Welcome to Counseling and Psychological Services! CPS is Princeton University’s campus mental health center. We are glad you are considering us for your Post-Doctoral training year. Please read through the information contained here to find out more about CPS, CPS connections within Princeton, and the various learning opportunities and experiences that are part of training with us! We look forward to hearing from you!

About Counseling and Psychological Services (CPS)

CPS provides assessment and treatment for mental health concerns such as anxiety, depression, stress/crisis management, transitional issues, grief, substance abuse, and eating, sexual, and/or relationship issues. Staff provide a broad range of services to all Princeton students. Spouses and dependents of Princeton students are also eligible for consultation. Find out more at: http://uhs.princeton.edu/services/counseling-psychological-services.

Placement Within University Health Service

CPS is a department within Princeton University Health Services (UHS). UHS is a member of the Division of Campus Life and is accredited by Accreditation Association of Ambulatory Health Care (AAAHC). UHS offers several services in addition to counseling and psychological services including athletic medicine, laboratory, radiology, infirmary, nutrition, physical therapy, travel planning, sexual health and wellness, immunizations and allergy shots, health promotion and prevention services, employee health, and sexual harassment/assault advising, resources and education (SHARE). Find out more at: http://uhs.princeton.edu.

Facilities

CPS is located in UHS at the center of Princeton’s campus. CPS is housed on the third and part of the second floors of UHS, which is located in the historic McCosh Health Services Building (Find out more at: http://uhs.princeton.edu/about-us/history). Post-Docs have furnished offices, which they decorate as they choose, and have necessary office equipment and supplies.

CPS is a multidisciplinary staff composed of 10 Ph.D. and Psy.D. Licensed or License eligible Counseling and Clinical Psychologists, three Licensed Social Workers (two Clinical), two M.D. Psychiatrists, one Psychiatric Advanced Nurse Practitioner, and two Administrative Support Staff.

Approximately 20% of the student body receives clinical services each year while an even larger percentage of students and staff and faculty receive service through outreach and psycho-educational programming.
Placement Within the Office of Campus Life

The Office of the Vice President for Campus Life plays an important role in bridging all aspects of the curricular and co-curricular experience, helping undergraduate and graduate students find their place within the university community. Campus Life strives to foster an educational community that reflects the highest aspirations of its members within an environment that encourages and provides opportunities to exercise leadership, citizenship, personal growth, and respect for intellectual and cultural diversity. Find out more at: www.princeton.edu/campuslife

About The Town Of Princeton


Training Model

CPS provides urgent care assessments, short term individual treatment, couples therapy, group therapy, psychiatric evaluations/consultations, and University outreach.

CPS treatment teams (Eating Disorders, Alcohol and Other Drugs, Emotion Management, Mind Body Health and Tigerspaw-Sport Psychology) meet weekly and target multi-disciplinary treatment and intervention toward specific student groups. Teams review challenging cases, develop treatment plans, support clinicians’ therapeutic goals, provide suggestions and recommendations for care, provide relevant training experiences, and serve as a supportive Staff resource.

UHS has a nine-bed infirmary available for students with medical and/or mental health issues. The infirmary is not a psychiatric in-patient unit. All Staff have admitting privileges for students who might benefit from a higher level of care which does not require a hospital emergency department or in-patient hospitalization.

Overall Philosophy of Training

The Post-Doctoral training program offers extensive clinical experience with substantial supervision, interdisciplinary collaboration, treatment team participation, and outreach opportunities. The training program seeks to facilitate clinical competence through personal and intellectual development in the context of supervisory relationships. CPS values multi-theoretical and evidence-based approaches to treatment within short-term therapeutic models.

Staff practice from a variety of theoretical models including: psychodynamic, cognitive, cognitive-behavioral, intersubjective/psychoanalytic, developmental, mindfulness-based, attachment and object relations, and others. Essential to these efforts is a focus on multiculturalism with awareness that ethical practice is crucial to effective care. To support these
efforts CPS uses scholarly research to inform practice and deepen understanding of effective clinical interventions. Additionally, this overall philosophy is guided by these principles:

- **Trainees Are Primarily In Training**

  The primary purpose of the Training Program is to train Post-Docs to practice psychology. Intensive supervision and didactic instruction are the primary vehicles for training and evaluating Post-Docs.

- **Mentorship Is The Cornerstone Of Professional Development.**

  Post-Docs are always under the direct supervision and guidance of several staff members. The Training Program is founded on the belief that individuals grow primarily as the product of significant relationships. The Post Doc/Supervisor relationship provides the foundation for growth in core skill areas and in professional identity development.

