



PSYCHOLOGY INTERNSHIP HANDBOOK



CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES



CONSORTIUM

2019 - 2020 TRAINING YEAR

Table of Contents

Introduction from Training Director	3
Description of Program Sites.....	4
Psychology Mental Health Staff	8
Treatment Issues	8
Mission Statement	10
Training Approach	10
Educational and Training Goals and Objectives	11
Training Program: Core Requirements	12
Program Goals	12
Organization of Internship Training Program	14
Intern Evaluation.....	14
Supervision, Seminars, and Training	15
Assessment Seminars for All Interns	15
Application Information.....	16
APPIC Application Process	16
CDCR Civil Service Application Information	17
Equal Opportunity	17
Intern Selection Process.....	18
Due Process and Grievance Procedures	18

Introduction from Training Director

Dear Potential Internship Applicant:

Thank you for your interest in the Southern California Department of Corrections and Rehabilitation Consortium's (SCDCRC) internship program. The SCDCRC offers a broad range of clinical experiences with a diverse patient population to pre-doctoral students seeking well-rounded training in the field of psychology. Clinical practice is carried out within one of the challenging and exciting prison settings belonging to the California Department of Corrections and Rehabilitation (CDCR). SCDCRC training programs are found at the following sites: the California Institution for Men in Chino, and the California Institution for Women in Corona. As an intern at one of the institutional Training Programs of SCDCRC, you are afforded the opportunity to provide individual and group therapy, crisis intervention, therapeutic psychological assessment, and suicide risk evaluations. You will receive weekly on-site didactic trainings or Consortium-wide trainings, where you will be able to interact with interns from other sites. In addition, you will experience monthly, statewide didactic seminars sponsored by the statewide Training Unit of the CDCR. Here, you will have the opportunity to learn from experts in diverse areas of psychology and exchange ideas with peers, subject matter experts, and members of the professional community. This program adheres to the Practitioner-Scholar Model, which strives to promote a breadth of experience to our trainees, in order to develop a diverse group of well-rounded, competent, entry-level clinicians prepared to work both inside and outside of the correctional system.

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

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

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

Sincerely,

Mark Wrathall, Psy.D., Senior Psychologist Specialist
Director of Training, SCDCRC
California Institution for Men
14901 Central Avenue, Chino, CA 91710
(909) 597-1821 x4206 (Office) / (909) 217-5989 (State cell)

Jennifer M. Foote-Nalbach, Psy.D., Senior Psychologist Specialist
Psychiatric Inpatient Program
California Institution for Women
16756 Chino Corona Road, Corona, CA 92882
(909) 597-1771 x4526

Description of Program Sites

Psychology interns provide a variety of psychological services to patients including individual/group therapy, psychological assessment/evaluation/treatment and consultation, crisis intervention, treatment planning including identifying specific treatment objectives/goals, case presentation, etc. Interns work collaboratively with a multidisciplinary team including mental health professionals (i.e., psychologists, psychiatrists, and social workers), security staff, educational staff, etc.

California Institution for Men (CIM)

Mission Statement

CIM opened in San Bernardino County in 1941 on 2,500 acres of land. CIM is a large complex consisting of four separate facilities under the administration of one warden. Our mission is to provide ethical, professional, and effective mental health care services for individuals remanded to the CDCR. Our services meet or exceed national mental health care standards. We ensure optimal functioning of individuals in our care and promote their successful reintegration into society by using research, evaluation, and assessment to develop and enhance evidence-based treatment strategies. We foster safe and secure environments within the institution and are committed to public safety.

Facility A has an inmate population of approximately 1,113 Level-II General Population (GP) inmates. The facility consists of eight dormitory housing units and each housing unit has a capacity of approximately 140 inmates.

Facility B has an inmate population of approximately 977 medium/maximum custody level inmates and serves as a reception center, receiving and processing male inmates that have been newly committed to CDCR primarily from Riverside and San Diego County. The Reception Center completes diagnostic tests, medical/mental health screening, and literacy assessments for classification, in order to determine the inmate's appropriate institutional placement. In addition to the reception center mission, Facility B includes Palm and Cypress Halls as designated Administrative Segregation Units (ASU's). These ASU's receive inmates from CIM, California Rehabilitation Center, Local CDCR/Cal Fire camps, Inmates serving Security Housing Unit terms, and those in route to court or other CDCR Institutions.

