



RICHARD J. DONOVAN CORRECTIONAL FACILITY HEALTH SERVICE

PSYCHOLOGY INTERNSHIP HANDBOOK



CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES



2019 - 2020 TRAINING YEAR

Table of Contents

Introduction from Training Director	3
Richard J. Donovan Correctional Facility	4
Special Programs for Patients at RJD	6
Clinical Assignments and Specialty Rotations	7
Treatment Issues	11
RJDCF HSP Internship Program Mission Statement	12
Training Approach	12
Educational and Training Goals and Objectives	14
Training Program Core Requirements	14
Core Competencies and Goals	14
Organization of Internship Training Program	20
Intern Evaluation	20
Supervision, Seminars, and Training	20
Core Seminars for all Interns	21
Resources for Interns	22
Application Information	23
APPIC Application Process for Potential Candidates	24
CDCR Civil Service Application (STD 678)	25
Equal Opportunity	25
Intern Selection Process	25
Pre-Employment Qualifications	26
Due Process and Grievance Procedures	26
Appendix A: Statewide Assessment Training Seminars	28
Appendix B: Guide for Clinical Case Presentations	30
Appendix C: Individual Learning Plan (ILP)	32

Introduction from Training Director

Dear Potential Internship Applicant:

Thank you for your interest in the Richard J. Donovan Correctional Facility Health Service Psychology (RJDCF HSP) Internship Program. The RJDCF HSP Internship Program 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 most challenging institutions in the California Department of Corrections and Rehabilitation (CDCR). As an intern at RJDCF HSP Internship Program, you are afforded the opportunity to provide individual and group therapy, crisis intervention, and suicide risk assessment. In addition, you will receive weekly on-site didactic trainings and state-wide monthly trainings, where you will be able to interact with staff and interns from other institutions. The monthly statewide didactic seminars are sponsored by the statewide Training Unit of the CDCR. 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 at RJDCF offers a unique opportunity for interns embarking on the journey of becoming culturally competent clinicians. Also within the frame-work 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 Psychology Interns. In the RJDCF HSP Internship Program we have eight 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 RJDCF HSP's Internship Program. The following sections of this brochure 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 brochure, 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,

Kristin Francis, PsyD, Senior Psychologist Specialist
Director of Training, RJDCF HSP Internship Program
Richard J. Donovan Correctional Facility
480 Alta Road
San Diego, CA 92179

Office: 619-661-6500, ext. 8454
State Cell: 619-653-8745
Email: kristin.francis@cdcr.ca.gov

Richard J. Donovan Correctional Facility at Rock Mountain (RJDCF)

Mission Statement

RJDCF is a multi-mission institution. RJDCF's primary mission is to provide housing for General Population (GP), Sensitive Needs Yard (SNY), Level I, II, III, and IV inmates serving their term of incarceration at RJDCF. Additionally RJDCF provides health care services and rehabilitative programs to inmates while incarcerated at RJDCF. RJDCF is a designated institution for inmates with severe mental illness, inmates with developmental disabilities, and is responsible for providing officer coverage for inmates being treated in community hospitals throughout San Diego County.

Institution Details and Programs

RJDCF's missions include housing and providing treatment to inmates with severe mental illnesses, as well as inmates who have been identified as having medium to high risk medical concerns.

The Institutional Hearing Program (IHP) at the RJDCF is designed to prepare inmates, who are illegal immigrants, for release to the United States Department of Homeland Security's custody and return to their country of origin.

Self-Help and Inmate Leisure Time Activity Groups include Narcotics Anonymous, Alcoholics Anonymous, Criminal and Gang Anonymous.

Institutional Juvenile Diversion Programs include Convicts Reaching Out to People (CROP). Inmates participate in face-to-face discussions with juveniles explaining the downfalls of drug use, gang life, and criminal thinking, while advising on how to avoid life in prison.

Rehabilitative inmate leisure activities include social, educational, recreational, and mentoring groups. RJDCF offers study in the areas of Recycling and Green Industries, Food Handling, Coastline College, Creative Writing, and the highly acclaimed Thinking for a Change. Inmates may also participate in a Veteran's Group and other volunteer-led community service activities.

Academic opportunities include Literacy and Adult Basic Education through GED. Vocational opportunities include the Machine Shop, Welding, and HVAC. Additionally, California Prison Industries Authority (CALPIA) employs inmates at RJDCF in its laundry, bakery, and casual shoe factory.

Religious services are provided for inmates of all denominations. RJDCF 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.

Mental Health Services Delivery System (MHSDS) Mission Statement

To provide ethical, professional, and effective mental health care services for individuals remanded to CDCR.

MHSDS Vision

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.

We are a competent, well-trained staff, who uphold and live our organizational values to promote interdisciplinary cooperation, employee wellness, effective leadership, humane treatment, and a highly productive workforce.

Self-governance, program and service evaluation, assessments, and continuous self-monitoring are used to ensure quality improvement and system-wide, multi-level information sharing and decision making. Our information technology system is state of the art and staffing and space meet evolving operational requirements.

We are an accredited program, cooperating and partnering with external stakeholders to sustain sufficient funding to fulfill our mission and to minimize recidivism by providing continuity of care.

RJDCF Mental Health Programs

RJDCF houses a very diverse inmate population. RJDCF treats a range of patients with chronic medical illnesses, including HIV, hepatitis, asthma, high blood pressure, pain, and many more. RJDCF is an institution designated to care for inmates with developmental disabilities, physical disabilities, and mental disorders. RJDCF is also a designated institution for inmates who are transgender. Over half of the total inmate population (62%) receives treatment from the Mental Health (MH) Department with the full range of psychotic, mood, and anxiety disorders represented in the inmate population.

MHSDS provides three levels of care for our patient population.

- Correctional Clinical Case Management System (CCCMS): CCCMS is designated for patients diagnosed with one of the ten identified diagnoses or medical necessity. They are higher functioning and able to interact with the GP. They are seen a minimum of once every ninety days for case management, but can be seen more frequently as appropriate.
- Enhanced Outpatient Program (EOP): EOP is designated for inmates with a qualifying diagnosis who are not functioning well in the GP. EOP patients are scheduled for a minimum of ten hours of structured treatment to include both individual and group therapy.
- Mental Health Crisis Bed (MHCB): Patients who meet criteria for danger to self or others, or are gravely disabled due to mental illness, are admitted to the MHCB. The MHCB provides daily encounters with members of the Interdisciplinary Treatment Team (IDTT) in an acute care setting.

