

W O R R Y W E L L

Clinical Neuropsychology Postdoctoral Fellowship

2026-2028

**195 Maple Avenue
Red Bank, NJ 07701**

732-749-2438

Revised August 2025

PROGRAM STRUCTURE

Philosophy and Goals

The primary aim of our fellowship in Clinical Neuropsychology is to provide advanced, specialty-specific training that prepares fellows for independent practice in clinical neuropsychology and eligibility for board certification through the American Board of Professional Psychology (ABPP-CN). Our program is designed to develop advanced competencies in neuropsychological assessment, consultation, and intervention with diverse populations across the lifespan, consistent with the scientist-practitioner model. Fellows will gain expertise in the integration of neurobehavioral science, psychometrics, and evidence-based clinical practice. The program emphasizes ethical practice, cultural humility, and professional development, supporting fellows' readiness for leadership roles in clinical environments.

Worrywell recognizes the importance of cultural and individual differences and diversity in the training of psychologists. The program ensures a welcoming, supportive, and encouraging learning environment for all interns, including interns from diverse and underrepresented communities. Worrywell has made and continues to make systematic, coherent, and long-term efforts to attract interns from different racial, ethnic, gender, and personal backgrounds into the program. The program acts to ensure the provision of training opportunities appropriate for the training of diverse individuals.

Applicants to our fellowship in Clinical Neuropsychology must have completed doctoral training in clinical psychology, counseling psychology, or a closely related field from an APA- or CPA-accredited program. Additionally, applicants must have successfully completed an APA- or CPA-accredited (or APPIC-member) doctoral internship that included substantive clinical training in neuropsychological assessment.

Consistent with the Houston Conference Guidelines and APA's Specialty Guidelines for Clinical Neuropsychology, fellows must demonstrate foundational preparation in neuropsychology prior to entry, including:

- Documented coursework in neuropsychology, neuroanatomy, psychological and cognitive assessment, and related areas.
- Supervised practicum or internship experiences in clinical neuropsychological assessment across a range of neurological and psychiatric conditions.
- Familiarity with commonly used neuropsychological test batteries and report writing for clinical populations.

By the start date of the fellowship, candidates must have completed all requirements for the doctoral degree, including a successfully defended dissertation.

Our program is designed for individuals who are seeking advanced, applied training in a private practice setting that serves a diverse referral base, specializing in neurodevelopmental conditions.

Revised August 2025

Each fellow, during initial supervisory sessions with his/her supervisors, reviews his/her current knowledge and skill levels across all competencies and discusses individual training goals. Training goals are modified as the fellow progresses through the fellowship. Additionally, as the fellow's competency levels evolve and develop throughout the year, greater independence and autonomy are expected, as well as movement toward a more collegial, collaborative, and consultative relationship with supervisors. This progression is consistent with literature that addresses the expectation of progressive, developmental changes related to fellowship training in general, and also responds to changes in the fellow's conceptual and technical/procedural skill maturation during fellowship.

Application Materials:

- APPIC AAPI application
- Cover Letter
- Curriculum Vitae
- Three letters of recommendation
- Sample integrated report (de-identified)

Worrywell is an equal opportunity training site and strongly encourages applications from diverse backgrounds.

Fellow Competencies

The Worrywell fellowship provides clinical training to produce an advanced level of competence in clinical neuropsychology. The program competencies are outlined below:

1. Integration of Science and Practice:
 - a. Demonstration of the integration of science and practice is required at the post-doctoral level. This includes the influence of science on practice and of practice on science.
2. Ethical and legal standards Postdoctoral
 - a. Be knowledgeable of and act in accordance with each of the following: the current version of the APA Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and o relevant professional standards and guidelines.
 - b. Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas as they pertain to the accredited area.
 - c. Conduct self in an ethical manner in all professional activities.
3. Individual and cultural diversity:
 - a. Effectiveness in health service psychology requires that postdoctoral fellows develop the ability to conduct all professional activities with sensitivity to human

Revised August 2025

diversity, including the ability to deliver high quality services to an increasingly diverse population. Therefore, postdoctoral fellows must demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics.

b. Postdoctoral fellows are expected to demonstrate:

- i An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves;
- ii Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities related to the accredited area including research, training, supervision/consultation, and service;
- iii The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
- iv The ability to independently apply their knowledge and demonstrate effectiveness in working with the range of diverse individuals and groups encountered during residency, tailored to the learning needs and opportunities consistent with the program's aim(s).

4. Research: Postdoctoral fellows are expected to:

- a. Accurately and effectively perform neuropsychological research activities, monitor progress, evaluate outcome, and communicate research findings.
- b. Apply knowledge of existing neuropsychological literature and the scientific method to generate appropriate research questions and determine effective research design and appropriate analysis.

5. Professional Values, Attitudes, and Behaviors: Postdoctoral fellows are expected to:

- a. Behave in ways that reflect the values and attitudes of psychology and Clinical Neuropsychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.

Revised August 2025

- b. Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
 - c. Actively seek and demonstrate openness and responsiveness to feedback and supervision.
 - d. Respond professionally in increasingly complex situations with a greater degree of independence.
 - e. Demonstrate an emerging professional identity consistent with the Clinical Neuropsychology specialty.
- 6. Communication and Interpersonal Skills: Postdoctoral fellows are expected to:
 - a. Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
 - b. Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
 - c. Demonstrate effective interpersonal skills and the ability to manage difficult communication well.
- 7. Assessment: Postdoctoral fellows are expected to:
 - a. Utilize clinical interviews, behavioral observations, record review, and selection, administration, and scoring of neuropsychological tests to answer the assessment question.
 - b. Demonstrate the ability to accurately discern and clarify assessment questions, the recipients of the assessment results, and how assessment results will be utilized.
 - c. Interpret assessment results to produce integrated conceptualizations, accurate diagnostic classifications, and useful recommendations informed by functional aspects of everyday living, quality of life, and educational/working/social/living environments.
 - d. Address issues related to specific patient populations by referring to providers with specialized competence when appropriate, obtaining consultation, utilizing appropriate normative data, and describing limitations in assessment interpretation.
 - e. Communicate both orally and in written reports the results and conclusions of assessments in an accurate, helpful, and understandable manner, sensitive to a range of audiences.