Facility C has an inmate population of approximately 760 Level-II GP inmates, many of whom are serving life sentences. The facility consists of four housing units with a capacity of approximately 200 inmates each. Facility C is located approximately two miles east of CIM's main complex.

Facility D has an inmate population of approximately 2,000 GP inmates and is designated as a Secure Level I. The facility consists of twelve housing units, each having a capacity of approximately 200 inmates. The California Code of Regulations defines a Level I facility as consisting primarily of open dormitories with a low security level, with inmates who have 0 to 18 points (least likely to misbehave), to be housed within it. Minimum custody inmates can be housed and work outside the secure perimeter, whereas medium custody inmates are housed and work inside the secure perimeter, but can live in a dormitory environment.

Academic and Inmate Leisure Time Activity Group (ILTAG) opportunities include High School/GED, Pre-Release, English as a Second Language, Literacy and Adult Basic Education, Alcoholics Anonymous, Narcotics Anonymous, Criminal Gang Anonymous, Celebrate Recovery, Veterans In Prison, Prison Fellowship Pre-release program, Center for the Empowerment of Families Fatherhood Group, Victim Offender Education Group, Toastmasters, Global Youth Connection, Alternative to Violence, California State University San Bernardino Visual Arts, and National Alliance of Mental Illness (NAMI).

Work programs include the Prison Industry Authority Laundry, Juice Processing and Packaging Plant, Marine Technology Training Center Deep Sea Diver Training program, Janitorial Services, Landscape Design, Automotive and Electronics Repair.

Mental Health Programs and Internship Rotation Areas

CIM's inmate population includes a large percentage of high risk medical patients, neurologically impaired inmates, sex offenders, personality disorders, and a significant percentage of serious mental illness including psychotic disorders. Consistently one third of CIM's inmate population is included in the Mental Health Service Delivery System (MHSDS).

CIM's MHSDS provides three Levels of Care:

- **Correctional Clinical Case Management System (CCCMS):** Designated for patients diagnosed with one of the ten identified diagnoses or medical necessity, but functioning adequately. They are seen a minimum of once every 90 days for case management, but can be seen more frequently as appropriate, including weekly therapy by psychology interns.
- **Enhanced Outpatient Program (EOP):** Designated for patients diagnosed with one of the ten identified diagnoses or medical necessity, but are unable to function adequately in the yard programming without a significantly higher level of psychotherapeutic treatment and support. CIM is not a designated EOP facility, so patients are offered a modified Reception Center level of programming.
- **Mental Health Crisis Bed (MHCB):** Designated for patients currently undergoing psychiatric crisis and/or decompensation, the MHCB functions as an acute psychiatric inpatient facility. Patients are seen daily by both psychiatry, primary care clinicians, and an interdisciplinary treatment team (IDTT). The goal of treatment is stabilization and transition back into an outpatient program.
- CIM has mental programs for Reception (screening, assessment, and classification), Outpatient CCCMS, and the Clark Developmental Disabilities program. Mental health services are also provided at the ASU.

Internship Rotations

The CIM Internship program has two six-month rotations to choose from:

- **MHCB Rotation:** Interns carry a caseload of one to three cases, working to provide intensive short term psychotherapy. Interns work cooperatively with the IDTT and provide limited group psychotherapy.
- **ASU/Reception EOP Rotation:** Interns split time between ASU and Reception Center and carry a caseload of one to three in each area, providing weekly psychotherapy and working cooperatively in consultation with the IDTT. Interns provide limited group psychotherapy as well.

In addition to the rotations, each intern is responsible for two therapy groups, a minimum of comprehensive assessments, and 1-2 long term individual patients. One of the assigned groups takes place in their rotation area. For these groups they are paired with a practicum student who acts as a co-facilitator. This gives the opportunity for mentorship. The other group is a specialty group focusing either on transgender issues or problem solving as it relates to being a sex offender.