Interdisciplinary Approach to Care

RJDCF has the largest mental health program in the state of California's correctional system. As such, we have over 100 psychologists and social workers working at the facility, in addition to psychiatrists and recreational therapists. 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, treatment for the LGBTI population, behavioral assessment and treatment planning, among others.

RJDCF is also a high risk medical facility and as such, we have a large number of physicians, nurses, psych techs, dieticians, dentists, and medical assistants employed at RJDCF as well. Custody staff are also an integral part to the treatment team and can often offer information about patients that we are not privy to. Our unique team allows for interdisciplinary consultation and whole patient care that ultimately

results in the best possible treatment for the patient. Interns are an integral part of the treatment team and are encouraged to consult with co-workers on a continuous basis for optimal patient care.

Special Programs for Inmate-Patients at RJD

Striving To Achieve Rewards (STAR) Program

There is increasing evidence that programs that are focused on changing the social environment including token economies have beneficial impact on improving behavior. Correctional settings that have focused on a reinforcement model for behavior modification have observed improvements in inmate behavior. The objective of the S.T.A.R. EOP Incentive Program is to utilize the principles of contingency management to encourage inmates to take responsibility of one's actions, thus improving their behavior. The program provides rewards for one's efforts, thus increasing the likelihood of repeating positive actions again in the future. Patients will receive points for positive behaviors and participation in mental health programing.

LBGTI Support Unit

RJD is designated as one of the 11 transgender hubs in CDCR. The Gender Identity Program at RJD was developed to offer mental health services to patients who identify as transgender, gender non-conforming, or non-binary. The program consists of weekly group therapy which is psycho-educational and process based, adjunctive care for crisis management, and pre-release treatment and resources. CDCR offers transgender patients the ability to be evaluated for initiation of hormone therapy and gender affirming surgery and RJD clinicians conduct the mental health evaluations that are a component of these processes.

Pooch Program

RJD has created the Prisoners Overcoming Obstacles & Creating Hope (POOCH) Service Dog Program. The POOCH Service Dog Program is a community partnership with the nonprofit San Diego based Tender Loving Canines Assistance Dogs, Inc., and RJDCF. The POOCH Service Dog Program allows inmates to raise and train service dogs for wounded warriors and children with autism. The dogs graduating from the POOCH Program will be Assistance Dogs International (ADI) certified. The RJDCF staff is also very excited about the program due to the opportunity to take the dogs in POOCH Program home on the weekends to socialize the dogs to new and different environments that they will not be exposed to at the institution, according to those close to the program.

TEDx

The independently organized program, licensed by TED, features a broad spectrum of TEDx Talks under the theme "Beyond the Surface." Beyond the surface of fences and walls, TEDxDonovanCorrectional allows inmates to strategize, plan, and facilitate the discussion of their life in prison, how they have been rehabilitated, and hopes for the future, supported by a group of local TEDx volunteers.

Playwrights Project

Playwrights Project is a nonprofit organization with a mission to advance literacy, creativity, and communication by empowering individuals to voice their stories through playwriting programs and theatre productions. Playwrights Project provides playwriting workshops in schools and underserved communities, including RJD.

UC San Diego Books Beyond Boundaries

UCSD students volunteer to run book clubs at RJD with the mindset that incarcerated individuals are going to re-enter society and these book clubs are an effective way to create a relationship between the prisoners and the university. According to the program, the mere task of sitting in smaller groups and discussing literature of any genre builds a sense of community, encourages understanding and listening

skills, and promotes stimulating and intellectual debate between the inmates and UCSD as well as between the inmates themselves.

HEAL – Inmate-Lead Memorial Services

To help bereaved inmates create a safe space to heal from loss, the Mental Health Department is supporting inmate-lead Memorial Service events across multiple yards. The first memorial service was held on E yard in March 2018 and was a resounding success. Inmates were able to honor the lives of loved ones they have lost during their time of incarceration by creating an obituary, sharing a photo, sharing a short speech and/or lighting a candle.

DEFY Ventures

Defy Ventures is an employment, entrepreneurship, and personal development training program that supports the incarcerated and formerly incarcerated to become successful, legal entrepreneurs and employees. By offering intensive personal and leadership development support, competition-based entrepreneurship training, executive mentoring, and business incubation, Defy empowers inmates at RJDC towards the creation of legitimate businesses and careers.

Clinical Assignments and Specialty Rotations

Core Clinical Assignments

Each intern completes a core clinical assignment while completing two specialty clinical rotations. The intern's core assignment is to work with a caseload of patients with a variety of mental illnesses and custody classifications to provide individual therapy, group therapy, suicide risk assessment, initial assessments, crisis intervention, treatment planning, level of care decisions, administer clinical outcome measures and other self-report measures, and make client case presentations during interdisciplinary treatment team meetings. At the beginning of the internship year, interns rank their preferences for location of their core clinical assignment and are assigned rotations based on preference, institutional need, equal distribution, training and experience, and goals of the intern. Locations that may be available include: Level 2 Yard CCCMS/EOP, Level 3 Yard CCCMS/EOP, Level 4 Yard CCCMS/EOP, and Administrative Segregation Unit CCCMS/EOP. Interns will function in their core clinical assignment 4 days a week.

Specialty Rotations

Each intern will complete 2 specialty rotations during the internship year and will switch rotations at the 6 month mark. At the beginning of the internship year, interns rank their preferences for specialty rotations and are assigned rotations based on preference, institutional need, equity, training and experience, and career goals of the intern. Interns will work in their specialty rotation 1 day a week. Specialty rotations may consist of the following:

Forensic Assessment Unit (FAU)

The FAU consists of licensed psychologists who conduct a variety of forensic and clinical assessments at RJDC including consultation, assessment, psychometric testing and report writing regarding culpability and mitigation of penalties related to inmate discipline, decisional capacity, differential diagnosis and diagnostic clarification, treatment considerations, mandated treatment recommendations upon release, and evaluations related to the diagnosis of exhibitionism subsequent to indecent exposure behavior in the prison environment. Interns in the assessment unit receive orientation, training and opportunity to shadow licensed clinical forensic psychologists conducting various evaluations.