Revised August 2025

- f. Demonstrate knowledge of theories and methods of measurement and psychometrics relevant to brain-behavior relationships, cognitive abilities, social and emotional functioning, performance/symptom validity, test development, reliability validity, and reliable change.
 - g. Demonstrate knowledge of the scientific basis of assessment, including test selection, use of appropriate normative standards, and test limitations.
 - h. Demonstrate knowledge of patterns of
 - i Behavioral, cognitive, and emotional impairments associated with neurological, psychiatric, and general medical conditions that affect brain structure and functioning and
 - ii Incidence, prevalence (i.e., base-rate), natural course, and key signs/symptoms of disease processes for conditions of interest in neuropsychology.
- 8. Intervention: Postdoctoral fellows are expected to:
 - a. Demonstrate an understanding of evidence-based interventions to address cognitive and behavioral problems common to recipients of neuropsychological services.
 - b. Demonstrate an understanding of how complex neurobehavioral disorders and sociocultural factors can affect the applicability of interventions.
 - c. Use assessment and provision of feedback for therapeutic benefit. VI.
- 9. Consultation and Interprofessional/Interdisciplinary Skills: Postdoctoral fellows are expected to:
 - a. Demonstrate knowledge and respect for the roles and perspectives of other professions such as effective communication, appropriate referrals, and integration of their perspectives into case conceptualizations.
 - b. Function effectively in consulting roles across settings (e.g., clinical, legal, public policy, research), clarifying referral questions, applying knowledge appropriate to each setting, and communicating results to referral sources both verbally and in writing.
- 10. Teaching/Supervision/Mentoring: Postdoctoral fellows are expected to:
 - a. Demonstrate knowledge of supervision models and practices related to Clinical Neuropsychology.
 - b. Teach, supervise, and mentor others by accurately, effectively, and appropriately presenting information related to Clinical Neuropsychology. –

TRAINING MODEL AND FORMAT

Worrywell provides training and education through clinical training and supervision. A minimum of 25% of each fellow's time is spent in direct clinical service activities, no more than 20 client contact hours per week. Services include consultation, assessment, treatment, provision of supervision, research/scientific inquiry, and program development.

Fellows will primarily treat children, adolescents, and families, with a smaller percentage of adult patients (approximately 20%). They will be provided training in neuropsychological examination administration, scoring, interpretation, and report writing, individual/family counseling, and executive functioning training. Fellows will also be exposed to neurofeedback. They will have the opportunity to participate in qEEG evaluations and neurofeedback treatment as well as to develop a basic understanding of the principles and techniques. Fellows will also have the opportunity to provide parenting group therapy or work with individuals with autism spectrum disorders as a co-therapist in our groups.

Fellows will also have the opportunity to interact and consult with professionals from other disciplines, including neurology, psychiatry, rehabilitation (speech, occupational, physical therapies), social workers, cardiology, gastroenterology, neurosurgery, etc.

Specific training opportunities will be described in detail below.

1. Consultation

Fellows receive training in neuropsychological consultation. This includes clinical interviewing, communicating effectively, determining the referral question, developing an appropriate treatment plan regarding neuropsychological services, educating patients about services and disorders, collaborating with other providers/professionals, medical record review, and making appropriate referrals.

2. Assessment

Neuropsychological Examination

Neuropsychology identifies the thinking and behavioral changes due to brain damage (e.g., concussion, traumatic brain injury, strokes, tumors and dementia.) Administering a neuropsychological examination (NPE) can provide a representation of one's thinking abilities in addition to serving as a blueprint for treatment in the rehabilitation process. The NPE also promotes the understanding of a patient's strengths and limitations. The NPE tests perceptual skills (hearing, seeing, feeling), reasoning, problem solving, logical analysis, mental efficiency, attention and concentration skills, memory, speech and language functions, visual spatial functions, speed of new learning (processing), learning capacity, background intellectual level, speed and coordination of simple motor responses and emotional and behavioral characteristics.

Revised August 2025

Fellows will gain experience in testing children and adults with a variety of neurological conditions such as ADHD, autism, developmental delays, learning disabilities, traumatic brain injuries, epilepsy, etc. fellows will be trained to administer, score and interpret a variety of measures including but not limited to the Halstead Reitan Neuropsychological Battery, The Reitan Indiana Neuropsychological Battery, NEPSY-II, D-KEFS, Wechsler Intelligence Scale for Children, Wechsler Adult Intelligence Scale, Wechsler Preschool and Primary Scale of Intelligence, Wide Range Assessment of Memory and Learning, Wide Range Achievement Test, Wechsler Individual Achievement Test, and the Beery Test of Visual Motor Integration. Fellows will also receive training on administering, scoring and interpreting a variety of psychological measures (e.g., Behavioral Assessment System for Children, Personality Assessment Inventory-Adolescent, Trauma inventories, projectives etc.).

Additionally, fellows will receive training in administering, scoring, and interpreting the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2). The ADOS-2 has been named the 'gold standard' for assessing and diagnosing autism and pervasive developmental disorders across all ages, developmental level and language skills. It can be given to any individual suspected of having ASD from toddlers to adults. It includes a standardized administration of interactive activities, which measures social interaction, communication, play, repetitive behavior and imagination. The ADOS-2 consists of four modules which are chosen based on the individual's expressive language level and chronological age. Overall, the ADOS-2 is one of the few diagnostic measures that scores direct observation of a child's interaction and accounts for the developmental level and age of the child.

