The George Washington University was created in 1821 through an Act of Congress, fulfilling George Washington’s vision of an institution in the nation’s capital dedicated to educating and preparing future leaders.

Today, GW is the largest institution of higher education in the District of Columbia. We have more than 20,000 students—from all 50 states, the District and more than 130 countries—studying a rich range of disciplines: from forensic science and creative writing to fellowational affairs and computer engineering, as well as medicine, public health, the law and public policy.

GW comprises three campuses—Foggy Bottom and Mount Vernon in Washington, D.C., and the GW Virginia Science and Technology Campus in Ashburn, Va.—as well as several graduate education centers in the metropolitan area and Hampton Roads, Va.

**Foggy Bottom Campus**

The Foggy Bottom Campus sits in the heart of the nation’s capital, in a vibrant neighborhood bordered by the Potomac River, the Watergate complex, the White House and the State Department. Its location is key to the University’s mission and critical to its success. The campus is home to the majority of GW’s schools and administrative offices, as well as classrooms, libraries, residence halls and the University’s medical center.

Since 1912, GW’s Foggy Bottom Campus has been a part of the historic Foggy Bottom neighborhood, only blocks from the White House, State Department, World Bank, and world-class museums. The campus is truly a part of Washington, D.C., and its range of architecture reflects that relationship. More than 100 campus buildings house classrooms, libraries, residence halls, fitness centers and the medical
center. Landscaped outdoor spaces include pocket parks, the University Yard, a flourishing rose garden, the classical Tempietto and outdoor sculptures.

The University Counseling Center

Mission Statement

The George Washington University Colonial Health Center (CHC) serves as the primary mental health agency for GW students and the entire campus community. Our mission is to support students' mental health and personal development by collaborating directly with students to overcome difficulties and challenges that may interfere with their academic, emotional, and personal success. Accordingly, through individual and group counseling, crisis intervention, assessments, and referrals, the CHC strives to provide students with ample opportunities to develop greater insight and self-understanding; to identify and solve problems; to reduce emotional distress; and to improve cognitive, emotional, academic, and interpersonal functioning.

In addition to our direct clinical services, the CHC seeks to promote psychological health and wellness as a value to the GW community through outreach activities, partnerships, and consultation initiatives with faculty, staff, administrators, family members, and others in the campus community. In addition, the CHC is also committed to respecting and promoting the value of diversity at the university, as well as providing culturally sensitive mental health services to the campus community.

Diversity Statement

The George Washington University Colonial Health Center (CHC) is committed to creating a safe, welcoming, and affirming environment for all students, conducive to the exploration of personal, social, emotional, and academic concerns. To echo the George Washington University Statement on Diversity and Inclusion, “we must intentionally act to create the diverse and inclusive community that enables everyone to flourish.”

We value diversity and multiculturalism as a guiding principle in our direct counseling services, training, outreach, and staffing. Our mission requires that we recognize and examine the effects of discrimination, oppression, power and privilege, and prejudice upon complex emotional experiences and processes. We define diversity to include and not be restricted to: ethnicity and ethnic identity, race and racial identity, sexual orientation, age, sex, religious and spiritual beliefs, socioeconomic status, gender identity, nationality, body shape/size, and differences in mental and physical ability. As a professional agency, we take active steps to be culturally self-aware, knowledgeable, and skillful, and embrace this learning as a life-long process.

CHC’s commitment to GW students and the GW campus community is built upon our values as a multicultural agency which affirms the similarities and differences of our community members. We strive towards promoting social justice for all persons and a supportive campus climate for all its members. By adhering to this mission, our goal is to contribute to a shared environment where cultural
empathy and self-awareness inform counseling, consultative, and education services for the community at large.