Behavioral Health Unit (BHU)

RJDC created the BHU to increase focus on whole healthcare and integrated treatment planning for complex cases with medical and mental health comorbidities. Chronic pain, chronic medical conditions,

and mental health disorders, are among the noted risk factors for suicide. The BHU has been designed and implemented to address these factors by providing a wide range of clinical services to patients, consultative services to mental and health care providers, and improve patient care through enhanced communication and integration of treatment across disciplines.

Chronic Pain Management Part I is a twelve-week, structured cognitive behavioral, non-pharmacological, pain management program. The curriculum is primarily offered as a group therapy modality. Adjunctive (individual) pain management is also offered as needed. The BHU created a facilitators guide and patient workbook. In addition to gathering feedback from patients, pre and post clinical information is obtained to assess for changes in pain severity, pain interference, and average pain over the course of the twelve-week program. Outcome data was analyzed and presented at National Conference on Correctional Healthcare. Results of the assessment and feedback have been overall positive with decreases in pain severity, pain interference, and perception of pain average decreasing.

Based on the positive feedback for Pain Management I, inmates requested for another advanced session expanding on Chronic Pain Management Part I. At the patient's request, a second, advanced program was created. Pain Management Part II is a six-week psycho-educational program which is an extensive review of the topics presented during Part I. This program utilizes CDs, videos, and guest speakers (e.g. pharmacists), in order to enhance learning.

End of Life Care Team (EOLCT) is an interdisciplinary approach to address the patient's biological, psychological, and social needs. EOLCT offers recommendations to the Primary Care Team in patients diagnosed with terminal illness. The objectives of the EOLCT are as follows:

- To provide integrated, comprehensive, coordinated, and competent care that actively involves every discipline deemed necessary in providing comfort and palliative care measures to patients at RJDCF;
- To utilize an end of life treatment team for medical and mental health treatment recommendations;
- To maximize patient autonomy (while incarcerated), decision making and respect of the patient's spiritual beliefs and choices for end of life care;
- To manage patient pain and other health care symptoms;
- To maximize comfort for those in a correctional setting at the end of life.
- To provide compassionate support for people at end of life.

The BHU designed The End of Life Guidebook facilitator's guide and companion patient workbook to assist terminally ill patients. The guidebook uses techniques from multiple modalities including CBT, humanistic, and Acceptance and Commitment Therapy (ACT). The modules and sessions were developed by researching literature and programs that are currently in the community as well as information collected through a needs assessment with incarcerated males at RJDCF.

Primary Care Team Daily Huddles are designed to plan and coordinate the patient care activities of the team, in order to ensure the highest quality of service is afforded to the inmate population. When an individual has their medical and mental health needs addressed in a comprehensive manner, there is a decrease in the likelihood of that individual experiencing depression and hopelessness, which are risk factors for suicide. Each yard begins the Daily Huddle at 8:45 a.m. The BHU participates in morning huddles for each of the five yards. The role of the BHU is to obtain input from each discipline (nursing, medicine, pharmacy, MH, and psychiatry), to integrate the findings and summarize recommendations for the Primary Care Team, as well as relay any pertinent information to mental health and psychiatry staff. The BHU also participates in the monthly extended huddles for each of the five yards. The MH

Department also sends additional MH representatives to daily yard huddles to provide and receive healthcare communication.

Cognitive Behavioral Therapy for Insomnia (CBT-I) for Incarcerated Patients is an insomnia program that is currently recruiting patients for participation. This is a six-week psycho-educational group and includes topics such as sleep hygiene, how stress impacts sleep, and facts about sleep and the sleep cycle. This program is unique because it takes into account how the prison environment can contribute to and/or exacerbate patient's specific sleep difficulties. Because CDCR does not prescribe medication for sleep related issues, this program is an opportunity for patients to be proactive in improving their sleep and daily functioning, and ultimately reducing the likelihood of developing risk factors known to contribute to suicide.

Motivational Interviewing Modality Group was created in July of 2017 to focus on patients with diabetes and mental illness. The goal is to empower patients to overcome emotional and behavioral obstacles to improve quality of life, and increase treatment compliance, to aid health maintenance. The group subjects include diabetes education, the impact of diabetes and mental health, and how diabetes is linked to stress and substance abuse. Patients learn about obstacles and problem solving skills related to diabetes and mental health. The interventions are aimed to impact positive health, mental health, and psychosocial outcomes. Patients acquire diabetes/mental health awareness, knowledge, self-care management, coping skills, and increased satisfaction with their life.

Gender Identity and Lesbian/Gay/Bisexual/Transgender/Intersex Support Unit The Gender Identity Program was developed to offer mental health services to patients who identify as transgender, gender non-conforming, or non-binary. The program consists of weekly group therapy which is psycho-educational and process based, adjunctive care for crisis management, and pre-release treatment and resources. The rate of suicide attempts among the transgender population may be higher in some populations in comparison to the GP. The Gender Identity Program aims to support the population and reduce suicidality, suicide attempts, and self-harm within the transgender inmate population at RJDCF. The group therapy curriculum specifically addresses negative thoughts, minority stress, identifying triggers, and identity development that may lead to suicidal thinking, as well as teaches patients about coping skills and safety plans to use to manage depressive and suicidal thoughts.

- The crisis management piece of the Gender Identity Program is a form of secondary prevention in which patients are offered weekly adjunctive therapy in addition to the therapy they already receive from their primary clinician, in order to manage crisis situations, such as suicidality.
- The pre-release aspect of the Gender Identity Program serves to introduce patients to LGBTI resources in the community in order for them to pursue ongoing treatment once they parole and become connected with the LGBTI community.

LGBTI support groups and adjunct individual services within the patient's treatment plan, including for GP patients not within the MHSDS, are offered to support the LGBTI community and to reduce suicidality and suicide in the community within corrections.

The psychologist in the LGBTI Support Unit is also responsible for completing evaluations for patients who are requesting hormone therapy or gender affirmation surgery. The intern in this rotation will be able to shadow these evaluations and contribute to the records review incorporated in the evaluations.