3. Treatment and Intervention

Counseling

Fellows will again experience in mental health counseling for a wide variety of conditions, including but not limited to: anxiety, depression, PTSD, relationship issues, anger management, ADHD, parent management/behavior management, autism spectrum disorders, etc. Treatment goals are approached with the intention of developing more effective ways of functioning and thinking. Through solution focused cognitive and behavioral therapy, we aim to support, advocate for, and relieve conflict and modify unsuccessful coping strategies. Our treatment is eclectic and based on individual patient needs.

Executive Functioning Training

Fellows will have the opportunity to conduct a 20 week executive training program with children, adolescents, and adults designed to build cognitive skills such as, emotion regulation, sustained attention, motivation, and task initiation. This is a structured program that includes skill building, teaching, modeling and scaffolding.

Group Therapy

Fellows may have the opportunity to co-lead our group programs.

Parent Training/Behavior Modification

Fellows will have the opportunity to work one on one with parents to teach behavior modification and parent training interventions.

Revised August 2025

Neurofeedback

Fellows will gain exposure to qEEG brain mapping and neurofeedback with the opportunity to observe treatment as well as participate.

Provision of Supervision

Fellows will have the opportunity to train and provide supervision of assessment cases for doctoral level and practicum students. This includes supervision of cases as well as report editing and review.

Supervision

Fellows will receive a minimum of two hours of individual supervision per week. In addition, supervisors have an “open door” policy and are available throughout the day. They will have the opportunity for observation of the supervisor in direct service provision as well. Supervision is specifically designed to provide supervision of the services rendered by the fellow and the supervisors are responsible for each of the fellow’s cases. We offer individual supervision and group supervision three out of four Wednesdays of the month. Video review of ADOS testing is conducted regularly.

4. Research and Scientific Inquiry

Fellows are exposed to current literature and are trained to discriminate appropriate applications of research to clinical practice. Fellows will also be expected to conduct literature reviews on various topics. The fellow is expected, toward the end of fellowship, to be independent and confident in the application of research findings to clinical practice. Fellows are expected to submit an original article for publication (e.g., case study, literature review, etc.).

Sample Weekly Schedule:

Full Time fellows will engage in 2 days (about 10 hours) of neuropsychological evaluation each week and 10 hours of other assessment (i.e., qEEG) and intervention. The rest of the week is allotted for scoring, report and clinical note writing, administrative activities, didactics and supervision.

Monday	5 hours: Neuropsychological examination 1 hour: Didactics 2 hours: Scoring and other clinical support activities
Tuesday	4 hours: Report writing, Other clinical support activities 1 hour: Individual supervision 2 hours: Assessment (qEEG)/Intervention (Individual therapy, Neurofeedback, EFT)
Wednesday	5 hours: Neuropsychological examination 1 hour: Group Supervision three out of four Wednesdays 1 hour: Full staff meeting/training first Wednesday of the

Revised August 2025

	month/Supervision 2 hours: Scoring and Other Administrative Activities
Thursday	4 hours: Report writing, Other clinical support activities 1 hour: Individual supervision 4 hours: Assessment (qEEG)/Intervention (Individual therapy, Neurofeedback, EFT)
Friday	4 hours: Report Writing, Supervision, other clinical support activities 4 hours: Assessment/Intervention (qEEG, Individual therapy, Neurofeedback)

DIDACTICS/TRAINING ACTIVITIES

Worrywell provides 2 hours weekly of didactic/training activities through case conferences, in person seminars, guest speakers, group supervision and a variety of prerecorded webinars, including Acceptance and Commitment Therapy, ADHD, Domestic Violence, ethics, diversity, emotional freedom technique, and neuropsychology. Students will present both case studies and topic presentations throughout the course of their training.

FACULTY, SUPERVISION, AND EVALUATION

CLINICAL STAFF



Lindsay Klimik, PsyD

Licensed Psychologist and Neuropsychologist
Training Director

Dr. Klimik is the principal partner in Worrywell. She is a neuropsychologist specializing in pediatrics/neurodevelopmental disorders. Currently, she specializes in neuropsychological assessment for conditions such as, ADHD, learning disabilities, seizure disorders, head injuries and other medical/neurological conditions. She also specializes in assessing and treating Autism Spectrum Disorders and is certified in administering the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2). Dr. Klimik also provides business to business consultation, training and leadership development with teams around the world.

Dr. Klimik completed her doctoral training at Lifespan Neuropsychology Rehabilitation Services. She specialized in pediatric neuropsychology, including attention deficit hyperactivity disorder, learning disabilities, autism, developmental delay, epilepsy, traumatic brain injury, etc. Dr. Klimik completed her doctoral training at Loyola University Maryland and her pre-doctoral at Mt. Washington Pediatric Hospital, where she specialized in assessment and counseling for children, adolescents and families. She completed training in behavioral medicine including obesity, diabetes, inpatient rehabilitation and feeding disorders.

Revised August 2025



Tali Frankfort, PsyD
Licensed Psychologist and Neuropsychologist

Dr. Frankfort is a neuropsychologist, specializing in pediatric neurodevelopmental disorders, with a specific interest in autism spectrum disorder. Dr. Frankfort also specializes in working with young children and families and teaching parent management.

Dr. Frankfort completed her postdoctoral fellowship at Neuropsychology Rehabilitation Services Lifespan. She previously had experience in child and adolescent outpatient community mental health. Dr. Frankfort earned her doctorate in psychology from the Ferkauf Graduate School of Psychology of Yeshiva University.



Talya Bauer, LPC
Director of Therapeutic Services

Talya is a Licensed Professional Counselor who aims to provide a warm and safe environment for children, adolescents, parents, and families. She has over 10 years of experience working with children and families in a therapeutic setting. She is an advocate for seeking support when clients feel overwhelmed and strives to uplift her clients, create innovative solutions, and work towards wholesome outcomes.