The Staff

The professional staff at CHC consists of five licensed psychologists, two licensed psychology associates, four licensed clinical social workers, three licensed professional counselors, three licensed graduate professional counselors, and a case manager. There are a number of administrative staff who support daily operations of the Colonial Health Center. Additionally, we have two postdoctoral clinical fellows, two doctoral interns, and several externs and masters interns. Our staff represents a variety of theoretical orientations and clinical experiences.
Philosophy of Training

Our training program is consistent with the overall mission of the George Washington University Colonial Health Center (CHC), i.e., to support students’ mental health and personal development to overcome challenges that may interfere with their academic, emotional, and personal success through individual and group counseling, crisis intervention, assessments, outreach, and consultation. We operate from a practitioner-scholar model of training, emphasizing observing, learning, and practicing while consulting scholarly research. Our training philosophy emphasizes each of the following domains:

Clinical Competence

We recognize that the field of professional psychology demands a flexible repertoire of well integrated skills (e.g., intake assessments, crisis intervention, psychotherapy, consultation and outreach) applicable to a variety of contexts. In keeping with this notion, our training program encourages trainees to engage and continually assess their participation in a variety of clinical roles (e.g., clinician, community liaison). Our training program encompasses the broad range of clinical services offered by a university counseling center. Trainees apply their repertoire of skills across different contexts, target populations, and theoretical paradigms. We acknowledge an increasing level of theoretical and cultural diversity in the field of professional psychology, and we strive to reflect that diversity in our staffing. We value the opportunities to discuss and play a role in increasing trainees’ awareness of diversity issues and ability to adapt theoretical perspectives to individual differences. Trainees learn these principles through training activities, observation, and collaboration with senior staff.

Diversity/Individual Differences

A guiding training principle of the CHC is enhancing multicultural clinical competence. Our counseling center honors "culture" with a broad lens, inclusive of social locations and cultural identities including: race and racial identities, ethnicity and ethnic identities, religion, social class, acculturation experiences, sexual identity, gender and gender identity, and disability. This perspective promotes our philosophy that all counseling and therapeutic interactions are multicultural and cross-cultural, to the extent that there are similarities and differences across clinicians' and clients' backgrounds and experiences of power. Our training program strives to sharpen trainees’ knowledge of mental health experiences across these domains, encouraging reflection on their self-awareness of these facets of human experience in the service of building and expanding upon clinical competence.

Supervision/Mentorship

Our staff place a high value on our training program and consider our trainees a vital part of our center. Our training program adheres to an open-door policy with all staff, including trainees. Trainees are encouraged to interact with staff who function in a variety of roles such as mentor, supervisor, consultant, teacher, advocate, and administrator. We afford trainees numerous opportunities to work closely and in consultation with staff members across the range of CHC services.
A priority is placed on establishing supervisory relationships quickly so that trainees develop a secure relationship with their mentors. We believe that supervision is integral in fostering trainees’ development of the self-awareness necessary to function as independent professionals. In addition to teaching pertinent clinical skills, all senior staff model and underscore the importance of the highest ethical, legal, professional, and culturally competent standards, and emphasize the development of the trainees’ capacity to work collaboratively with colleagues and other professionals.

Professionalism/Professional Identity Development

Each year, we seek trainees who have experience with a variety of clinical populations and presenting concerns. As emerging professionals, trainees are expected to have a high degree of self-motivation and self-direction as their responsibilities increase over the course of the training year. We believe that it is essential for trainees to be self-aware and to reflect upon, discuss, and learn from their experiences. These prerequisites are key ingredients to the overall goals for our trainees: to increase the depth and complexity of their thinking about clients, self, and clinical/professional issues. Trainees learn to adapt to a fast-paced and busy work environment. Training at the CHC is sequential, cumulative, and graded in complexity. From orientation through the unfolding academic year, our program allows for increasing levels of role conceptualization, responsibility, and variety of tasks. Trainee progress is monitored with semi-annual evaluations.

Research

Our training program is strongly informed by the professional literature, modeling the integration of science and practice in various ways. Our training program emphasizes the use of clinical theory as a lens to filter the inherent complexity of clinical observations (Stricker & Trierweiler, 1995). CHC staff integrate theoretical and clinical readings with the discussion of case material in seminars and in supervision with trainees. Training seminars are designed to parallel closely trainees’ clinical activities. Our staff is also committed to furthering the scientific body of knowledge by attending and presenting at professional conferences. Trainees are also encouraged to attend and present at conferences, and are encouraged to engage in other scholarly activities.