Developmental Disabilities Program

The Developmental Disabilities Program provides clinical support and treatment to patients who have developmental disabilities and cognitive or adaptive functioning deficits that inhibit their ability to independently perform essential ADLs. Patients in this program may have neurodevelopmental disorders, or neurocognitive disorders, and receive treatment and assistance through the DDP program. Through screening and evaluation, this team also identifies those who have recently experienced a significant decline in cognitive functioning and are now appropriate for the DDP program, although they may not have been at the beginning of their incarceration period. These patients often have progressing neurocognitive disorders, suffer a traumatic brain injury while incarcerated, or have a medical illness that causes cognitive decline. The intern in this rotation will be trained on, and will be able to administer the QT, TONI-4, and the CASE.

Should the specialty rotations listed above not be available, the following specialty rotations may be available:

- **Supervision** – Interns experience providing clinical supervision to a greater extent than is offered as part of the general internship experience, including observing a licensed psychologist providing individual clinical supervision to practicum students, reviewing documentation for co-signature, and extensive training on providing clinical supervision.
- **Substance Use Treatment** – Interns gain work experience providing patients with psycho-educational and process groups regarding substance use, utilizing structured group therapy curriculums.
- **Pre-Release Program** – Interns gain work experience in the pre-release program, preparing patients for release into the community by providing group therapy, individual therapy, and resources in the community for continuing mental health care, including establishing housing, and employment once released.
- **Creative Therapies** – Interns gain work experience providing patients with creative therapies including mindfulness/meditation, art therapy, music therapy, poetry therapy, and pet therapy.
- **Curriculum Development** – Interns gain work experience developing group therapy curriculums, incorporating evidence-based treatment, in a variety of different topic areas

Each specialty rotation also includes a special project that the intern completes during the rotation. The special project is determined and assigned by the clinical psychologist in charge of that rotation. The special project is to be completed and turned in to the specialty rotation psychologist by the last day of the rotation.

Treatment Issues

Types of disorders treated in 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-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 inmate has had at least one episode of indecent exposure in the six-month period prior to the IDTT that suggests the need for exhibitionism treatment and the patient is either:

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

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:

1. **Correctional Clinical Case Manage System (CCCMS)** is an outpatient program for those 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.
2. **Enhanced Outpatient Program (EOP)** is an outpatient treatment program for patients whose functioning is lower than those 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 GP 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; and/or,
 - An impairment in the activities of daily living (ADL), including eating, grooming, personal hygiene, maintenance of housing area, and ambulation, as a consequence of serious mental disorder.
3. **Mental Health Crisis Bed (MHCB) Placement** is an inpatient treatment program (generally in a licensed facility within the prison) for patients who require continuous nursing care due to:
- Marked impairment and dysfunction in most areas (ADL, communication, social interaction, etc.); and/or,
 - 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.
4. **Acute Care/Intermediate Care** is a referral to inpatient programs provided in other CDCR institutions, or via contract with the Department of State Hospitals, 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.

RJDCF HSP Internship Program Mission Statement

The Psychology Internship Program at Richard J. Donovan Correctional Facility aspires to provide the highest level of training for our interns to prepare them for assuming a dynamic role as professional psychologists in the rapidly changing world of mental health care. The overriding mission is to support the provision of 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

The RJDCF HSP Internship Program offers intensive training, providing interns with a broad range of experiences. All internships are for a duration of twelve months or for a minimum of two-thousand hours. An Individual Learning Plan or ILP (Appendix C of this manual), building upon prior classroom and experiential education, is established for each intern during the initial weeks of participation in the RJDCF HSP Internship Program. It is the intern's responsibility to track their hours and have their primary

supervisor sign to confirm them. This is done in two ways; one is through supervision forms/tracking sheets and the other is through timesheets. As per *Policies and Procedures*, RJDCF HSP Internship Program provides a minimum of two-thousand hours and interns must complete a minimum of two-thousand hours to pass the training program. Interns may be able to accrue more than two-thousand hours depending on how much time they take off throughout the year. Interns are responsible for calculating how much time is needed and to plan accordingly. Interns who fall short of their school's requirement, should address this with their school and 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 his/her level of independence in clinical activities through regular individual and group supervisions. RJDCF HSP Internship Program provides a wide range of training opportunities and excellent supervision. Institutional staff, working in tandem with the RJDCF HSP Internship Program organization, support interns to attain the competencies that are foundational to professional development.

Interns attend mandatory weekly two-hour didactic trainings and monthly state-wide assessment seminars, 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, interns are also entitled to 40 hours of paid education leave to attend trainings or conferences, and are able to be reimbursed for costs up to \$500.

In addition, interns attend a thirty-two-hour clinician onboarding academy for new mental health clinicians in CDCR, a separate orientation to the internship by the Training Director, 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.

Training Principles

RJDCF HSP Internship Program adheres to the following training principles, as established by the RJDCF HSP Internship Program 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.
- All interns attend the Assessment Workshop facilitated by the FAU Senior Psychologist.
- Interns act as co-consultants with a supervisor. As competence increases, intern responsibilities and independence 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.
- Regular in-service educational opportunities are available to all interns, including administrative meetings, case conferences, and intake conferences.
- Interns receive a minimum of two hours of individual supervision by two different supervisors (a primary and a delegated supervisor) and a minimum of two hours of group supervision per week by a licensed psychologist;
- Interns incorporate research articles into their 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.

Educational and Training Goals and Objectives

At the beginning of the first rotation, interns complete the Intern Self-Assessment form, which provides interns the opportunity to evaluate their skill level in each of the areas of required competencies. This assessment provides a basis for designing the ILP by the primary supervisor, in collaboration with interns. The ILP outlines training and career goals, specifies the areas of rotation, and names the delegated supervisor for each area of activity.

Training Program Core Requirements

Goals and Processes

The overarching goal of the RJDCF HSP Pre-Doctoral Internship Program in Clinical Psychology is to provide a planned, programmed sequence of training experiences that assure 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

Educational and Training Goals

The education and training goals for the RJDCF HSP Internship Program include the following core competencies and goals:

I. RESEARCH

Goal

The RJDCF HSP Internship Program 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 assessment of the patient referred for consultation, incorporating mental status exam, structured interview techniques, or psychological assessment, as needed to answer the referral question.