Her clinical approach is evidence-based with a strong focus on strengths-based and client centered therapy. As a clinician that works with the family system, she uses age-appropriate humor and candor to align with her clients and help the entire family to engage in their work together.

In addition to her work as a therapist, she spent many years as a swim coach for two YMCA teams. She loves incorporating sports and other physical activity into her holistic approach to wellness.



Jamie Pagdonsolan, LCSW
Supervisor, Community Outreach
Coordinator

Revised August 2025

Jamie is a Licensed Clinical Social Worker with experience working in fellowial, hospital, and school settings. She has a passion for working with children, adolescents, and families in an effort to empower them to find their own personal version of success, whatever that means to them. While Jamie utilizes evidence-based modalities that are person-centered and strengths-based in nature, she emphasizes three things – humanness, compassion, and connection.

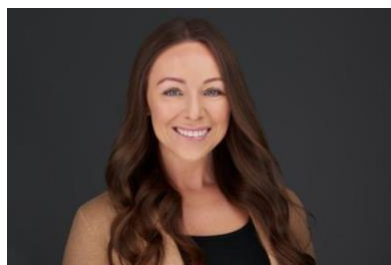
When working with individuals, Jamie is a strong advocate for her clients. She finds collaborative ways to uplift them in discovering different strategies to cope with life's everyday stressors. Jamie finds it imperative to create an atmosphere that is warm, welcoming, and a safe space where her clients will feel heard. Jamie's mission is to empower her clients to find their own sense of self and looks forward to witnessing the steady progress her clients will make.



Renee Moffett, LCSW, LCADC

Renee is a Licensed Clinical Social Worker and Licensed Clinical Alcohol and Drug Counselor. She utilizes a strength-based approach to engage individuals in a journey of self-acceptance and personal growth. She integrates a variety of treatment modalities including Cognitive Behavior Therapy, Motivational Interviewing and Enhancement technique, Dialectical Behavior Therapy, Solution Focused Therapy and Mindfulness. She has worked in a variety of settings including fellowial, intensive outpatient and standard outpatient settings. She specializes in working with adults and adolescents who are facing a broad range of presenting problems such as trauma, depression, anxiety, mood disorders, obsessive compulsive disorder, self-esteem struggles and low self-worth.

Renee's goal is to provide clients with an open, safe, and nonjudgmental environment to explore and evolve throughout each session.



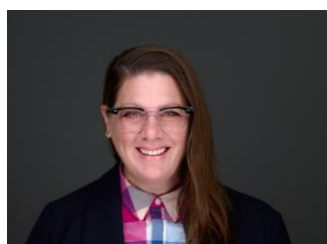
Jaclyn Ciampolollo, LPC

Jaclyn is a Licensed Professional Counselor who believes a trusting therapeutic relationship, empathy and support are most necessary to promote positive change. Her role in this process is to provide a safe space to motivate clients to reach their goals and increase self-awareness and self acceptance. She works with adults and has extensive experience helping individuals cope with

Revised August 2025

Anxiety, Depression, ADHD and Mood Dysregulation as well as working with those who are going through life transitions and relationship issues.

She believes in the client-centered approach to counseling and strives to create an atmosphere of positive communication, trust and understanding. The focus of treatment is to reach individualized goals and strive towards growth, healing, and self-actualization.



Amy Reinhart, MS
Clinical Psychology Doctoral Intern

Amy is pursuing her Doctorate of Psychology (PsyD) in Counseling Psychology at Felician University. Amy obtained a Masters degree in Counseling Psychology from Felician University.

Amy has experience with individual and group therapy with children, adolescents, families, and adults. She has worked with individuals with autism spectrum disorder, ADHD, chronic illness, and the LGBTQIA+ community across many levels of care.

Amy specializes in working with individuals with personality disorders, trauma, depression, anxiety, behavioral issues, low self-esteem, bullying, relationship problems, and communication difficulties. She is a caring nonjudgmental therapist, who believes everyone deserves to feel heard, understood, and validated. She integrates a variety of evidence-based approaches including cognitive behavioral therapy, dialectical behavioral therapy, mental health education, trauma-focused therapy, and mindfulness.

Amy's approach to guiding clients toward their goals is to provide a welcoming, safe space where clients feel they can be vulnerable to share their experiences. She takes a collaborative approach to treatment, and values transparency and openness in developing a strong therapeutic relationship.



Megan Stefanelli, PhD, LCADC
Postdoctoral Fellow

Megan is a Postdoctoral Fellow and Licensed Clinical Alcohol and Drug Counselor. Megan obtained her Master's Degree in Community Agency Counseling specializing in Addictions from The College of New Jersey. Megan completed her doctorate degree in clinical psychology in December 2024.

Revised August 2025

Megan has a variety of clinical experiences; from inpatient psychiatric hospitals, partial hospitalization, intensive outpatient, wrap-around services, private practice, psychiatric emergency services and county correctional facilities. The focus of Megan's work has been working with clients, who present with mood disorder, anxiety, PTSD, behavioral issues, ADHD, addictions, and transitional struggles.

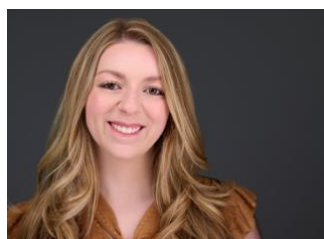
Megan integrates a variety of evidence based approaches including EMDR, CBT, Mindfulness, Motivational Interviewing and Solution Focused Therapy. Megan takes a collaborative approach to treatment and values transparency within the therapeutic relationship. Megan is passionate about assisting people to live meaningful and authentic lives.



