



PSYCHOLOGY INTERNSHIP HANDBOOK



CONSORTIUM
2025 - 2026 TRAINING YEAR

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Introduction from Training Director

Dear Prospective Internship Applicant,

Thank you for your interest in the APA-Accredited Southern California Department of Corrections and Rehabilitation Consortium's (SCDCRC) internship program. The SCDCRC offers a broad range of clinical experiences with a diverse patient population to pre-doctoral students seeking well-rounded training in the field of psychology. Clinical practice is carried out within one of the challenging and exciting prison settings belonging to the California Department of Corrections and Rehabilitation (CDCR). The SCDCRC is currently comprised of two CDCR Institutions: California Institution for Men (CIM) and California Institution for Women (CIW). As an intern at one of the Institutional Training Programs of SCDCRC, you are afforded the opportunity to work in both inpatient and outpatient settings, provide individual and group therapy, crisis intervention, treatment planning, therapeutic psychological assessment, and suicide risk assessments/evaluations. You will receive weekly on-site didactic trainings and state-wide trainings, where you will be able to interact with staff and interns from other institutions. Here, you will have the opportunity of learning from experts in diverse areas of psychology; exchanging ideas with peers, subject matter experts, and members of the professional community. This program has adopted the Practitioner-Scholar Model, which strives to promote a breadth of experience to our trainees, in order to develop a diverse group of well-rounded, competent, entry-level clinicians, prepared to work both inside and outside of the correctional system.

The diverse population of patients housed in one of the CDCR institutions offers a unique opportunity for interns embarking on the journey of becoming culturally competent clinicians. Also within the framework of the scientifically-informed practitioner model, our training programs emphasize the incorporation of psychological science into the practice and delivery of culturally competent services.

CDCR allocates civil service positions for Clinical Psychology Intern. Each site requests a certain number of internship slots per year (currently four slots per site). This means that the slots are guaranteed, and that the information we present is secured.

Thank you again for your interest in SCDCRC's internship program. The following sections of this handbook have been organized in a manner that will provide you with a comprehensive description of our training philosophy and intern experiences. If you have further questions regarding our internship program that are not answered by this handbook feel free to contact us directly, using the information listed below.

Sincerely,

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Mission Statement

SCDCRC aspires to provide a positive supportive training experience that will prepare interns for careers in health service psychology. We do this by providing a strong foundation in ethics, case conceptualization, intervention, assessment, suicide prevention, supervision, professionalism, interdisciplinary consultation, and application of psychological research. A special emphasis is placed on the development of these skills within an organization that serves a diverse population and employs a diverse group of professionals.

Description of CDCR Consortium Site Information

The Southern California Department of Corrections and Rehabilitation Consortium (SCDCRC) is an organized training program, which, in contrast to on-the-job training, is designed to provide the intern with a planned, programmed sequence of training experiences. The primary focus and purpose of the program is assuring breadth and quality of training. The SCDCRC is currently comprised of two CDCR Institutions: California Institution for Men (CIM) and California Institution for Women (CIW). Both sites provide both inpatient and outpatient experiences for psychology interns. Psychology interns provide a variety of psychological services to patients including individual/group therapy, psychological assessment/evaluation/treatment and consultation, crisis intervention, treatment planning including identifying specific treatment objectives/goals, and case presentations. In addition, interns are afforded the opportunity for clinical exposure with CDCR Specific evaluations, such as Developmental Disabilities (DDP) Program Evaluations, 115 Rules and Violations Report (RVR) MH Evaluations, Penal Code (PC) 3002 Evaluations, and Positive Behavior Support Plans (PBSP). Interns work collaboratively with a multidisciplinary team that include but are not limited to: mental health professionals (i.e., psychologists, psychiatrists, social workers, and recreational therapist), medical staff (i.e. Medical Physicians, Registered Nurses, Psychiatric Technicians), custody staff, educational staff, etc.

Both institutions also have a variety of incarcerated person activities that can support patient care and services. Activities include:

- Self-Help and Incarcerated Person Leisure Time Activity Groups (ILTAG) that include but are not limited to Substance Abuse Prevention (SAP) Narcotics Anonymous (NA), Alcoholics Anonymous (AA), Criminal and Gang Anonymous, Domestic Violence, Anger Management, Beyond Violence.
- Academic opportunities that include Literacy and Adult Basic Education through GED.
- Vocational opportunities that include, Forestry, the Machine Shop, and Welding.
- Additionally, California Prison Industries Authority (CALPIA) employs incarcerated persons in cleaning, laundry, etc.
- Religious services for incarcerated persons of all denominations. CDCR employs a Catholic Priest, a Protestant Chaplain, a Muslim Imam, a Native American Spiritual Leader, and a Jewish Rabbi. Additionally, nearly four hundred and thirty volunteers provide volunteer-led religious and other programs such as KAIROS, Alternatives to Violence/Hands of Peace, the Urban Ministries Institute (TUMI), and many other faith-based programs.

Treatment Issues

SCDCRC's incarcerated person population is diverse. There is a wide range of incarcerated individuals with respect to age, ethnicity, gender, socio-economic status, medical issues, mental health issues,

and crimes of commitment, including WIC 7301 (patients committed to DSH; however, it is determined that treatment under conditions of custodial security can be better provided within the Department of Corrections and Rehabilitation).

Types of disorders treated in the Mental Health Services Delivery System (MHSDS):

1. Core Mental Disorders

Treatment and monitoring are provided to any individual who has **current** symptoms and/or requires treatment for the current Diagnostic and Statistical Manual (DSM) diagnosed (may be provisional), serious mental disorders listed below:

- Schizophrenia
- Delusional Disorder
- Schizophreniform Disorder
- Schizoaffective Disorder
- Brief Psychotic Disorder
- Substance-Induced Psychotic Disorder (exclude intoxication and withdrawal)
- Psychotic disorder due to a General Medical condition
- Psychotic Disorder Not otherwise Specified
- Major Depressive Disorders
- Bipolar Disorders

2. Medical Necessity

"Medical Necessity" represents a second group-type of mental distress for which treatment may be provided as needed. Treatment is to be continued as needed, after review by an IDTT, for all cases in which:

- Mental health intervention is necessary to protect life, and/or,
- Treat significant disability/dysfunction, in an individual diagnosed with or suspected of having a mental disorder.

Treatment is continued for these cases only upon reassessment and determination by the IDTT that the significant or life threatening disability/dysfunction continues or regularly recurs.

3. Exhibitionism

Treatment is required when an incarcerated person has had at least one episode of indecent exposure in the six-month period prior to the IDTT that considers the need for exhibitionism treatment and the patient is either:

- Diagnosed with Exhibitionism, or
- Meets the alternate criteria. (Alternate criteria: In incarcerated person who meets all criteria for the diagnosis of Exhibitionism, except that the victim was not an "unsuspecting stranger" but was a staff member or incarcerated person who did not consent to or encourage the behavior.)