Overall, we offer a comprehensive and structured training program with the flexibility to address the individual learning needs of each trainee.

Fellowship Overview

The fellowship year begins August 1 and runs through July 31 of the following year.

The fellowship experience at GWUCC is based on 2000 hours of practice with an expectation of at least 1000 hours of direct clinical service. Fellows gain experience with a variety of direct service activities throughout the year which are described in detail below. Although there is a predetermined set of
expectations required to complete fellowship, the degree of involvement in some activities is negotiable and determined by the interest and experience of the fellow, as well as the needs of the CHC.

The fellowship position offers a salary of $32,000 paid on a monthly basis. Fellows receive annual and sick leave, as well as professional development time for professional activities such as research, job interviews, and conferences. In addition, there are approximately 11 university holidays. All fellows have a private office with a personal computer linked to the University network, and library privileges. Fellows are also offered medical and dental insurance, as well as other employee benefits.

**Fellowship Activities**

**Orientation (3 weeks)**

Fellows are introduced to the fellowship program through a 3-week orientation period which occurs prior to the start of the academic year. The orientation includes opportunities for fellows to meet with all CHC staff, to learn about CHC services and fellowship activities, to become oriented to CHC and training program policies and procedures, as well as the evaluation and due process and remediation procedures. Becoming familiar with our technology such as the computerized scheduling system (Titanium) is also practiced. In addition, training is provided during the orientation in the areas of conducting initial assessments, documentation, conducting brief therapy, legal and ethical issues at CHC, risk assessment, referrals to campus and community resources, and how to conduct presentations. Orientation also serves the purpose of getting to know fellows professionally and personally, and provides an opportunity to discuss fellows’ training needs for the year.

**Evaluation (2 times per year)**

Fellows will complete 2,000 hours of training on site; at least 1000 of those hours will be direct clinical contact. Fellows will be evaluated formally by their supervisors at the end of the Fall Semester and at the end of the year. These evaluations will assess current strengths and weaknesses in training competency areas. The fall evaluation and feedback will be used to focus supervision goals for the subsequent semesters. Ongoing feedback will be given to fellows by their supervisors and the Training Director all through the year. Fellows will need to achieve the expected level of competency in all training areas at the end of the year to pass fellowship. Evaluation forms and competency expectations are discussed during orientation. Fellows will evaluate their individual and group supervisors at the end of each semester, and evaluate other supervisors and their fellowship program and experience at end of the year.

**Direct Service Activities (25-27 Hours per week)**

**Individual Counseling (15 hours)** – Each fellow is expected to carry an average of 15 clients, primarily of a short-term (up to 12 sessions) nature, on their caseloads on a weekly basis. One to two long-term therapy cases may be carried, but must be discussed between a Fellow and their individual supervisor.
Group Therapy (1.5 hours) — Each fellow will co-facilitate at least one therapy group each semester. Fellows can choose the type of group they would like to co-facilitate. Fellows also have the option of creating a group of their choosing during the spring semester.

Triage Duty (8 hours) — Fellows will be involved in our triage duty system after the first month at CHC. Triage Duty entails conducting brief assessments for students desiring to access CHC services. Students in crisis and those returning from hospitalization are also seen by triage counselors. Triage counselors also serve as consultants fielding any calls coming through CHC, in addition to providing follow-up to overnight inquiries, crises, and reports regarding students of concern, i.e., CARE reports.

After-Hours On-Call Services (4-5 weeks per fellowship year) — Fellows will participate in CHC’s on-call rotation, where staff are responsible for fielding calls of an emergent nature after-hours dealing with students in crisis, or crisis situations in general on campus. Fellows are provided with close backup support while on-call.

Supervision of practicum students (1-2 hours) — Fellows MAY have the opportunity to supervise masters level graduate students, if such trainees are available at our center during the year of fellowship.

Supervision (4.5 Hours per week)

To meet the minimum requirements for licensure in the District of Columbia, fellows must have a minimum of 4 hours per week of supervision.