Christine Allaire, LSW

Christine is a Licensed Social Worker who aims to create a safe space for children, adolescents, and adults to find growth and healing. Christine received her Master's degree in Clinical Social Work, and has many years of experience providing group and individual therapy to adolescents and adults living with anxiety, depression, trauma, and substance use.

Christine creates a supportive environment where clients feel safe and accepted through the integration of a variety of approaches including Cognitive Behavioral Therapy, Mindfulness, Solution Focused Theories, and Strength's Based Theories. She believes in a holistic practice geared towards reconciling the body, mind, and soul, as well as incorporating a combination of coping skills to fulfill the categories of human needs. With an open mind and willingness to dig deeper, Christine hopes to guide clients to build a toolbox of coping skills, recognize and regulate their emotions, and gain a better understanding of themselves.



Alexa Madoff, LAC, NCC, SAC

Alexa is a Licensed Associate Counselor with a Master's degree in Clinical Mental Health Counseling. Alexa has experience working with individuals in outpatient and school-based settings with a wide range of presenting psychological and emotional difficulties including anxiety, depression, behavioral issues, low self-esteem, bullying, trauma, and transitional struggles.

Alexa strives to create a safe, empathetic, and nonjudgmental environment for children, adolescents, and adults. Her main focuses in therapy include working collaboratively with her clients to develop healthy coping skills to improve daily functioning. She also works alongside her

Revised August 2025

clients to help them reach their individualized goals and overcome the challenges that they may be experiencing. Working from an integrative, client-centered perspective, Alexa incorporates techniques from Cognitive Behavioral Therapy, mindfulness, and other evidence-based practices.



JuliaRose Marsh, LAC

JuliaRose is a Licensed Associate Counselor with a Master's degree in Mental Health Counseling from Fordham University. She has experience working with children, teens, and adults in both partial hospitalization and outpatient settings. JuliaRose has assisted clients and families facing a wide range of challenges including anxiety, depression, disordered eating, ADHD, autism spectrum disorder, parenting, and relationship issues.

JuliaRose emphasizes a strengths-based approach and utilizes techniques grounded in Dialectical Behavioral Therapy (DBT), Solution Focused Therapy (SFT), and Cognitive Behavioral Therapy (CBT). JuliaRose aims to individualize treatment to each client by incorporating creative modalities such as expressive art, movement, and music into sessions to facilitate the healing process. She strives to create a warm, empathic, client-centered environment to foster strong therapeutic connections.



Andrew Betro, LAC

Andrew is a Licensed Associate Counselor with a Master's degree in Clinical Mental Health Counseling. He has experience working with children, teens, and adults in both partial hospitalization and outpatient settings. Andrew has assisted clients and families facing a wide range of challenges including anxiety, depression, substance use, ADHD, and parenting.

Andrew emphasizes a strengths-based and person-centered approach and utilizes techniques grounded in Dialectical Behavioral Therapy (DBT), and Cognitive Behavioral Therapy (CBT). Andrew aims to make therapy a collaborative and fun process, incorporating creative modalities such as art, music, and the individual interests of each client into sessions. Asking for help can be frightening and unfamiliar, therefore Andrew's goal is to create a safe, non-judgmental space for people to use their strengths and skills already familiar to them to achieve change. Andrew believes the world is what we make it, and finding meaning comes from within

Revised August 2025



Ashlyn Doherty, LAC

Ashlyn is a Licensed Associate Counselor with a Master's degree in Clinical Mental Health Counseling from Monmouth University. Prior to her master's, she graduated with her Bachelor of Arts in Child Advocacy and Policy from Montclair State University. Ashlyn has experience with children, adolescents, adults, and families in both partial hospitalization and intensive outpatient settings. She also has experience working with individuals with trauma, anxiety, mood and personality disorders, behavioral issues, and ADHD.

Ashlyn emphasizes the importance of building an open and genuine relationship with clients. She does this by taking the time to get to know each individual and personalizing their therapy. She believes in learning and growing alongside her clients. Ashlyn utilizes an eclectic approach including cognitive behavioral therapy, dialectical behavioral therapy, humanistic, and psychoanalysis.



Victoria Jonczyk, LAC

Victoria is a Licensed Associate Counselor with a Master's degree in Clinical Mental Health Counseling from Monmouth University.

Victoria has experience providing therapy to children, adolescents, and young adults with emotional or behavioral concerns. She emphasizes an individualized approach and enjoys using creative interventions such as play therapy and expressive arts with her clients. She is an active board member of the NJ Association for Play Therapy.

Victoria aims to create a supportive environment to foster growth and healing. She incorporates the client's needs, values, and interests into a variety of treatment modalities. Victoria believes in the healing power of the therapeutic relationship. She enjoys utilizing humor when appropriate and viewing the client from a holistic perspective.

Revised August 2025
Caroline Guerrero, LAC

Caroline is a Licensed Associate Counselor with a Master's Degree in Clinical Mental Health Counseling from Monmouth University. Caroline has experience working with children, adolescents and adults with a wide range of presenting psychological and emotional difficulties such as anxiety, depression, behavioral issues, low self-esteem, bullying, trauma, and life stressors.

Caroline strives to create a safe, empathetic, and nonjudgmental environment for her clients. She uses an integrative, client-centered perspective incorporating techniques from Cognitive Behavioral Therapy (CBT), mindfulness and other evidenced-based approaches. Caroline's goal is to create a safe space to collaboratively explore emotions and thoughts and to promote a journey of self-growth, healing and self-discovery.