Mental Health Delivery System: Levels of Care

The Mental Health Services Delivery System (MHSDS) are provided across five levels of care within CDCR. The levels of care found in the MHSDS are similar to those found in many community organizations. Final determinations of a patient's level of care are made by the treatment team in

IDTT. The levels of care are as follows:

- **CCCMS:** Patients receiving CCCMS services are housed within the General Population and participate on an outpatient basis and the services include individual counseling, crisis intervention, medication review, group therapy, social skills training, and clinical discharge and pre-release planning. This is similar to an outpatient program in the community.
- **EOP:** Patients receiving EOP services are housed in separate housing units. The program serves mentally ill patients who experience adjustment difficulties in a General Population setting but are not so impaired that they require 24-hour inpatient care. Services include ten hours of structured clinical activity per week, individual clinical contacts at least every two weeks, and enhanced nursing activities. This is similar to a day treatment program or locked mental health unit in the community.
- **MHCB Placement:** Patients in MHCB receive short-term crisis interventions up to 10 days in a Correctional Treatment Center (CTC). Patients in MHCB present with acute symptoms of a serious mental health disorder, such as suicidal or self-harming behavior, or suffering from a significant or life-threatening disability. Services include observation, monitoring, continuous nursing assistance, symptom assessment, diagnosis, development of an initial treatment plan, therapy to alleviate psychiatric distress, and referral to appropriate level of care. Patients are seen daily by both psychiatry, primary care clinicians, and an interdisciplinary treatment team (IDTT). The goal of treatment is stabilization to transition back into an outpatient program or refer to a higher level of care.
- **Acute Psychiatric Program/Intermediate Care Facility:** Referrals to inpatient programs are provided either to a Psychiatric Inpatient Program (PIP) or to a contracted Department of State Hospital. These programs are for patients whose conditions cannot be successfully treated in the outpatient setting or in short-term MHCB placements. Acute Psychiatric Programs (APP) are designated for patient's requiring more intensive treatment and stabilization of acute serious mental disorders or acute exacerbation of a chronic serious mental disorder. Intermediate Care Facility (ICF) are designated for patients who require longer-term treatment for stabilization of a serious mental disorder.

California Institution for Men (CIM)

CIM Mission Statement

Our mission is to provide ethical, professional, and effective mental health care services for individuals remanded to the CDCR. Our services meet or exceed national mental health care standards. We ensure optimal functioning of individuals in our care and promote their successful reintegration into society by using research, evaluation, and assessment to develop and enhance evidence-based treatment strategies. We foster safe and secure environments within the institution and are committed to public safety.

Information about CIM

CIM opened in San Bernardino County in 1941 on 2,500 acres of land. CIM is a large complex consisting of four separate facilities under the administration of one warden and a chief executive officer who is responsible for the medical mission. CIM has three outpatient areas where incarcerated persons are housed:

- **Facility A** has an incarcerated person population of approximately 1,100. Custody levels being Level-II, General Population and/or Condemned receiving mental health services in the CCCMS level of care. The facility consists of seven dormitory housing units and each housing unit has a capacity of approximately 140 inmates.

- **Facility B** has an incarcerated population of approximately 950. Custody levels being medium/maximum/condemned. Facility B includes Palm Hall as designated Restricted Housing Unit (RHU's). These RHU's receive incarcerated persons from CIM, California Rehabilitation Center (CRC), Local CDCR/Cal Fire camps, incarcerated persons serving Restricted Housing Unit terms, and those in route to court or other CDCR Institutions.
- **Facility C** has an incarcerated person population of approximately 750 with a custody levels of Level-II (GP) and/or condemned receiving mental health services in the CCCMS, and/or EOP. In addition, many incarcerated persons are serving life sentences. The facility consists of four housing units with a capacity of approximately 200 inmates each. Facility C is located approximately two miles east of CIM's main complex.

CIM Mental Health Programs and Internship Rotation Areas

CIM's inmate population includes a large percentage of high-risk medical patients, neurologically impaired inmates, sex offenders, personality disorders, and a significant percentage of serious mental illness including psychotic disorders. One third of CIM's inmate population is consistently included in the MHSDS.

CIM provides three Levels of Care:

- Correctional Clinical Case Management System (CCCMS)
- Enhanced Outpatient Program (EOP)
- Mental Health Crisis Bed (MHCB)

CIM Internship Rotations

The CIM Internship Program has two rotations:

- MHCB Rotation: Interns coordinate the discharge of patients out of the MHCB and back into mainline housing upon discharge.
- Outpatient Hospital Unit (OHU) Rotation: Interns will carry a caseload providing weekly psychotherapy and working cooperatively in consultation with the interdisciplinary treatment team. Limited group psychotherapy will also be provided.

Each intern is responsible for two therapy groups. For these groups they are paired with a practicum student who acts as a co-facilitator. This gives the opportunity for mentorship. Groups focus on issues specific to the transgender population, coping skills, safety planning, or other topics as needed.

California Institution for Women (CIW)

CIW Mission Statement

The primary mission of the California Institution for Women is to provide a safe and secure environment for primarily Level I-IV female offenders. This mission is further defined by our responsibility to provide quality health care and institution programs specifically geared to meet the special needs of female offenders. Specialized programs include academic and vocational programs, pre-release and substance abuse programming, pre-forestry and camp training, and arts in corrections program and a wide variety of incarcerated person self-help groups and community betterment projects.

Information about CIW

CIW was originally opened in 1932, however, it was dedicated in Tehachapi. It was not until 1952, that the female incarcerated persons were transferred the newly-opened CIW in Chino. It was originally called "Frontera," a feminine derivative of the word frontier - a new beginning. The campus-like design was in keeping with the 1950's progressive notion of rehabilitation. It was not until the 1980s when

three towers were added with officers a top. In addition, until 1987, CIW was California's only prison for female felons.

Currently, the California Institution for Women accommodates all custody levels of female incarcerated persons. Through the large general population, CIW houses incarcerated persons with special needs such as pregnancy, psychiatric care, methadone, and medical problems such as HIV infection. In addition to the general population, the institution also serves as a higher security facility for female incarcerated persons in Restricted Housing Units. The housing units for maximum security are in our Restricted Housing Unit (RHU) and Psychiatric Secured Unit (PSU). Lastly, CIW is currently the only institution in the state of California to be Joint Commission Accredited under three separate manuals: Behavioral Health Care, Ambulatory Care, and Nursing Care.

CIW Mental Health Programs and Internship Rotation Areas

In general, housing units at CIW are based on both custodial levels and mental health needs. incarcerated persons are housed in one of the following areas/units: Units on the Yard, Supportive Care Unit (SCU), Restricted Housing Units (RHUs), Psychiatric Secured Unit (PSU), Mental Health Crisis Bed (MHCB), and Psychiatric Inpatient Program (PIP).