California Institution for Women (CIW)

Mission Statement

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

Information about CIW

CIW was originally opened in 1932, however, it was dedicated in Tehachapi. It was not until 1952, that the female inmates were transferred to the newly-opened CIW in Chino. It was originally called "Frontera," a feminine derivative of the word frontier - a new beginning. The campus-like design was in keeping with the 1950's progressive notion of rehabilitation. It was not until the 1980s when three towers were added with officers on top. In addition, until 1987, CIW was California's only prison for female felons.

Currently, the California Institution for Women accommodates all custody levels of female inmates. Through the large general population, CIW houses inmates with special needs such as pregnancy, psychiatric care, methadone, and medical problems such as HIV infection. CIW also serves as a hub institution for the selection and physical fitness training of female firefighters selected for conservation camp placement. In addition to the general population, the institution also serves as a higher security facility for female inmates in Administrative Segregation. The housing units for maximum security are in our Secured Housing Unit (SHU) and Psychiatric Secured Unit (PSU).

In general, housing units at CIW are based on both custodial levels and mental health needs. Inmates are housed in one of the following areas/units: Units on the Yard, Supportive Care Unit (SCU), Administrative Segregation Unit (ASU), Psychiatric Secured Unit (PSU), Crisis Bed, and Psychiatric Inpatient Program (PIP).

In addition, CIW is a unique institution as we offer minimum and maximum-security areas and mental health treatment across all 5 levels of care within the Mental Health Services Delivery System (MHSDS). Levels of Care include: Correctional Clinical Case Management Services (CCCMS), Enhanced Outpatient Program (EOP), Mental Health Crisis Bed (MHCB), and Psychiatric Inpatient Program (PIP): Intermediate Care Facility (ICF), Psychiatric Inpatient Program (PIP): Acute Psychiatric Program (APP). Therefore, both inpatient care and outpatient care is encapsulated into the care and treatment provided at CIW.

Mental Health Programs and Internship Rotation Areas

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

Mental Health Services Delivery System are provided across five levels of care at CIW:

Correctional Clinical Case Management Services (CCCMS) – Patients receiving CCCMS services are housed within the General Population and participate on an outpatient basis and the services include individual counseling, crisis intervention, medication review, group therapy, social skills training, and clinical discharge and pre-release planning. This is similar to an outpatient program in the community.

Enhanced Outpatient Program (EOP) – Patients receiving EOP services are housed in separate housing units. The program serves mentally ill Patients who experience adjustment difficulties in a General Population setting but are not so impaired that they require 24-hour inpatient care. Services include ten hours of structured clinical activity per week, individual clinical contacts at least every two weeks, and enhanced nursing activities. This is similar to a day treatment program or locked mental health unit in the community.

Mental Health Crisis Bed (MHCB) – Patients in MHCB receive short-term crisis interventions up to 10 days in a licensed Correctional Treatment Center (CTC). Patients in MHCB present with acute symptoms of a serious mental health disorder, such as suicidal or self-harming behavior, or suffering from a significant or life-threatening disability. Services include observation, monitoring, continuous nursing assistance, symptom assessment, diagnosis, development of an initial treatment plan, therapy to alleviate psychiatric distress, and referral to appropriate level of care.

Psychiatric Inpatient Program (PIP) – The PIP is a 45-bed inpatient mental health treatment facility that is licensed by the California Department of Public Health as a Correctional Treatment Center and accredited under the Behavioral Health Care standards of the Joint Commission. The PIP provides services for patients with serious mental disorders requiring more intensive inpatient treatment and for those that cannot function adequately at a lower level of care. Services include a structured and comprehensive therapeutic treatment environment with appropriate clinical and nursing staffing levels, comprehensive clinical assessment, medication management, health management, interdisciplinary treatment team planning, psychoeducational groups and individual therapy, ancillary and supportive therapies, enrichment activities, and discharge planning for a lower level of care or for discharge into the community.

There are two levels of care within the PIP:

Intermediate Care Facility (ICF) – Patients receive longer-term treatment for stabilization of a serious mental disorder.

Acute Psychiatric Program (APP) – Patients receive short-term treatment for stabilization of an acute serious mental disorder or acute exacerbation of a chronic serious mental disorder.