Erin Lau, PsyMMA, Doctoral Intern

Erin is pursuing a doctorate in School Psychology at Rutgers University. She is currently in her fifth year, completing her pre-doctoral fellowship. She has experience working as a school psychology fellow at a high school, a paraprofessional for preschoolers, and a supervisor at a summer camp. Erin also has experience counseling individuals with ADHD, autism spectrum disorder, anxiety, depression, and other mood disorders as well as conducting neuropsychological evaluations. She primarily uses cognitive-behavioral strategies to help individuals develop social, emotion regulation, and coping skills. She also has a passion for working with minority youth to provide support with cultural challenges, such as managing conflict, bullying, and racism. Erin's goal is to provide a warm, culturally-sensitive, and judgment-free environment to help individuals overcome their challenges.

Courtney MacKay, Doctoral Intern

Courtney is a school psychologist. She is a doctoral student at Georgian Court University. At Worrywell, Courtney provides therapy and executive function training and conducts neuropsychological evaluations and developmental assessments. Courtney has a variety of school based and clinical experiences. The focus of Courtney's work has been with students in the school setting, specifically with conducting psychological, developmental and social-emotional evaluations, social-emotional support and counseling services, and collaboration with other mental health professionals. Courtney also serves as a member of the Child Study Team and develops Individualized Education Programs (IEP) for Special Education and Related Services. Courtney integrates a variety of evidence based approaches in her work.

Nicole Muraski, PsyD, Postdoctoral Fellow

Nicole is a School Psychologist and earned her Doctorate in School Psychology (Psy.D) from Georgian Court University. At Worrywell, Nicole works as a therapist, conducts neuropsychological evaluations and developmental assessments, and she also conducts evaluation intakes and provides follow-ups with clients.

Nicole has a variety of school based and clinical experiences. She has been a practicing School Psychologist for 6 years working with individuals ages 3-21. Nicole also worked for PerformCare for 3 years providing in-home counseling and behavioral management services to families. The

Revised August 2025

focus of Nicole's work has been with students in the school setting, specifically with conducting psychological, developmental and social-emotional evaluations, social-emotional support and counseling services, and collaboration with other mental health professionals. Nicole also serves as a member of the Child Study Team and develops Individualized Education Programs (IEP) for Special Education and Related Services.

Nicole integrates a variety of evidence based approaches in her work through Cognitive Behavioral Therapy, Mindfulness, and Solution Focused Therapy. She also works on social skills, daily living skills, and executive functioning skills with her clients daily.

Radwa Moktar, PsyD, Postdoctoral Fellow

Radwa is a Post-Doctoral Fellow in the Clinical Neuropsychology track at Worrywell. Radwa obtained her Doctorate in Clinical Psychology (Psy.D.) from Rutgers University's Graduate School of Applied and Professional Psychology (GSAPP) in August 2024.

Radwa has worked in various clinical settings including college counseling centers, outpatient psychiatric clinics, primary care medical settings, inpatient psychiatric hospitals, and psychiatric emergency rooms. Radwa is specializing in neuropsychological examination of ADHD, autism spectrum disorder, and learning disabilities. In terms of therapy, Radwa specializes in exposure-based, CBT, and DBT interventions for adults presenting with anxiety and related disorders, including Generalized Anxiety Disorder, Social Anxiety Disorder, Specific Phobias, Panic Disorder and Agoraphobia, OCD, and PTSD.

Collaboration with other Students/Trainees

We regularly work with students at a variety of levels to provide training and exposure to neuropsychology and counseling. We currently have trainees at the postdoctoral fellow, doctoral, and externship level. We regularly offer fellowships/service learning for bachelor's level students. We also train master's level clinicians and have several LSW and LAC therapists on staff.

Support Staff

Fellows will have full access to support staff for scheduling, billing, filing, faxing, etc. At Worrywell, the postdoctoral fellow functions primarily as a clinician. The majority of clerical work is managed by our front office staff.

Evaluation of Fellow

Fellows receive formal feedback every six months (in January and July). Supervisors will evaluate and provide feedback to the fellows based on competencies outlined in the site's evaluation form. Due Process will be initiated if a fellow does not meet the expected minimum level of achievement on the evaluation form.

Revised August 2025

Fellows will also maintain an activity log during the course of the training experience, documenting clinical hours, supervision, etc., in accordance with the NJ Board of Psychological Examiners. The primary supervisor will review and sign this documentation every six months.

Fellowship Training Sites

Red Bank, NJ

195 Maple Ave, Red Bank NJ 07701.

Our offices consist of a waiting area, six therapy offices, two testing rooms, kitchen, two bathrooms, and shared workspace.

Shrewsbury, NJ

830 Broad Street, Suite 3A. Shrewsbury, NJ 07702

Our office consists of a waiting area, five therapy offices, and kitchenette. There is a shared bathroom in the common hallway.

Compensation and Benefits

This is a full-time, two-year postdoctoral fellowship designed to provide advanced training in clinical neuropsychology in accordance with the Houston Conference Guidelines. In the first year, fellows will complete at least 1,750 hours of supervised professional experience, meeting the requirements for licensure as a psychologist in the state of New Jersey. The two-year structure allows for progressive development of clinical competencies, increasing autonomy, and deeper integration of research, supervision, and professional skills. Fellows will engage in a sequenced training experience that prepares them for independent practice.

Full Time fellows:

1. Full time fellows are compensated with a stipend of \$65,000 for the first year and \$67,500 for the second year. They are paid biweekly as a W2 employee.
2. Worrywell covers 50% of medical insurance for the employee only (Aetna). Dental and vision insurance is available for purchase and is the responsibility of the employee. Options are available at reduced cost, lower coverage, as well as increased cost, higher coverage as well.
4. 2 Weeks paid vacation
5. 7 Holidays
6. 5 Sick/PTO days
7. Optional 401K available

Title of postdoctoral fellow

Revised August 2025

The psychology trainees will use the title of “fellows”

Fellowship Brochure

A brochure will be distributed to fellows which provides a clear description of the program’s goals, objectives, training methods, curriculum, and expectations for the quantity and quality of their expected work. This Brochure will be found on the website.