CIW's incarcerated person population is also diverse. There is a wide range of incarcerated persons with respect to age, ethnicity, socio-economic status, medical issues, mental health issues, and crimes of commitment, including WIC 7301 (patients committed to DSH; however, it is determined that treatment under conditions of custodial security can be better provided within the Department of Corrections and Rehabilitation). Some diagnostic examples include but are not limited to: traumatic brain injuries, neurological impairments, substance abuse disorders, mood disorders, anxiety disorders, psychotic disorders, personality disorders, etc. The current population is approximately 2,000 incarcerated persons, of which approximately 50% are in the MHSDS.

CIW is also a unique institution as it offers minimum and maximum-security areas and mental health treatment across all five levels of care within the MHSDS. Levels of Care including:

- Correctional Clinical Case Management Services (CCCMS)
- Enhanced Outpatient Program (EOP)
- Mental Health Crisis Bed (MHCB)
- Psychiatric Inpatient Program (PIP): Intermediate Care Facility (ICF)
- Psychiatric Inpatient Program (PIP): Acute Psychiatric Program (APP)

Outside of the MHSDS, CIW is the first institution in the state to offer a GP Guidance & Resource Center. The program opened July 31, 2017. The GP Guidance and Resource Center (GP GRC) is a mental health wellness program for the GP incarcerated persons who are not participants in the Mental Health Services Delivery System. The mission of the GP GRC is to equip incarcerated persons with the needed skills/tools to manage life, assist them with becoming productive members of their community, and support them in their efforts to maintain adequate functioning on the yard at the GP level of care. The GP GRC offers individual counseling (three sessions), group counseling, and/or resource appointment to assist incarcerated persons with parole planning or preparing for the Board of Parole Hearing.

CIW Internship Rotations

Interns are placed in a primary rotation based in an inpatient setting, which include one of the following: PIP or MHCB. Once accepted as an intern, placement into the primary rotation is determined based on interest and suitability for the program. Each intern will carry a minimum caseload of outlined by each area of short and long-term therapy cases and facilitate a minimum of 3 therapeutic groups. Duties include but are not limited

to: Initial Assessment Evaluations, Suicide Risk Evaluations, Safety Planning, Treatment Planning, and Patient Contacts.

In addition to their primary rotation, mid-way through the internship, the interns will have a minor rotation included into their training. The minor rotation offers interns the opportunity to have clinical exposure of long and short-term program cases with other outpatient levels of care in the institution through clinical contacts and facilitating additional therapeutic groups.

SCDCRC Internship Clinical Assignment/Rotation Information

As described above, each site agency has an institutional rotation plan that incorporates both inpatient and outpatient experiences. Due to the fluidity of the CDCR environment (e.g., construction/repairs, incarcerated person population changes, evolving program requirements, and emergency situations) interns must maintain a flexible mindset. Changes in caseloads, office assignments, and treatment spaces are a common experience for all clinical staff. Patient care is a priority and managing patient care in a prison environment necessitates modifications to clinical rotations as needed.

In addition to the clinical rotations at each site, interns complete comprehensive assessments during the year, a Macro Project, a minimum of four (4) Case Presentations, a minimum of two (2) Journal Reviews, a Peer Training Presentation, and participate in Supervision of a practicum student.

Assessment

Interns are assigned assessment referrals throughout the year. The assessment referrals for patients may come from any of the mental health programs. They will be able to select, administer, score, and interpret assessment measures with an awareness of the strengths and limitations of such measures. In addition, they will be able to select measures appropriate for a diverse treatment population and to interpret test and interview findings in a way that is consistent with specific cultural formulation (e.g. considering culturally-bound symptoms and cultural explanations of mental disorders). Interns will also show a growing ability to complete the assessments in an independent manner. While completing psychological testing reports, interns will exhibit increasing abilities to write integrated and useful psychological reports that are guided by individualized referral questions. Interns will also have the opportunity for clinical exposure with CDCR Specific evaluations, such as Positive Behavior Support Plans (PBSP), Developmental Disabilities (DDP) Program Evaluations, 115 Rules and Violations Report (RVR) MH Evaluations, and 3002 Evaluations.

Macro Project

Interns are also expected to complete and present a Macro Project of their choosing. Projects are based on the intern's interest in the mental health profession. Projects range from developing and implementing patient-based groups to resource development and outreach. The Macro Project is geared to assist in professional development and the ability to contribute to the institution as well as to CDCR as a mental health professional. SCDCRC also promotes professional presentations of Macro Projects to system wide CDCR System-Wide Stakeholders, relevant professional organizations in the community, and/or National Professional organizations (i.e. ACA, NCCHC).

Case Presentations

Interns will be expected to present at least four full cases during group supervision. Intern presents

an assessment and/or clinical case for which they have been serving as the primary clinician in accordance with Internship Program's presentation guidelines (a template can be found as Attachment C). The intern is expected to demonstrate a solid working knowledge of the case, and to discuss the rationale for interventions based upon sound psychological principles while incorporating issues of diversity that impact the use of said interventions and patient treatment needs. Interns are also required to present at least one current journal article or other scholarly piece in conjunction with the presentation to demonstrate the scientific basis for their approach to the treatment issues. The intern's immediate supervisor will attend the presentation and provide feedback and an evaluation. The sharing of adjunctive therapies are encouraged to expand intervention techniques and for peer learning.

Journal Reviews

On two occasions during the training year, each intern is expected to present a journal article on a subject of their choosing to their peers. In accordance with the practitioner-scholar model, SCDRC expects interns to be knowledgeable about the current research and latest developing trends in the field of psychology. Interns are expected to present journal articles at the end of their case presentations and to facilitate discussion on the significance of the articles to practicing psychologists. Additionally, they are expected to discuss the research methodology utilized, exploring both its strengths and weaknesses. A supervising psychologist will be available to help facilitate the discussion and serves as a resource. Journal articles must be preapproved by the intern's supervisor and have been published in a reputable journal within the previous two years.

Further, interns may be assigned specific journal articles to review and discuss during group supervision.

Peer Training Presentation

Interns will also complete and present a Peer Training Presentation. The presentation will be completed during a didactic training. The topic is pre-approved by the intern's supervisor and is on a subject relevant to the incarcerated population. The training must utilize recent relevant research, address issues of diversity, incorporate clinical patient care issues, and be applicable to the population served in a correctional setting. The intern's immediate supervisor will attend the presentation and provide feedback and an evaluation.

Supervision

Interns will also have the opportunity expand their professional development and gain knowledge and experience in supervision and consultation. Interns will become knowledgeable in the Competency-Based Approach to Clinical Supervision, provide practicum students a structure for supervision, identify their learning needs, and provide support and guidance while maintaining professional and ethical conduct. During the internship year, interns will be paired with a practicum student and will begin to provide peer supervision to their assigned practicum student utilizing the Competency Based Approach to Clinical Supervision.