Competencies

After completion of this internship program, interns are expected to exhibit the following competencies at the intermediate-to-advanced levels in the area of Research:

- Motivated to learn (e.g., seeks information and help); and
- Independently seeks out and utilizes recent research findings to inform practice, including assessment practice; and
- Conceptualizes and organizes data from a definite theoretical view, which is then used to inform consultation; and
- Recognizes appropriate referrals for formal intervention and/or consultative services, (e.g., PBST, IEX, and/or Developmental Disabilities Program Psychologist); and
- Participates at the expected level in program evaluation projects; and
- Incorporates information obtained from MH and other staff members into clinical assessments.

II. ETHICS AND LEGAL STANDARDS

Goal

The RJDCF HSP Internship Program 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.

Competencies

After completion of this internship program, interns will exhibit the following competencies at the intermediate-to-advanced levels in the area of ethical and legal standards:

- Understand and effectively practice the APA Ethical Principles of Psychologists and Code of Conduct, the ability to practice in an ethical manner, as well as the policies and procedures governing the worksite; and
- Understand and adhere to California State Laws related to the practice of Psychology; and
- Consistently identify ethical and legal issues and address them pro-actively when they arise; and
- Recognize when ethical issues arise in therapeutic processes and appropriately address such issues, utilizing supervisory support and consultation as needed; and
- Appropriately recognize, and effectively resolve, conflicts between professional ethics and/or organizational demands, utilizing supervisory support and consultation as needed.

III. INDIVIDUAL AND CULTURAL DIVERSITY

Goal

It is the goal of the RJDCF HSP Internship Program 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 cases 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.

Competencies

After completion of this internship program, interns will exhibit the following competencies at the intermediate-to-advanced levels in the area of individual and cultural diversity issues:

- Be aware of, and sensitive to, issues of diversity and individual differences including ethnicity, race, sexual orientation, gender, spirituality, disability, age, and socioeconomic status in psychological treatment and assessment; and
- Assess their own strengths and weaknesses, as well as needed areas for further growth as a clinician in the area of multiculturalism, and seek ongoing supervision, consultation and/or self-education in this area whenever necessary; and
- Apply the APA multicultural guidelines for training, research, practice, and organizational change to the interventions with multicultural clients, based on a demonstrated understanding of these

- guidelines, while keeping in mind individual needs and differences within a specific cohort; and
- Explore their own cultural identity issues, biases and prejudices, and recognize the impact of these issues on clinical work.

IV. PROFESSIONAL VALUES, ATTITUDES AND BEHAVIORS

Goal

The RJDCF HSP Internship Program 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 a personal commitment to respect and collaborate with others, an openness to new ideas, as well as a commitment to scientifically-grounded practice and life-long learning.

Competencies

After completion of this internship program, interns will exhibit the following competencies at the intermediate-to-advanced levels in the areas of professional values, attitudes, and behaviors:

- Demonstrate the ability to examine their own attitudes, values, and beliefs as they relate to the population they are serving; and
- Demonstrate the ability to manage stress and competing demands effectively, and the ability to appropriately determine when to reach out for assistance; and
- Demonstrate skills in delivering didactic presentations, which are presented to professional and non-professional audiences; and
- Demonstrate personal and professional awareness of one's own strengths and limitations as well as areas of potential professional growth as a clinician; and
- Plan effectively the steps necessary to successfully prepare for licensure in clinical psychology; and
- Demonstrate the ability to form effective relationships with co-workers, clients, peers, and interdisciplinary staff, such as custody officers, and nursing staff.

V. COMMUNICATION AND INTERPERSONAL SKILLS

Goal

The RJDCF HSP Internship Program 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 to whom they provide services. The practitioners will demonstrate the use of good judgment, and wise decision-making, 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.

Competencies

After completion of this internship program, interns will exhibit the following competencies at the intermediate-to-advanced levels in the areas of communication and interpersonal skills:

- Demonstrates increasing ability to practice independently over the course of the internship year; and
- Increasingly able to apply knowledge and skills for the benefit of the patients on their caseload; and
- Exercises good judgment and wise decision-making practices; and
- Takes responsibility for their own clinical practice techniques, as well as the development of good, productive patient-therapist rapport; and

- Communicates clearly with other professionals; and
- Demonstrates skill in working through areas of conflict and differing opinions with other professionals.

VI. ASSESSMENT

Goal

The RJDCF HSP Internship Program is committed to developing practitioners who accurately administer and interpret 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, consultation, and psychometric data (if available) to diagnose accurately, demonstrating a thorough knowledge of psychiatric classification and relevant diagnostic criteria to develop an accurate diagnostic formulation. The practitioner will be observed administering mental health assessments and will receive feedback on interviewing skills and report writing skills. The practitioner will be trained on administering and documenting suicide and self-harm risk assessments, evaluating patients for risk of harming themselves or others, and risk of psychiatric decompensation. The practitioner will learn how to complete a thorough records review, gather collateral information, incorporate behavioral observations, administer mental status exams, incorporate psychological testing results (if available), develop interview techniques, arrive at a diagnostic conclusion with supporting rationale, and write well-organized reports incorporating findings that answer the referral question(s) clearly and provide specific recommendations. The assessment unit psychologists will also train the practitioner on fundamental issues concerning completing psychological evaluations in a correctional setting, including relevant sections of the APA Ethics Code.