Internship Rotation

Interns are placed in one primary rotation based in an inpatient or outpatient setting, which include one of the following: PIP, MHCB, EOP/SCU, EOP/PSU, EOP and CCCMS/ASU, and CCCMS/GP. Once accepted as an intern, placement into a primary rotation is determined based on interest and suitability for the program. The individual caseloads and treatment groups are based upon the rotation of the intern, as the rotations vary in patient clinical treatment needs. However, each intern will carry a minimum caseload of outlined by each area of short and long-term therapy cases and facilitate a minimum of 2 therapeutic groups in their primary rotation. Duties include but are not limited to: Initial Assessment Evaluations, Suicide Risk Evaluations, Safety Planning, Treatment Planning, and Patient Contacts. In addition to their primary rotation, mid-way through the internship program each intern will also have clinical exposure of long and

short-term cases with other levels of care in the institution through clinical contacts and facilitating therapeutic groups.

In addition to the clinical rotations, interns are also expected to complete a minimum of six (6) comprehensive assessments during the year, a Macro Project and participate in Supervision of a practicum student. Assessment referrals for patients may come from any of the mental health programs. Interns will also have the opportunity for clinical exposure with CDCR Specific evaluations, such as Developmental Disabilities (DDP) Program Evaluations, 115 Rules and Violations Report (RVR) MH Evaluations, and 3002 Evaluations. Interns are also expected to complete a Macro Project of their choosing. Projects are based on the intern's interest in the mental health profession. Projects range from developing and implementing patient-based groups to resource development and outreach. The Macro Project is geared to assist in professional development and the ability to contribute to the institution as a mental health professional.

Interns will also have the opportunity expand their professional development and gain knowledge and experience in supervision and consultation by providing supervision to a practicum student. Around the mid-year point, the intern will be assigned a practicum student to meet with and provide feedback in a professional manner and demonstrate the understanding of the consultation process.

Psychology Mental Health Staff

Most psychologists are members of IDTT's that consist, at minimum, of a psychologist, psychiatrist, social worker, recreation therapist, psychiatric technician, registered nurse, and other specialized staff as needed. As a team member, in addition to providing therapeutic and assessment services, a psychologist provides information that is used in developing and implementing the treatment plan. Additionally, CDCR has several Senior Psychologists who have a number of responsibilities including managing programs, training new Staff Psychologists, monitoring of staff's work quality, and supervision of trainees. Several psychologists participate in our prison-wide Positive Behavioral Support (PBST) service, which provides consultation services for patients who are displaying maladaptive behaviors.

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

Treatment Issues

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

1. Core Mental Disorders

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

- Schizophrenia
- Delusional Disorder
- Schizophreniform Disorder
- Schizoaffective Disorder

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

2. Medical Necessity

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

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

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

3. Exhibitionism

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

- Diagnosed with Exhibitionism, or
- Meets the alternate criteria. (Alternate criteria: In 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. **CCCMS:** Outpatient program for patients whose symptoms are generally under control, or who are in partial remission as a result of treatment. This may include a response to symptoms that require only a brief intervention, such as a psychotherapy session or an adjustment in medications. While mentally disordered, these patients can function in the GP and do not require a clinically structured therapeutic environment.
2. **EOP:** Outpatient services 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; or
 - The presence of dysfunctional or disruptive social interaction, including withdrawal, bizarre or disruptive behavior, extreme argumentativeness, inability to respond to staff directions, provocative behavior toward others, inappropriate sexual behavior, etc., as a consequence of serious mental disorder; or

- An impairment in the activities of daily living (ADL), including eating, grooming, personal hygiene, maintenance of housing area, and ambulation, as a consequence of serious mental disorder.
3. **MHCB Placement:** Inpatient treatment (generally in a licensed facility within the prison) for patients who require continuous nursing care and exhibit:
 - Marked impairment and dysfunction in most areas (ADL, communication, social interaction, etc.)
 - Dangerousness to others as a consequence of a serious mental disorder, and/or dangerousness to self for any reason
 - These conditions usually indicate that this particular individual is highly impaired.
 4. **Acute Care/Intermediate Care:** Referral to inpatient programs provided 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.