Psychology Mental Health Staff

Psychologists are members of IDTT's that consist, at minimum, of a psychologist, psychiatrist, social worker, recreation therapist, psychiatric technician, registered nurse, and other specialized staff as needed. As a team member, in addition to providing therapeutic and assessment services, a psychologist provides information that is used in developing and implementing the treatment plan. Additionally, CDCR has several Senior Psychologists who have a number of responsibilities including

managing programs, training new Staff Psychologists, monitoring of staff's work quality, and supervision of trainees.

A wide variety of theoretical orientations are represented among staff members, including cognitive behavioral, humanistic, psychodynamic, and psychosocial approaches to treatment. Areas of staff interest or expertise include forensic psychology, program planning and development, drug and alcohol treatment, treatment of personality disorders, psychology of the aged, staff training and development, behavioral assessment, and treatment planning, among others.

Training Model and Approach

Training Model

SCDCRC adhere to the Practitioner-Scholar Mode. The practitioner-scholar model, introduced to the scientific community in 1973, is a training model that is focused on clinical practice for psychologists in graduate programs. This model views a psychologist as a scholar, a consumer of research, and a highly trained professional practitioner, whose skill and knowledge provide the basis for selecting the proper techniques for helping the client to solve his/her identified problems. This program is designed to develop professional psychologists who provide the highest quality care and are life-long learners capable of engaging in ongoing education, scientific inquiry and scholarly endeavors.

Diversity, Equity and Inclusion Statement

Diversity and Inclusion is a significant component within our training model and approach. A quote by Verna Myers, Diversity and Inclusion Expert, explains the concept well. "Diversity is being asked to the party; inclusion is being asked to dance". SCDCRC embraces diversity in all its forms but also fosters an environment of inclusion to promote opportunities for growth and build upon the learning strategies imbedded within the training program. SCDCRC is committed to respecting and supporting diversity of world views that arise from differences of culture and circumstance. Differences may include race, ethnicity, gender, age, religion, language, abilities/disabilities, sexual orientation, gender identity, political diversity, socioeconomic status, and geographic region, and more. Furthermore, we aspire to create an inclusive training program where everyone has equal access to opportunities and resources, feels accepted, respected, and heard.

Training Approach

All SCDCRC institutional internship programs offer intensive training programs, providing interns with a broad range of experiences. All internships are for a duration of twelve months and a minimum 2,000 hours. An Individual Learning Plan (ILP), building upon prior classroom and experiential education, is established for each intern during the initial weeks of participation in the SCDCRC. It is the responsibility of each intern to track their hours and have their primary supervisors sign-off as confirmation. This is done in two ways; one through supervision forms/tracking sheets, and the other through timesheets. As per *Policies and Procedures*, SCDCRC provides a minimum of 2,000 hours, and interns must complete a minimum of 2,000 hours to pass the training program. Interns may be able to accrue more than 2,000 hours depending on how much time is taken off throughout the year. Interns are responsible to calculate how much time is needed and to plan accordingly. Schools that may require more than the 2,000 hours and for interns who fall short of their school's requirement, should address this with their school to develop a plan to meet the school's requirement.

Internships increase in depth and complexity as the program year progresses. The intern is expected to increase their level of independence in clinical activities through regular individual and group

supervisions. SCDCRC provides a wide range of training opportunities and excellent supervision within its member agencies. Institutional staff working in tandem with the statewide SCDCRC organization, support interns to attain the competencies that are foundational to professional development.

Interns attend mandatory weekly two-hour didactic trainings, that include various clinical topics and assessment seminars geared to meet the Profession Wide Competencies set forth by APA and the Program Specific Competency of Suicide Risk Assessment and Safety Planning. These trainings are conducted by professional staff who are experts in special areas. Interns also have the opportunity to attend trainings sponsored by the CDCR Statewide Training Unit, which is an APA- approved sponsor for Continuing Education. As part of the benefits package, psychology interns are entitled to 40 hours of Professional Training in addition to 56 hours of Professional Development Days. The 40 hours of Professional Training may be used to obtain licenses or for any profession related time off.

In addition, interns attend a two-day orientation for the SCDCRC Internship Training Program, a two-day Mental Health Clinician Onboarding Academy (MHCOA) for new mental health clinicians in CDCR, a forty-hour training on the Electronic Health Records System (EHRS), and a forty-hour New Employee Orientation for all new correctional employees, within the first few months of their internship.

In an effort to provide interns with opportunities for meaningful peer interaction, support and socialization, all interns at SCDCRC meet together for weekly didactic trainings, group supervisions, and seminars. In addition, all interns are assigned a CDCR email address, have access to video conferencing and are provided a desk with a telephone specifically assigned to them. They are provided the contact information for the Consortium and are encouraged to communicate with both staff and students. The Intern Student Representative facilitates the communication between the Consortium main office and the interns. Interns are fully integrated into each of their respective treatment teams in each training site and have ample opportunity for interaction and socialization with a variety of disciplines. Interns also participate in statewide trainings with staff psychologists and social workers throughout the year. They attend monthly or quarterly mental health and custody partnership trainings with mental health staff and custody staff to promote socialization and collaboration between disciplines. They attend morning and afternoon huddles with mental health and medical staff to promote patient care and collaboration between disciplines, and they attend weekly high-risk meetings in their respective treatment programs that allow for opportunities for meaningful peer interaction, support, socialization and consultation.

Training Principles

Each Institutional Internship Program site adheres to the following training principles, as established by SCDCRC's Committee:

- Initial caseload assignments are consistent with the intern's professional developmental level.
- Thirty to fifty percent of the total hours per week are spent in face-to-face delivery of services.
- Intensive supervision of case activity is provided.
- Each intern is observed administering an Initial Assessment at least once per semester by their clinical supervisor and/or forensic assessment unit psychologist who provide feedback on interview and writing skills. Each intern also receives Suicide Risk Evaluation (SRE) Mentoring from a licensed psychologist who has received specialized training in SRE Mentoring.
- Each intern receives support to administer, score, and interpret a number of assessment instruments. Formal assessment training experiences such as intellectual or objective/projective testing, their administration, scoring, interpretation, and report writing, is provided through their primary and assessment supervision.
- Initially, the interns' administration, scoring interpretation and report writing will occur under

close supervision by either the primary supervisor or assessment supervisor. Once a reasonable level of competency is established, the interns work more independently, but continue to be supervised throughout the internship.

- As competence increases, intern responsibilities and independence will also increase.
- Interns are encouraged to consult with each other with or without the presence of a supervisor, as needed. Interns are provided time to participate in weekly didactic training and monthly seminars that include case conferences and presentations on clinical and professional issues.
- Additionally, each site provides regular in-service educational opportunities (available to all interns), and includes interns in administrative meetings, case conferences, and intake conferences. Meetings where interns share information among themselves or consult with psychologists in other SCDCRC member sites are held to offer additional forums for learning and professional development;
- Interns receive a minimum of 2 hours of individual supervision (through a primary and/or a secondary supervisor) and a minimum of 2 hours of group supervision per week;
- Interns will provide case presentations, journal reviews, peer training, and a macro project. After case presentations, facilitate discussions that relate the significance of to practicing psychologists (Journal articles must be pre-approved by the intern's supervisor and, have been published in a reputable journal within the last two-years.