Competencies

After completion of this internship program, interns will exhibit the following competencies at the intermediate-to-advanced levels in the area of assessment:

- Conduct semi-structured clinical interviews in order to arrive at an understanding of the presenting problems and develop diagnostic formulation; and
- Demonstrate the ability to gather and integrate all available information accurately and concisely into a written report from the following sources: records review, collateral consultation, interview, and psychological testing data, when available; and
- Demonstrate an understanding of the impact of socioeconomic and cultural diversity on the assessment process, diagnosis, and treatment recommendations; and
- Demonstrate the ability 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); and
- Demonstrate the ability to independently arrive at a diagnosis, based on knowledge of the current DSM and the synthesis of assessment data from a variety of sources, including the clinical interview, instruments administered scored and interpreted, and consultation with other professionals; and
- Demonstrate the ability to develop individualized treatment plans based on the results of the assessment; and
- Demonstrate the ability to communicate the report results, in both written and verbal format, to a professional audience, as well as to the individual being evaluated; and
- Demonstrate ability to independently administer, and document, Mental Health Initial Assessments and Suicide and Self-Harm Evaluations; and
- Demonstrate the ability to accurately and thoroughly evaluate patients, on a regular basis, for risk of harm to self and others, as well as psychiatric decompensation; and

- Develop comprehensive safety plans for patients, that reflect accurate assessment of acute and chronic risk levels and detailed safety plans, to address the identified risk; and
- Demonstrate the ability to administer clinically relevant clinical-outcome measures to patients on a regular basis and incorporate findings into the treatment plan; and
- Demonstrate the ability to accurately assess patients for an appropriate level of mental health care; and
- Author professional clinical documentation that accurately reflects results of assessments administered, patient interview, behavioral observations, collateral information, and records reviewed; and
- Demonstrate knowledge of the APA Ethics Code and the APA Specialty Guidelines for Forensic Psychology specifically related to assessment

VII. INTERVENTION

Goal

The RJDCF HSP Internship Program is committed to developing 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, recognizing potentially problematic cases, seeking supervision, and providing consultation when requested. Practitioners will continually choose interventions that facilitate patient acceptance and change, recognize when supervision is needed, and increasingly 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.

Competencies

After completion of this internship program, interns will exhibit the following competencies at the intermediate-to-advanced levels in the area of intervention:

- Establish treatment alliances with clients presenting with varied problems and levels of psychopathology, many of whom come from diverse socioeconomic and cultural backgrounds; and
- Demonstrate awareness of, and sensitivity to, patient's socioeconomic and cultural backgrounds, particularly regarding issues of cultural identity, ethnicity, gender, class, sexual orientation, gender identity, religion, disability and age; and
- Independently develop case conceptualizations and interventions that are scientifically-grounded and specifically indicated to treat each particular case and context; and
- Establish and maintain appropriate therapeutic boundaries, and develop and implement treatment goals and treatment plans for patients, while responding to patient's clinical and interpersonal needs, working within the limitations of the treatment setting; and
- Monitor and adjust treatment plans and goals, as needed, while maintaining the necessary flexibility to adjust to unexpected or difficult situations with the ability to evaluate the treatment progress of their patients; and
- Collaborate and consult with other disciplines in treatment intervention efforts, as well as effectively participate in IDTTs; and
- Demonstrate an understanding of clinical theory as it applies to the choice of scientifically-grounded treatment modalities and interventions; and
- Demonstrate a deep understanding of the dynamics and stages of group formation; and
- Act as a clinical facilitator for various types of groups (e.g., psycho educational, didactic, and/or

process oriented therapeutic groups).

VIII. SUPERVISION

Goal

The RJDCF HSP Internship Program 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 such models to provide supervision and consultation to different target audiences, (e.g., professionals, paraprofessionals, clients).

Competencies

After completion of this internship program, interns will exhibit the following competencies at the intermediate-to-advanced levels in the area of supervision:

- Demonstrate good knowledge of proctoring and mentoring skills, and employ these skills in a consistent and effective manner; and
- Provide support and guidance to practicum students, or their surrogates, maintaining professional boundaries and ethical conduct while proctoring; and
- Provide useful feedback to practicum students in individual and team supervisory meetings.
- Provide mentoring to practicum students on case and risk formulation; and
- Provide supervision that demonstrates an understanding of the principles of supervision and the educative and facilitative role of the supervisor; and
- Provide accurate and specific feedback regarding the trainee's performance.

IX. CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

Goal

The RJDCF HSP Internship Program is committed to developing 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 how to apply the information in a productive manner to the specific patient case.

Competencies

After completion of this internship program, interns will exhibit the following competencies at the intermediate-to-advanced levels in the areas of consultation and interprofessional/interdisciplinary skills:

- Demonstrate an understanding of the consultation process, seeking out consultation appropriately and effectively.
- Provide consultative feedback based on professional knowledge, relevant literature and research; and
- Provide consultation to stakeholders in a manner that is clear and concise, demonstrates an empirically-based knowledge set, and takes into account contextual and diversity variables.

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 who oversees the intern's training and caseload, and incorporates live observation into the evaluation of the intern. The Primary 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 a RJDCF HSP Internship Program internship.

Intern Evaluation

Intern Performance Evaluation

The Primary Clinical 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 at the three-month, six-month, nine-month and twelve-month mark. 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 supervisor and intern work together to create a plan for more supervision and training in this area, in order to reach the minimum level of achievement. These bench marks are provided to the intern on the first day of the internship. Feedback from evaluations are 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.

Program Performance Evaluation

Throughout the year, interns are invited to bring their concerns to the Internship Executive Committee through their Primary Supervisor or the Training Director. The Internship Executive Committee and Training Director consider the intern's concerns and make changes as appropriate. Every 3 months during the internship year, interns complete evaluations of the program and their supervisors and evaluate their experiences, trainings, and the program as a whole. Additionally, internship alumni are surveyed ninety days post internships, and again every few years, to provide longitudinal data on intern career paths 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 ten percent of the total time worked per week (four hours per week); and
- At least two hours of regularly scheduled individual face-to-face supervision per week, provided by one or more licensed doctoral-level psychologists; and
- At least two hours of regularly scheduled group supervision per week, provided by one or more licensed doctoral-level psychologists; and
- 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 two different clinical supervisors. There are numerous opportunities for further group supervision to occur in settings where there are clinical discussions regarding the treatment plan for inmates, 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 six case presentations, with supporting research articles on research-based treatment, during group supervision throughout the year.

Core Seminars for All Interns

RJDCF HSP Internship Program Weekly Didactic Training

RJDCF HSP Internship Program interns attend weekly, two-hour scholarly didactic training sessions. Sample topics of the weekly trainings may include Mental Health Evaluations, psychological assessment, psychopathology and differential diagnosis, clinical interview issues, use of electronic medical records and documentation, professional development matters, treatment planning, suicide risk assessment and crisis management, practicing in a correctional setting, cultural diversity, 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. Scholarly seminar sessions utilize model syllabi, which are the product of centralized and institutional collaboration, to ensure both consistency in the quality and breadth of information, while employing the institution's input, so that the special needs and strengths of the individual intern and institutional staff are integrated in an effective manner.

