2027-2028

Psychology Internship Program

Our mission:

To serve,
to heal,
to educate.

Cooper University Health Care

Cooper Medical School of Rowan University

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Accreditation Status

Cooper University Hospital Psychology Internship Program is accredited by the American Psychological Association. For information regarding APA accreditation of this internship or other accredited internships, please write or call: ***Office of Program Consultation & Accreditation, American psychological Association***, 750 First Street NE, Washington, DC 20002-4242; 202-336-5979; www.APA.org. The program is a member of APPIC.

Application and Selection Procedures

Applications due November 1, 2026

Adult Concentration: 250811

Lifespan Concentration: 250812

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Eligibility Requirements

Applicants must be authorized to work in the United States. Applicants need to have residency or an OPT/CPT that allows you to work without any additional sponsorship, as Cooper does not sponsor visa applications for this position. Applicants will be considered from doctoral psychology programs in clinical or counseling psychology that are APA-accredited. No applicants from programs awarding degrees in areas other than psychology will be accepted. All requirements for doctoral internship, including dissertation proposals and passed competency exams, must be completed prior to starting.

Interns are subject to fingerprinting and background checks. Flagged background checks prompt case by case determinations if the issues involved in the conviction are related to job duties. For example, generally a misdemeanor would not be considered a “failed” background check unless there were multiple convictions and related to job duties; Cooper also reviews the recency of the conviction(s).

Although Covid Vaccines are no longer mandatory in New Jersey, we are still required to report vaccine status to the State of NJ until further notice. Cooper also conducts drug screen exams on all new employees prior to beginning work; once on staff interns are also subject to random selection for drug testing. Use of illegal drugs is considered a “failed” drug test. If the candidate has a prescription for an opioid or other controlled substance and the screen matches the prescription that is a “pass.” Medical marijuana with a prescription may be a “pass” but the candidate is required to comply with prohibitions on use and possession in the workplace to comply with Federal Drug Free Workplace Act. Match results and selection decisions are contingent meeting these criteria. In addition to the above requirements, it is understood that applicants who are offered an internship position expressly agree that they are able to accept and fulfill a one-year, full-time training appointment.

Selection Criteria

Applicants for Cooper’s Psychology Internship Program must be doctoral students in good standing at an American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited graduate program in the fields of clinical and/or counseling psychology. Selection criteria will also include the applicant’s statement of goals, professional interests, and objectives for internship training, and consideration of future professional goals. The applicant’s prior training, as they relate to the aims of the program and the rotations offered in the internship program, including settings, clinical and supervisory experiences, will also be considered. Applicants best suited for the Lifespan Concentration have completed at least two (2) clinical pediatric/child-focused externships. The applicant’s discussion of their clinical experiences and interests during interviews will be given significant consideration. It is also important that applicants demonstrate interest in gaining entry-level competencies in health psychology.

We are committed to creating equal opportunities and a welcoming training environment. We believe it is important to attract interns from diverse socio-economic and cultural backgrounds and equally important to train all interns to provide culturally-informed care to patients. As such, we welcome applications from candidates with diverse backgrounds. If you would like to let us know more about your life and/or professional experience related to culturally-informed care, we encourage you to include a brief sentence or two about this in your cover letter. Cooper's psychology internship program is committed equal opportunity and to ranking without regard to race, ethnicity, sex, religion, age, disability, veteran status or other protected status. Cooper serves a diverse patient population including, but not limited to, a large population of Spanish-speaking patients. As such, we strive to recruit applicants who are bi-lingual who may be able to enhance the provision of psychological care for this population of patients.

Interested candidates who meet the above requirements may apply by providing the following information through the AAPI Online Applicant Portal:

1. A cover letter which specifies your future professional goals, details of how the internship will contribute toward the achievement of your goals, and a goodness of fit between you and the Cooper's internship program.
   a) Please indicate whether you are interested in the **Adult Concentration** or the **Lifespan Concentration** (please bold in your letter).
   b) If you do not have health psychology experience, please discuss how your current skillset will help you to transition in this setting and/or why you want to gain this experience. **Please highlight tracks of interest and why.**
2. Curriculum Vitae.
3. At least two letters of recommendation from faculty or other professionals who are well-acquainted with you and your qualifications.
4. One copy of all graduate school transcripts.

The Equal Opportunity and Community Committee was developed in 2020 by psychology staff and behavioral medicine trainees. The committee endeavors to foster a community of respect for and appreciation for a culture of belonging within the psychology training programs. To that end, the committee is charged with cultivating an environment in which all program members feel valued for their unique and collective contributions. All trainees, including interns, are welcome to join this committee. For more information about this committee or our initiatives, please reach out to Christina Goodwin, PhD (Committee Chair).

Interviews

This year we plan to offer virtual interviews via Teams to continue promoting equity and safety related to the possibility of an ongoing pandemic, as well as financial burden. Selected applicants will be invited to attend one of two virtual open-house-style orientation meetings, during which we will discuss the program. These two dates will be on Tuesday December 8th and Friday December 11th. Individual interviews will take place in December and January. Applicants will reserve the interview session that works best for them; this is on a first-come-first-serve basis. Applicants will complete two to three virtual individual interviews with faculty members. Applicants are welcome to specify if they would like to meet with specific faculty members. We will do our best to accommodate requests to meet with specific faculty members; however, we cannot make any guarantees. There will be a separate scheduled time for applicants to meet interns via Teams in small groups during the same week applicants are interviewing with faculty (but not necessarily on the same day). Invitations to interview will be made by email in accordance with APPIC uniform notification guidelines. Cooper University Health Care strongly adheres to APPIC Internship Selection Guidelines.

Interview Date Summary

- Invitation-only orientation meeting: 12/8 and 12/11
- Individual interviews: Throughout December and January
- Intern meet-and-greet: Throughout December and January

Administrative and Financial Assistance

This year the Psychology interns will be paid a salary of $43,888.00 for this full-time, one-year training program (52 weeks/2080 hours). Additionally, interns will be provided with a professional development stipend of $1,500.00 to be used for membership to professional organizations, conferences, and academic resources under the discretion of the training director. Interns are also eligible for a technology stipend toward their personal cell phone and a Fidelity retirement account. Employment will begin on June 21, 2027 and end June 16, 2028. Interns will work 40 hours per week. Cooper provides 13 days of annual general leave (vacation), up to 13 days of sick leave, 6 federal holidays, access to health insurance benefits, and additional time off for professional development as needed. Upon beginning the internship, interns will be scheduled for Cooper's new hire provider orientation during which health care and other benefits, policies, and procedures will be reviewed. Interns are paid on a bi-weekly basis for 26 consecutive pay periods consistent with Cooper University Health Care procedures. Interns will be contacted by the Cooper Human Resources (HR) Department prior to their start date to begin the required formal on-boarding process including forms for background checks, fingerprinting, and a physical exam.

Cooper University Health Care
Psychology Internship Training Program

Cooper University Health Care is currently recruiting for four (4) psychology internship positions within our Behavioral Medicine program for the 2026-2027 training year. Two (2) intern positions are available in our **Adult Concentration** and two (2) intern positions are available in our **Lifespan Concentration**.

The training environment will promote competency fundamental to the practice of health psychology through clinical, research, and didactic experiences. The attainment of profession-wide competencies will be achieved through the integration of clinical practice, didactics, and supervision as specified by APA accreditation principles including:

1. Research
2. Ethical and legal standards
3. Individual and cultural diversity
4. Professional values, attitudes, and behaviors
5. Communication and interpersonal skills
6. Assessment
7. Intervention
8. Supervision
9. Consultation and interprofessional/interdisciplinary skills

Interns will participate in didactic seminars for a minimum of 2 hours per week (though often more) throughout the training year. It is also anticipated that interns will have the opportunity to supervise pre-doctoral externs with the guidance of licensed clinical psychologists.

Program Aims

Cooper University Health Care's mission is: "To serve, to heal, to educate."

Cooper's Vision Statement is: "We will be the best place to be a patient, the best place to work, and the best place to learn and practice medicine."

Lastly, Cooper Values include: 1) Compassion: We are caring, kind, and empathetic taking action to relieve the suffering of others; 2) Inclusion: We respect others, value differences, and promote a sense of belonging for all; 3) Excellence: We are honest, professional, active, accountable, innovative, and passionate about quality.

This program will train interns to build skills across the profession-wide competencies consistent with the Commission on Accreditation Implementing Regulations for health service psychology and Cooper's mission, vision, and values. Specific aims of the Psychology Internship Program at Cooper include:

Aim 1

To train independent health service psychologists to practice at the top of their license by providing an environment conducive to learning all aspects of both general clinical and specialized practice in health psychology. Specifically, interns will learn how to be highly professional, ethical and competent in assessment, evidence-based intervention, treatment recommendations, interdisciplinary consultation, neurocognitive testing, and comprehensive psychological evaluations for surgery.

Aim 2

To expose interns a range of theoretical orientations and types of psychological interventions (cognitive behavioral therapy, acceptance and commitment therapy, motivational interviewing, mindfulness-based), integrated treatment settings, and multidisciplinary teams.

Aim 3

To provide an opportunity to develop competence in working with individual and cultural diversity, foster an inclusive and respectful learning environment, and increase the number of interns and faculty members underrepresented in the field of psychology.