Individual Supervision (2 hours) — Fellows receive two (2) hours of regularly scheduled weekly individual therapy supervision from a licensed psychologist. Each semester, the supervisor and fellow are expected to clarify the following: training goals, supervisor and fellow responsibilities and expectations, and supervision evaluation process and procedures. In addition to individual cases, fellows are encouraged use supervision to explore issues related to professional development. Primary supervisors serve as the primary contact for individual cases. Secondary supervisors are assigned based on professional interests and will supervise triage duty, urgent cases, and assist in developing professional projects. Secondary supervisors rotate at mid-year.

Supervision of Group Therapy (.5 hour) — Fellows will receive 30 minutes of supervision with their group co-facilitator. Supervision of group usually is conducted right after the group to process group issues specific to each group led.

Supervision of Supervision (1 hour) — Fellows will receive one hour of supervision of supervision in group format.

Administrative Supervision (1 hour) — Fellows will receive one hour of administrative supervision to address professional development and administrative issues (e.g., course administration).
Outreach & Consultation/Meetings/Other Activities

**Outreach & Consultation** — Fellows are expected to present a minimum of six (6) outreach presentations during the year (3 each semester) and participate in at least four (4) tabling events during the year. Fellows will both respond to outreach requests from the community and will participate in the creation, design, implementation/facilitation of outreach presentations and programming. Fellows can also meet some of their requirement by serving as a co-liaison for a particular department/organization on campus with a senior staff member. This needs to be approved by the Assistant Director of Outreach & Prevention. Examples of active liaison roles currently within our center include engaging with International Student Services, Military and Veteran Services, Multicultural Student Services, Sexual Assault and Trauma Services, Athletic Department.

**Teaching Helping Skills Course** — Fellows are TAs for the Helping Skills for Undergraduate course in the spring semester. Fellows are responsible for designing lectures, teaching material and grading.

**Professional Project (varied)** — Fellows are expected to design, develop, and implement a professional project during their year. The project is designed to assist fellows in developing their professional interests in order to increase marketability in the job market.

**Staff meeting** — Fellows are required to attend the staff meetings. Fellows are expected to participate in designated staff meetings as colleagues.

**Case management** — Fellows are allowed time in their schedules to complete all necessary documentation and follow-up with their clients.

**Professional Development (2 hours)** — Fellows are allowed two (2) hours per week in the spring for professional development support to assist in studying for the EPPP. This will need to be appropriately managed with all other responsibilities during the semester.

**Lunch (5 hours)** — Fellows are given an hour per day for lunch included in their schedules. Fellows are encouraged to engage in self-care and explore food options that DC has to offer.
Meet the Training Staff

Primary Supervisors

Amber Cargill, Psy.D., Assistant Director, Training & Education
I view clinical supervision as the space where growth happens, where supervisees are given the opportunity to reflect on both their clients’ and their own needs. I appreciate being able to participate in supervisees’ development of both clinical and professional identity. To that end, in addition to clinical work, I often address more systemic dynamics in supervision (e.g., of the CHC, of GW, of DC, etc.) and how they influence clients’ and supervisees’ experience. I operate from a family systems theoretical orientation and incorporate relational and third wave CBT approaches, namely ACT principles, into my work. My areas of specialty include racial/ethnic minority mental health, sport psychology, relationship dynamics, and identity development.

Zoeann Finzi-Smith, Ph.D., Diversity Services Coordinator
Supervision is place for growth, support, challenging, and self-reflection. I view supervision through a development cultural lens whereby goals, areas for growth and strengths are conceptualized based on each trainee’s unique experiences, interests, and cultural identities. I understand that similar to therapy, supervision requires a relationship build on mutual respect, trust, and authenticity. As such the supervisory relationship is seen as a growing entity requiring ongoing and thoughtful attention. In addition to providing a consistent space to conceptualize clients and discuss treatment efficacy, supervision is a space for supervisees to self-reflect on their reactions to their clinical caseloads, working environments, and other relevant spaces. The role of culture is paramount as we strive to better understand our salient identities, biases, privileges, and cultural contexts. I operate from a contemporary psychodynamic/interpersonal process/relation al framework both in my clinical work and supervision. My areas of specificity include colorism/skin color bias, racial/ethnic minorities, implications of discrimination, and psychology of women.