- **Post-Docs Are in Training to Develop Professional Identities.**

  Staff provide opportunities for Post-Docs to work with culturally diverse professionals from various disciplines (e.g., clinical and counseling psychology, social work, campus life, psychiatry, and nursing). Post-Docs are provided time to process and reflect on their experiences in order to promote growth and integration of their professional confidence.

- **The Growth Of A Professional Identity Occurs Developmentally.**

  The Training Program provides higher levels of direction and structure initially, with movement towards greater autonomy and responsibility. Higher levels of structure assist transition into a new system by providing guidance and direction. Post-Docs have multiple opportunities to be increasingly autonomous in all aspects of their functioning.

- **Training Needs Are Met Through the Expertise of CPS Staff and Other Campus Professionals.**

  CPS provides exposure to a broad range of experiences and theoretical perspectives during the year, internally and externally. This allows Post-Docs to seek their own areas of interest within different venues such as clinical intervention, programming, consultation, psychopharmacology, alcohol and other drug usage, assessment, multiculturalism, didactics, case presentation, and scholarly inquiry.

- **Individuals Learn In Individual Ways.**

  The Training Program uses various learning methods including practical experiences, modeling, process-based activities, group, didactic, experiential, and self-guided learning. CPS provides an environment that is supportive and challenging and based in part on Post-Docs’ self-
assessments. Time is spent initially working with Post-Docs to assist them in defining their goals and desires for training.

- **Psychologists Are Informed Through the Integration of Science And Practice.**

Theory, research, and practice mutually inform each other. Post-Docs are guided and encouraged in their pursuit of observing, inferring, formulating, and evaluating clinical hypotheses. Post-Docs generate clinical hypotheses based on theory and research.

**Training Model**

A Clinical Practitioner Model Informed by Theory and Research guides the CPS Training Program. Post-Docs are trained to ground their practice of psychology in theory and research. This model is accomplished in an intensive, supervised counseling center experience working with a multicultural group of interdisciplinary professionals. Imbued in this model are service provision, didactic and experiential instruction, and the use of psychological theory/ research.

CPS provides a setting in which Post-Docs strengthen and consolidate their abilities to practice psychology. Post-Docs successfully complete their Post-Doc when they reach a level of independent practice defined by having sufficient ability to practice core competencies without ongoing supervision. Training involves developing both core competencies and positive professional identity essential for an entry-level psychologist providing services in:

1. Brief And Longer Term Individual & Group Counseling
2. The treatment of Eating Disorders, Emotional Dysregulation and/or Alcohol And Other Drug issues
3. Crisis Intervention
4. Programming/Outreach
5. Consultation

CPS recruits applicants from scientist-practitioner and scholar-practitioner programs so they come with a foundation of theoretical and research-based knowledge, with the capacity to engage in theoretical and research-based inquiry, and with readiness for intensive training. A part of competent practice includes being informed about the seminal and current theoretical and research-bases of psychology. CPS accomplishes integration through:

1. Developing critical thinking to guide the use of research to inform clinical practice
2. Generating clinical hypotheses to explore in supervision
3. Learning the empirical bases that guide the use of assessment
4. Attending and/or presenting at professional conferences
5. Participating in in-service training programs on best current clinical practices.

The environment in which this training model occurs is designed to provide a collaborative milieu for training. To accomplish this, CPS provides a Mentor/Apprenticeship Environment. This is operationalized based on the following program characteristics:

1. Staff provides clinical and professional identity role modeling.
2. Staff collaborates actively with Post-Docs.
3. Staff members create a milieu respectful of Post-Docs: Honoring their cultural identities, valuing their positive self-growth, and establishing a strong work ethic.

CPS is a fast-paced, heavily utilized service in which Post-Docs receive quality supervision in an environment that strives to promote competence supported by scholarship. The program sets the stage for a vibrant training experience providing Post-Docs with rich and substantial developmental opportunities. This is the philosophy, model, and setting for the Training Program further elucidated by the following goals:

**Training Goals**

Post-Docs are expected to achieve the following goals over the course of their Post-Doc experience at CPS:

- Post-Docs become competent broad and general clinical practitioners with a specific concentration.
- Post-Docs develop competence in psychological assessment via diagnostic interviewing.
- Post-Docs increase their awareness of areas of diversity and become multi-culturally competent at the level of independent practice.
- Post-Docs become competent in group practice at the level of independent practice.
- Post-Docs become competent in crisis evaluation and intervention both with clients and the campus community.
- Post-Docs develop the necessary knowledge, skills, and experience to competently provide outreach and consultation.
- Post-Docs become knowledgeable about and sensitive to the ethical and legal standards affecting the professional practice of psychology and act in a professional manner.
Program Activities

Clinical Services
The training program provides multiple opportunities for Post-Docs to develop and refine clinical competencies. Through participation on various clinical teams, Post-Docs have the opportunity to concentrate in treatment tailored to meet the needs of students who struggle with eating disorders, alcohol and other drugs, or emotion management. In addition to these three core treatment teams, Post-Docs have the option to participate with the Mind/Body Health and TIGERSPAW Sports Psychology Teams.