Our training is tailored to be consistent with the Standards of Accreditation. At the beginning of the training year, students will be provided with specific performance criteria for each of their rotations that are reflected in our evaluation form. These core competencies are fully consistent with scope of practice of psychologists as identified by the APA and CoA. At the end of the training year, interns are expected to have met passing criteria in all competency domains and to be prepared for further specialized training or an entry-level position.

Training Model and Program Philosophy

Cooper welcomes applicants from all training models who find their goals and interests match well with our training staff. Cooper specifically emphasizes a practitioner-scholar model of training and encourages the development of professional and clinical skills consistent with this perspective. Within this framework, our teaching model is to have each intern work with a wide variety of patients under close supervision in an apprenticeship model with increasing responsibility over the course of the training year. Interns participating in the doctoral internship training program are offered training experiences that encourage the development of professional and scientific skills/competencies, and the conduct of ethical practice and research.

Interns will have an orientation period at the beginning of the training year that will allow ample time to meet with all supervisors and become acclimated to the hospital and clinics.

Requirements for Successful Intern

Performance Expected Competencies

Intern competencies will be formally assessed quarterly (end of September, December, March and June). Interns are evaluated on the nine Profession Wide Competencies required under the APA Standards of Accreditation. Evaluation is based on an intern's ability to demonstrate or provide each element (i.e., knowledge, awareness, or skill) that comprises each competency. The following profession wide competencies are assessed: Research, Ethical and Legal Standards, Individual and Cultural Diversity, Professional Values, Attitudes, and Behaviors, Communication and Interpersonal Skills, Assessment, Intervention, Supervision, and Consultation and Interprofessional/Interdisciplinary Skills.

Minimum Levels of Achievement for Completion

Competency ratings range along a scale of 1-5 which includes "Needs Remedial Work," "Entry Level," "Intermediate," "Advanced," and "Proficient."

The goal for intern evaluations done for 1st Quarter/3 months and 2nd Quarter/6 months: Within each of the 9 competency areas, interns are expected to achieve a rating of 'Entry Level; 2' for most objectives under each competency. For the 3rd Quarter/9 months: Interns are expected to achieve a rating of 'Intermediate; 3' for most objectives under each competency. This reflects the interns maturing competence in most domains, and allows for some variability in the attainment of objectives recognizing that interns training experiences may have emphasized different functional competencies, and/or they began a new clinical rotation. Lastly, the goal for intern evaluations done for 4th Quarter/12 months: For each competency it is expected that a rating of 'Advanced; 4' will be attained for most objectives under each competency by the end of the training year.

Intern Performance, Evaluation, Feedback, Retention, and Termination Decisions

Interns will receive formal written feedback from their clinical supervisors based on the results of the quarterly competency evaluations.

Interns are expected to maintain the internship program's minimum levels of competency achievement at the 9- and 12-month marks of the program for continued retention in and expected completion of the program. The process of clinical supervision in the internship program is expected to be a dynamic one that includes continuing feedback and dialogue regarding the intern's performance, continuing progress toward training goals, and developing professional competencies. It is the expectation that any identified deficiencies in the intern's clinical performance (competencies) or professional conduct (professional values, attitudes, & behaviors) will be identified and addressed in supervision as early as possible in the rotation/training year. It is the expectation that any deficiencies identified by the Director of Training can be remediated informally with supervisory input and direction. The internship program provides a formal policy outlining due process for or any issues requiring formal remediation management. See Appendix IV for an example Remediation Plan.

Psychology Setting

Cooper University Health Care (CUHC), affiliated with Cooper Medical School of Rowan University, is the leading academic health care system in Southern New Jersey. Since 1887, Cooper has been providing high quality health care to all citizens of the region. Cooper also takes great pride in leading efforts to revitalize the city of Camden and surrounding areas, recognizing the need to address all social determinants of health to promote the wellbeing of our citizens.

Cooper University Hospital is southern New Jersey's only Level 1 Trauma Center and is the Delaware Valley's only Level II Pediatric Trauma Center. CUHC offers healthcare services to a diverse population both at Cooper University Hospital and at over 100 outpatient offices in South Jersey and Philadelphia. As an academic medical center, Cooper offers patients quality health care from primary care to specialty care in one or more of its premier Institutes and Centers of Excellence, including: MD Anderson Cancer Center at Cooper, Adult Health, Bone and Joint, Digestive Health, Heart, Neurological, Surgical Specialties, Women's and Children's, Urban Health, Center for Critical Care Services, Center for Urgent and Emergent Services, Center for Population Health and Center for Trauma Services.

Psychologists at CUHC are directly integrated within several of these clinical settings, but also serve these populations on a consultative basis. This internship is in Behavioral Medicine, a program within the Division of Hospital Medicine. Behavioral Medicine has recently experienced significant growth into various outpatient clinics (Urban Health Institute, Early Intervention Program, Neonatology/NICU, Pediatrics, Inpatient Psychiatry), in addition to seeing medically admitted inpatients on the consultation-liaison service. Cooper psychologists are also leaders in research and hold academic appointments at Cooper Medical School at Rowan University and a secondary appointment at Rowan University.

Program Structure

Interns will have the opportunity to have integrated and interdisciplinary training experiences in multiple settings within Cooper University Health Care for various health-related problems, including: management of chronic illness, treatment non-adherence, pain management, smoking cessation, weight management, insomnia, coping with acute illness and hospitalization, palliative care, and assisting patients' families with coping. There are also opportunities for cognitive and psychological assessment within a primary care setting, receiving referrals from the Urban Health Institute and Family Medicine.

Interns will see a variety of individuals across inpatient and outpatient settings, including patients/families across the lifespan with OB-GYN, Neonatology, Pediatrics, and all adult specialties, including Internal Medicine, Trauma, Cardiology, Neurology, and Orthopedics. Clinical expectations, driven by a cognitive behavioral, acceptance-based, and biopsychosocial models, include assessment, intervention (individual, group, family), psychoeducation, health promotion activities, provider education, and consultation/liaison work. Behavioral Medicine promotes the availability of timely, goal-oriented, brief, and collaborative services designed to be consistent with a fast paced, academic medical environment and contemporary models of reimbursement for cost-effective clinical services.

Interns can expect to provide 20 direct service hours per week across rotations and will have at least a total of 2000 internship hours at the end of the training year. Caseloads will be assigned and monitored to make sure that training is cumulative, sequential, and increasing in complexity throughout the year and within individual rotations length of time spent in each rotation throughout the year depends on the needs assessment and stated goals of the interns' Professional Education Plan, as well as the needed time for a sufficient training experience (typically 4-6 months). All interns will experience many of the rotations.

Concentrations

Interns are admitted to either the Adult Concentration or the Lifespan Concentration tracks. The requirements for both concentrations are the same, but the population focus differs. The Adult Concentration focuses primarily on adult populations (about 80% of the clinical training) with select training opportunities in child psychology (20% of clinical training). The Lifespan Concentration gives greater focus to child populations (about 70% of the clinical training) and gives slightly lesser focus on adult populations (30% of clinical training).

Clinics and Rotations

Interns will gain experience across our inpatient and outpatient rotations. The internship program aims to prepare interns for practice at the doctoral level through the development of entry-level competencies in health psychology.

Inpatient Medical Consultation-Liaison

Interns serve in a consultation role for inpatient medical and surgical units throughout the medical center. The consultation reasons provide a wide range of experiences for the intern. Responsibilities include clinical evaluation, development of an appropriate intervention strategy, formulation of recommendations, and facilitation of communication among staff, patients, and family members. Typical examples of consult reasons include: adjusting to medical issues, managing trauma/depression/anxiety symptoms related to medical issues, promoting interpersonal communication with providers and patients, completing legally required brief alcohol screens for trauma patients, completing decision-making/capacity evaluations for medical treatment, as well as creating behavioral plans to facilitate compliance with medical recommendations by assisting in removing barriers and addressing underlying psychological challenges. Interns are encouraged to deliver recommendations in person or by phone/email to staff and physicians, as well as attend interdisciplinary family meetings. This rotation is mandatory and yearlong. Interns will spend approximately 5 hours providing direct clinical service on this rotation.

Inpatient Psychiatry

This rotation serves an opportunity to obtain more generalist training with severe mental illness. Cooper has a 12-bed voluntary psychiatric unit. Interns will attend rounds with the inpatient psychiatry team (which includes the attending psychiatrist, residents, and medical students) to learn more about psychopharmacology and other perspectives on diagnostic considerations. Interns' primary responsibility will be to lead groups and conduct individual therapy. There may also be opportunity for more formal assessment with appropriate cases. Interns can also work with social work to create recommendations for disposition and follow up mental health treatment (e.g., IOP, etc). This is an elective rotation lasting either 6 or 12 months, depending on the intern's training goals.

Critical Care Medicine

This rotation will consist of psychological consultation and psychotherapeutic intervention for patients and families within the area of Critical Care Medicine. Completing brief assessment and interventions to adult MICU patients at the bedside as well as supporting family members through the patient's critical illness is a unique training experiences. If interested, there may also be opportunities to co-lead ICU survivor support groups. Along with mood changes, this rotation will focus on adjustment to illness/hospitalization, pain management, developing novel communication strategies for patient who are unable to phonate, and end -of-life issues. Interns will have the opportunity to become part of an integrated team including physicians, nurses, social work, PT/OT, respiratory therapy, as well as pastoral care. The patient population includes adults of all ages, who are admitted to an inpatient medical intensive care unit (MICU) presenting with anxiety, depression, and/or trauma symptoms in response to their medical course or hospitalization. There will also be opportunities to provide psychotherapy to family members of the critically ill who might be experiencing acute grief, complicated medical decision making, etc. Pre-requisites for this rotation includes 2 health psychology-based practicum experiences with adult populations. Previous experience working in a hospital is preferred, but not required. This is an elective full-day rotation lasting either 6 or 12 months, depending on the interns training goals.