Aprille Frett, Psy.D., Trauma Services Coordinator
I primarily draw from a psychodynamic perspective however, often infuse cognitive-behavioral and mindfulness interventions. In regard to supervision, I believe in modeling warmth and authenticity. My approach is fundamentally oriented toward empowering supervisees by helping them recognize their personal strengths and capacity to grow. Supervision is a sacred and safe space created to deepen self-awareness, conceptualize cases, foster professional development, and examine transference and counter transference. My hope is that supervisees and I can collaborate to ensure that such a time is respected and used effectively. My clinical and research interests include trauma, sexual assault, grief and loss, self-care, young adult development, mindfulness, and relationship concerns.

Trisha Nash, Ph.D., Program Evaluation & Assessment Coordinator
I view supervision as a place for growth, development, and support. I believe that supervision is space to work on both client issues, and the process that occurs between a therapist and a client in the room. Supervision is not only a space to work on the issues in within and between the therapist and the client, it is also a space to develop and grow as a professional – particularly at the internship level. I enjoy
helping supervisees to develop in their areas of growth and continue with their strengths, in addition to being a support during the transition from psychological intern to the next step of a post-doc or a future career. I come from a Humanistic/Personal Construct Theory orientation, though I often work to meet clients where they are – to find skills and ways to speak that will help them move forward. In regards to areas of specialty and interest, mine include assessment, program evaluation, sport psychology, LGBTIA services, and utilization of mindfulness modalities.

Melinda Williams-Gray, Ph.D., Community Outreach Coordinator
I view supervision as a place of safety, exploration, and growth in which supervisees can conceptualize and develop more into the type of clinician they want to become. I work to collaborate with supervisees in developing both short-term and long-term training goals that support this self-visualization. My supervision approach utilizes psychodynamic, multicultural, and interpersonal perspectives in which I explore client and supervisee concerns related to countertransference/transference, interpersonal dynamics, diversity concerns, and self-awareness. As a supervisor, my hope is that supervisees develop more competence and confidence in their clinical work and continue to set goals for their ongoing professional development.

Kimberly Wong, Ph.D., Training & Externship Coordinator
My approach to supervision is based on a developmental training model, taking into account the supervisee’s previous clinical experiences, goals, and areas for further growth. My hope for the supervisory relationship is that I can provide an encouraging space to facilitate exploration of different theoretical, multicultural and clinical perspectives. I aim to support my supervisees as they develop their unique voice and identity as clinicians; this process often includes helping them to consider individual, cultural, and systemic factors that may be impacting their clinical work and professional identity development.

Michael Magenheimer, Psy.D., Staff Clinician

Affiliated Internship Training Staff (Seminar Presenters; Case Conference Facilitators; Concentration Supervisors)

Gillian Berry, Ph.D., Associate Director
Having the confidence to trust your professional instincts in conjunction with the application of your theoretical perspective takes time to develop. Key to the effectiveness of this process is the relationship between supervisee and supervisor. As a result, I place great emphasis on creating a safe environment where a supervisee can focus, reflect and process their clinical interaction. With over twenty-five years of academic and direct clinical experience I seek to provide guidance which empowers both personally and professionally. Using an eclectic and creative approach I aim to support practitioners become passionate and excited about their clinical practice.
**Chris Davis, LPC, Assistant Direct, Clinical Services**

As a licensed professional counselor, my work has been strongly influenced the model of human development. I rely heavily on person centered, CBT, and solution focused brief therapeutic techniques in my work with clients. I approach supervision similarly and strive to create a trusting and supportive environment for the supervisee to grow. In addition to addressing growth areas, I make sure to spend as much time emphasizing and identifying clinical strengths.

**Esther Dickerson, LICSW**

I see supervision as a vehicle for the development of professional growth, skill sets and support of a clinician. I feel it should provide a collaborative and safe learning environment that allows introspection, professional exploration and self-care. My main areas of interest/specialties are working with persons experiencing anxiety, domestic violence victims, the persistent mentally ill population and crisis intervention. My theoretical training was psycho-dynamic, but over the years I have developed and utilized a more eclectic/integrative style of cognitive, interpersonal and strengths-based treatment because it meets clients’ needs more effectively.

