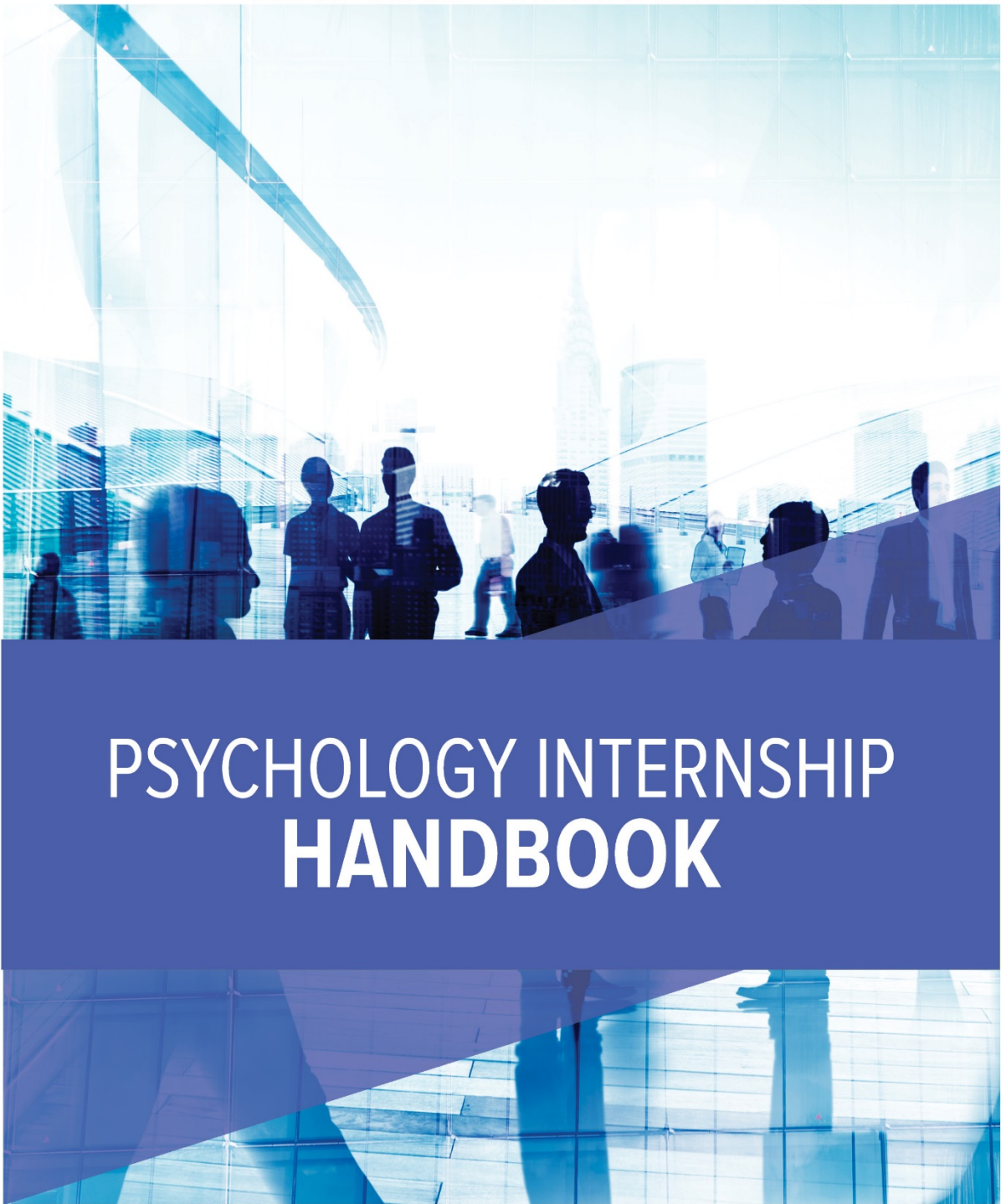


NORTHERN CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION



PSYCHOLOGY INTERNSHIP HANDBOOK



CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES



CONSORTIUM
2019 - 2020 TRAINING YEAR

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Introduction from Training Director

Dear Potential Internship Applicant:

Thank you for your interest in the Northern California Department of Corrections and Rehabilitation Consortium's (NCDCRC) internship program. The NCDCRC offers a 2000+-hour doctoral internship with a broad range of clinical experiences with a diverse patient population to 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 California Department of Corrections and Rehabilitation (CDCR). NCDCRC training programs are found at the following site(s): California State Prison – Sacramento, Valley State Prison, California Health Care Facility and California Men's Colony. As an intern at one of the Institutional Training Programs of NCDCRC, you are afforded the opportunity to provide individual and group therapy, crisis intervention, and to perform suicide risk and other evaluations. You will work as a clinician on an IDTT, and you will be instructed in and guided through the usage of the newly-implemented, state-of-the-art electronic health record. In addition, you will receive weekly on-site didactic trainings or Consortium-wide trainings, where you will be able to interact with interns from other sites. In addition, you will experience monthly, statewide didactic seminars sponsored by the statewide Training Unit of CDCR. Here, you will have the opportunity of learning from experts in diverse areas of psychology and exchanging ideas with peers and 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. This means that the slots are guaranteed, and that the information we present is secured.

Thank you again for your interest in NCDCRC'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 that are not answered by this handbook, feel free to contact me directly by phone or email at the number or email address below with any questions regarding our internship program.

Sincerely,

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Description of Program Sites

Psychology interns will 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, case presentation, etc. Interns will work collaboratively with a multidisciplinary team including mental health professionals (e.g., psychologists, psychiatrists, social workers), security staff, educational staff, etc.

California State Prison - Sacramento (CSP-SAC)

CSP-SAC is a large multi-mission correctional institution. Fundamentally, the institution houses maximum security inmates serving long sentences or those that have proven to be management problems at other institutions. The prison houses approximately 2,065 inmates who are receiving treatment via CDCR's Mental Health Services Delivery System (MHSDS). CSP-SAC is considered a Medical Hub for Northern California, a Treatment Hub for Indecent Exposure patients, and a Clustering Institution for patients involved in the Developmental Disability Placement Program. Interns have the possibility of working with the supervisor to design a rotation program based upon their strengths, abilities, and skill-building needs they bring with them into the program. Interns and their supervisors will be able to choose from a number of outpatient and inpatient rotations in various types of settings with various levels of security (Levels II-IV represent the inmate's security needs, ranging from less security to greater security environments). Rotations may consist of two to three of the following during the internship year.