Primary Care

Urban Health Institute (UHI)

The Urban Health Institute is a primary care program that serves individuals from Camden and the surrounding areas. This rotation is mandatory and yearlong for Adult Concentration interns, and is an elective rotation for Lifespan Concentration interns. Given that primary care offices provide about half of all mental health care for common psychiatric disorders in general, Behavioral Medicine is integrated into the UHI to provide brief psychotherapy as well as assessment services. The philosophy is that addressing the whole person and their physical and psychological health is essential for positive health outcomes and cost-effective care.

The internship opportunity at UHI will involve primarily brief, outpatient psychotherapy with some opportunity for brief neurocognitive evaluations. With that in mind, and given the target population, interns will be expected to follow their patients into the inpatient medical setting when admitted. Regardless of context, the emphasis will be on brief CBT, Problem-Solving Therapy, Motivational Interviewing, and similar interventions to address psychological issues that are in some way correlated with their health, e.g. depression due to recent diagnosis of a chronic illness, anxiety interfering with treatment, general adherence issues, and so on. There will also be opportunities to design and execute group therapy sessions. These have so far included emotion regulation groups and mindfulness groups for neurology patients with chronic headaches. This is a full-day, mandatory, year-long rotation for Adult Concentration interns, and is an elective rotation for Lifespan Concentration interns.

Generally, a comprehensive neuropsychological assessment focuses on a performance-based approach to assessing cognitive functioning, often with the aim exploring cognitive sequalae of medical concerns including brain damage and degenerative disease, as well as severe mental illness. These assessments involve collection of diagnostic information, differential diagnostic information, assessment of treatment response, and prediction of functional potential and functional recovery. Specifically within the Urban Health Institute, interns will assist physicians in both the process of differential diagnosis (e.g. anxiety versus ADHD versus malingering) as well as quantifying dysfunction and disability to monitor disease progress (e.g. consequences of dementia, diabetes, Parkinson's Disease). While most consults will involve a core set of assessment, including the WAIS-IV, WMS-IV, and D-KEFS. Overall, we take a flexible battery approach with assessments focused on a specific referral question. This is an elective rotation available to Adult Concentration interns and will last 6-12 months depending on the intern's interests and schedule. Interns will spend approximately 2-3 hours per week providing direct clinical service.

Cooper EIP Expanded Care Program (CEEC) - Integrated Primary Care in HIV

Clinical and research opportunities are available to work in this interdisciplinary, hospital-based clinic that provides a variety of services to psychosocially diverse people living with HIV/AIDS (PLWHA). The CEEC offers the Behavioral Medicine intern the opportunity to work in collaboration with Primary Care, Infectious Disease, Addiction Medicine, and Psychiatry providers as well as medical case management staff. The intern will provide brief outpatient services and mental health assessments in the clinic; provide inpatient consultation for continuity of care of those CEEC patients who are admitted to the hospital; support pre-doctoral externs via secondary supervision; and have the opportunity to coordinate clinical research. Some opportunity exists for LGBTQ-specific health care services. The program provides ample opportunity for didactic training, professional presentation, and program development. This is an elective rotation lasting either 6 or 12 months, depending on the interns training goals.

Women's and Children's Health Institute

These rotations have a multi-area focus divided between various clinics, where interns will have opportunity to focus on pediatric patients, OB/GYN patients and NICU families.

Pediatrics

Pediatric patients will be seen in an integrated care model in the general pediatric medical clinics as well as within specialty clinics (options presently include hematology, neurology and GI). Focus is on acute and chronic health concerns but also allows for traditional pediatric concerns such as general behavioral and emotional issues (i.e., ADHD, anxiety, mood issues). Interns will work with an inter-disciplinary team including physicians, residents, RN's, medical students and social workers. Warm handoffs in clinic with brief interventions and option to work with clients on short-term basis is available in this clinic as well. There is also opportunity through the Consultation-Liaison rotation at Cooper to see inpatient pediatric cases. For the Lifespan Concentration, this is a required, yearlong rotation; it is an elective for the Adult Concentration.

Women’s Health

OB-GYN patients can be seen both during an inpatient hospital admission as well as in the outpatient clinic (Women’s Care Center). There is opportunity to identify pre- and post-partum challenges and provide short-term, evidence-based interventions for adjustment concerns, anxiety, depression, etc. Time spent in the outpatient clinic will include individual 30 minute sessions, as well as warm hand-offs.). Interns will work with an inter-disciplinary team including physicians, residents, RN's, medical students and social workers.

Neonatal ICU

Interns will have the opportunity to meet with families in the Neonatal ICU. Families are often met while inpatient at the hospital and can be seen at bedside. Common referrals include adjustment to premature birth, coping with changing expectations about the birth process, maternity leave, and bonding with baby, as well as challenges related to caring for babies while they are still receiving medical treatment.

Pediatric Assessment

Pediatric assessments will be completed in the general outpatient pediatric medical clinics and the Voorhees Learning Center. On this rotation, interns will obtain supervised experience of outpatient neurocognitive psychological assessments of children and adolescents with suspected neurological diseases and disorders. Patients are referred from child psychologists, pediatricians and pediatric neurology. Assessment batteries are guided by the referral question. Interns will have 4-6 hours/day of direct clinical service and 1 hour of supervision on this rotation; the remainder of the rotation day is reserved for scoring, report writing, and providing feedback. This is a required yearlong rotation for Lifespan Concentration interns. This rotation is not available to Adult Concentration interns.

Child & Adolescent Outpatient Clinic

This rotation will consist of outpatient psychotherapy with children and adolescents with trauma, anxiety, and depression. Currently, Dr. Kammen is the designated psychologist for this clinic, working alongside psychiatrists, psychiatric nurse practitioners, and support staff. This rotation would consist of initial intake assessments, as well as evidence-based cognitive behavioral therapies. Interns will have the opportunity to complete an online training in trauma-focused cognitive behavioral therapy (TF-CBT) and implement TF-CBT with patients in the clinic. Interns are welcome to attend Department of Psychiatry Grand Rounds on Tuesday, as well as treatment team meetings if scheduling permits. This rotation will occur at a recently renovated outpatient clinic across the street from the main hospital, within Cooper’s Camden campus at the Chambers Street Clinic.

Pre-Surgical Evaluations

The pre-surgical evaluations rotation will take place in the Cooper Behavioral Health ambulatory office in Voorhees. Interns will have an opportunity to learn to administer and evaluate patients' appropriateness for bariatric surgery and spinal cord stimulators using the latest integrated behavioral health guidelines, provide time-limited interventions, and learn how to create reports for multidisciplinary treatment teams. There may be opportunity to conduct group psychotherapy for patients with Binge Eating Disorder, Night Eating Syndrome and disordered eating behaviors in order to prepare them for post-operative lifestyle changes or, in cases of weight regain, re-establish optimal health habits. The interns will have an opportunity to work closely with a multidisciplinary treatment team, including surgeons, dietitians, advanced practice nurses, etc. and collaborate in multidisciplinary team meetings with clinical decision making. There will also be opportunities for outcome research. Interns will be in clinic one full day per week and will see 5-6 patients per day for assessment and therapy. Prerequisites for this rotation include previous assessment experience in health psychology settings. This is an elective rotation available to both Adult and Lifespan interns and will last 6-12 months depending on the intern's interests and schedule.

Supervision

Interns will receive 4 hours of supervision per week: at least 3 hours of individual supervision per week by a licensed clinical psychologist, though typically more, as well as 1 hour of group supervision. As this is an academic medical center, various levels of supervision are utilized, including direct/live supervision, consultation/supervision before and after sessions, case presentations, and scheduled formal supervision. Supervision will be provided by the faculty who work in associated clinics where interns are rotating group supervision occurs after Monday Health Psychology didactics. See Training Staff section below for additional information on faculty.

The Didactic Program

Interns will attend Monday Health Psychology didactics with the larger training program on a weekly basis; case presentations will also occur to discuss ongoing clinical cases and/or an overview of relevant issues related to the practice of clinical health psychology. Interns-only didactics will occur weekly on Tuesdays; example topics are below. See Training Staff section below for additional information on faculty.

Individual and Cultural Diversity

- Theoretical and empirical application of several multicultural models, along with current APA multicultural guidelines and application of these models to current cases.
- Increasing sensitivity toward individual and cultural diversity in medical settings and increasing awareness of the interns' own multicultural history and attitudes.
- Individual multicultural seminars on selected topics and diverse populations.

Ethical and Legal Standards in Psychology

- Application of the APA Ethical Principles and Code of Conduct.
- Review applicable laws, regulations, and policies governing psychologists at the state level.
- Recognize ethical dilemmas and be able to apply ethical decision-making processes.
- Clinical interventions through an ethical lens including boundaries, dual relationships, and confidentiality.
- Issues and considerations in conducting oneself in an ethical manner.

Supervision

- Overview of competency-based supervision and development of supervisory style, specific review of conducting supervision from the CBT model.
- Addressing competence, legal and ethical issues in supervision.
- Issues of diversity in clinical supervision (e.g., clinical care, the training environment, and supervision relationship).