Educational and Training Goals and Objectives

At the beginning of the internship, the intern completes the Intern Self-Assessment of Competencies, which provides the intern with the opportunity to evaluate his/her skill level in each of the areas of required competencies. This assessment provides a basis for the designing of the Individual Learning Plan (ILP) collaboratively with the primary supervisor. The ILP (Attachment E of the *SCDCRC Policy and Procedure Manual*) outlines training and career goals, assesses competency in all the Profession Wide Competencies (PWCs), Program Specific Competencies (PSC) and develops a plan for growth in the competencies identified. The overarching goal being that by the end of the internship program, the intern is able to demonstrate High Intermediate (rating of "4") or Advanced (rating of "5") skills with in each of the Profession Wide Competencies and Program Specific Competencies.

Training Program: Goals and Competencies

Goals and Processes

The overarching goal of the CDCR's Pre-Doctoral Internship Program in Clinical Psychology is to provide a planned, programmed sequence of training experiences that assures breadth and quality of training, in order to prepare interns for postdoctoral fellowships or entry into practice in clinical psychology, by providing in-depth training in the basic foundations of psychological practice. The internship program allows sufficient flexibility for interns to structure their training experiences in accordance with their career goals and interests, while providing all interns enough structure to ensure that they develop the core competencies in clinical psychology outlined in the following sections. Regardless of the intern's chosen theoretical orientation, our training model emphasizes the development of cultural competence and scientifically informed practice in all areas of practice.

Core Competencies, Program Specific Competency and Goals

Educational and Training Goals

Specific goals are set for ten areas of competency. We evaluate learning outcomes on the ten core competencies. The associated goal, benchmarks or competencies, are adapted from the *APA Benchmark Competencies (2012)* and define the objectives that lead to those goals. A complete list of the competencies are also included *SCDCRC Policy and Procedure Manual*.

1. Research Goal

The SCDCRC is committed to providing a training program aimed at developing practitioners who engage in systematic efforts to increase the knowledge base of psychology through critically analyzing, integrating and presenting the findings of scientific research and theory.

2. Ethics and Legal Standards Goal

The SCDCRC is committed to the development of practitioners, who know and use legal and ethical principles as a guide for professional practice, research, self-evaluation and professional growth. In addition, these practitioners will identify ethical dilemmas and resolve such dilemmas in a professional manner.

3. Individual and Cultural Diversity Goal

The SCDCRC is committed to develop and train practitioners who recognize the importance of diversity and individual differences, and who are aware of the effects of their own cultural and ethnic background and attitudes in clinical practice.

4. Professional Values, Attitudes, and Behaviors Goal

The SCDCRC is committed to developing practitioners who reflect the values and attitudes of psychology by combining an awareness of their personal/professional strengths as well as their limitations, being open to feedback and responding in a professional manner, effectively collaborating with other professionals, and participating in ongoing trainings aimed at helping instill a personal commitment to the life-long learning process. The internship program also provides a structure that allows interns to work towards autonomy as they progress in their training.

5. Communication and Interpersonal Skills Goal

The SCDCRC is committed to developing practitioners who create and maintain effective working relationships with a wide range of individuals, including various colleagues, supervisors, supervisees, communities, organizations and those receiving professional services. In addition, they will be able to produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated, and demonstrate a thorough grasp of professional language and concepts. They will also be able to demonstrate effective interpersonal skills and the ability to manage difficult communication well.

6. Assessment Goal

SCDCRC is committed to developing practitioners who accurately select, administer, score, and interpret multiple assessment tools, who are able to synthesize assessment findings into a well-integrated report, and who are able to use assessment findings in the diagnosis and treatment of clients. The practitioner will utilize historical, interview and psychometric data to diagnose accurately, demonstrating a thorough knowledge of psychiatric classification and relevant diagnostic criteria to develop an accurate diagnostic formulation. The practitioner will write and verbally articulate a well-organized psychological report, answering referral questions clearly and providing the referral source with specific recommendations in an effective manner sensitive to a range of audiences.

7. Intervention Goal

SCDCRC is committed to developing practitioners who can develop and maintain therapeutic alliances with patients, develop and implement intervention plans that are both current and scientifically grounded with relevant research, evaluate the effectiveness of intervention plans

as well as modify and adapt interventions throughout the delivery of psychological services.

8. Supervision Goal

The SCDCRC aims to develop practitioners, who are knowledgeable about the Competency-Based Approach to Clinical Supervision (as defined by Falender and Shafranske) and increase their supervisory skills through the provision of supervision with practicum students.

9. Consultation and Interprofessional/Interdisciplinary Skills Goal

The SCDCRC is committed to developing practitioners that are knowledgeable and respectful of the roles and perspectives of other professions. In addition, they will be able to apply this knowledge during consultations with individuals and their families, other health care professionals, interprofessional groups or systems related to health and behavior.

10. Program Specific Competency (PSC): Suicide Risk Assessment and Safety Planning

The SCDCRC is committed to developing practitioners that are knowledgeable and competent in suicide risk assessment and safety planning with patient partnership. Interns will be able to identify components of the data collection process in establishing suicide risk, including risk factors, warning signs, and protective factors; demonstrate the ability to construct an adequate safety plan aimed to reduce the risk of suicide with patient partnership; and demonstrate the ability to compose statements that include justification for estimated level of risk (Chronic & Acute), and disposition.

Organization of Internship Training Program

The training program is tailored to meet the needs, interests, and current level of training of each intern. At the beginning of the internship, interns are assigned to a Primary Clinical Supervisor and Secondary Clinical Supervisor who oversees the intern's training and caseload and incorporates live observation into the evaluation of the intern. The Primary and Secondary Clinical Supervisor (with the intern) conducts an initial evaluation of the intern's skills that forms the basis for planning an individualized training experience within the context of the SCDCRC Internship Program internship.

Intern Evaluation

The Primary and Secondary Supervisor is responsible for completing formal evaluations of each intern's abilities, on the following schedule, in conjunction with delegated supervisors and other individuals involved in the interns training program. The evaluations occur two times during the training year (Mid-Year: in February and Final: in August). The feedback is provided to the intern, as well as to your training program. In addition, there are certain minimum levels of achievement the intern must reach by each evaluation period throughout the internship. Should any area be rated as deficient during the year, the clinical supervisors and intern work together to create a plan for more supervision and training in this area. This is documented on the evaluation, in order to reach the minimum level of achievement. These benchmarks are provided to the intern on the first day of the internship. Throughout the year, feedback is also provided to interns on an ongoing basis during live supervision (i.e. SRE mentoring), individual and group supervisions, and presentation feedback form. After all training requirements are completed, a certificate of completion is awarded to each intern and a copy is sent to the school.

