic work with children and adolescents, integrative clinical approaches, neuropsychology, and clinical and theoretical scholarship. Most members of our core faculty have active programs of quantitative or qualitative research. Further information regarding the Psy.D. Program, our clinic, and our faculty can be found at <http://psyd.columbian.gwu.edu/>. We match Fellows to supervisors based on mutual interests that offer a good fit. Fellows have two hours per week of individual supervision and two hours of group supervision.

Each Fellow has an office, located within the Center Clinic so that the Fellows are readily available to advise pre-doctoral clinicians. The program provides each Fellow a telephone and desk top computer. The program has two administrative assistants to support faculty, and there are five student instructional assistants who support the Clinic's functioning. Fellows work with the training director and the two directors of the clinic to set policies, offer trainings, and direct the Clinic's functioning.

The Fellows are full time employees who are paid a competitive annual salary and receive University benefits. They receive three weeks' paid vacation (during times the Clinic is closed), most major holidays, and several personal days' personal leave. The program provides leave time and financial support to fellows who present at conferences or pursue continuing education activities.

## Training Faculty

Stacey L. Dershewitz, Psy.D., Associate Director of the Center Clinic

Psy.D., George Washington University

Scholarly interests: evaluation and treatment of adults with Autism Spectrum Disorder; ethics; use of video recordings and electronic medical records in psychotherapy, particularly with minority-identified individuals; young adult development; and infertility/adoption issues

helen DeVinney, Psy.D.

Psy.D., George Washington University

Scholarly interests: feminist theory; gender, race, and social theory; attachment theory

Paul M. Gedo, Ph.D., Training Director (TD) and pre-doctoral Director of Clinical Training

Ph.D., University of Chicago

Graduate, Theory and Practice of Psychoanalysis, Washington Psychoanalytic Institute

Scholarly interests: technique with severely disturbed patients, using countertransference therapeutically, working with negative transference and countertransference, meanings and functions of dissociative experiences

Sarah L. Hedlund, Ph.D., Associate Director of the Center Clinic

Ph.D., George Washington University

Graduate, Theory and Practice of Psychoanalysis, Washington-Baltimore Center for Psychoanalysis

Graduate, Modern Perspectives in Psychoanalytic Psychotherapy Training Program

Graduate, Fielding Institute two-year postdoctoral training program in Neuropsychology

Scholarly interests: A.K.Rice approach to group phenomena, the intersection of neuropsychology and psychoanalysis, treatment of severely disturbed adolescents, research using projective psychological test data

Katherine Marshall Woods, Training Director (TD) and pre-doctoral Director of Clinical Training (as of 7/1/22)

Psy.D., Professional Psychology Program, The George Washington University

Host, "A Healthy Mind" (D.C. television show)

Trained Mental Health Professional with the Red Cross, offering crisis intervention services to persons who have experienced trauma by disasters

Experience providing individual, family, and marital therapy to active military personnel serving in the Middle East

Author of book, Marshall Woods, K. (2018). Best psychology in film.

## POSTDOCTORAL FELLOW EVALUATION

Fellow: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Time of evaluation: \_\_\_\_\_ mid-year \_\_\_\_\_ year-end

Methods used in evaluating competencies:

\_\_\_\_\_ Direct observation      \_\_\_\_\_ Review of video  
 \_\_\_\_\_ Case presentation      \_\_\_\_\_ Supervision  
 \_\_\_\_\_ Comments from faculty      \_\_\_\_\_ Other method (specify):

Scoring criteria:

- 1 Significant development needed--significant improvement is needed to meet expectation; remediation required
- 2 Developing skill level--expected level of competency pre-fellowship; close supervision required on most cases
- 3 Intermediate skill level--expected level of competency by mid-point of fellowship; routine or minimal supervision required on most cases
- 4 Advanced skill level--expected level of competency at completion of fellowship; able to practice autonomously
- 5 Seasoned professional skill level--rare rating for fellowship; functions autonomously with a level of skill representing experience

### **A. Competence in Professional Conduct, Ethics, and Legal Matters**

#### **1. Professional interpersonal behavior**

Engages in professional and appropriate interactions with supervisors:

Engages in professional and appropriate interaction with peers:

Engages in professional and appropriate interactions with supervisees:

Seeks peer support as needed:

Average score for objective:

Comments:

#### **2. Administrative competency**

Able to accomplish administrative tasks:

Prioritizes appropriately:

Shows growing autonomy in managing larger administrative or clinical projects:

Average score for objective:

Comments:

### **3. Knowledge of ethics and law**

Demonstrates good knowledge of relevant D.C. laws and of ethical principles:

Consistently applies D.C. law and ethical principles:

Seeks consultation as needed and integrates consultant's input with own perspective:

Models ethical attitudes and behavior for pre-doctoral students:

Average score for objective:

Comments:

## **B. Competence: Seeks and Makes Effective Use of Consultation or Supervision**

**1. Seeks consultation or supervision as needed**

Is able to give a cogent formulation which contextualizes the therapeutic issue under discussion:

Actively seeks consultation when treating complex cases or unfamiliar clinical situations:

Is open, non-defensive, and able to focus on countertransference in supervision:

Integrates what is learned in supervision into their own therapeutic style:

Average score for objective:

Comments:

**C. Competence: Achieves Advanced Skill Level in Supervision**

**1. Knows and consistently applies supervision techniques**

Builds good rapport with supervisee:

Demonstrates good knowledge of supervision techniques;

Demonstrates ability to foster collaboration in the supervisory relationship and is able to address any ruptures that occur :

Demonstrates ability to deepen supervisee's understanding of psychodynamic ways of understanding and working with patients:

Demonstrates ability to help supervisees consider cultural and diversity factors in their work with patients :

Effective in helping supervisees assess patient safety and in instituting safety plans where indicated:

Average score for objective:

Comments:

**C. Competence: Achieves Advanced Skill Level in Psychodynamic Psychotherapy****1. Builds rapport**

Fosters the therapeutic alliance with all patients:

Reliably identifies potentially challenging patients and takes the initiative to address this in supervision:

Generally comfortable and relaxed with patients:

Handles anxiety-provoking or awkward situations adequately so that they do not undermine the therapeutic process:

Average score for objective:

Comments:

**2. Formulates case conceptualizations that inform treatment goals**

Independently produces good case conceptualizations within own preferred theoretical orientation:

Uses these conceptualizations and collaborates with patients to identify treatment goals or to modify these as the therapy unfolds:

Integrates data from other treaters (e.g., psychiatrist or group therapist) and from supervision to increase sophistication and nuance of the conceptualization:

Able to assess risk of patient harming self or others and to engage the patient in safety planning:

Average score for objective:

Comments:

**3. Demonstrates understanding of psychodynamic theory and technique:**

Demonstrates self-observation and introspection into her/his/their impact on the dyad:

Demonstrates ability to recognize and to work with transference:

Demonstrates ability to recognize and to work with countertransference, to use this to increase awareness of their own and their patient's emotional reactions:

Able to identify own issues that impact the therapeutic process, to have ideas about coping with them, and to collaborate in supervision around these issues:

Interventions are well timed, concise, and use experience-near language:

Interventions facilitate patient's increased self-knowledge and self-acceptance:

Average score for objective:

Comments:

#### **4. Demonstrates competence in group therapy skills and preparation**

Attends to group communications and issues of group safety and trust:

Attends to all member participants:

Intervenes skillfully in addressing group and individual dynamics:

Confronts group problems appropriately:

Collaborates with co-leader, both during group and in consulting together outside of the group:

Average score for objective:

Comments:

#### **D: Competence in Individual and Cultural Diversity**

**1. Sensitive to patient diversity**

Acknowledges and respects differences that exist between self and patient in terms of culture, race, ethnicity, social class, religion, and other individual difference variables:

Aware of limits of own expertise and seeks out additional information autonomously:

Discusses individual differences with patients when appropriate:

In supervision, recognizes and openly discusses limits to competence with diverse patients:

Average score for objective:

Comments:

**2. Awareness of own cultural and ethnic background and sensitive to its potential impact on therapeutic work**

Accurately self-monitors own responses to differences:

Able to differentiate their own from the patient's reactions to difference:

Thoughtful about own cultural identity:

Considers their work with each patient in terms of felt similarities and differences from the patient:

Average score for objective:

Comments:

**E. Competence: Develops Advanced Skill Level in Teaching Pre-Doctoral Students**

**1. Plans and teaches a pre-doctoral assessment practicum**

Teaching incorporates recent scholarly knowledge:

Demonstrates ability to organize course syllabus and other teaching materials:

Demonstrates ability to engage students in learning:

Demonstrates ability to establish a respectful and professional classroom atmosphere:

Demonstrates ability to assess student learning and to provide useful feedback:

Average score for objective:

Comments:

**2. Demonstrates advanced skill level in clinic training and administration**

Demonstrates ability to administer clinic activities in an ethical and professional manner:

Demonstrates ability to organize effective and engaging clinic trainings:

Demonstrates ability to co-lead clinic teams effectively:

Demonstrates ability to provide clear and useful feedback to students:

Average score for objective:

Comments:

SUPERVISOR COMMENTS

SUMMARY OF STRENGTHS

AREAS OF ADDITIONAL DEVELOPMENT OR REMEDIATION, INCLUDING  
RECOMMENDATIONS

FELLOW'S SELF-EVALUATION OF STRENGTHS AND AREAS OF ADDITIONAL  
DEVELOPMENT

**GOAL FOR EVALUATION AT LESS THAN 12 MONTHS:**

Average score for each objective is 3.0 or higher

**GOAL FOR EVALUATIONS AFTER 12 MONTHS:**

Average score for at least 80% of objectives is 4.0 or higher, with no ratings of 1 or 2

\_\_\_\_\_ The fellow HAS successfully completed the above goal. We have reviewed this evaluation together.

\_\_\_\_\_ The fellow HAS NOT successfully completed the above goal. In accordance with our due process procedure, we have created a written remedial plan (attached), with specific benchmarks and dates for completion.

**FELLOW'S COMMENTS REGARDING THE COMPETENCY EVALUATION:**