Developing Research in an Academic Medical Center

- Discussion of ethical issues in research, experimental design and methods within a medical center, utilizing descriptive and inferential statistics.
- Review of grant writing to fund research, manuscript writing and the peer review process.
- Highlighting program development and quality improvement within medical settings.

Other Activities

In addition to Behavioral Medicine didactics, various departments hold grand rounds that interns are invited to attend (including Psychiatry, Neurology, Infectious Disease, etc.). Further, should interns have a particular interest in a medical specialty, they are invited to have the experience to round with those respective teams in the inpatient hospital or outpatient ambulatory setting. Lastly, Behavioral Medicine is leading an initiative to introduce a Wellness Program throughout Cooper to medical students, residents, RNs, APNs, and physicians. Interns will have the opportunity to provide mindfulness sessions, provide monthly lectures, and contribute to a peer support program (Resiliency Resources Team).

Schwartz Rounds

Schwartz Rounds, held throughout the year, are moderated discussions about complex clinical cases and ethical issues that confront interdisciplinary providers in the hospital. Schwartz rounds are well-attended by many professional disciplines and are highly intercollaborative. Interns are invited to attend and/or participate in Schwartz Rounds under the supervision of the Provider Champion to the Committee (Dr. Hays).

Research

In addition to clinical work and supervision, interns will be expected to specify a goal for empirical research or scholarly activity involving collaboration and mentorship with one of our faculty. By the end of the training year, each intern will be expected to provide a specific product of this collaboration, such as a formal presentation as part of didactics, a presentation at a regional or national meeting, or a completed draft manuscript for publication. Ongoing research opportunities will also be available for interns to become involved. A number of health psychology and behavioral medicine research projects are being completed by our faculty members, please refer to faculty bios for more information.

Facility and Training Resources

Cooper currently has adequate space, availability and utility of hospital computers that access the electronic medical record (EPIC), support word processing, and allow Internet-based research. Additionally, there are significant resources through the medical school library and assistance from medical librarians for comprehensive literature searches, as well as testing materials for psychodiagnostic and neuropsychological assessment.

Internship Program Faculty

Kelly Gilrain, PhD
Director of Behavioral Medicine
Chief of Psychological Services
Gilrain-Kelly@CooperHealth.edu

Kelly Gilrain, PhD *(she/her)*

Dr. Gilrain serves as the Director of Psychological Services at Cooper University Hospital. She has been a Health Psychologist for the past 18 years, 13 of which, have been at Cooper. She holds academic professorships at Cooper Medical School of Rowan University (CMSRU) and Rowan University. Her internship and residency were completed at Pennsylvania Hospital and her clinical work is with general medical patients on the Consultation-Liaison service addressing adjustment to acute and chronic medical issues. She has a specific focus on end of life concerns, death and dying and somatic/conversion disorders. During her time at Cooper, she developed and implemented the Consultation-Liaison Service. She has supervised trainees since 2010. She is focused on program development and expansion of integrated psychological supports across our health system. She has a special interest in provider and team well-being and is a leader in our Compassion and Resiliency Experience program (C.A.R.E.). Fun fact: She was in a pop-rock band in the 1990's in New York City.

Anastasia Bullock, PsyD
Internship Training Director
Bullock-Anastasia@cooperhealth.edu

Anastasia Bullock, PsyD *(she/her)*

Dr. Bullock is a licensed clinical psychologist specializing in health psychology and has worked at Cooper University Health Care since 2017. She completed her psychology internship in Medical Psychology at Jackson Health System/University of Miami and her postdoctoral residency at VA Connecticut/Yale School of Medicine. She is currently serving as the Psychology Internship Training Director.

Dr. Bullock provides patient care, as well as coordinates and supervises psychology externs, interns, and post-docs on the Behavioral Medicine and Psychiatry consultation-liaison services. She also holds a faculty position within Cooper Medical School at Rowan University, teaching medical students on rotation with the Behavioral Medicine team. Within the hospital, she serves on several committees, including the CARE program, Violence Prevention, and Complex Discharge. Dr. Bullock is actively engaged in research within health psychology, including consultation-liaison psychology, trauma, and weight and eating with articles in peer reviewed publications. She is a member of the Association for Psychologists in Academic Health Centers and several divisions within the American Psychological Association (12, 38, 45). Further, she serves on the Committee on Legislative Affairs and Executive Board within the New Jersey Psychological Association. Fun fact: She lives on a pumpkin and Christmas tree farm that her husband’s family runs, as well as the family-run brewery.

Christina Goodwin, PhD *(she/her)*

Christina Goodwin, PhD
Assistant Internship Training Director
Goodwin-Christina@CooperHealth.edu

Dr. Goodwin is a licensed psychologist and Assistant Professor of Psychiatry at Cooper. She earned her PhD in Clinical Psychology (health emphasis) from The Ohio State University and completed both internship and postdoctoral fellowship training at VA Boston Health Care System.

She is currently serving as the Assistant Psychology Internship Training Director. At Cooper, she provides evaluations and psychotherapy to adults in the Department of Psychiatry and Behavioral Health. In her role as a faculty member at CMSRU, Dr. Goodwin teaches seminars and provides individual and group supervision to psychiatry residents and medical students. Her seminars focus on the provision of various evidence-based psychotherapies. Dr. Goodwin's research interests broadly include program development and health psychology. Her past research projects have focused on identifying and evaluating psychological predictors of cardiorespiratory functioning and disease development, in addition to intervention development. She continues to collaborate with researchers both nationally and internationally, and is open to new collaborations. Fun fact: Along with two friends, Dr. Goodwin hosts an annual Arts and Music Festival in the Philadelphia area.

Cori McMahon, PsyD *(she/her)*

Cori McMahon, PsyD
Director Early Intervention Program
McMahon-Cori@CooperHealth.edu

Dr. McMahon is a licensed clinical psychologist specializing in health psychology who has 20+ years of experience in direct clinical care, graduate psychology and medical instruction, clinical supervision, and program administration across behavioral health, academic, and medical settings. She focuses her clinical work in chronic disease management, currently within EIP/Division of Infectious Disease. She holds a faculty position with Cooper Medical School of Rowan University and has a record of health psychology research, publication, and presentations, particularly in the area of psycho oncology, and remains engaged in projects focused on integrated behavioral healthcare in medical settings, and the use of digital tools to enhance patient engagement, health literacy, and improved doctor-patient communication. She is a member of the Society of Behavioral Medicine, is a National Certified Custody Evaluator, and also serves as Chief Clinical Officer for ERPHealth, a behavioral health technology company based in Philadelphia. Fun fact: She is related to William Penn and has many Quaker ancestors, and now her son is attending the same Friends school she did.

Dani Arigo, PhD
Arigo@Rowan.edu

Dani Arigo, PhD *(she/her)*

Dr. Arigo is a licensed clinical psychologist in NJ and PA who specializes in health psychology and behavioral medicine. She received her Ph.D. in clinical psychology from Syracuse University, completed her clinical internship at the Syracuse VA Medical Center and was a postdoctoral research fellow at Drexel University. She is now a tenured Associate Professor of Psychology at Rowan University and a core faculty member of Rowan's Clinical Psychology Ph.D. program. She also holds an appointment at Cooper Medical School of Rowan University (in Biomedical Sciences). Broadly, Dr. Arigo's research focuses on understanding social-psychological influences on health and improving behavioral interventions to promote physical activity, weight control, and chronic illness self-care, with a particular emphasis on harnessing the power of social environments (in person and in digital settings such as social media). She specializes in assessing and evaluating the effects of social comparisons and perceived social support on health outcomes. She is the recipient of a K23 Mentored Patient-Oriented Career Development Award and from the National Institutes of Health, to develop novel mobile interventions to increase physical activity among women with elevated risk for cardiovascular disease. Dr. Arigo currently serves on the Board of Directors for the Society of Behavioral Medicine and on grant review panels for the NIH. Fun fact: She has completed 7 marathons (including Philly) and an ultramarathon (50K).

Amy Balko, PsyD
Balko-Amy@CooperHealth.edu

Amy Balko, PsyD *(she/her)*

Dr. Balko is a licensed clinical psychologist specializing in pediatric neuropsychology. She earned her doctoral degree from Widener University's Institute for Graduate Clinical Psychology (IGCP), where she also completed her clinical internship at Widener University's Neuropsychology Assessment Center. Dr. Balko completed her postdoctoral fellowship at Massachusetts General Hospital's Learning and Emotional Assessment Program (LEAP) in Boston, MA. During her time at LEAP, she conducted comprehensive neuropsychological evaluations for pediatric populations with a variety of medical and neurodevelopmental conditions, including ADHD, autism, language disorders, intellectual disability, learning disorders, anxiety/mood disorders, epilepsy, and genetic conditions. After fellowship, Dr. Balko worked at private neuropsychology practice in Pennsylvania before transitioning to Cooper University Healthcare in March 2025. Fun fact: She has been a huge Penn State football fan her whole life and had season tickets each year as a student there.