- **Enhanced Outpatient Programs (EOP)**, whose participants receive at least one individual session with their primary clinicians every other week and at least ten hours of out-of-cell therapeutic activities, including a broad range of therapy group types.
- **Psychiatric Services Unit (PSU)**, whose participants receive at least one individual session with their primary clinicians every week and at least ten hours of out-of-cell therapeutic activities.
- **EOP Administrative Segregation Unit (EOP ASU)**, whose participants receive at least one individual session with their primary clinicians every week and at least ten hours of out-of-cell therapeutic activities.
- **Correctional Clinical Case Management System (CCCMS) Mainline Programs**, whose participants receive at least one individual session with their primary clinicians every 90 days, specialized individual treatment to meet specific treatment needs, and frequent group therapy as indicated.
- **Outpatient Housing Unit (OHU).**
- **Unlicensed Mental Health Crisis Bed (MHCB) Unit.**
- **Correctional Treatment Centers (CTC)**, which were licensed in February 2003 by the Joint Commission Accreditation Health Care Committee.
- **Developmental Disabilities Program** that includes individuals with other types of cognitive impairment, for example, mild and major neurocognitive disorders in persons requiring enhanced adaptive measures to meet their needs.
- **Testing training provided in all rotations.** Specialized forensic testing instruction, in addition to the core tests.

- **Group therapy** includes core group themes, as well as specialized behavior modification and other criminogenic-related groups. Specialized treatment for indecent exposure is also available.
- **Future planning:** The Northern CDCR Consortium is considering adding Folsom State Prison or FSP (next to CSP-Sacramento) to its membership. FSP (a male facility) has a new substance use program for women on its grounds, which may augment the rotation list for CSP-SAC, as well as having access to a greater number of rotation settings for its own interns.

Valley State Prison (VSP)

The mission of Valley State Prison (VSP) is multi-fold. VSP functions as a Level II (moderate security needs), General Population (GP) institution housing inmates requiring Sensitive Needs Yard (SNY) placement. Inmates with “sensitive needs” are generally individuals whose needs include separation from a general correctional population. Individuals in a sensitive needs program include gang drop-outs, individuals with a history of sex offenses, and individuals who require other special protection or protective services. In addition, rehabilitative services are frequent. VSP has been identified as a Re-Entry hub for CDCR. As a Re-Entry hub, VSP will focus on needs based rehabilitative services to include substance abuse and cognitive behavioral training. VSP offers educational and vocational training, along with work skills training. This special needs population generally has a higher utilization of mental health services, and frequently provides opportunities for enhanced psychotherapy. Interns and their supervisors will be able to design the rotation plan by selecting from the following.

- **Enhanced Outpatient Programs (EOP)**, whose participants receive at least one individual session with their primary clinicians every week and at least ten hours of out-of-cell therapeutic activities, including a broad range of therapy group types.
- **EOP Administrative Segregation Unit (EOP ASU)**, whose participants receive at least one individual session with their primary clinicians every week and at least ten hours of out-of-cell therapeutic activities.
- **Correctional Clinical Case Management System (CCCMS) Mainline Programs**, whose participants receive at least one individual session with their primary clinicians every 90 days, specialized individual treatment to meet specific treatment needs, and frequent group therapy (theme groups may consist of the core themes such as anger and stress management, substance use, family issues, etc., as well as potential specialized groups for individuals with co-occurring disorders, sex offender treatment, etc.).
- **Core testing training provided in all rotations**, with specialized testing for sex offenders.

California Health Care Facility (CHCF)

The California Health Care Facility (CHCF) represents the state's largest individual investment in providing quality medical care and mental health treatment to the most infirm patients, who have the severe and long-term medical and/or mental health needs. The 1.4 million square foot facility is designed to provide intermediate-level care to meet constitutional standards set by the courts and to complement less acute treatment provided in other prisons operated by CDCR. The \$839 million project was funded by the Public Safety and Offender Services Rehabilitation Act of 2007, legislation that improved public safety by providing resources to expand correctional facilities and rehabilitation programs to reduce recidivism. The 54 building complex, situated on 200 acres, is located in South Stockton on the site of the former Karl Holton Youth Correctional Facility. It provides housing and treatment for 1,722 patients provided by a professional health care staff of 2,500 from CDCR, the Department of State Hospitals (DSH) and California Correctional Health Care Services (CCHCS). The majority of the patient population of CHCF has chronic medical and/or psychiatric illnesses. Most patients are served in licensed beds. A smaller portion of patients with chronic but stable medical conditions are served in non-licensed beds, due to the fact that their medical symptoms require minimal and less frequent treatment. While the predominant diseases suffered by these patients are medical or surgical, many of these patients in high acuity and low acuity beds will also have co-morbid mental illness. Within these medical housing areas, many patients will have a mental health designation of CCCMS or EOP. Currently there are approximately 700 CCCMS and 550 EOP patients housed within both the high acuity and low acuity housing areas. CHCF offers medical treatment for patients in the following areas:

- **High Acuity Medical Beds (420 beds)** - Patients at this level of care will have severe medical issues and symptoms, such as those with chronic diabetes, severe cardiac disease, pulmonary disease, cancer, and require a high level of medical and nursing care.
- **Low Acuity Medical Beds (673 beds)** - Patients at this level of care have less severe medical illness and require a lower level of nursing care.
- **Mental Health Crisis Beds (98 beds)** - Patients who are in acute crisis are frequently transferred to CHCF from other institutions around the state. Additionally, patients within CHCF who may occupy a different type of bed at CHCF, may be moved to crisis beds in the event that they decompensate and have been determined to be a danger to themselves, a danger to others, or gravely disabled. The length of stay in this program is ten days or less, and they are seen on a daily basis by a clinician and every seven days by an IDTT.
- **General Population (GP)** patients who have medical conditions which require regular or periodic medical treatment. Some of these inmates eventually become designated at the CCCMS or EOP level of care when mental health treatment is needed.