CPS focuses on clinical case conceptualization and treatment interventions that promote overall mental and physical well-being and which consider diagnosis, multiculturalism, family/ cultural contexts, and interpersonal connections.

Clinical Activities
Individual Counseling: Post-Docs engage in individual counseling, seeing students in a primarily brief model therapy and providing approximately 17 individual contact hours a week. Individual counseling involves applying a theoretical frame-of-reference in assessing and conceptualizing presenting problems, providing clinical disposition, and developing and implementing formalized treatment plans.

Group Counseling: Post-Docs are involved with leading or co-leading one or more of the various groups offered at CPS each semester. They have the option to co-lead with a senior clinician and so have the opportunity to work directly in a clinical situation with a supervisor. Most groups are themed groups with some general therapy groups. Some groups are on-going, open process groups and some groups are brief structured groups.

Crisis Evaluation & Intervention: Post-Docs participate with increasing responsibility and autonomy in the day and evening on-call rotations providing emergency assessments to clients who present on a walk-in basis or after-hours. Supervisory support for these interactions is always available.

As part of crisis and urgent care work, Post-Docs interact with the University Health Service Infirmary which provides brief inpatient care. Post-Docs have admission and discharge privileges. Interacting with the Infirmary and its medical staff provides additional interdisciplinary training opportunities.

Urgent Care Appointments: Post-Docs are available each week during urgent care hours to see students who present with urgent and emergent clinical issues.
Psycho-Educational Programming and Outreach: CPS engages in a wide range of programming and outreach including invited presentations to departments, classes, and residential colleges. Post-Docs are part of outreach programming through joining other Staff in presentations as well as developing their own based on their areas of interest and expertise.

Additionally, Post-Docs develop outreach specific to their concentration areas for presentation on campus. Post-Docs work with the Coordinator of Outreach to develop their outreach programs and thus gain practical training experience.

Training Activities

Individual and Group Supervision: Supervision of Post-Docs is conducted on a regularly scheduled, individual basis by at least two licensed Psychologists and one group supervisor.

In accordance with the 2003 APA Ethical Guidelines, we do not require disclosure of personal information. It is useful to share information about how we view self-disclosure in the supervisory experience so candidates are fully informed about the supervision model:

- With awareness that professional activities may be impacted by personal experiences, beliefs, and values, Post-Docs may choose to disclose and are encouraged to do so as long as the information has a bearing on professional functioning.

- Supervisors may notice incidents and patterns in Post-Doc professional behaviors suggesting behaviors may be influenced by personal experiences, beliefs, and values. Supervisors may ask for reflection on this in the context of professional growth.

- Post-Docs choose how much and what to disclose. Post-Docs are not penalized for the choice not to share personal information. Supervision is never viewed as psychotherapy.

Clinical Team Meeting
Post-Docs are integrated into one or more Clinical Teams including Eating Disorders, AOD, Emotion Management, Mind Body Health and TIGERSPAW (athletes). Teams meet weekly or biweekly and provide peer supervision and clinical planning for cases relevant to the Team’s concentration.

Case Conference
Post-Docs are integrated into weekly case conference meetings with Staff. Case conference is an opportunity for Post-Docs to learn from Staff by participating in case presentations as well as presenting cases for feedback from a broader group than individual supervision.

Post-Docs are assigned to offer at least one formal case presentation to Staff and receive feedback on their presentation.
Peer Group Supervision/Process
This group meets weekly and serves as opportunity to discuss clinical cases from a "large question" perspective. This group provides a "safe place" to address and process issues on which Post-Docs may be personally/ professionally working during their year. Struggles may include identity development, cultural issues, life after post-doc, and interpersonal issues between Post-Docs/Staff. This group provides space to talk about important marketplace issues and concerns as they ready for entrance to licensure and independent practice.

Seminar
Seminars involve Post-Docs meeting with either CPS Staff, other Princeton staff and faculty, or professionals from the community. Seminar goals are:

1. Provide theoretical and research-based information on clinical practice such as empirically validated treatments, drug and alcohol assessment and treatment, brief model therapy, practice ethics, diagnostics, multiculturalism, and treatment planning.
2. Provide time to discuss issues important to them in their development as professionals.
3. Provide structured time to apply the knowledge gained in seminar to direct clinical work.