**Catie Greene, Ph.D., Recovery Services Coordinator**

With a background in Counselor Education & Supervision, training is one of my favorite parts of this work. My supervision model is an integration of Relational-Cultural Theory and the Lifespan Developmental Framework. I believe that we learn best when just outside our comfort zones, in that we tend to stagnate when in environments with too little challenge yet become rigid and risk-aversive in environments with too much challenge. Therefore, I strive to provide trainees an adequate balance of support and challenge through transparency, consistent feedback, shared expertise, and by encouraging intentionality and risk-taking. I encourage and model vulnerability, self-reflection and self-awareness to help trainees translate these skills into their own clinical practice with diverse clientele. As with good therapeutic relationships, it is my belief that good supervision results in an increased sense of energy and excitement to continue this important work outside of the supervisory relationship.

**Sarah Harte, LICSW, Assistant Director, Outreach and Prevention**

I operate from a developmental model of supervision. It is my goal in supervision to provide a safe place where supervisees are able to authentically explore their interpersonal processes. I believe in being an advocate for the supervisee while challenging them in their growth process as well. I tend to be direct in my communication style as well as expectations. My supervision style highly reflects my humanistic orientation and focus on multi-cultural perspective. I believe each supervisee is unique in their personal and professional experiences and therefore collaborative training goals should be developed together. I like to conceptualize the supervisor/supervisee relationship as a journey where we will both learn and grow in our professional development together.

**Justin Jacques, LPC, Staff Clinician**

Justin Jacques is a Licensed Professional Counselor, Certified Addiction Counselor II, and a Nationally Certified Counselor. He possesses a master’s degree in Counseling Psychology and Education from the
University of Colorado and an undergraduate degree in Health Promotions from the University of Northern Iowa. Justin counsels from a strength based perspective by empowering students to make positive life changes and helping them utilize their natural talents and abilities. Currently, Justin is also a Ph. D. student in Counselor Education and Supervision at The George Washington University. Justin’s research interest includes veteran populations, health and wellness, addiction, emerging adults, and university athlete’s identity development.

Jennifer Mostafa, LGPC, Military Services Coordinator
My clinical method is based on an interpersonal-humanistic approach that puts the "whole person" first. I strongly believe in a holistic approach toward healing and work with clients and group members to bring balance into lives through insight and self-acceptance. I provide training for Clinical Staff and students regarding suicide intervention, military transitions and mindfulness based on the principles of Inter-personal Neurobiology (IPNB).

Kami Sidman, LGPC, Staff Clinician
My perspective as both a supervisor and a clinician is primarily informed by humanistic and existential approaches. By modeling warmth and authenticity, I seek to empower supervisees to bring their unique presence to clients. As a supervisor, my approach is fundamentally oriented toward helping supervisees recognize their own strengths, resources, and capacity to adapt, grow, and demonstrate resilience when faced with challenges. Through collaboration and adjustment to individual developmental levels, I attempt to foster empathic listening, acceptance and respect for clients, creative therapeutic approaches, a willingness to engage in supportive challenging of clients, practical brief therapy skills, and the development of personal meaning as part of professional growth. As a career changer, I particularly enjoy supporting professional identity development, and my clinical interests include identity and transition issues, decision-making, law student concerns, and issues related to diversity/intersectionality.

Kaki Tipler, LICSW, Eating Disorders Services Coordinator
I strive to provide an open and collaborative environment, in which supervisees can grow their voice and style as a clinician, feel comfortable exploring their strengths and growth edges, and set goals to increase their confidence in their practice. I use supervision to deepen self awareness, conceptualize cases, foster professional development, examine transference and counter transference, and explore the use of interventions in clinical work. My style is direct, and I use an integrative approach, often drawing from psychodynamic, relational, and cognitive behavioral theories, among others, in my work. My areas of interest and specialty include eating concerns and body image issues, anxiety, family of origin issues, and trauma.