Interns and their supervisors will be able to design the rotation plan by selecting from the following:

- **Enhanced Outpatient Programs (EOP)**, whose participants receive at least one individual session with their primary clinicians every week and at least ten hours of out-of-cell therapeutic activities, including a broad range of therapy group types)
- **EOP Administrative Segregation Unit (EOP ASU)**, whose participants receive at least one individual session with their primary clinicians every week and at least ten hours of out-of-cell therapeutic activities.

- **Correctional Clinical Case Management System (CCCMS) Mainline Programs**, whose participants receive at least one individual session with their primary clinicians every 90 days, specialized individual treatment to meet specific treatment needs, and frequent group therapy (theme groups may consist of the core themes such as anger and stress management, substance use, family issues, etc., as well as potential specialized groups for individuals with co-occurring disorders, sex offender treatment, etc.).
- **A Developmental Disabilities Program** that includes individuals with other types of cognitive impairment, for example, mild and major neurocognitive disorders in persons requiring enhanced adaptive measures to meet their needs.
- **Testing training provided in all rotations.** Specialized forensic testing instruction, in addition to the core tests.

Group therapy includes core group themes, as well as specialized clinical groups aimed at helping patients cope better with their symptoms, and groups designed to help patients improve their coping skills and skills of daily living.

California Men's Colony (CMC)

The California Men's Colony (CMC) is located on the Central Coast in San Luis Obispo. The primary mission of the California Men's Colony is to provide secure housing for minimum and medium security inmates.

CMC has two physically separated housing complexes, commonly referred to as "East" and "West." An emphasis is placed on providing all inmates with programs for self-improvement. These programs include academic and vocational education, work skills in prison industries, and inmate self-help group activities. The Level III housing complex (East), which houses medium security GP inmates, is divided into four Facilities. Each Facility has its own dining room, classrooms, athletic fields, and two three-story housing units. The East housing complex has a fully licensed General Acute Care Hospital and provides a full range of medical services for CDCR. The facility also provides a MHDS in the form of an EOP, and outpatient treatment for inmates assigned to CCCMS, as well as a new fully licensed 50 bed Correctional Treatment Center (CTC). The Level I and II housing complex (West) houses minimum security GP inmates in dormitory settings within three separate facilities. In addition, the West housing complex contains outpatient treatment for inmates assigned to CCCMS, as well as a Level I camp program for fire suppression, conservation, and other community service work. CMC works extensively within San Luis Obispo County, in conjunction with other governmental entities, through Community Service Crews, which perform many valuable services to the various communities within the county. CMC's West Facility has been designated as a Re-Entry hub. As part of the Re-Entry hub program, inmates are given the opportunity to take advantage of increased academic education and increased career technical education. CMC West inmates have access to cognitive behavior therapy programs such as substance abuse, criminal thinking, anger management, and family relationships. CMC West inmates may also take advantage of transitional programs that help them get jobs, plan out a career path, plan for their financial future, and obtain a California ID card before their release.

Interns and their clinical supervisors will be able to design the rotation plan by selecting from the following:

- **Enhanced Outpatient Program (EOP)**, which provides the most intensive level of outpatient mental health treatment in the Mental Health Delivery System. Patients in the EOP receive at least one individual session with their primary clinicians every week and at least ten hours of therapeutic activities, including a broad range of therapy group types.
- **EOP Administrative Segregation Unit (EOP ASU)**, whose participants receive at least one individual session with their primary clinician every week and at least ten hours of therapeutic activities.
- **Correctional Clinical Case Management System (CCCMS) Mainline Programs**, whose participants receive at least one individual session with their primary clinician every 90 days, specialized individual treatment to meet specific treatment needs, and frequent group therapy (theme groups may consist of the core themes such as anger and stress management, substance use, process groups, etc., as well as potential specialized groups for individuals with co-occurring disorders, etc.).
- **A Developmental Disabilities Program** which includes patients with other types of cognitive impairment, for example, mild and major neurocognitive disorders in persons requiring enhanced adaptive measures to meet their needs.

Psychology Mental Health Staff

Most psychologists are members of Interdisciplinary Treatment Teams (IDTTs) 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. Several psychologists participate in our prison-wide Positive Behavioral Support service, which provides consultation services for patients who are displaying maladaptive behaviors.

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.

Population Served

CDCR INMATE DEMOGRAPHIC DATA

TABLE 1
OFFENDERS BY ETHNICITY AND GENDER
 As of June 30, 2017

	MALE			FEMALE		TOTAL	
	NUMBER	PERCENT		NUMBER	PERCENT	NUMBER	PERCENT
TOTAL	125,289	100.0%		5,971	100.0%	131,260	100.0%
RACIAL/ETHNIC GROUP							
OTHER	8,484	6.8%		454	7.6%	8,938	6.8%
AFFRICAN-AMERICAN	35,711	28.5%		1,522	25.5%	37,233	28.4%
HISPANIC	54,844	43.7%		2,053	34.4%	56,897	43.3%
CAUCASIAN	26,250	21.0%		1,942	32.5%	28,192	21.5%

**TABLE 2
OFFENDERS BY AGE AND GENDER
As of June 30, 2017**

	FEMALE		MALE		TOTAL	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
TOTAL	5,971	100.0%	125,289	100.0%	131,260	100.0%
Age						
18-24	592	9.9%	12,881	10.3	13,473	10.3%
25-29	1,031	17.3%	20,030	16.0	21,061	16.0%
30-34	1,172	19.6%	19,086	15.5%	20,258	15.4%
35-39	946	15.8%	17,978	14.4%	18,924	14.4%
40-44	607	10.2%	14,175	11.3%	14,782	11.3%
45-49	494	8.3%	12,426	9.9%	12,920	9.8%
50-54	492	8.2%	10,908	8.7%	11,400	8.7%
55-59	339	5.7%	8538	6.8%	8,877	6.8%
60-64	156	2.6%	4881	3.9%	5,037	3.8%
65 and older	142	2.4%	4386	3.5%	4,528	3.4%

Treatment Issues

Types of Disorders Treated in the MHSDS:

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/Medication-Induced Psychotic Disorder (exclude intoxication and withdrawal)
- Psychotic disorder due to a General Medical condition
- Other Specified Schizophrenia Spectrum and Other Psychotic Disorder
- Unspecified Schizophrenia Spectrum and Other Psychotic Disorder
- Major Depressive Disorders
- Bipolar Disorders

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.