Certificate of completion

A certificate of completion will be issued to all fellows after successfully completing the program.

Fellow Selection Process

Fellow Selection Processes and Criteria

1. Fellows have completed appropriate doctoral education and training in health service psychology or appropriate respecialization, either of which must include the completion of an appropriate internship;
2. Have interests and abilities that are appropriate for the postdoctoral training program’s aims and expected competencies, specifically neuropsychology.

Postdoctoral Psychology Fellow

1. Worrywell has one or more postdoctoral psychology residents who:
 - a. Have an understanding of the program’s aims and expected competencies;
 - b. Have meaningful involvement in those activities and decisions that serve to enhance fellow training and education;
 - c. Have a title commensurate with the title used in that setting by other professionals in training who have comparable responsibility, education, and training, consistent with the laws of the jurisdiction in NJ.

Fellow Diversity

1. Worrywell makes systematic and sustained efforts to attract residents from diverse backgrounds into the program.
 - a. Consistent with such efforts, it acts to provide a supportive and encouraging learning environment for all residents, including those with diverse backgrounds, and to provide learning opportunities appropriate for the training of diverse individuals.

Revised August 2025

Due Process Procedures

Due Process Procedures are implemented in situations in which a supervisor or other faculty or staff member raises a concern about the functioning of a postdoctoral fellow. The fellowship's Due Process procedures occur in a step-wise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the training program.

Rights and Responsibilities

These procedures are a protection of the rights of both the fellow and the postdoctoral fellowship training program; and they carry responsibilities for both.

Fellows: The fellow has the right to be afforded with every reasonable opportunity to remediate problems. These procedures are not intended to be punitive; rather, they are meant as a structured opportunity for the intern to receive support and assistance in order to remediate concerns. The fellow has the right to be treated in a manner that is respectful, professional, and ethical. The fellow has the right to participate in the Due Process procedures by having their viewpoint heard at each step in the process. The fellow has the right to appeal decisions with which they disagree, within the limits of this policy. The responsibilities of the fellow include engaging with the training program and the institution in a manner that is respectful, professional, and ethical, making every reasonable attempt to remediate behavioral and competency concerns, and striving to meet the aims and objectives of the program.

Postdoctoral Fellowship Program: The program has the right to implement these Due Process procedures when they are called for as described below. The program and its faculty/staff have the right to be treated in a manner that is respectful, professional, and ethical. The program has a right to make decisions related to remediation for a fellow, including probation, suspension and termination, within the limits of this policy. The responsibilities of the program include engaging with the fellow in a manner that is respectful, professional, and ethical, making every reasonable attempt to support fellows in remediating behavioral and competency concerns, and supporting fellows to the extent possible in successfully completing the training program.

Definition of a Problem

For purposes of this document, a problem is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: 1) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; 2) an inability to acquire professional skills in order to reach an acceptable level of competency; and/or 3) an inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning.

It is a professional judgment as to when an issue becomes a problem that requires remediation. Issues typically become identified as problems that require remediation when they include one or more of the following characteristics:

- 1) the fellow does not acknowledge, understand, or address the problem when it is identified;

Revised August 2025

- 2) the problem is not merely a reflection of a skill deficit which can be rectified by the scheduled sequence of clinical or didactic training;
- 3) the quality of services delivered by the fellow is sufficiently negatively affected;
- 4) the problem is not restricted to one area of professional functioning;
- 5) a disproportionate amount of attention by training personnel is required;
- 6) the trainee's behavior does not change as a function of feedback, and/or time;
- 7) the problematic behavior has potential for ethical or legal ramifications if not addressed;
- 8) the fellow's behavior negatively impacts the public view of the agency;
- 9) the problematic behavior negatively impacts other trainees;
- 10) the problematic behavior potentially causes harm to a patient; and/or,
- 11) the problematic behavior violates appropriate interpersonal communication with agency staff.

Informal Review

When a supervisor or other faculty/staff member believes that a fellow's behavior is becoming problematic or that a fellow is having difficulty consistently demonstrating an expected level of competence, the first step in addressing the issue should be to raise the issue with the fellow directly and as soon as feasible in an attempt to informally resolve the problem. This may include increased supervision, didactic training, and/or structured readings. The supervisor or faculty/staff member who raises the concern should monitor the outcome.

Formal Review

If a fellow's problem behavior persists following an attempt to resolve the issue informally, or if a fellow receives a rating below a "3" on any learning element on a supervisory evaluation, the following process is initiated:

- A. Notice: The fellow will be notified in writing that the issue has been raised to a formal level of review, and that a Hearing will be held.
- B. Hearing: The supervisor or faculty/staff member will hold a Hearing with the Training Director (TD) and fellow within 10 working days of issuing a Notice of Formal Review to discuss the problem and determine what action needs to be taken to address the issue. If the TD is the supervisor who is raising the issue, an additional faculty member who works directly with the fellow will be included at the Hearing. The fellow will have the opportunity to present their perspective at the Hearing and/or to provide a written statement related to their response to the problem.
- C. Outcome and Next Steps: The result of the Hearing will be any of the following options, to be determined by the Training Director and other faculty/staff member who was present at the Hearing. This outcome will be communicated to the fellow in writing within 5 working days of the Hearing:
 - 1) Issue an "Acknowledgement Notice" which formally acknowledges:
 - a) that the faculty is aware of and concerned with the problem;
 - b) that the problem has been brought to the attention of the fellow;
 - c) that the faculty will work with the fellow to specify the steps necessary to rectify the problem or skill deficits addressed by the inadequate evaluation rating; and,
 - d) that the problem is not significant enough to warrant further remedial action at this time.