Site-Program Performance Evaluation (provided by the intern to the site)

Throughout the year, interns are invited to bring their concerns to the Consortium Committee Meeting through the Intern Representative. The Consortium Committee and Training Director consider the

intern's concerns and make changes as appropriate. The Site Training Coordinator meets regularly with the interns to elicit concerns about aspects of their training program. Although addressed with the Consortium Committee Meeting, in order to evaluate the program's ability to address diversity and issues of inclusion, interns are also provided a survey of Diversity and Inclusion two times throughout the year (mid-year and at the end). Additionally, interns are to complete an Intern Evaluation of Training for Competencies. This provides an opportunity for the intern to discuss how well they feel their supervisors and training program has assisted them in attaining the expected level in the competency areas as well as with in the program. Internship alumni are also surveyed annually through licensure to provide longitudinal data on intern career paths, the internship program and satisfaction with the training experience they received during their internship. This feedback is used to modify the program as part of the goal of continuously improving the quality of training.

Supervision, Seminars, and Training

Supervision Requirements

In accordance with APA and APPIC requirements for supervision within a Pre-Doctoral Internship Training program, interns shall receive:

- Supervision at a minimum rate of 10% of the total time worked per week (four hours per week);
- At least two hours of regularly scheduled individual face-to-face supervision per week, provided by one or more licensed doctoral level psychologists;
- At least two hours of regularly scheduled group supervision per week provided by one or more licensed doctoral level psychologists;
- At least two hours a week of didactic activities such as case conferences, seminars, in-service training, or grand rounds.

Individual Supervision

Interns receive a total of two hours of individual supervision per week. At least one hour of individual supervision is provided by their primary clinical supervisor, and the remaining balance of individual supervision may take place with their secondary or delegated supervisor. Ample individual supervision is provided during the internship. Interns are responsible for logging their supervision hours and for having their supervisor regularly sign off on these hours. In the first quarter of the internship year, direct observation of the intern occurs while being trained in suicide prevention interviewing and assessment. In addition, the intern may be observed in individual and/or group therapy, and while completing mental health evaluations, throughout the internship year.

Group Supervision

Group supervision occurs a total of two hours per week with a delegated clinical supervisor. There are numerous opportunities for further group supervision to occur in settings where there are clinical discussions regarding the treatment plan for incarcerated persons, or other interdisciplinary meetings. Group supervision provides essential experience, and a setting for the acquisition of important skills for psychology interns, by stimulating the exchanging of ideas, observing various aspects of case conceptualization and treatment planning, clinical documentation, monitoring of patient treatment progress, and many other aspects of clinical practice. Interns are required to present at least four case presentations, with supporting research articles on research-based treatment, and two journal reviews during group supervision throughout the year.

Core Seminars for All Interns

Assessment Seminar

Assessment Seminars are imbedded in the didactic training syllabus. Assessment Seminars are designed to help achieve goals specified in the areas of psychological assessment, professional ethics and standards, and scholarly commitment. These seminars begin with a brief review of basic concepts that are common to all psychological assessments (e.g., issues of reliability, validity, sampling, confidence intervals, cultural considerations, sensitivity and specificity, base rate considerations, etc.). At the completion of the basic psychometric review, the seminars provide in-depth training in the administration and interpretation of personality assessment instruments (for example, MMPI-2-RF, MCMI-III, and PAI), intellectual measures (for example, the WAIS-IV), measures of effort, and cognitive screening measures (for example, the RBANS). A site's training program will determine which test measures interns will be taught based on availability of test instruments, need for the test's administration at the site, etc. Sites are able to train on many assessment measures and domains beyond what is referenced here. As the seminars continue, interns will be taught increasingly advanced skills in test selection and interpretation. The assessment seminars will also focus on improving the intern's ability to integrate test findings, make well-founded case formulations, and resolve complex diagnostic issues. Seminar leaders will bring in additional tests to supplement learning and will bring in psychologists with specialty training (e.g. in neuropsychology or violence risk assessment) to help interns become familiar with other areas of assessment practice.

Interns are responsible to acquaint themselves with test manuals for the instruments they are using, to be prepared for using test measures, and to review the research findings related to the measure: Sample characteristics, intended uses, factor structure, and contraindications to use. Supervisors are responsible for assessing where trainees are in their familiarity with test selection and administration, their ability to give appropriate informed consent for testing, their ability to give the patient and referral source feedback, and similar issues. The issue of when to consult on a testing case, and with whom, will be a key issue within supervision as well.

Interns will be expected to complete psychological assessments reports that include but are not limited to: Psychological assessment of a patient's symptoms; administration, scoring and interpretation of psychological testing, a reasoned formulation of diagnosis, and testing-informed treatment recommendations. In addition to psychological assessment reports, training sites may request that interns also develop Positive Behavior Support Plans, complete Clark Adaptive Support Evaluations/Developmental Disabilities Program Evaluations, Offender with Mental Health Disorders Evaluations, and/or PC3002 Evaluations. While completing various testing, assessments and evaluation reports, interns will exhibit increasing abilities to write integrated and useful psychological reports that are guided by individualized referral questions. Interns will also show a growing ability to complete testing and evaluations in an independent manner.

SCDCRC Internship Program Weekly Didactic Training

SCDCRC interns from all member agencies attend weekly, two-hour scholarly seminar sessions, held at the internship site or collectively at one of the sites in the Consortium. Sample topics of the weekly trainings include the following: Mental Health Evaluations, psychological assessment, psychopathology and differential diagnosis, clinical interview issues, using the electronic medical record and documentation, professional development matters, treatment planning, suicide risk assessment and evaluations, crisis management, practicing in a correctional setting, issues of cultural diversity, trauma informed treatment, gender-responsiveness, LGBTQI issues, solution-oriented clinical practice, group therapy techniques, an overview of evidence-based treatment modalities, methods of program evaluation, substance use and addictions, offense-related assessment and treatment, special issues related to aging in prison, and many other important areas of interest. Topics are chosen based upon their ability to broaden the intern's exposure to therapeutic techniques and interventions.

Institutional Internship Programs utilize model syllabi that are the product of centralized and institutional collaboration to ensure both consistency in the quality and breadth of information, while employing individual institution's input, so that the special needs and strengths of the individual intern and institutional staff will be integrated in an effective manner. SCDCRC provides opportunities for continuous collaboration between the central agency and the institutional staff with a type of "open door" policy, which is reinforced during the Committee meetings where delivery methods and pedagogy are discussed.

Additional Training Opportunities

Interns are encouraged to attend prison-wide training activities. Recent prison offerings have included suicide risk evaluation, and training on the TONI-IV among others. Staff members with expertise in various areas provide on-site training. Interns are also expected to complete and present a Macro Project of their choosing. Projects are based on the intern's interest in the mental health profession. Projects range from developing and implementing patient-based groups to resource development and outreach. The Macro Project is geared to assist in professional development and the ability to contribute to the institution as well as to CDCR as a mental health professional. SCDCRC also promotes professional presentations of Macro Projects to system wide CDCR System-Wide Stakeholders, relevant professional organizations in the community, and/or National Professional organizations (i.e. ACA, NCCHC).