Exhibitionistic Disorder

Treatment is required when an inmate 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 diagnosed with Exhibitionistic Disorder.

Levels of Care:

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 IDTT. The levels of care are as follows:

Correctional Clinical Case Manage System (CCCMS): Outpatient program for patients whose symptoms are generally under control, or who are in partial remission as a result of treatment. This may include a response to symptoms that require only a brief intervention, such as a psychotherapy session or an adjustment in medications. When mentally disordered, these patients can function in the GP and do not require a clinically structured, therapeutic environment.

Enhanced Outpatient Program (EOP): Outpatient for patients who's functioning is lower than those patients in CCCMS, for example by:

- An acute onset or significant decompensation of a serious mental disorder characterized by increased delusional thinking, hallucinatory experiences, marked changes in affect, and vegetative signs with definitive impairment of reality testing and/ or judgment; and/or
- Inability to function in the General Population based upon an inability to program in work or educational assignments, or other correctional activities such as religious services, self-help programming, canteen, recreational activities, visiting, etc., as a consequence of a serious mental disorder; and/or
- The presence of dysfunctional or disruptive social interaction, including withdrawal, bizarre or disruptive behavior, extreme argumentativeness, inability to respond to staff directions, provocative behavior toward others, inappropriate sexual behavior, etc., as a consequence of serious mental disorder, or
- An impairment in the activities of daily living, including eating, grooming, personal hygiene, maintenance of housing area, and ambulation, as a consequence of serious mental disorder.

Mental Health Crisis Bed (MHCB) Placement: Inpatient treatment (generally in a licensed facility within the prison) for patients who require continuous nursing care:

- Marked impairment and dysfunction in most areas (ADLs, communication, social interaction, etc.)
- Dangerousness to others as a consequence of a serious mental disorder, and/or dangerousness to self for any reason
- These conditions usually indicate that this particular individual is highly impaired.

Acute Care/Intermediate Care: Referral to inpatient programs is available for patients whose conditions cannot be successfully treated in the outpatient setting or in short-term MHCB placements. Both acute and intermediate care programs are offered in these facilities.

Mission Statement

The Northern California Department of Corrections and Rehabilitation Consortium (NCDRC) aspires to provide the highest level of training for our interns to prepare them for assuming a dynamic role as professional psychologists in a rapidly changing world of mental health care. The overriding mission of this statewide training program is to provide broad-based, clinical training in the areas of assessment, intervention, professional development, professional ethics and standards, as well as multicultural issues. An emphasis is placed on providing direct patient care with a considerable amount of close supervision throughout the year. Interns are taught the necessary skills to be diagnosticians and clinicians with an emphasis on the development of clinical skills that are based on sound psychological principles and steeped in scientific inquiry.

Training Approach

All NCDRC institutional internship programs offer intensive training programs, providing interns with a broad range of experiences. All internships are for twelve months or a minimum 2000 hours. An Individual Learning Plan or ILP (Attachment C of this manual), building upon prior classroom and experiential education, is established for each intern during the initial weeks of participation in the NCDRC. Internships increase in depth and complexity as the program year progresses. The intern is expected to increase his/her level of independence in clinical activities through regular individual and group supervisions. NCDRC provides a wide range of training opportunities and excellent supervision within its member agencies. Institutional staff working in tandem with the statewide NCDRC organization, support interns to attain the competencies that are foundational to professional development.

Interns attend weekly intern-specific two-hour scholarly didactic sessions, participate in interdisciplinary team educational meetings and attend required CDCR mental health staff trainings. They also attend a monthly two-hour intern-specific assessment didactic remotely. In addition, interns join together at the beginning of the internship for a two-day-long orientation and didactic training.

Facilities

All CDCR sites have physical facilities that are appropriate for confidential interactions. In addition to their offices, which are, in many cases individual, or shared with one other clinician, there are a number of conference rooms that can be requested. Further, all clinical contacts with patients must be confidential, which necessitates confidential spaces that can also be used for conferencing and consulting, charting, etc. Regarding ADA standards, the State of California has many special programs to assist with the benefits and accommodations associated with the often underutilized process of hiring and employing persons with disabilities. CDCR has policies, procedures and processes in place to take full advantage of these programs, and is very concerned with the parity of its workforce relative to employing persons with disabilities where the safety and security of an operational area allows for the practice.

Equipment and Training Resources

Many of the training materials are located on SharePoint sites or shared drives. The Internship SharePoint is accessible by Training Coordinators, supervisors, and instructors. Interns may receive a digital copy of any PowerPoints, lesson plans, handouts, and other materials associated with the weekly, 2-hour didactic seminars and statewide assessment webinars. PowerPoints, lesson plans, clinician's guides (manuals), and other handouts are available on the Internship SharePoint site, and can be requested by interns. In addition to the SharePoint sites which contain materials, 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 the physical library at each site and electronic shared folders where they can find materials to use in individual and group therapy. Interns also have access to APA PsychNet and Psychiatry Online portals by using their CDCR username and password. Through these websites, interns have access to research articles through PsychInfo and PsycArticles, as well as full journals such as the American Journal of Psychiatry, The Journal of Neuropsychiatry and Clinical Neurosciences, The Journal of Lifelong Learning, and more.

Clerical, Technical, and Electronic Support

The NCDRC 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 electronic health records that each intern receives a minimum of 40 hours of training on. Each intern also has a telephone, computer, agency email address, and internet access.

The NCDRC internship sites each have office assistants or technicians that support the Mental Health Program. In addition the NCDRC 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. NCDRC 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.