Psychological Assessment Service

Interns complete a minimum of six psychological assessments during the course of the training year. The Therapeutic Assessment model (Finn, 2007) is utilized, and referral cases include diagnostic clarification, treatment enhancement, high risk/high utilizer assessment, neuropsychological screening, and malingering assessment with treatment recommendations.

Mission Statement

SCDCRC 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 of this statewide training program is to provide broad-based clinical training in the areas of assessment, intervention, professional development, professional ethics and standards as well as multicultural issues. An emphasis is placed on providing direct patient care with a considerable amount of close supervision throughout the year. Interns are taught the necessary skills to be diagnosticians and clinicians with an emphasis on the development of clinical skills that are based on sound psychological principles and steeped in scientific inquiry.

Training Approach

All SCDCRC institutional internship programs offer intensive training programs, providing interns with a broad range of experiences. All internships are for a duration of twelve months, or for a minimum 2,000 hours. An Individual Learning Plan (ILP) (Attachment B of this manual), building upon prior classroom and experiential education, is established for each intern during the initial weeks of participation in the SCDCRC. It is the responsibility of each intern to track their hours and have their primary supervisors sign-off as confirmation. This is done in two ways; one through supervision forms/tracking sheets, and the other through timesheets. SCDCRC only certifies actual hours worked towards your total cumulative hours – this does not include any time taken off for any reason (i.e. vacation, holidays, sick, etc.). As per *Policies and Procedures*, SCDCRC provides a minimum of 2,000 hours, and interns must complete a minimum of 2,000 hours to pass the training program. Interns may be able to accrue more than 2,000 hours depending on how much time is taken off throughout the year. Interns are responsible to calculate how much time is needed and to plan accordingly. Interns who fall short of their school's requirement, should address this with their school to develop a plan to meet the school's requirement.

Internships increase in depth and complexity as the program year progresses. The intern is expected to increase their level of independence in clinical activities through regular individual and group supervisions. SCDCRC provides a wide range of training opportunities and excellent supervision within its member agencies. Institutional staff working in tandem with the statewide SCDCRC organization, support interns to attain the competencies that are foundational to professional development.

Interns attend weekly, two-hour didactic sessions onsite, and collectively with interns from other SCDCRC sites, at least quarterly. Interns also participate in IDTT educational meetings and two-hour monthly scholarly seminars conducted by professional staff. Note that CDCR is an APA-approved sponsor for Continuing Education.

In addition, interns join together at the beginning of the internship for a two day-long orientation and didactic training.

Training Principles

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

- Initial caseload assignments are consistent with the intern's professional developmental level.
- Thirty to fifty percent of the total hours per week are spent in face-to-face delivery of services.
- Intensive supervision of case activity is provided.
- Each student receives support to administer, score, and interpret a number of assessment instruments.
- Initially, the interns' administration, scoring interpretation, and report writing occur under close supervision by either the primary supervisor or other assigned supervisors. Once a reasonable level of competency is established, the interns work more independently, but continue to be supervised throughout the internship.
- Interns act as co-consultants with a supervisor. As competence increases, intern responsibilities and independence also increase.
- Interns are encouraged to consult with each other, with or without the presence of a supervisor, as needed. Interns are provided time to participate in weekly didactic training and monthly seminars that include case conferences and presentations on clinical and professional issues.
- Additionally, each site provides regular in-service educational opportunities (available to all interns), and includes interns in administrative meetings, case conferences, and intake conferences. Meetings, where interns share information among themselves or consult with psychologists in other SCDCRC member sites, are held to offer additional forums for learning and professional development.
- Interns receive a minimum of two hours of individual supervision by two different supervisors (a primary and a secondary) and a minimum of two hours of group supervision per week;
- Interns present journal articles after case presentations, and facilitate discussions that relate the significance of the article to practicing psychologists. (Journal articles must be pre-approved by the intern's supervisor and, have been published in a reputable journal within the last two-years.)
- Although research is not a major emphasis of the SCDCRC internship, interested interns are afforded the opportunity to engage in applied clinical research and program evaluation studies.