Meetings

Interns in SCDCRC Internship Training Programs are considered members of the Mental Health Staff and attend relevant staff meetings, monthly Suicide Prevention Video Conferences, Inter-Disciplinary Treatment Team (IDTT) meetings, quarterly Mental Health Collaboration with Custody and learn to be professional psychologists by working in close association with other psychologists.

Resources for Interns

Training Materials

SCDCRC interns have access to the Statewide Mental Health Training Unit site, accessible to all CDCR employees. This site contains a wide variety of materials, primarily for use in clinical practice, for example, Clinician's Guides to the differential diagnosis of a number of major mental health disorders, personality disorders, case formulation, theoretical orientations, and a host of other clinical themes. Additionally, interns have access to a wealth of internal and external training resources where they can find materials to use for individual and group therapy, a Training Library that subscribes to Psychology Journals and books related to Empirically Supported Treatments. In addition, Institutional Internship Training Programs maintain assessment materials and assessment software. SCDCRC sites have access to state-of-the-art training equipment such as laptops for each intern to use, projectors, screens, and flat screen televisions for PowerPoint presentations, specialized conference rooms with an abundance of desktop computers designated for internship educational activities, videoconferencing equipment to be able to incorporate telepsychiatrists into treatment team and for consultation purposes, VRI videoconferencing to be able to have sign language interpretive services for patients who are hearing impaired, webinar access, landline telephones with conference call capabilities, and an electronic health records system for which each intern receives a minimum of 40 hours of training.

Supervisors

The clinical supervisors of the SCDCRC Internship Program are diverse and include psychologists with different ethnic, socioeconomic, religious, and educational backgrounds, interests, and areas of

expertise. This makes it possible to include multicultural experiences as part of an intern's training, as well as to offer a breadth of experiences in areas of interest to interns. The Training Director makes an effort to continuously recruit new diverse clinical supervisors to join the SCDCRC Internship Program in order to broaden the pool of clinical supervisors, keep new ideas generating, and include a wide variety of training for interns from clinical supervisors with a variety of expertise. The SCDCRC also aims to pair interns with clinical supervisors who have expertise in areas interns are interested in, in order to assist interns in professional growth within their chosen field of psychology.

Office Space, Supplies, and Support

Each intern also has a telephone, computer, agency email address, and internet access. Other spaces such as shared computer rooms and conference rooms can be used for confidential documentation and consultation. SCDCRC is in compliance with ADA standards, Federal and State laws, and departmental regulations, policies, and procedures for visitors and staff. The SCDCRC internship sites each have office assistants or technicians that support the Mental Health Program. In addition, the SCDCRC has an Associate Governmental Program Analyst who supports the internship program and performs all tasks necessary for administering the internship program business. Technical and electronic support is also provided by civil servant employees, who provide services to all clinicians, including interns. Help can be requested through putting in a Solution Center ticket online or requesting assistance on the telephone. SCDCRC interns also have access to an assigned Personnel Specialist and staff within each site's Personnel Office to assist the intern with personnel-related business such as health benefits and accrued time off, HealthCare Hiring Office staff to assist with hiring and contract-related business, and Accounting staff to assist with paycheck related business.

Accreditation Status

On April 5, 2020, the Southern California Department of Corrections and Rehabilitation Consortium became APA-Accredited by the Commission on Accreditation of the American Psychological Association. Questions related to the program's accredited status should be directed to the Commission on Accreditation:

*Office of Program Consultation and Accreditation American Psychological Association 750
1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979 / E-mail: apaaccred@apa.org
Web: <https://accreditation.apa.org/>*

Application Information

General information

California Correctional Health Care Services (CCHCS) maintains responsibility for the hiring and recruitment processes for psychology interns at CDCR. This agency also maintains a website containing, among other things, job posting and information for potential candidates. You can access the Psychology Intern posting with this link: <https://cchcs.ca.gov/wp-content/uploads/sites/60/Careers/ClinicalPsychIntern-OS-C.pdf>

APPIC Application Process for Potential Candidates

Interns from both Ph.D. and Psy.D. Programs are encouraged to apply. In order to be appointed as a Clinical Psychology Intern at an institutional Psychology Internship Program training site of SCDCRC, applicants must submit an on-line application through the Association of Psychology Postdoctoral and Internship Programs (APPIC) called the APPI, which is available at <https://www.appic.org/Internships/AAPPI#APP>.

The SCDRC participates in the National Matching Service (NMS) for internship selection. Once matched, interns need to complete a security clearance screening, credentialing process, and drug screening as a condition of employment. Anyone who is an ex-offender would require an explicit written exception, not only at the level of the local Warden, but also by the Secretary of the Department of Corrections. The default policy for CDCR is, in fact, not to hire ex-offenders, and as addressed in Title 15, section 3404. Such exceptions may only be made with the written approval of the Secretary. The security clearance screening process can take up to thirty days, and in cases by which the necessary candidate information is not readily available, extensions to the thirty-day maximum may be granted. (Source: *“Streamlined Hiring Procedures for Dental and Mental Health Classifications”*, 2007).

To be considered for match, each applicant is required to submit a completed application through the APPIC applicant portal at <https://www.appic.org/Internships/AAP#APP>. The completed APPI on-line application must include:

- A current curriculum vitae;
- Official graduate program transcripts;
- Three letters of recommendation from professionals familiar with the intern’s clinical skills;
- A completed work sample (a de-identified psychological testing report);
- A certification of readiness from the applicant’s training director

CDCR Civil Service Application (STD 678)

In addition to the APPIC process, applicants must also submit an application to CDCR through the civil service employee application process, after the Match process.

Upon receipt of an application, SCDRC Central Office reviews all materials. If an application is deemed incomplete, SCDRC Central Office contacts the prospective intern, providing him/her with an opportunity to submit complete documentation within a given timeframe.

Equal Opportunity

SCDRC is dedicated to providing equal opportunity to participate in training opportunities. The State of California is an equal opportunity employer to all, regardless of age, ancestry, color, disability (mental and physical), exercising the right to family care and medical leave, gender, gender expression, gender identity, genetic information, marital status, medical condition, military or veteran status, national origin, political affiliation, race, religious creed, sex (includes pregnancy, childbirth, breastfeeding and related medical conditions), and sexual orientation.

Intern Selection Process

The SCDRC intern selection process begins with an evaluation of the candidate’s application packet by the Training Director/Coordinator(s) of the institutional training site or sites to which the intern has applied. Through this process, the institutional Training Director/Coordinator(s) rates each application based upon criteria including:

- Information contained in the application packet;
- The hours and type of assessment experience;
- The hours and type of direct client service experience;

- Breadth of experience in treating diverse populations;
- Breadth of experience in treating populations similar to those served by the institutional Training Program to which the applicant applies;
- Perceived level of interest in the institutional Training Program to which the applicant applies;
- Positive review from previous supervisors/instructors.