Supervisors

Providing supervision/training in the profession of psychology is a critical component of the NCDRC. Supervision guides the intern's professional development and enhances their philosophy and practice. Interns receive a minimum of two hours of regularly scheduled individual supervision per week. All supervisors are licensed psychologists and have completed the required six-hour supervision course. The clinical supervisors at each site volunteer to participate in the internships and are among the best psychologists on staff. Their areas of expertise and experience vary greatly from site-to-site and among the supervisors. This allows for each Institutional Training Coordinator to match the intern to the supervisor that provides the best fit. The supervisors who participate in the Consortium come from a variety of different ethnic backgrounds, including African American, Hispanic, Asian, and Caucasian.

Training Principles

Each Institutional Internship Program site adheres to the following training principles, as established by the NCDRC 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 receives support to administer, score, and interpret a number of assessment instruments.
- Initially, the intern's administration, scoring interpretation, and report writing will occur under close supervision by either the primary supervisor or other assigned supervisors. Once a reasonable level of competency is established, the interns work more independently, but continue to be supervised throughout the internship.
- Interns act as co-consultants with a supervisor. 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 NCDRC member sites, are held to offer additional forums for learning and professional development.
- Interns receive a minimum of two hours of individual supervision by two different supervisors (a primary and a secondary supervisor) and a minimum of two hours of group supervision per week;
- Interns present journal articles after case presentations, and facilitate discussions that relate the significance of the article 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.)

- Although research is not a major emphasis of the NCDRC internship, interested interns are afforded the opportunity to engage in applied clinical research and program evaluation studies.

Educational and Training Goals and Objectives

At the beginning of the first rotation, the intern completes the Intern Self-Assessment form, 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 Training Plan by the primary supervisor in collaboration with the intern. The Individual Training Plan (see Attachment D3 of the NCDRC Policy and Procedure Manual) outlines training and career goals, specifies the areas of rotation, and names the delegated supervisor for each area of activity. Each intern completes the following core assignments listed below while completing two clinical rotations. Since the missions of individual site agencies are varied, each site agency has an institutional rotation plan, allowing for a minimum of two different rotations during the twelve-month internship. Examples for rotation plans may include but not be limited to any of the following:

- Work experience obtained by working with patients in different levels of care (may include two outpatient programs, or a combination of an outpatient program with an inpatient program).
- Work experience in programs treating mental disorders, combined with programs that include patients who also have a developmental or neuro-cognitive disability in addition to a mental disorder.
- Work experience in special patient populations in restricted settings (e.g., EOP ASU, PSU) combined with a rotation performed in a non-restricted (“mainline”) setting.
- Reception Center settings combined with non-reception center areas.
- A clinical intervention rotation followed by a primary assessment rotation.

Training Program: Core Competency Requirements

Goals and Processes:

The overarching goal of NCDRC’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 and Goals

I. Research

Goal: The NCDRC is committed to providing a training program aimed at developing practitioners who integrate the findings of scientific research and theory into daily clinical practice. Practitioners will become increasingly skilled in the performance of an assessment of the patient referred for consultation, incorporating mental status exam, structured interview techniques or psychological assessment, as needed to answer the referral question.

II. Ethics and Legal Standards

Goal: The NCDRC is committed to the development of practitioners who know and use ethical principles as a guide for professional practice, research, self-evaluation and professional growth. The practitioner will cultivate smooth working relationships, handling differences openly, tactfully, and effectively, while seeking consultation or supervision as needed and using it productively. The practitioner will be responsible for key patient care tasks, while using efficient and effective time management. Knowledge of ethics and the law will be increasingly demonstrated and consistently applied, while seeking consultation as needed. The practitioner will demonstrate a growing ability to accomplish administrative tasks, prioritizing appropriately, and showing a growing autonomy in managing larger administrative or clinical projects.

III. Individual and Cultural Diversity

Goal: It is the goal of the NCDRC 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. Practitioners will also be aware of their own backgrounds and their impact on clients, using supervision well to reinforce this process. The practitioner will establish quality relationships with almost all patients, reliably identifying potentially challenging patients and seeking supervision as necessary. An increasing sensitivity to the cultural and individual diversity will be exhibited, and this will be manifested in the treatment and care of all the patients on the practitioner's caseload.

IV. Consultation and Interprofessional/Interdisciplinary Skills

Goal: To develop practitioners who perform an assessment of the patient referred for consultation, incorporating mental status exam, structured interview techniques or psychological assessment as needed to answer the referral question. Progress notes are well-organized and provide useful and relevant recommendations with minimal supervisory input. Additionally, the practitioner will increase their awareness of when to request supervision or consultation, and, on the other hand, how to apply the information in a productive manner to the specific patient case.

V. Communication and Interpersonal Skills

Goal: The NCDRC is committed to the development of practitioners who demonstrate increasing improvement in skills over the course of the internship year, while exhibiting increased autonomy, and the ability to apply knowledge and skills for the benefit of the patients whom to whom they provide services. The practitioners will demonstrate the use of good judgment and wise decision-making, while during all phases of the initial collection of patient information, assessment and diagnosis of the patient, and drafting of a treatment plan, which they present to the IDTT as an individualized plan for addressing the treatment needs of each patient.

VI. Assessment

Goal: To develop practitioners who accurately select, administer, score, and interpret multiple psychological 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 a well-organized psychological report, answering referral questions clearly and providing the referral source with specific recommendations.

VII. Intervention

Goal: To develop practitioners who are competent generalists, and who can apply knowledge based on various theoretical orientations and a range of psychological interventions that are both current and empirically grounded. Practitioners will develop skills in effective evaluating, managing and documenting patient risk, recognize potentially problematic cases, seek supervision, and provide consultation when requested. Practitioners will continue to choose interventions that facilitate patient acceptance and change, recognize when supervision is needed, and continually demonstrate motivation to increase knowledge and expand the range of interventions through reading and consultation. They will also practice the effective use of emotional reactions in therapy to better understand the patient's presented behaviors, and to formulate hypotheses about patient's current and historical social interactions, while using this knowledge to inform intervention choices.