Leah Brogan, PhD
Brogan-Leah@CooperHealth.edu

Leah Brogan, PhD *(she/her)*

Dr. Leah Brogan is a clinical psychologist in the Department of Psychiatry and Assistant Professor of Psychiatry at CMSRU. At Cooper, Dr. Brogan provides evidence-based psychotherapy to children and adolescents struggling with anxiety, trauma, mood disorders, and executive functioning challenges as well as conducts comprehensive psychological diagnostic evaluations through the Pediatric Psychology Collaborative. She also supervises psychiatry and psychology trainees in delivering evidence-based psychotherapies to children, adolescents, and young adults. She holds a PhD in clinical psychology with a juvenile forensic psychology specialization from Drexel University. Dr. Brogan has published and presented numerous peer- reviewed articles and projects locally, nationally, and internationally on youth who are justice-involved and identifying behavioral health problems among adolescent patients in emergency department settings. She currently serves on the NJPA Committee on Legislative Affairs wherein she works alongside other psychologists to review and advance legislation for the interests of NJ psychologists and other mental health issues important to the public.

Michael DeAngelo, PsyD
DeAngelo-Michael@CooperHealth.edu

Michael DeAngelo, PsyD *(he/him)*

Dr. DeAngelo, Psy.D., is a licensed clinical psychologist specializing in Behavioral Medicine in the Division of Infectious Disease within Cooper University Health Care. Dr. DeAngelo provides patient care in the outpatient offices of the Early Intervention Program (EIP). In addition, Dr. DeAngelo supervises Behavioral Medicine graduate students, collaborates with services such as Addiction Medicine and Psychiatry, and coordinates LGBTQ-specific health care referrals in the EIP. He recently accepted a position to co-chair the support subcommittee for the NJ Department of Health's Quality Management steering committee for HIV care. He previously worked at Ancora Psychiatric Hospital in Hammonton, NJ and has clinical interests in serious mental illness, perinatal mood and anxiety, and underserved populations. In addition to his academic appointment with Cooper Medical School of Rowan University (CMSRU), he also holds an adjunct faculty position with Rowan University, teaching undergraduate students in the Psychology Department and is a clinical affiliate with the Postpartum Stress Center in Bryn Mawr, PA. In his spare time, he enjoys a number of hobbies including gardening, tending to his backyard chickens, and managing the family's bee apiary.

Corey Doremus, PhD
Doremus-Corey@CooperHealth.edu

Corey Doremus, PhD *(he/him)*

Dr. Doremus is a licensed clinical psychologist who specializes in health psychology. He has been faculty at Cooper University Health Care since 2024, previously completing his internship and postdoctoral fellowship at Cooper. Corey is also currently serving as co-coordinator for the externship training program. He works on the consultation-liaison service and provides supervision to trainees. He is a member of the violence prevention committee and therapeutic violence mitigation team and leads behavioral care planning for behaviorally complex and disruptive patients. He is also supporting geriatric screening in the emergency department. Dr. Doremus's research focuses on consultation-liaison services across care settings, hospital violence mitigation, and pain. He is a member of APA, APAHC, and NJPA. Fun fact: he enjoys (nearly) all things astronomical as well as astrophotography

Sarah Fishman, PhD
Fishman-Sarah@CooperHealth.edu

Sarah Fishman, PhD *(she/her)*

Dr. Fishman is a licensed clinical psychologist with specialization in health psychology and psycho-oncology. She completed her psychology internship at VA Connecticut – Newington/University of Connecticut Medical Center and her postdoctoral residency at Cooper University Health Care. She received her PhD in Clinical Psychology (Health Emphasis) from Ferkauf Graduate School of Psychology (Yeshiva University and Albert Einstein Medical School) in the Bronx, NY. Since completing fellowship at Cooper in 2023, Dr. Fishman has joined the faculty and continued her work in oncology and on the general CL Service providing supervision to psychology trainees. Dr. Fishman is the co-coordinator for the postdoctoral residency program. She is involved in program development and research as a member of Cooper's Improvement of Care at End-of-Life Committee and serves on bioethics committees. She is also involved in residency education research on communication skills and program implementation for CUH residents and fellows. She is a member of the APAHC, SBM, and APA. Although originally from the Boston area and a proud Boston sports fan, Dr. Fishman now lives in Philly and has compromised on her sports allegiance. Fun fact: she loves to cook and meal prep (often seen at meetings with a too-full Tupperware) but hates to follow recipes

Philip Fizur, PsyD
Fizur-Philip@CooperHealth.edu

Philip Fizur, PsyD *(he/him)*

Dr. Fizur is a licensed clinical psychologist at Cooper University Hospital in the Behavioral Medicine program within the Division of Behavioral Medicine. He also holds faculty positions at Cooper Medical School of Rowan University, Rowan University, and Drexel University. Dr. Fizur earned his doctorate in clinical psychology at La Salle University. He completed his pre-doctoral internship at Penn State Milton S. Hershey Medical Center, followed by a post-doctoral fellowship at Cooper University Health Care specializing in both psycho-oncology and integrated primary care. As an active clinician and educator, as well in his leadership roles in three professional organizations, Dr. Fizur remains focused on the implementation, dissemination, and study of empirically supported interventions such as CBT and ACT to address the cognitive, behavioral, and emotional correlates to conditions such as diabetes, sickle cell disease, and cancer. His work also includes the study of how technology can be used to further treatment and research in these areas. Prior to psychology, Dr. Fizur was an Associate Director of Information Technology at Temple University. When not focused on psychology or his family his attention usually shifts to music, either attending concerts, at local gatherings of musicians as a fill-in drummer or guitarist, or engaged in audio and video production work for other musicians.

Brittany Haage, PsyD
Haage-Brittany@CooperHealth.edu

Brittany Haage, PsyD *(she/her)*

Dr. Haage is a licensed clinical psychologist specializing in health psychology, and more specifically, in working with patients following traumatic injury within an inpatient medical setting. She received her PsyD in clinical psychology from Florida Institute of Technology (FIT) in 2021. She completed her psychology internship at Henry Ford Hospital and postdoctoral fellowship at University of Arkansas for Medical Sciences (UAMS). In her current role, she provides inpatient consultation/liaison services within the medical specialty of Trauma Surgery. She also serves as a faculty member (instructor of medicine) for Cooper Medical School of Rowan University (CMSRU). She co-facilitates two different staff group debriefs: Strategic Medical Asset Readiness Training (SMART) group debriefs for military personnel receiving medical training at CUH to engage in adaptive emotional processing following their rotation to collectively discuss their experiences & promote effective coping; Resiliency in Stressful Events (RISE) groups for psychological debriefing following a difficult (and sometimes traumatic) case(s) for any staff (both pre-hospital and hospital staff including potential trainees) to support coping, group processing, and promoting workplace connection between various staff members.

Alexa Hays, PhD *(she/her)*

Alexa Hays, PhD
Hays-Alexa@CooperHealth.edu

Dr. Hays is a licensed clinical psychologist specializing in health psychology. She has worked at Cooper University Health Care since 2021 and trained at Cooper as a graduate student at Drexel University. She completed internship and postdoctoral residency in health psychology at VA Connecticut Healthcare System. Dr. Hays serves as Wellness Psychologist with the Compassion and Resiliency Experience (C.A.R.E.) Team, Cooper's formal wellbeing program for employees. In that role, she is responsible for program development/evaluation and support of ongoing efforts across multiple levels of the Cooper system to promote professional fulfillment and resiliency amongst employees. Dr. Hays also supervises psychology trainees on the Behavioral Medicine Consultation-Liaison service and sees patients in an integrated primary care clinic. Within the hospital, she serves on several committees, including Graduate Medical Education Wellness, Physician Wellness, and Physician and APP Peer Support. She is a member of the Association for Psychologists in Academic Health Centers, American Psychological Association, Collaborative Family Healthcare Association, and Society of Behavioral Medicine. Fun fact: Dr. Hays loves spending her summers at the South Jersey shore where she likes to spend time with family on the water – fishing (only catch and release!), paddle boarding, and swimming.

Molly Kammen, PsyD *(she/her)*

Molly Kammen, PsyD
Kammen-Molly@CooperHealth.edu

Dr. Kammen provides outpatient care for children and adolescents at Cooper University Health Care and specializes in working with youth who have experienced trauma. Dr. Kammen earned her Psy.D. in Clinical Psychology from William Paterson University. She completed her psychology internship at Advocate Family Care Network/Advocate Aurora Health in Oak Lawn, Illinois and her postdoctoral fellowship at Audrey Hepburn Children's House/Hackensack University Medical Center in Hackensack, New Jersey. Her internship and postdoctoral training focused on providing evidence-based, trauma-focused assessment and treatment for youth who experienced child abuse or maltreatment. Dr. Kammen utilizes a systems approach in her work with children, adolescents, and families, including incorporating caregivers into treatment and consulting with other providers involved in the youth's care and wellbeing (e.g., primary care physicians, school personnel, caseworkers). In her spare time, Dr. Kammen enjoys drawing and painting and attending musical theater, comedy, and concert performances.

Caitlin A. LaGrotte, PsyD, MEd *(she/her)*

Caitlin LaGrotte, PsyD, MEd
LaGrotte-Caitlin@CooperHealth.edu

Dr. LaGrotte received a Bachelor of Arts in psychology at American University and went on to complete her Masters in Exercise and Sport Psychology at Temple University. She completed her doctorate in clinical psychology at La Salle University, culminating in an internship at Penn State Health Milton S. Hershey Medical Center. She completed her fellowship at the Center for Obesity Research and Education at Temple, with a dual emphasis in clinical and research training. During her fellowship, she focused on patients with obesity, insomnia, collegiate athletes, and mild traumatic brain injury. After completing fellowship, she accepted a position as a consulting Clinical Psychologist in the College of Public Health and the Athletic Department at Temple. Dr. LaGrotte clinical work is focused in the Viner Intensive Care Unit and Orthopedics.