Educational and Training Goals and Objectives

At the beginning of the first rotation, the intern completes the Intern Self-Assessment form, which provides the intern with the opportunity to evaluate his/her skill level in each of the areas of required competencies. This assessment provides a basis for the designing of the Individual Training Plan (ITP) by the primary supervisor in collaboration with the intern. The ITP (Attachment D3 of the *SCDCRC Policy and*

Procedure Manual) outlines training and career goals, specifies the areas of rotation, and names the delegated supervisor for each area of activity.

Interns complete the core assignments, listed below, while completing two clinical rotations. Since the missions of individual site agencies are varied, each site agency has an institutional rotation plan, allowing for a minimum of two different rotations during the twelve-month internship. Examples for rotation plans include, but are not limited to, any of the following:

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

Training Program: Core Requirements

Goals and Processes

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

Program Goals

Educational and Training Goals

Specific goals are set for seven basic categories (see below). The associated goal, benchmarks or competencies, which are adapted from the *APA Benchmark Competencies (2012)*, define the objectives that lead to those goals. For a complete list of the competencies, please see the *SCDCRC Policy and Procedure Manual*, pages 5-10).

1. Research Goal

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

2. Ethics and Legal Standards Goal

The SCDCRC 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.

3. Individual and Cultural Diversity Goal

It is the goal of the SCDCRC 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 the 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.

4. Consultation and Interprofessional/Interdisciplinary Skills Goal

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

5. Communication and Interpersonal Skills Goal

The SCDCRC 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.

6. Assessment Goal

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

7. Intervention Goal

It is the goal of the SCDCRC to develop practitioners who are competent generalists, and who can apply knowledge based on various theoretical orientations, and a range of psychological

interventions, that are both current and empirically grounded. Practitioners will develop skills in effective evaluating, managing and documenting patient risk, 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 they will 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.

8. Supervision Goal

The SCDCRC 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 those models, in providing supervision and consultation to different target audiences, (e.g., professionals, paraprofessionals, clients).

9. Professional Values, Attitudes, and Behaviors Goal

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

Organization of Internship Training Program

The training program is tailored to meet the needs, interests, and current level of training of each intern. At the beginning of the internship, each intern is assigned to a Primary Supervisor who oversees their training as an intern, and supervises some therapy and/or assessment cases. The Primary Supervisor (with the intern) conducts an initial evaluation of the intern's skills that forms the basis for planning individualized training experiences within the context of a SCDCRC internship.

Intern Evaluation

Intern Performance Evaluation

The Primary Supervisor is responsible for completing formal evaluations of each intern's abilities, on the following schedule, in conjunction with delegated supervisors and other individuals involved in the interns training program. The evaluations occur at least every 3 times during the training year. This feedback is provided to you, as well as to your 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 and a copy is sent to the school.

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

Throughout the year, interns are invited to bring their concerns to the Consortium Committee Meeting through the Intern Representative. The Consortium Committee and Training Director consider the intern's concerns and make changes as appropriate. The Site Training Coordinator meets regularly with the interns to elicit concerns about aspects of their training program. Internship alumni are surveyed every few years to provide longitudinal data on intern career paths and satisfaction with the training experience they received during their internship years. This feedback is used to modify the program as part of the goal of continuously improving the quality of training.

Supervision, Seminars, and Training

Supervision Requirements

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

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

Individual Supervision

Interns receive a total of two hours of individual supervision per week. At least one hour of individual supervision is provided by the Primary Supervisor, and the remaining balance of individual supervision may take place with your secondary or delegated supervisor. There is ample individual supervision provided to interns during their internship. Interns are responsible for logging their supervision hours and for having their supervisor regularly sign off on these hours.

Group Supervision

Group supervision occurs with a delegated or primary supervisor on a weekly basis. There are numerous opportunities for further group supervision to occur in settings where there is a clinical discussion regarding the treatment plan for patients, or other interdisciplinary meetings. Group supervision provides essential experience, and a setting for the acquisition of important skills for psychology interns, by stimulating the exchanging of ideas, observing various aspects of case conceptualization and treatment planning, clinical documentation, monitoring of patient treatment progress, and many other aspects of clinical practice.