VIII. Supervision

Goal: The NCDRC will develop practitioners who are knowledgeable about one or more models of supervision and consultation and who, in their professional work, are able to make use of them to provide supervision and consultation to different target audiences, (e.g., professionals, paraprofessionals, clients).

IX. Professional Values, Attitudes, and Behaviors

Goal: The NCDRC aims to develop practitioners who combine an awareness of personal and professional strengths as well as limitations. These future psychologists will receive training aimed at helping instill in each intern a personal commitment to respect and collaboration with others, an openness to new ideas, and a commitment to scientifically grounded practice and life-long learning.

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, each intern is assigned to a Primary Supervisor who oversees their training as an intern and supervises some therapy and/or assessment cases. In collaboration with intern, the Primary Supervisor conducts an initial evaluation of the intern's skills, which forms the basis for planning individualized training experiences within the context of a NCDRC internship.

Intern Evaluation

Intern Performance Evaluation

The Primary 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 will occur at least at three months, six months and twelve months. This feedback is provided to the intern, as well as to their training program. Informal feedback is also provided to interns on an ongoing basis during supervision. After all training requirements are completed a certificate of completion is awarded to each intern with a copy 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 Institutional Internship Committee through their Primary Supervisor, or the Site Training Coordinator, or intern representative. The institutional Internship Committee and Training Coordinator consider the intern's concerns and make changes as appropriate. The Site Training Coordinator will meet with each intern on a monthly basis to elicit concerns about aspects of his or her training program. At the end of the internship year, interns complete anonymous written evaluations of their supervisors and evaluate their experiences, seminars, and the program as a whole. Additionally, internship alumni are surveyed every few years to provide longitudinal data on intern career paths and satisfaction with the training experience they received during their internship years. 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 ten percent of the total time worked per week (at least 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 will receive a total of two hours of individual supervision per week. At least one hour of individual supervision is provided by their Primary Supervisor, and the remaining balance of individual supervision may take place with their secondary or delegated supervisor. There will be ample individual supervision provided to interns during their internship. Interns are responsible for logging their supervision hours and for having their supervisor regularly sign off on these hours.

Group Supervision

Group supervision will occur with a delegated or primary supervisor on a weekly basis. There will be numerous opportunities for further group supervision to occur in settings where there is a clinical discussion regarding the treatment plan for patients, 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.

Core Seminars for All Interns

Institutional Internship Program Scholarly Seminar (two hours per week)

NCDRC interns from all member agencies attend weekly, two-hour didactic training workshops, held at the internship site. This twelve-month, weekly Psychotherapy and Professional Development Seminar is intended to assist interns in conceptualizing treatment and developing evidence based treatment plans that are effective for people suffering from severe mental illness, as well as discussing issues related to the professional development of psychologists and aspects of working within a correctional setting. The seminars will be conducted by various institutional mental health professionals, who discuss aspects of professional practice. The seminars aim to strengthen therapeutic skills in conjunction with didactic training, group supervision, and intern presentations. Each intern will also be required to complete a full case conceptualization to present to their colleagues.

This 52-week seminar series is based upon a syllabus that has been modified by each institutional internship training program to meet the specific needs of interns and supervisors and the collaborating subject matter experts, who each make substantial contributions to this excellent training program.

Sample topics of the weekly trainings may include the following: Mental health evaluation and initial intake process, 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 crisis management, practicing in a correctional setting, issues of cultural diversity, solution-oriented clinical practice, group therapy techniques, an overview of evidence-based treatment modalities, 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.

Assessment Seminar (an average of 2 hours per month)

This seminar begins 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). At the completion of the basic psychometric review, the seminar provides in-depth training in the use of the specific institutional training program's core personality assessment instruments (e.g., MMPI2-RF, MCMI III and other available test instruments), and training on an intelligence test (e.g., WAIS). Finally, a number of basic neuropsychological and, in selected institutional internship programs forensic assessment instruments, are addressed throughout the year. Presentations are provided by a number of different psychologists on their various topics of expertise.

Note that, with various types of rotations, instruction and practice of assessment activities may be modified to meet the demands of the specific program. The total number of hours provided for assessment seminars will average out to at least two hours per month.

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.

Meetings

Interns in NCDRC Internship Training Programs are considered members of the Mental Health Staff and attend relevant staff meetings, IDTT meetings, and learn to be professional psychologists by working in close association with other psychologists.

Supervisors

The staff of the psychology department is diverse and includes psychologists with different ethnic, socioeconomic, 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.

Application Information

General information

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. The Clinical Psychology Intern bulletin can be found at <https://cphcs.hodesiq.com/index.asp>

Funding

Internships at the NCDRC Psychology Internship Program are government-funded, California State civil service positions. The yearly stipend varies by fiscal year but interns can expect to earn a gross yearly salary between \$38,640 and \$54,924, based on experience and education.

Pre-requisites for an internship with the NCDRC

Prospective interns must have an internship readiness letter from their school's training director indicating they have completed all required course work, supervised practicum experiences and be in good standing with their psychology training program. Additionally, prospective candidates must have:

- 120 hours of assessment experience.
- 600 hours of direct client service, gained through a practicum experience in settings appropriate for a doctoral level psychology intern, prior to starting the internship.
- Acquired practicum experience at two independent sites.

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 NCDRC, applicants must submit an on-line application through the Association of Psychology Postdoctoral and Internship Programs (APPIC) called the APPI (available at <http://www.appic.org/AAPI-APPA#APP>). Applicants must also submit an application to CDCR through the regular, civil service employee application process. Instructions for application can be found by accessing the job bulletin for Clinical Psychology Intern at <https://cphcs.hodesiq.com/index.asp>

The NCDRC participates in the National Matching Service for internship selection. To be considered for match, each applicant is required to submit a completed application through the APPIC applicant portal (<http://www.appic.org/AAPI-APPA#APP>). The completed APPI on-line application must include:

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

CDCR Civil Service Application (STD 678)

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

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

Equal Opportunity and Diversity

NCDRC 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.