Dr. LaGrotte also maintains an active program of research with her colleagues in Behavioral Medicine and Critical Care Medicine. Dr. LaGrotte continues to consult on a Dep artment of Defense project investigating the psychosocial experiences of American military veterans who have suffered devastating injuries that could leave them as candidates for vascularized composite allotransplantation (VCA) procedures. On a personal note, Dr. LaGrotte has dual citizenship with the United States and Ireland.

Caitlin Loyka, PsyD *(she/her)*

Caitlin Loyka, PsyD
Loyka-Caitlin@CooperHealth.edu

Dr. Loyka is a licensed clinical psychologist specializing in psycho-oncology. She completed her predoctoral psychology internship and postdoctoral fellowship at Cooper University Health Care, where she joined the faculty in 2025. As an attending psychologist at Cooper, she serves in a consultation-liaison role between cancer patients and Hematology/Oncology providers, frequently collaborating and coordinating care with oncologists, palliative care physicians, and social workers. Additionally, she sees oncology patients in an integrated ambulatory oncology clinic at MD Anderson Cancer Center at Cooper, providing psychological intervention for serious illness adjustment and related psychological concerns.

In addition to her primary clinical responsibilities, she provides supervision to Behavioral Medicine trainees at multiple levels and delivers educational programming to medical students enrolled in a Behavioral Medicine elective at Cooper Medical School of Rowan University (CMSRU). She is also involved in providing psychoeducational programming to patients with metastatic cancer through MD Anderson's Survivorship Program.

Finally, she participates in provider well-being initiatives at Cooper, serving as a member of the Graduate Medical Education (GME) Wellness Committee and leading projects aimed at developing and enhancing programs that address the psychological well-being of Cooper physicians and healthcare providers, including initiatives focused on concerns such as imposter syndrome.

Nathalie Lynn-Luna, PhD
LynnLuna-Nathalie@CooperHealth.edu

Nathalie Lynn-Luna, PhD *(she/her)*

Dr. Lynn-Luna currently serves as an Addiction Psychologist at Cooper University Hospital, where she provides evidence-based interventions for individuals experiencing addiction and co-occurring mental health disorders. Her clinical and academic interests center on trauma and its relationship to health and mental health outcomes, particularly among individuals from historically marginalized communities. Dr. Lynn-Luna completed her predoctoral internship at The Behavioral Wellness Center at Girard, working in an inpatient extended acute care setting. There, she provided individual and group therapy to individuals with severe and persistent mental health conditions and substance use disorders. She went on to complete her postdoctoral fellowship at Cooper University Hospital's Infectious Disease Department, where she offered psychotherapy, psychological evaluations, and consultation services to individuals diagnosed with HIV. As a bilingual Spanish-speaking psychologist, Dr. Lynn-Luna has received specialized training and supervision in delivering culturally responsive and linguistically appropriate care. In addition to her clinical work, Dr. Lynn-Luna teaches graduate-level courses at Lehigh University and Rowan University. Her teaching portfolio includes Addiction and Treatment, Health Care Models and Services, and The Psychology of Immigration from Latin America.

Jennifer Milore, PsyD
Milore-Jennifer@CooperHealth.edu

Jennifer Milore, PsyD *(she/her)*

Dr. Milore is a licensed clinical psychologist specializing in health psychology and integrated primary care. She received her PsyD in Clinical Psychology from the Philadelphia College of Osteopathic Medicine in 2024. She completed her psychology internship at the North Florida/South Georgia Veterans Health System and her postdoctoral fellowship at Cooper University Hospital.

In her current role, she serves as a Behavioral Health Consultant in both Family Medicine and Internal Medicine, providing psychological care within an integrated healthcare setting. She also serves as a faculty member for the Family Medicine Residency Program at Cooper, where she supports residents and provides training in interpersonal effectiveness and communication skills within medical settings.
She recently completed training in Office-Based Addiction Treatment and serves as a navigator to support the psychosocial needs of patients throughout all stages of receiving medications for addiction treatment (MAT) for substance use disorders.

Laura Park, PsyD *(she/her)*

Laura Park, PsyD
Park-Laura@CooperHealth.edu

Dr. Park is a licensed clinical psychologist with specialization in health psychology and perinatal psychology. She completed internship at TEAMCare Behavioral Health working specifically with patients who have chronic health concerns and fellowship at Cooper University Health Care and began narrowing her focus to the perinatal population. Dr. Park joined the Cooper faculty, continuing her work with pregnant and postpartum patients and NICU families. She is involved with the Women's and Children's Bereavement Committee and the NICU Parent Advisory Committee focused on providing support for NICU parents/caregivers during and after their NICU admission. Dr. Park co-created a perinatal loss support group that offers birthing individuals who have experienced pregnancy or infant loss a supportive environment to process their grief. Additionally, she contributed to teaching around communication within the OB/GYN residency. She is a member of APA, NJPA, Postpartum Support International, and National Perinatal Association. Fun fact: Dr. Park has 4 children who were adopted, and she created an adoptive parent support group during the pandemic that brings parents from across the country together on a bi-weekly basis. Aside from her children, she has 6 other local family members who are related through adoption.

Dina Goldstein Silverman, PhD *(she/her)*

Dina Goldstein Silverman, PhD
Silverman-Dina@CooperHealth.edu

Dr. Goldstein Silverman is a licensed psychologist in Pennsylvania and New Jersey and Associate Professor of Psychiatry at Cooper Medical School of Rowan University, as well as the Lead Psychologist for the Department of Psychiatry and Behavioral Health Cooper University Health Care. Her functions at Cooper include conducting preoperative evaluations and pre- and post-operative psychotherapy with patients enrolled in the Center for Metabolic and Bariatric Surgery, as well as ambulatory psychotherapy and psychological evaluations with other outpatient populations with co-morbid medical and mental health conditions inclusive of cancer, metabolic disorders, infertility, stillbirth and early neonatal loss, etc. She teaches evidence-based psychotherapy and provides individual supervision to psychiatry residents and psychology interns and is involved in various committees, including the DEI Committee and the Clinical Leadership Team. She received her B.A. at The University of Texas at Austin, her M.A. and Ed.M. degrees in Psychological Counseling at Teachers College, Columbia University and her Ph.D. in Counseling Psychology from Temple University, an APA-approved program, where she was the 2006 recipient of the Frank and Mary Ann Dattilio Education Award from the Pennsylvania Psychological Association. She completed her internship in clinical psychology at The Trenton Psychiatric Hospital and her post-doctoral residency in clinical health psychology at the VA Connecticut Healthcare System (both APA-accredited). She has co-authored several publications in peer-reviewed journals and a number of book chapters in academic texts, and she is a reviewer for the Journal of Clinical Psychology in Medical Settings and Behavioral Medicine. In her spare time, she enjoys spending time with her husband and children, as well as volunteering in the community.

Leah Sodowick, PhD
Sodowick-Leah@CooperHealth.edu

Leah Sodowick, PhD *(she/her)*

Dr. Sodowick is a licensed clinical psychologist specializing in health psychology and reproductive psychology at Cooper University Health Care. She provides psychological services to patients and families across the hospital through the General Consultation-Liaison (CL) service, with a special focus on supporting patients and families within Cooper's Level III Neonatal Intensive Care Unit (NICU) and across OB/GYN services. In addition, she contributes to hospital-wide well-being initiatives and serves as a key member of the Compassion and Resiliency Experience (C.A.R.E.) team. Dr. Sodowick received her bachelor's degree from Barnard College, Columbia University and earned her MS and PhD in Clinical Psychology (Health Psychology Concentration) from Drexel University. She completed her pre-doctoral psychology internship in the Adult Health Concentration at Duke University Medical Center and her postdoctoral fellowship at Cooper University Health Care. Dr. Sodowick's research focuses on secondary traumatic stress and psychological distress among NICU staff and providers.

Kelechi Uzoegwu, PhD
Uzoegwu-Kelechi@CooperHealth.edu

Kelechi Uzoegwu, PhD *(she/her)*

Dr. Uzoegwu is an attending psychologist in the Emergency Department at Cooper University Health Care. Her clinical work centers on the assessment and treatment of patients presenting with acute psychiatric, behavioral, and psychosocial concerns within a fast-paced interdisciplinary medical setting. Trained in Health Psychology and Behavioral Medicine, she brings a consultation-liaison perspective that emphasizes collaboration with medical teams, evidence-based clinical decision-making, and compassionate, patient-centered care. Her scholarly interests have spanned unwanted intrusive thinking, disordered eating behaviors, and employee wellness, and she has contributed to these areas through peer-reviewed publications and professional presentations. Throughout her career, she has remained committed to integrating scholarships, clinical practice, and education. Having served as both a teaching and research assistant during graduate training, she developed a lasting passion for mentorship and now enjoys supporting psychology trainees as they cultivate strong clinical reasoning, evidence-based practice, and authentic professional identities that reflect their unique strengths, values, and aspirations.