Candidates who pass the initial evaluation are invited to an interview with a SCDCRC Training Director/Coordinator(s). Note that for this year all interviews will be held remotely through video conference.

An additional rating is assigned to each candidate based upon completion of his/her interview. Each prospective intern is assigned a “rank,” reflective of the average of ratings from the initial evaluation and the interview. The SCDCRC Training Director submits their official ranking to APPIC. SCDCRC abides by the APPIC Match Rank Order List Submission deadlines.

Once an intern is matched to a SCDCRC institutional site, they are notified by the NMS. The intern receives a confirmation call by the Training Coordinator within twenty-four hours and an official follow-up letter within seventy-two hours from the SCDCRC Internship Program noting that the offer is contingent upon meeting all civil service requirements as previously indicated. The letter is sent to the applicant’s graduate program Director of Training as well.

If there are no matches with potential interns during Phase I of the match, SCDCRC Internship Program will proceed to Phase II of the National Match. If there are still vacancies after Phase II of the match, SCDCRC Internship Program will proceed to the APPIC Post-Match Vacancy Service. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

The internship is a full-time, limited term, one-year program. Interns accrue approximately three to four weeks of leave time that can be used for vacation, sick time, and/or research. As mentioned earlier, though internship matches are made in February/March, actual commencement of the internship in August is contingent on passing a security clearance/background check, fingerprinting, drug testing, and Tuberculosis test.

Pre-Employment Qualifications

Once matched, you will need to complete a credentialing process, security clearance/background check, fingerprinting, drug testing, and TB test as a condition of employment. CDCR internship programs are not able to hire ex-offenders, as addressed in Title 15, section 3404 of the California Code of Regulations. An ex-offender is defined as anyone with a criminal record (other than Vehicle Code violations). In addition, failure to accurately list arrests will be grounds to deny the intern’s application for employment. Due to the short timeframes involved in a 12-month internship, if you do not pass the criminal background check, no appeal process will be allowed. The California Department of Corrections and Rehabilitation has a zero-tolerance drug policy. Any potential internship candidate will be dismissed from the internship if a positive drug screening test occurs. The CalHR definition of a failed drug test is *any detectable amount* of the banned substance. One of the most misunderstood issues in this area is with regard to the recreational and medical use of marijuana (cannabis). Neither a prescription for marijuana, nor the fact that California allows the recreational use of marijuana, means that the intern’s use of marijuana will be acceptable to the program. The CDCR prohibits the

use of marijuana in ALL circumstances, and will refuse to hire an intern who tests positive for marijuana regardless of medical need, the presence of a prescription, or its legal status. No appeal is allowed per CalHR regulations.

Due Process and Grievance Procedures

The SCDCRC is committed to providing interns with a supportive, safe environment in which to explore their professional interests, and to develop the skills and competencies that are foundational to future service and success. Consistent with these objectives, SCDCRC encourages interns to seek clarification whenever questions or concerns related to their SCDCRC experience arise. Interns have multiple avenues by which to communicate questions, issues, or concerns. The work performance of Psychology Interns is evaluated by two separate processes.

1. Evaluative processes specific to limited-term employment within CDCR, an agency of the State of California. A description of these processes is found in *Policy and Procedure Manual (P&P)* in the section entitled “Open Door and Grievance Policy: Administrative Focus” on pages 30-34.
2. Evaluative processes specific to the training program and in accordance with APA Accreditation standards. A description of these policies is found in the section of the P&P Manual entitled “Part II: Due Process for Intern Grievance of Issues Related to Areas of Academics and Clinical Practice” beginning on page 34. Interns receive a copy of the SCDCRC Policy and Procedure Manual during the first week of your internship.

Internship Admissions, Support, and Initial Placement Data

Internship Program Admissions

Date Program Tables updated: 5/22/2024

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

The primary goal of the SCDRC Consortium is to prepare trainees well for post-doctoral training and/or for entry level practice in professional psychology in any setting. In service of this goal, the program strives to help trainees develop competency in the nine (9) Profession Wide Competencies and the one program specific competency of suicide assessment and prevention described above.

We recognize the value that a diverse group of interns brings to the institution and our patient population. To that end we encourage potential applicants from diverse backgrounds who are interested in working with diverse populations and amongst a diverse staff to apply. While many of our past interns had prior experience in correctional settings, this is neither an expectation nor a requirement for consideration.

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.

Yes

No

If yes, provide website link (or content from brochure) where this specific information is presented: N/A

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

| | No | Yes | Amount |
|---|----|-----|--------|
| Total Direct Contact Intervention Hours | X | | N/A |
| Total Direct Contact Assessment Hours | X | | N/A |

Describe any other required minimum criteria used to screen applicants:

Prospective interns are eligible to apply for selection when they have completed at least three years of graduate training in clinical or counseling psychology in an APA accredited doctoral program, remained enrolled in and in good standing with their graduate program, completed at least two clinical practicum placements with a preferred 500 hours of supervised experience (100 preferred in assessment), successfully completed comprehensive examinations at their educational institution, and successfully completed a dissertation proposal.

Financial and Other Benefit Support for Upcoming Training Year

| | |
|--|---|
| Annual Stipend/Salary for Full-time Interns | \$ 50,958 |
| Annual Stipend/Salary for Half-time Interns | No part-time internship positions are offered |
| Program provides access to medical insurance for intern? | Yes |

If access to medical insurance is provided:

| | |
|--|--|
| Trainee contribution to cost required? | No |
| Coverage of family member(s) available? | Yes |
| Coverage of legally married partner available? | Yes |
| Coverage of domestic partner available? | Yes |
| Hours of Annual Paid Personal Time Off (PTO and/or Vacation) | Interns have option of enrolling in Annual Leave or Vacation /Sick Leave *Annual Leave = 11 hours/month *Vacation = 7 hours/month *Professional Development = 16 hours/year *Educational Leave = 40 hours/year |
| Hours of Annual Paid Sick Leave | 8 hours/month |
| In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave? | Yes |
| Other Benefits (please describe) | None |

Initial Post-Internship Positions

| | |
|---|------------------|
| Academic Year | 2020-2023 |
| Total # of interns who were in the 3 cohorts | 23 |
| Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree | 0 |

| Placement Type | PD | EP |
|-------------------------------------|----|----|
| Academic teaching | | 1 |
| Community mental health center | | |
| Consortium | | |
| University Counseling Center | | |
| Hospital/Medical Center | | 1 |
| Veterans Affairs Health Care System | | |
| Psychiatric facility | 1 | 3 |
| Correctional facility | | 11 |
| Health maintenance organization | | |
| School district/system | | |
| Independent practice setting | 1 | 2 |
| Other | | 3 |

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.