Further, the NCDRC Internship Program ensures a welcoming, supportive, and encouraging learning environment for all interns. Clinical supervisors encourage and model appropriate ways to interact with each other, and handle discrepancies, disagreements, or differences in opinion. All clinical supervisors are required to take the six-hour supervision training course, per California Board of Psychology requirements. Both supervisors and staff are made aware of the beginning of a new internship year and are trained on providing a welcoming and supportive environment for the interns and valuing diversity. During the orientation process, the interns are welcomed to the institution, reminded of the supportive open-door policy, encouraged to ask questions on an ongoing basis, and are reminded that their supervisors and all members of the NCDRC Internship Program are there to support them throughout their internship year. Interns are made fully aware of the NCDRC Due Process and Grievance Policy, which encourages interns to seek clarification whenever questions or concerns related to their NCDRC Internship Program experience arise and provides them with multiple avenues by which to communicate questions, issues or concerns. Specifically, these options include discussion with the primary supervisor or training director, discussion with the student representative, requests for the placement of issues on the NCDRC Institutional Internship Training Committee agenda, and an anonymous process for submitting feedback. On an ongoing basis, interns are reminded by the Training Coordinator and their clinical supervisors that they are part of a supportive and encouraging learning environment and are encouraged to ask questions, consult, and bring any issues that may arise to the immediate attention of their clinical supervisor, the site Training Coordinator, or the Consortium Training Director.

In addition to the experiences discussed above, interns have several opportunities to be supervised by and seek consultation from mental health staff from a range of cultural backgrounds. A recent survey of our mental health staff indicated that approximately 42% of the mental health staff at one of our training sites self-identify as members of ethnic and cultural minority groups and approximately 27% of mental health staff were born outside of the United States. Additionally, approximately 31% of mental health staff are fluent in at least one language in addition to English. Languages in which various psychologists are fluent include Hmong, Italian, Tagalog, Hindi, Malay, Armenian, Spanish, and Russian.

Intern Selection Process

The NCDRC intern selection process begins with an evaluation of the candidate's application packet by the Training Director(s) of the institutional training site or sites to which the intern has applied. Through this process, the institutional Training Director(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 will be invited to an in-person interview with a NCDRC Training Director. Under special circumstances, a telephone interview may be permitted.

An additional rating is assigned to each candidate based upon completion of his/her interview. Each prospective intern will be assigned a "rank," reflective of the average of ratings from the initial evaluation and the interview.

Training directors will submit their official APPIC ranks to the NCDRC Central Administrative Office, which will complete the Ranking Form and forward the Form to NCDRC for submission.

Once an intern is matched to a NCDRC institutional site, he/she will be notified by the National Matching Service (NMS). The intern will receive a confirmation call by the institutional training director and an official follow-up letter within seventy-two hours from the institutional Training Program agency, with which he/she, has been placed noting that the offer is contingent upon meeting all civil service requirements. The letter will be copied and sent to the applicant's graduate program Director of Training as well.

Sites which do not match with potential interns during the first phase of the match, proceed to the second phase of the process. 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 is in August.

Pre-Employment Qualifications (please read carefully)

Once matched, interns 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 twelve-month internship, if a candidate does not pass the criminal background check, no appeal process will be allowed.

NCDCCR has a zero-tolerance drug policy. Any potential internship candidate will be dismissed from the internship if a positive drug screening test occurs. CalHR's 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 NCDCCR is committed to providing interns with a supportive, safe environment in which to explore their professional interests, and to developing the skills and competencies that are foundational to future service and success. Consistent with these objectives, NCDCCR encourages interns to seek clarification whenever questions or concerns related to their NCDCCR 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. First, there are grievance 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 in the section entitled "Systematic Grievance Policy: Administrative Focus" on pages 32-35. Second, there are grievance processes specific to the training program. A description of these policies is found in the section of the P & P manual entitled "Systematic Grievance Policy: Educational and Clinical Practice" on pages 35-38. The process which the NCDCCR will follow when a problem in the performance, professional relationship or behavior of an intern is identified, is described in the P&P Manual in a section entitled "Due Process: Disciplinary Action" on pages 38-44. All interns will receive a copy of the NCDCCR Policy and Procedure Manual during the first week of the internship.

Appendix A: Monthly Assessment Seminars

Note: Changes to the curriculum may be made to accommodate particular learning needs and to meet ongoing changes in requirements from the California Board of Psychology. As CDCR has APA accreditation, these seminars may also be opened to licensed mental health clinicians for credit.

The following is a calendar for the monthly Assessment Seminars for 2018-2019:

September

Mental Status Examination (MSE)

The MSE is a foundational method of gaining real-time patient information in a systematic, brief manner. It helps us monitor treatment process, and gives us a snapshot of how a patient's symptoms may be responding to intervention. It is key toward the provision of effective, individualized mental health services.

October

Initial Intake: Patient History and initial assessment

Based upon current health record requirement. Instructor will work through the taking of a good patient history and apply good practices toward making a good case formulation using this information. The findings will inform the differential diagnostic process.

November

Part I: Intellectual Assessment

Intellectual Assessment includes a range of standardized, psychological tests that measure various facets of intelligence. Part I deals with the theories and issues related to the choice of tests and their basic characteristics. It also helps the learner gain additional understanding into the principles upon which this category of tests are based.

December

Part II: Intellectual Assessment

Part II deals with the application of the principles and theories explored in Part I.

January

Part I: Suicide Risk Evaluation

Suicide prevention is one of the core goals of treatment at CDCR. Part I: expands previous trainings and enables the intern to receive individualized training in this area. It covers primarily the basic suicide evaluation tools.

February

Part II: Advanced suicide risk evaluation and self-harm assessment

Part II provides a more detailed exploration of the varying possibilities in the EHRS for evaluating not only basic suicide factors, but this coursework extends the focus to include self-harm and safety planning.

March

Part I: Neuropsychological Screening

Neuropsychological screening can help provide vital information for understanding the presentation of a substantial number of patients in corrections whose symptomatic exhibits complex causal factors. Here, the theories and special issues of commonly-used screening tools will be explored

April

Part II: Neuropsychological Screening

This coursework deals with the aspects of practical application of neuropsychological screening tools.