Valerie Woxholdt, PhD
Woxholdt-Valerie@CooperHealth.edu

Valerie Woxholdt, PhD *(she/her)*

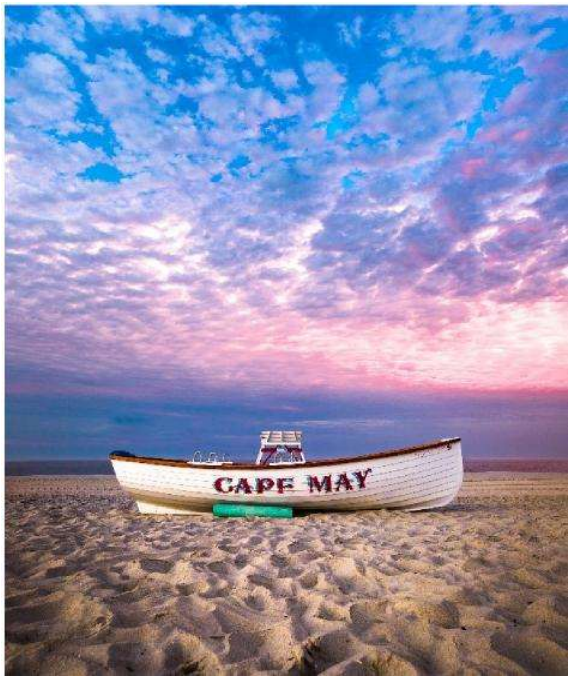
Dr. Woxholdt is a licensed clinical psychologist who earned her PhD from Temple University in 2024. She completed her APA-accredited psychology internship at WellSpan Philhaven and her postdoctoral fellowship at Cooper University Hospital (CUH).
In her current role, she serves as the primary psychologist in the Emergency Department and Clinical Decision Unit at CUH, where she provides psychological consultation and brief, evidence-based interventions to patients and families experiencing psychiatric and health-related distress. She works closely with a multidisciplinary team to support the delivery of high-quality mental health care in acute care settings.

Local Information

Just across the bridge from bustling Philadelphia, and less than an hour from the Jersey shore, Cooper University Hospital is easy to access. The academic campus is located across the street from two commuter rail lines (PATCO and NJ Transit's River Line) and within walking distance of Rutgers University and Rowan University Camden campuses. The Cooper Health Sciences Campus is located in the heart of Camden's business district. The academic medical center campus is easily accessible by car or public transportation via the commuter high-speed line and bus terminal adjacent to the hospital.

Cooper is conveniently close to Philadelphia. Just a mile-long drive over the Benjamin Franklin Bridge will put you at the doorstep of Philadelphia's cultural, culinary, and historic venues. Food lovers will enjoy the ever-growing restaurant and pop-up establishments available throughout the city. South Jersey also offers a range of living and entertainment options. Quaint towns such as Haddonfield and Collingswood are just 10 minutes away. The lights and action of Atlantic City and popular beach towns such as Cape May and Ocean City are a one-hour drive from Cooper.

Cooper is also short walk or drive from the Camden waterfront, which includes a waterfront park and marina; the Adventure Aquarium; and the BB&T amphitheater, which hosts nationally renowned entertainment throughout the year. Nearby are the Sixers Training Complex, L3 Communications complex, Lockheed Martin, Rutgers University Camden Campus, and Camden County College. A new health sciences building will be co-utilized by students and faculty from Rowan University, Camden County Community College biomedical and Rutgers – Camden Campus as well as some Cooper faculty engaged in collaborative research endeavors.



Administrative Policies and Procedures

In addition to annual and sick leave, interns may request leave for academic/research purposes (e.g., attendance at professional and/or scientific meetings, meetings related to dissertation). Up to 6 days of such leave can be approved. Exactly when leave may be taken is to be worked out with your supervisory psychologists and should be discussed well in advance. For these types of absences, paperwork will need to be filled out and approved at least two weeks prior to traveling.

Non-Discrimination Policies

The psychology internship in Behavioral Medicine at Cooper University Health Care supports and adheres to Equal Employment Opportunity policies and the Americans with Disabilities Act. **Applications from candidates of diverse and minoritized backgrounds are strongly encouraged.** No applicant will be discriminated against on the basis of race, color, creed, religion, sex, gender, place of national origin, or age. The psychology internship in Behavioral Medicine at Cooper University Health Care strictly adheres to the nondiscrimination policies of the Cooper Health Care System.

Maintenance of Records

The Director of Training is responsible for maintaining all pertinent records of training that are accumulated during the psychology training year including competency evaluations and records relating to supervision hours, clinical rotations, and other relevant professional related training activities. It is the responsibility of the Director of Training to maintain these records for the purposes of verifying the intern's professional activities for licensing boards and other credentialing agencies such as health care privileging boards and other related employment requirements. The records will be appropriately transferred to succeeding training directors.

Grievance/Due Process Procedure Policies

At the beginning of the training year, all interns are given a copy of our Grievance and Due Process Procedure Policies. The grievance procedures policy provides guidelines to assist interns who wish to file complaints. It also explains the process if a supervisor has a concern regarding a student that does not fall under the scope of inadequate performance (i.e., Due Process). In the event there is a grievance (unavailability of supervisor, evaluations perceived as unfair, disagreement with remediation plan, workload issues, other staff conflict, etc.) against any party or policy/procedure associated with the internship (e.g., staff member, supervisor, dismissal procedures), the intern is encouraged to first attempt to resolve the issue informally with the party involved, following Ethical Principles of Psychologists and Code of Conduct (APA, 2010). The Psychology Internship Training Program abides by published Psychology Internship Training Program disciplinary action, due process and grievance procedures as noted below, as well as Cooper University Hospital new - hire and sexual harassment policies found within the Cooper Policy Network which can be accessed on the Cooper's intranet website within the Quality and Safety tab. See Appendices I, II, and III for details.

Internship Admissions, Support, and Initial Placement Data

Program Disclosures	
Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	No
If yes, provide website link (or content from brochure) where this specific information is presented:	N/A

Internship Program Admissions	
Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:	
Selection criteria will include the applicant's statement of goals, professional interests, and objectives for internship training, and consideration of future professional goals. The applicant's prior training, as they relate to the aims of the program and the rotations offered in the internship program, including settings, clinical and supervisory experiences, will also be considered. Applicants best suited for the Lifespan Concentration have completed at least two (2) clinical pediatric/child-focused externships. The applicant's discussion of their clinical experiences and interests during interviews will be given significant consideration. It is also important that applicants demonstrate interest in gaining entry-level competencies in health psychology. Further, we are committed to creating equal opportunities and a welcoming training environment. We believe it is important to attract interns from diverse socio-economic and cultural backgrounds and equally important to train all interns to provide culturally-informed care to patients. As such, we welcome applications from candidates with diverse backgrounds.	
Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:	
Total Direct Contact Intervention Hours	Yes - at least 450 hours of direct clinical assessment and intervention combined.
Total Direct Contact Assessment Hours	Yes - at least 450 hours of direct clinical assessment and intervention combined.

Describe any other required minimum criteria used to screen applicants:	
1. Applicants for Cooper's Psychology Internship Program must be doctoral students in good standing at an American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited graduate program in the fields of clinical and/or counseling psychology. 2. Applicants must be authorized to work in the United States. Applicants need to have residency or an OPT/CPT that allows you to work without any additional sponsorship, as Cooper does not sponsor visa applications for this position. 3. Matched interns are subject to fingerprinting, background checks, and drug screens and selection decisions are contingent on meeting these criteria; interns are required to comply with Federal Drug Free Workplace Act. For additional information, please see brochure.	

Financial and Other Benefit Support for Upcoming Training Year*	
Annual Stipend/Salary for Full-time Interns:	$43,888
Annual Stipend/Salary for Half-time Interns:	N/A
Program provides access to medical insurance for intern?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes, if partner is not offered health insurance through their employment
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104
Hours of Annual Paid Sick Leave	104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other Benefits (please describe):	
1. 6 Federal holidays 2. Release time for professional development 3. $1500 stipend for professional development	
**Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table*	

Initial Post-Internship Positions	
(Provide an Aggregated Tally for the Preceding 3 Cohorts)	
Total # of interns who were in the 3 cohorts	12
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0
Academic teaching	PD=0, EP=0
Community mental health	PD=0, EP=0
Consortium	PD=0, EP=0
University Counseling Center	PD=0, EP=0
Hospital/Medical Center	PD=6, EP=1
Veteran Affairs Health Care System	PD=2, EP=0
Psychiatric facility	PD=0, EP=0
Correctional facility	PD=0, EP=0
Health maintenance organization	PD=0, EP=0
School district/system	PD=0, EP=0
Independent practice setting	PD=3, EP=0
Other	PD=0, EP=0
Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.	

Appendix I: Grievance Procedure

In the event there is a grievance (unavailability of supervisor, evaluations perceived as unfair, disagreement with remediation plan, workload issues, other staff conflict, etc.) against any party or policy/procedure associated with the internship (e.g., staff member, supervisor, dismissal procedures), the intern is encouraged to resolve the issue informally with the party involved, following *Ethical Principles of Psychologists and Code of Conduct* (APA, 2010).

Informal Process

1. If the problem pertains to a training supervisor, faculty member or other individual, the psychology intern is to first directly discuss the problem with the individual involved. The trainee should clearly indicate to the involved party the date (if applicable) and nature of the conflict or complaint, as well as suggestions as to how the complaint may be appropriately resolved to their satisfaction.
2. If the intern has attempted to resolve the issue unsuccessfully or the intern does not feel safe discussing the problem directly with the individual involved and believes they are in need of the assistance of a third party, the intern should proceed through as many of the following steps as may be necessary in order to resolve the problem.
    1. Discuss the issue with the Training Director. If the grievance is against the Training Director, the intern should direct the complaint to Director of Behavioral Medicine. At this initial exploratory stage, the intern may speak confidentially to either of these individuals to help clarify the problem. In some cases, this contact may be sufficient to resolve the complaint.
    2. If necessary, the Director of Training (or the Director of Behavioral Medicine) may, with the permission of the intern, perform an informal investigation that might include interviewing the parties involved or any party who has evidence concerning the validity of the complaint.
    3. If this informal process fails to lead to the resolution of the grievance, the intern may utilize the formal grievance procedure as outlined below.