Administrative Activities
Case Management
Post-Docs are responsible for managing their own caseloads so they continually and consistently have an appropriate size caseload. In addition, administrative time is provided each day to write reports, progress notes, business/professional letters and e-mails, and to return telephone calls, consult with supervisors and other staff, and do general planning.

Post-Doc Selection
Current Post-Docs participate in the selection process for the next year's Post-Doc class. Post-Docs review applicant files, make recommendations, and actively engage in the interview process of incoming Post-Docs.

Staff/Operations Meetings
The purpose of the meeting is for staff to have a set time each week to share office and university information, to experience learning together, process through staff issues, and share colleagueship, which becomes especially important in busy semesters. Post-Docs are strongly encouraged to participate in these meetings as full staff members.
Typical Schedule

35.0 Hours Per Week

17 Hours Clinical Work (Approximately)
   Individual Therapy (11 Hours)
   Group Therapy (1 Hours)
   Intake (5 Hours)
   Urgent Care (.5 Hours)

4 Hours Supervision
   Individual Supervision (2 Hours)
   Case Conference Supervision (1 Hour)
   Clinical Team Meeting Supervision (1 Hour)

4 Hours Other Activities
   Didactic Training (Seminar) (1 Hour)
   Peer Group/Process (1 Hour)
   Staff Meeting (1 Hour)
   Outreach/Educational Activities (1 Hour)

Paperwork/Administrative Activities (5 Hours)
Lunch (5 Hours)

Evaluation

Evaluation Procedures
Each semester Supervisors evaluate the Post-Docs. Evaluations are reviewed with Post-Docs who are given opportunity to formally respond to evaluations. In addition, Post-Docs complete an evaluation for their supervisors. Post-Docs regularly evaluate seminars, their orientation experience, and the overall Program.

Evaluations are conducted formally using pencil and paper evaluation forms and through discussion. Evaluations occur at several levels among Post-Docs and supervisors. Post-Docs are evaluated for all experiences including individual, couples, and group work; outreach and programming; assessment; ethics; use of supervision; and multicultural work.

Post-Docs are given opportunity to evaluate all individuals from whom they receive evaluation. Post-Docs are provided with formal opportunity to respond to any evaluation they receive.

Evaluation occurs three times during the course of the training year, once during:
• **September** to set baseline for each Post-Doc’s skill level and to decide goals for the first half of the year. This occurs with Post-Docs completing the baseline form and then discussing their self-perceptions with supervisors.

• **December** to assess at the mid-way point of the year. This evaluation process involves written feedback from supervisors, which is reviewed by each supervisor individually and by the Training Coordinator. The Post-Doc receives feedback, reviews Fall goals and sets/reaffirms final Spring goals, and assists in generating methods by which to meet the training goals.

• **June** to assess at the end of the regular academic year to address progress. This process is similar to the December evaluations. The Post-Doc receives feedback and reviews regular academic year goals for progress for the year and unfinished goals for a professional life of continual education.

**Qualifications of Candidates**

1. **Required**

   1. Fulfilment of all requirements of your doctoral degree such that your status is “Post-Doctoral” by the start of the Princeton Post-Doc Training Year including:

      1. Successful completion of your Pre-Doctoral Internship (APA-Accredited Preferred)

      2. Completion of all doctoral requirements from your program in clinical or counseling psychology (APA-Accredited Preferred)

2. **Preferred**

   1. Prior experience working in a university or college mental health service

   2. Experience treating clients with substance abuse problems, eating disorders, and/or trauma history; experience leading group

   3. Experience working effectively with people on a broad spectrum of social and cultural identities

   4. Experience working with clients with multiple diagnoses

   5. Experience with mindfulness and meditation in clinical practice
Stipends/Benefits

This is a full-time position from September 1, 2018 to August 31, 2019 with a salary of $39,000 plus full and generous Princeton benefits including health/dental and time off. Find out more at: www.princeton.edu/hr/benefits

One additional benefit of Post-Doctoral Training at Princeton is the accumulation of hours towards licensure.

How to Apply

For Full Consideration:

1. Applications must be received by January 3, 2018.


3. Upload & E-mail:

   1. Your Letter of Interest (no more than 500 words and which includes a statement about the area of Concentration/Teams in which you are interested) and

   2. Your Curriculum Vitae

   3. Please also have three letters of recommendation, including one letter from your internship site training director/coordinator, e-mailed to haslyna@princeton.edu or mailed to my attention at McCosh Health Center; 3rd Floor; Washington Road; Princeton, NJ 08544.

Please direct any questions you have to David B. Campbell, Ph.D., Coordinator, Clinical Psychology Post-Doctoral Training: dc4@princeton.edu or 609-258-3285.

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