May

RVR and DDP assessment

This local training helps the learners to deepen their understanding of the RVR Mental Health Assessment tool and the tools used in the DDP. It gives the participants an opportunity to bring questions and comments related to any experience they may have had in this area, and broadens their knowledge of the varying types of CDCR-specific assessment.

June

Part I: Personality Assessment

This coursework aims at reviewing the basic tenets of personality testing, while giving the participant to assess his/her current knowledge level related to theoretical bases of personality assessment and the general issues.

July

Part II: Personality Assessment

Part II deals with the practical application of personality assessment and gives the participant the opportunity to review his/her skills in this area.

Appendix B: Guide for Clinical Case Presentations

Clinical Case Conference

Biographical Data

- A. Name
- B. Age
- C. Gender
- D. Cultural background
- E. Current living arrangements

Nature of Referral

- A. Date of initial evaluation
- B. Referral source

Presenting Problems/Mental Status Exam (see additional handout)

- A. Chief complaint
- B. History of present illness
- C. Why is the client coming to this setting?
- D. Was there a precipitating event?
- E. What is the client's goal for therapy?

Biopsychosocial History

- A. Family of origin
- B. Major life events impacting development
- C. Relationship history
- D. Educational history
- E. Employment history
- F. Legal issues
- G. ETOH/substance abuse history
- H. Previous treatment

Current functioning

- A. Current relationships
- B. Quality of and/or impairments in current relationships
- C. ETOH/substance use
- D. Psychosocial stressors
- E. Medical issues (if applicable)
- F. Other psychiatric treatment

Adjuncts to therapy

- A. Is the person prescribed psychotropic medications?
 - a. What has been the medication regimen?
 - b. What has been their response to the medication(s)?
 - c. Describe the nature of our interactions with the prescribing physician
- B. Has the person received a formal psychological assessment?
 - a. How long ago was it completed?
 - b. What assessment instruments were used?
 - c. What were the results?

Sequence of therapy

- A. Number of sessions completed to date
- B. Describe the client's engagement in the therapeutic process

Case Formulation

- A. What general theory primarily guides your understanding of this case? (e.g., psychodynamic, cognitive-behavioral, interpersonal)
- B. What iteration of the general theory primarily guides your understanding of this case? (e.g., self-psychology, object-relations, Beck, Ellis)
- C. According to this theory, what tasks are central to therapeutic process?
- D. How are you working to accomplish these tasks?
- E. In addition to theoretical considerations, are there special population issues that need to be incorporated into the case formulation? (ACOA, battered spouse, etc.)
- F. What kinds of interventions have worked best with this person?
- G. What kinds of interventions have not worked?
- H. Provide an overall assessment of the therapy process to date

DSM-5 Diagnosis

How did you arrive at the diagnosis? Is symptom criteria met to assign the diagnosis?

- A. Differential diagnosis?
- B. Dual diagnosis?
 - I. Provisional diagnoses?

Prognosis

- A. Estimate the length of treatment
- B. Are there adjunct treatments to consider (self-help groups, family Tx)?
- C. Issues to address prior to termination

Appendix C: Individual Learning Plan (ILP)

Individual Learning Plan Agreement 2018-2019 Training Year

I. Goal Statements:

Statement of Personal Training Goals for Internship (*Note current strengths, areas for improvement, and goals for the coming year or rotation*):

Statement of Overall Career Goals:

II. Competency Areas: (from Psychology Internship Competency Assessment) Current areas rated as High Intermediate (4) or Advanced Skills (5):

Current areas rated as Intermediate/Focus of supervision (3):

Current areas rated as Remedial (1) or Entry Level (2):

Do training agreements (Section III below) reflect focus on all areas rated 1-2? Describe plan for growth in competency:

Do training agreements (Section III) reflect opportunities to enhance skills related to areas rated 3. Describe enhancement plan:

III. Training Agreements

1. **Rotation Supervision:** I have agreed with Dr. _____ to complete a 6-month primary rotation on unit _____. The emphasis during this rotation will be on _____ (assessment, crisis intervention, psychotherapy, behavioral treatment, etc.). Dr. _____ agrees to/does not agree to supervise me in my assessment responsibilities.

I _____ have agreed to spend _____ hours per week on unit _____ during this rotation to work on core clinical competencies.

2. **Assessment Supervision:** (Complete if the rotation supervisor is not the assessment supervisor):

I _____ have agreed with Dr. _____ to complete a 6-month assessment rotation. The emphasis during this assessment rotation will be achieving my core competencies in assessment.

3. **Additional Supervisory Experiences** (to meet career/training objectives). Additional supervisory experiences may include supervision of special populations, specialized assessments, provision of groups or individual therapy, research projects, etc. That is, these are areas of special interest to the intern or post-doc and supervisor:

Dr. _____ has agreed to supervise _____, to meet the objective of _____.

Dr. _____ has agreed to supervise _____, to meet the objective of _____.

4. **Additional Supervisory or Training Experiences** (to meet objectives regarding core competencies). The supervisory team sees the following experiences as helpful in increasing competency in specific areas:

Competency area: _____
Objective: _____

Competency area: _____
Objective: _____

Specify agreements reached by the supervisory team and trainee to accomplish each objective:

IV. Responsibilities and Expectations

I understand the Basic Requirements of this internship, and that my progress with these responsibilities and expectations are reported by my primary supervisor to the training director. These Responsibilities and Expectations are:

- Completion of required orientation programs and trainings
- Completion of assigned readings
- Maintenance of professional ethical standards, including reporting laws, confidentiality rules, etc.
- Completion of required assessments (determined by site).
- Maintenance of a log of supervisory hours (individual and group) and of completed assessments.
- Completion of required intern case presentations
- Presentation of seminars
- Completion of treatment hours
- Attendance of all local training seminars (90%)
- Attendance of all statewide training seminars
- Completion of required hours of group and individual supervision
- Meets performance goals as outlined in the Competency Assessment form

If any area is incomplete or unsatisfactory to the supervisory team:

Specify agreements reached by the supervisory team and trainee to meet each responsibility or expectation successfully:

This Learning Plan has been agreed to this _____ of _____, 201__

Trainee

Primary Supervisor

Additional Supervisor

Site Training Director