Statewide Monthly Assessment Seminar

In addition to the RJDCF HSP Internship weekly didactic seminars, the Statewide CDCR Training Unit provides a monthly two-hour Assessment Training webinar series. As CDCR is an APA-accredited sponsor for continuing education, some of these training materials may be re-utilized for continuing education units offered to licensed, clinical MH staff at CDCR institutions. The monthly seminars occur on the second Friday of every month. The seminar topics for the 2018-2019 internship year include: *Mental Status Examinations, Initial Intake Assessments, Intellectual Assessment Part I and Part II, Suicide Risk Evaluation, Advanced Suicide Risk and Self-Harm Evaluation, Neuropsychological Screening Part I and Part II, Rules Violation and Developmental Disability Assessment, and Personality Assessment Part I and II*. All interns are required to attend the monthly trainings.

Assessment Seminar and Workshop

Assessment Seminars are designed to help achieve goals specified in the areas of psychological assessment, professional ethics and standards, and scholarly commitment. The FAU at RJDCF consists of licensed psychologists who conduct a variety of forensic and clinical assessments, including consultation, assessment, psychometric testing and report writing regarding culpability and mitigation of penalties related to inmate discipline, decisional capacity, differential diagnosis and diagnostic clarification, treatment considerations, mandated treatment recommendations upon release, and evaluations related to the diagnosis of exhibitionism subsequent to indecent exposure behavior in the prison environment. Interns receive orientation, training, and opportunities to shadow licensed clinical forensic psychologists conducting various evaluations. In addition, the following activities are provided:

- The FAU Psychologist provides training on Mental Status Examination, Diagnostic Interviewing, and Malingering.
- The FAU Psychologist provides an assessment workshop to all interns, where a training on fundamental issues concerning completing psychological evaluations in a correctional setting, including relevant sections of the APA Ethics Code, is given. Then, background information, test findings, and audio recorded interviews of actual patients are presented. Interns individually determine a diagnosis and diagnostic rationale, and feedback is given on their diagnostic rationale and assessment writing skills.
- Interns are encouraged to attend the Assessment Report Review Meeting (ARRM) attended by FAU Psychologists and MH Department Chiefs.
- A Mock Trial may be planned for the end of the internship year. The Mock Trial allows interns to practice expert witness testimony in a court setting.

Additional Training Opportunities

Interns are encouraged to attend prison-wide training activities. Recent offerings have included suicide risk evaluation, clinical outcome measures, court hearing transfer process, developmental disabilities program overview, case formulation, differential diagnosis in complex mental health cases, DSM 5, functional evaluations, treatment team facilitation, level of care determination, evaluations for mental health crisis bed referrals, evaluations for minimum support facilities, routine interviews, safety planning for suicidal inmates, and treatment for transgender patients. Staff members with expertise in various areas provide on-site training.

Meetings

Interns in the RJDCF HSP Internship Program are considered members of the MH staff and attend relevant staff meetings, IDTT meetings, and learn to be professional psychologists by working in close association with other psychologists.

Resources for Interns

Training Materials

RJDCF HSP interns have access to the Statewide Mental Health Training Unit site, accessible to all RJDCF 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 RJDCF and electronic RJDCF shared folder entitled "Treatment Manuals and Curriculums", where they can find materials to use in individual and group therapy in clinical areas such as ACT, Anger Management, Anxiety, Assertiveness, Bipolar Disorder, Coping Skills, CBT, DBT, Depression, Distress Tolerance, Grief and Loss, Insomnia, Panic

Disorder, Parenting, Personality Disorders, Problem Solving Skills, Procrastination, Psychosis, PTSD, Self-Compassion, Self-Esteem, Self-Worth, Social Skills, Substance Abuse, Transgender, and Victim Empathy. Additionally, interns have access to APA PsychNet and Psychiatry Online portals by using the 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. RJDCF HSP Internship Program has 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 EHRS, which each intern receives a minimum of forty hours of training on.

Supervisors

The clinical supervisors of the RJDCF HSP 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 RJDCF HSP 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 Training Director 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 and Supplies

Each intern has an office, telephone, computer, agency email address, and internet access. Offices at RJDCF are appropriate for confidential interactions and are arranged so that the clinician has an egress route to exit the office in an emergency situation. All clinical contacts with patients must be confidential, which necessitates confidential offices. Other spaces such as shared computer rooms and conference rooms can be used for confidential documentation and consultation. RJDCF is in compliance with ADA standards, Federal and State laws, and departmental regulations, policies, and procedures for visitors and staff.

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, the job posting and information for potential candidates. The Psychology Intern job bulletin posting can be accessed via the following link:

<https://cchcs.ca.gov/wp-content/uploads/sites/60/Careers/RJDPsychologyInternshipHandbook.pdf>

Funding

Internships at the RJDCF HSP Internship Program are government-funded, California State civil service positions. The RJDCF Psychology Internship is a one-year, full-time, limited-term psychology internship with salary range of \$3,220.00 – \$5,017.00/month, approximately \$38,640 – \$60,204/year. Final salary is determined by the CCHCS Hiring Office at the beginning of the internship. Please see the job bulletin listed above for more details on salary ranges.

Holidays, Vacation Time and Medical Benefits

Interns receive all state and federal holiday time off, which includes eleven holidays: New Year's Day, Martin Luther King Jr. Day, Presidents' Day, Cesar Chavez Day, Memorial Day, Independence Day, Labor Day, Veterans' Day, Thanksgiving Day, Day After Thanksgiving, and Christmas Day. At the start of the internship, interns meet with their RJDCF Personnel Specialist and choose to accrue either Vacation/Sick Leave, or Annual Leave. RJDCF Interns are eligible for Health, Dental and Vision benefits. For a summary of benefits, visit the California Department of Human Resources via the following link:

www.calhr.ca.gov/employees/pages/salary-and-benefits.aspx

Pre-requisites for an internship with the RJDCF HSP Internship Program

Prospective interns must have completed all required coursework and supervised practicum experiences, as well as 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.
- Acquired practicum experience at two independent sites.