Assessment Seminar for All Interns

This seminar begins with a brief review of basic concepts that are common to all psychological assessments (e.g., issues of reliability, validity, sampling, confidence intervals, cultural considerations, sensitivity and specificity, and base rate considerations). At the completion of the basic psychometric review, the seminar provides in-depth training in the use of the specific Institutional Training Program's core personality assessment instruments (for example, MMPI-2-RF, MCMI III and other available test instruments), and training on an intelligence test (e.g., the WAIS). Finally, a number of basic neuropsychological and, in selected institutional Internship Programs, forensic assessment instruments are addressed throughout the year. Presentations are provided by a number of different psychologists on their various topics of expertise.

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

Additional Training Opportunities

Interns are encouraged to attend prison-wide training activities. Recent prison offerings have included suicide risk evaluation, and training on the TONI-IV among others. Staff members with expertise in various areas provide on-site training.

Meetings

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

Resources for Training

SCDCRC sites all have access to a wealth of internal and external training resources, for example, a Training Library that subscribes to Psychology Journals, books related to Empirically Supported Treatments, CA Licensure-Prep Materials, and a Group Therapy Library consisting of psycho-educational materials. In addition, institutional Internship Training Programs maintain assessment materials and assessment software. Interns have access to equipment which allows for teleconferencing and webinars.

Supervisors

The staff of the psychology department is diverse and includes psychologists with different ethnic, socioeconomic, and educational backgrounds, interests, and areas of expertise. This makes it possible to include multicultural experiences as part of an intern's training, as well as to offer a breadth of experiences in areas of interest to interns.

Office Space and Supplies:

Interns have access to work space that includes desk/computer, phone and or pager, and access to dictation services.

Application Information

General information

California Correctional Health Care Services (CCHCS) maintains responsibility for the hiring and recruitment processes for psychology interns at CDCR. This agency also maintains a website containing, among other things, job posting and information for potential candidates. You can access the Psychology Intern posting with this link: <http://www.cphcs.ca.gov/hodes/index.aspx>

Funding

Internships at the SCDCRC are government-funded, California State civil service positions.

Holidays, Vacation Time and Medical Benefits

Interns receive all state and federal holiday time off. Vacation time is accrued monthly for Rank-and-File employees, the amount earned depends on length of service and bargaining unit. Sick Leave is accrued as eight hours per month and is available for use after completing the first month on the job. The California Public Employees' Retirement System administers health insurance coverage for State employees. Employees can choose from a broad range of health insurance plans. The State pays a portion of the premium.

Pre-requisites for an internship with the SCDCRC

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

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

APPIC Application Process for Potential Candidates

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

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

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

- A current curriculum vitae;
- Official graduate program transcripts;
- Three letters of recommendation from professionals familiar with the intern's clinical skills;
- A 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 civil service employee application process, after the Match process.

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

Equal Opportunity

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

Intern Selection Process

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

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

Candidates who pass the initial evaluation are invited to an in-person interview with a SCDCRC Training Director. Under special circumstances, a telephone interview may be permitted.

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

Training directors submit their official APPIC ranks to the SCDCRC Central Administrative Office, which completes the Ranking Form and forwards the Form to SCDCRC for submission.

Once an intern is matched to a SCDCRC institutional site, they are notified by the NMS. The intern receives a confirmation call by the institutional training director and, an official follow-up letter, within seventy-two hours, from the institutional Training Program agency with which they have been placed, noting that the offer is contingent upon meeting all civil service requirements, as previously indicated. A copy of the letter is then sent to the applicant's graduate program Director of Training as well.

Sites which do not match with potential interns during the first phase of the match, proceed to the second phase of the process. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

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

Due Process and Grievance Procedures

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

1. Evaluative processes specific to limited-term employment within CDCR, an agency of the State of California. A description of these processes is found in *Policy and Procedure Manual (P&P)* in the section entitled “Open Door and Grievance Policy: Administrative Focus” on pages 25-31.

Evaluative processes specific to the training program and in accordance with APA Accreditation standards. A description of these policies is found in the section of the P&P Manual entitled “Due Process for Intern Grievance of Issues Related to Areas of Academics and Clinical Practice” on pages 32-35. Interns receive a copy of the SDCRC Policy and Procedure Manual during the first week of your internship.