Formal Process

1. A formal grievance can be initiated in writing within seven calendar days after a failure to resolve the issue informally. The written complaint should include a full, factual explanation of the complaint and a suggested solution, as well as be dated and signed.
2. Then a formal meeting of The Grievance Panel will be held to review the complaint. The Grievance Panel is composed of the Training Director, and all Behavioral Medicine faculty who were not involved in the incident. If the grievance is against the Training Director, the Director of Behavioral Medicine will lead the Grievance Panel. The Grievance Panel will meet in a timely fashion (not to exceed 14 calendar days from the submission of a formal written complaint) and will render a decision about the complaint that will be communicated in writing to all parties involved within 14 calendar days from date of Grievance Panel meeting.
3. If the student deems the decision unsatisfactory and would like to appeal the decision of the Grievance Panel the student may make a final written appeal to the Director of Behavioral Medicine that should include a full explanation of why the intern does not feel the proposed decision was satisfactory, a suggested solution, and should be dated and signed. The Director of Behavioral Medicine will review the problem, investigate the circumstances, and render a decision within 14 calendar days. This decision will be presented in writing to the intern. The decision made by the Director of Behavioral Medicine is considered final.
4. The intern will not be penalized or retaliated against in any way for the use of the aforementioned Grievance Procedure.

Appendix II: Due Process

No more than one-week after the intern's start date the Training Director will present to the interns, verbally and in writing, the program's expectations, including but not limited to the procedures for evaluation and the competency requirement.

Profession Wide Competencies
Interns are evaluated on the nine Profession Wide Competencies required under the APA Standards of Accreditation in Health Service Psychology (SoA). Evaluation is based on an intern's ability to demonstrate each objective (i.e., knowledge, awareness, or skill) that comprises each competency. The Intern Competency Evaluation form is completed each quarter of the training year.

- **Foundational Competencies** are (I) Research, (II) Ethical and legal standards, (III) Individual and Cultural Diversity, and (IV) Professional values and attitudes. A total of 12 objectives are rated among these four competencies.

- **Functional Competencies** are (V) Communication and interpersonal skills, (VI) Assessment, (VII) Intervention, (VIII) Supervision, (IX) Consultation and Interprofessional/interdisciplinary skills. A total of 18 objectives are rated across these five competencies.

Competency Goals for Q1 (3 months) and Q2 (6 months):
For the first and second quarter of the internship, interns are expected to achieve a rating of 'Entry Level; 2' for most objectives under each competency. One 'Needs Remedial Work; 1' rating is permitted for one of the foundational, and one of the functional, competencies.

Competency Goals for Q3 (9 months):
For the third quarter of the internship, interns are expected to achieve a rating of 'Intermediate; 3' for most objectives under each competency. This reflects the interns maturing competence in most domains, and allows for some variability in the attainment of objectives recognizing that interns training experiences may have emphasized different functional competencies, and/or they began a new clinical rotation. Interns are permitted to achieve an 'Entry Level, 2' rating for two foundational competency objectives and for two functional competency objectives. It is not acceptable for any objective to be rated as a 'Needs Remedial Work;1'.

Competency Goals at Q4 Completion of Internship (12 months):
During the course of the internship, all interns generally will attain an advanced level of skills for each of the competencies. More specifically, for each competency it is expected that a rating of 'Advanced; 4' will be attained for most objectives under each competency.

- **Foundational Competencies:** One 'Intermediate; 3' is permitted. All other objectives must be attained at the 'Advanced; 4' level. It is NOT acceptable for any objective to be rated a 2 or below.
- **Functional Competencies:** Two 'Intermediate; 3' level ratings are permitted, and no single Competency has more than one objective rated as 'Intermediate; 3' level. This allows for some variability in the attainment of objectives, recognizing that interns have training that emphasizes different functional competencies over the training year. It is NOT acceptable for any objective to be rated a 2 or below.

Notice, Hearing, and Appeal

Quarterly, the Training Director will review the Intern Evaluation Forms submitted, as well as discuss intern competencies and performance with the supervising faculty. If these goals are not met, a plan for remediation is required. Based on the information gathered, the Training Committee will initiate the following procedures within 1 week of receipt of the quarterly evaluations from rotation supervisors:

If the discussions or evaluations reveal **minor deficiencies** in intern performance, the Director of Training may initially take the following steps; **(a)** obtain more information from the supervisor; **(b)** meet with the Director of Behavioral Medicine to discuss the nature of the difficulties, and/or **(c)** discuss the difficulties with the intern.

If an intern appears to have significant deficiencies in performance, or significant concerns raised regarding their competence, professionalism, emotional stability, or ethics (it is a matter of professional judgment on part of the Training Director & clinical supervisors as to when an intern's deficiencies or behavior should be considered significant versus minor);

The deficiencies or concerns will be presented to all clinical training faculty of the internship program. A preliminary determination will be made as to whether the deficiency appears to be of a long-standing nature or specific to this clinical rotation. The intern's graduate program (e.g., Director of Training, primary faculty advisor) may be contacted to ascertain the scope of the trainee's deficiency. Considering all available information, a recommended course of action will be made, including but not limited to a formal remediation plan, which may consist of additional training, additional supervision, reduced patient load, etc.

The Training Director will then meet with the intern to discuss this matter. The Training Director will also ensure that interns have up to five calendar days to respond to any action taken by the program.

Considering all available information from the intern, faculty member(s), and graduate Director of Training (if utilized), the Training Director may decide to implement a Remediation Plan to address the specific deficiency and/or problematic behavior. This plan will outline the necessary remedial steps the intern must complete by a specified date. This plan shall then be submitted to the clinical supervisor for review.

The final Remediation Plan will be put into writing, provided to the intern and placed into the intern's file; its adherence shall be monitored by the Training Director in conjunction with the intern's clinical supervisor. The intern will be provided with written feedback on the extent to which they have sufficiently met the requirements of the Remediation Plan. Failure to adhere to remediation plan criteria and/or successfully resolve the area(s) of deficiency could result in an unsatisfactory completion of the internship and/or dismissal/termination from the program.

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Appendix III: Dismissal/Termination

When the conduct of an intern is considered sufficient to warrant dismissal/termination from the Internship Program; including but not limited to violation of the Ethical Principles of Psychologists and Code of Conduct (APA, 2010); actions or inactions resulting in imminent physical or psychological harm to a patient; and/or displays of egregious and unprofessional behavior (examples include any action or inaction which jeopardizes the welfare of patients or employees; the use of alcoholic beverages and/or illicit controlled substances while on Hospital property regardless of duty status; breach of Cooper policy; failure to rectify behavior or deficiencies despite feedback and remediation efforts by the intern's supervisor and/or Training Director outlined in Due Process policy), the following shall occur:

The Training Director shall hold a meeting with the clinical training faculty including the Director of Behavioral Medicine to discuss the matter within seven calendar days of the event (or the end of the agreed upon remediation period). The intern will be notified (in writing) of the date and time of the faculty meeting. This letter will include a description of the incident/behavior of concern and/or violation, documentation that remediation efforts were not successful, and the date they can expect notification of the faculty meeting outcome. The findings from the faculty meeting shall be provided to the intern within two calendar days and interns have up to five calendar days to respond to the findings and recommendations resulting from said meeting.

If, after reviewing the intern's reply to the above findings, the decision is made to dismiss/terminate the intern from the program (a decision which must be unanimous among all those in attendance at the aforementioned meeting), the intern would be notified within two calendar days and provided written documentation of such decision. At that time, the intern will be provided with a copy of the grievance procedure. If the intern is in disagreement with any aspect of the evaluation procedure, remediation plan, or dismissal/termination procedures, they may utilize the intern formal grievance procedure.

Appendix IV: Psychology Intern Remediation Plan

Date of Remediation Plan Meeting:
Name of Intern:
Training Director:
Primary Supervisor:
Names of All Persons Present at the Meeting:

Is this a Notice of Counseling or Notice of Probation:

Description of the problem(s) identified for which remediation is sought:

Date(s) the problem(s) was brought to the intern's attention and by whom:

Steps already taken by the intern to rectify the problem(s) that was identified:

Steps already initiated by the supervisor(s)/faculty to address the problem(s):

Remediation Plan

Competency/ Skills Deficits Identified	Problem Behaviors Identified	Expectations for Acceptable Performance	Intern's Responsibilities/ Actions	Supervisors'/ Faculty Responsibilities/ Actions	Time-frame for Acceptable Performance	Assessment Methods	Dates of Evaluation	Consequences for Unsuccessful Remediation

I, , have reviewed the above remediation plan with my primary supervisor, additional supervisors/faculty, and the Director of Training. My signature below indicates that I fully understand the above. I agree/disagree with the above decision (please circle one). My comments, if any, are below (*PLEASE NOTE: If trainee disagrees, comments, including a detailed description of the trainee's rationale for disagreement, are REQUIRED).*

Intern _____ **Training Director** _____

Date _____ **Date** _____

Intern's comments (Feel free to use additional pages):