- 2) Place the fellow on a "Remediation Plan" which defines a relationship such that the faculty, through the supervisors and TD, actively and systematically monitor, for a specific length of time, the degree to which the fellow addresses, changes and/or otherwise improves the problematic behavior or skill deficit. The implementation of a Remediation Plan will represent a probationary status for the fellow. The length of the probation period will depend

Revised August 2025

upon the nature of the problem and will be determined by the fellow's supervisor and the TD.

A written Remediation Plan will be shared with the fellow in writing and will include:

- a) the actual behaviors or skills associated with the problem;
- b) the specific actions to be taken for rectifying the problem;
- c) the time frame during which the problem is expected to be ameliorated;
and,
- d) the procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this remediation period as specified in 'c' above, the TD will provide written statement indicating whether or not the problem has been remediated. This statement will become part of the fellow's permanent file. If the problem has not been remediated, the Training Director may choose to move to Step D below or may choose to extend the Remediation Plan. The extended Remediation Plan will include all of the information mentioned above and the extended time frame will be specified clearly.

3) Place the fellow on suspension, which would include removing the fellow from all clinical service provision for a specified period of time, during which the program may support the fellow in obtaining additional didactic training, close mentorship, or engage some other method of remediation. The length of the suspension period will depend upon the nature of the problem and will be determined by the fellow's supervisor and the TD. A written Suspension Plan will be shared with the fellow in writing and will include:

- a) the actual behaviors or skills associated with the problem;
- b) the specific actions to be taken for rectifying the problem;
- c) the time frame during which the problem is expected to be ameliorated;
and,
- d) the procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this remediation period as specified in 'c' above, the TD will provide a written statement indicating whether or not the problem has been remediated to a level that indicates that the suspension of clinical activities can be lifted. The statement may include a recommendation to place the fellow on a probationary status with a Remediation Plan. In this case, the process in #2 above would be followed. This statement will become part of the fellow's permanent file.

D. If the problem is not rectified through the above processes, or if the problem represents gross misconduct or ethical violations that have the potential to cause harm, the fellow's placement within the fellowship program may be terminated. The decision to terminate a fellow's position would be made by the Training Committee and a representative of Human Resources and would represent a discontinuation of participation by the fellow within every aspect of the training program. The Training Committee would make this determination during a meeting convened within 10 working days of the previous step completed in this process, or during the regularly scheduled monthly Training Committee meeting, whichever occurs first. The TD may decide to suspend a fellow's clinical activities during this period prior to a final decision being made, if warranted.

Revised August 2025

All time limits mentioned above may be extended by mutual consent within a reasonable limit.

APPEAL Process

If the fellow wishes to challenge a decision made at any step in the Due Process procedures, they may request an Appeals Hearing before the Training Committee. This request must be made in writing to the TD within 5 working days of notification regarding the decision with which the fellow is dissatisfied. If requested, the Appeals Hearing will be conducted by a review panel convened by the TD and consisting of the TD (or another supervisor, if appropriate) and at least two other members of the training faculty who work directly with the fellow. The fellow may request a specific member of the training faculty to serve on the review panel. The Appeals Hearing will be held within 10 working days of the fellow's request. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel may uphold the decisions made previously or may modify them.

If the fellow is dissatisfied with the decision of the review panel, they may appeal the decision, in writing, to the director of therapeutic services. If the fellow is dissatisfied with the decision of the director of therapeutic services, they may appeal the decision, in writing, to principal partner of the practice. Each of these levels of appeal must be submitted in writing within 5 working days of the decision being appealed. The principal partner has final discretion regarding outcome.

Grievance Procedures

Grievance Procedures are implemented in situations in which a psychology fellow raises a concern about a supervisor or other faculty member, trainee, or any aspect of the fellowship training program. Fellows who pursue grievances in good faith will not experience any adverse professional consequences. For situations in which a fellow raises a grievance about a supervisor, staff member, trainee, or the fellowship program:

Informal Review

First, the fellow should raise the issue as soon as feasible with the involved supervisor, staff member, other trainee, or the TD in an effort to resolve the problem informally.

Formal Review

If the matter cannot be satisfactorily resolved using informal means, the fellow may submit a formal grievance in writing to the TD. If the TD is the object of the grievance, the grievance should be submitted to the Director of Therapeutic Services. The individual being grieved will be asked to submit a response in writing. The TD (or Director of Therapeutic Services, if appropriate) will meet with the fellow and the individual being grieved within 10 working days. In some cases, the TD or Director of Therapeutic Services may wish to meet with the fellow and the individual being grieved separately first. In cases where the fellow is submitting a grievance related to some aspect of the training program rather than an individual (e.g. issues with policies, curriculum, etc.) the TD and Director of Therapeutic Services will meet with the fellow jointly. The goal of the joint meeting is to develop a plan of action to resolve the matter. The plan of action will include:

- a) the behavior/issue associated with the grievance;
- b) the specific steps to rectify the problem; and,
- c) procedures designed to ascertain whether the problem has been appropriately rectified.

Revised August 2025

The TD or Director of Therapeutic Services will document the process and outcome of the meeting. The fellow and the individual being grieved, if applicable, will be asked to report back to the TD or Director of Therapeutic Services in writing within 10 working days regarding whether the issue has been adequately resolved.

If the plan of action fails, the TD or Director of Therapeutic Services will convene a review panel consisting of themselves and at least two other members of the training faculty within 10 working days. The fellow may request a specific member of the training faculty to serve on the review panel. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel has final discretion regarding outcome.

If the review panel determines that a grievance against a staff member cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be turned over to the Human Resources in order to initiate the agency's due process procedures.

Please sign this acknowledgement page and return to the fellowship Training Director.

Acknowledgment

I acknowledge that I have received and reviewed the Due Process and Grievance procedures of the Worrywell Fellowship Program. I agree to abide by the procedures outlined in this document. I have been provided with a copy of the document to keep in my files.

Print Name

Signature

Date