Accreditation Status

On July 21, 2019, the Richard J. Donovan Correctional Facility Health Service Psychology Internship program became APA-Accredited on contingency 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: www.apa.org/ed/accreditation*

APPIC Application Process for Potential Candidates

Interns from both PhD and PsyD programs are encouraged to apply. In order to be appointed as a Psychology Intern at the RJDCF HSP Internship Program, applicants must submit an on-line application through the Association of Psychology Postdoctoral and Internship Programs (APPIC), called the APPI, which is available at <http://www.appic.org/AAP-APPA#APP>. RJD's APPIC Program Code is 245611.

The RJDCF HSP Internship Program participates in the National Matching Service for internship selection. Once matched, interns must 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 CDCR. 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, submit a completed application through the APPIC applicant portal at <http://www.appic.org/AAP-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. Instructions for application can be found on the examination bulletin at <http://www.cphcs.ca.gov/hodes/index.aspx>.

Upon receipt of an application, the RJDCF HSP Internship Program Central Office reviews all materials. If an application is deemed incomplete, RJDCF HSP Internship Program Central Office contacts the prospective intern, providing them with an opportunity to submit complete documentation within a given timeframe.

Equal Opportunity

RJDCF HSP Internship Program 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 sexualorientation.

Intern Selection Process

The RJDCF HSP Internship Program intern selection process begins with an evaluation of the candidate's application packet by the Training Director in which the Training Director rates each application based upon criteria including:

- Information contained in the application packet; and
- The hours and type of assessment experience; and
- The hours and type of direct client service experience; and
- Breadth of experience in treating diverse populations; and
- Breadth of experience in treating populations similar to those served by the Training Program; and
- Perceived level of interest in the Training Program; and
- Positive review from previous supervisors/instructors.

Candidates who pass the initial evaluation are invited to an in-person interview with the RJDCF HSP Internship Program Training Director and the Chief of Mental Health. Under special circumstances, a telephone interview may be permitted.

An additional rating is assigned to each candidate based upon completion of their interview. Each prospective intern is assigned a rank, reflective of the average of ratings from the initial evaluation and the interview. The Training Director submits the official ranking form to APPIC. RJDCF HSP Internship

Program abides by the APPIC Match Rank Order List Submission deadlines.

Once an intern is matched to the RJDCF HSP Internship Program, they are notified by the National Matching Service (NMS). The intern receives a confirmation call by the Training Director within twenty-four hours, and an official follow-up letter, within seventy-two hours, from the RJDCF HSP 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, RJDCF HSP Internship Program proceeds to Phase II of the National Match. If there are still vacancies after Phase II of the match, RJDCF HSP Internship Program proceeds to the Clearinghouse Phase through 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 TB 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 RJDCF HSP Internship Program 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, RJDCF HSP Internship Program encourages interns to seek clarification whenever questions or concerns related to their RJDCF HSP Internship Program 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 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* in the section entitled "Due Process and Systematic Grievance Policy: Administrative Focus" on pages 28-35. Second,

there are 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 *Policy and Procedure Manual* entitled “Due Process for Intern Grievance of Issues Related to Areas of Academics and Clinical Practice: Educational and Clinical Practice Focus” on pages 35-40. All interns receive a copy of the RJDCF HSP Internship Program *Policy and Procedure Manual* on the first day of their internship.

Appendix A: Statewide Assessment Training 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 for Continuing Education, these seminars may also be opened to licensed mental health clinicians for credit.

Statewide Scholarly Assessment Seminars (monthly, two hours)

The CDCR Training Unit sponsors a series of seminars to be presented via webinar or video conferencing. Relevant themes are chosen to help provide a basis in some of the core areas required for licensure or recommended by the APA. Interns have the opportunity to learn from and communicate with experts from CDCR and from the community in many areas of professional psychology.

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 snap-shot 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 Assessment

Based upon current electronic health records, instructors work through the taking of a good patient history, and apply best practices toward making a good case formulation, using this information. The findings 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 safetyplanning.

March

Part I: Neuropsychological Screening

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

April

Part II: Neuropsychological Screening

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

May

RVR and DDP Assessments

This training helps the learners to deepen their understanding of the RVR Mental Health Assessment tool and the tools used in the Developmental Disabilities Program. 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 an opportunity to assess their current knowledge level related to theoretical bases of personality assessment and the general issues involved.

July

Part II: Personality Assessment

Part II deals with the practical application of personality assessment and gives the participant the opportunity to review their 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? (e.g., 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?
- C. Provisional diagnoses?

Prognosis

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

Appendix C: Individual Learning Plan (ILP)

RJDCF HSP Internship Program

ILP 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. Program Placement Supervision:** I have agreed with Dr. _____ to complete my program placement in the _____ program to work on my core clinical competencies. I understand that while working in this program, my primary clinical supervisor Dr. _____ will monitor the welfare of my assigned clients, have access to my client’s records, and co-sign all documentation.
- 2. Rotation Supervision:** I have agreed with Dr. _____ to complete a fall/spring rotation in the _____ unit. The emphasis during this rotation will be on _____. I have agreed to spend a minimum of five hours per week in the _____ unit during this rotation to work on core clinical competencies.
- 3. Assessment Supervision :**
I have agreed with my clinical supervisor Dr. _____ to be observed administering two initial assessments during the course of the internship year. Following the administrations, I understand that I will receive feedback on my interviewing skills and writing skills. Additionally, I have agreed with the Senior Psychologist Specialist Dr. _____ to be observed administering a Suicide Risk and Self Harm Evaluation, and following the administration, I will receive feedback on my interviewing and writing skills.
- 4. 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 _____.

5. **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.
- Maintenance of a log of supervisory hours (individual and group) and of completed clinical hours and assessments.
- Completion of required intern case presentations
- Presentation of seminars
- Completion of treatment hours
- Attendance of all local training seminars (90%)
- Attendance of all RJDCF HSP training seminars
- Completion of two specialty rotations including a special project in each rotation
- 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 _____, 20__

Intern

Primary Supervisor

Delegated Supervisor

Training Director