



**San Quentin
Rehabilitation Center
Clinical Psychology
Postdoctoral Fellowship
Program 2025-2026
TRAINING YEAR**

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Introduction from Training Director

Dear Potential Postdoctoral Fellowship Applicant:

Thank you for your interest in the San Quentin State Prison Post Doctoral training program. We are offering two fellowship positions for a one-year commitment with the potential to be hired as permanent staff if there are current openings at the end of the training year. Trainees will gain exposure to a variety of patients who present with the full spectrum of mental health diagnosis, and clinical acuity, ranging from mental health walk-in patients, to inpatient care. Specifically, students will be assigned the following clinical tasks: Initial Assessments, to decide if inclusion into our mental health services is warranted; a small caseload of lower acuity patients who are interested in insight oriented relational therapy; mental health assessments for Rules Violation Reports; routine, and urgent consults, lower acuity groups that are both process oriented and have a didactic component; mid-acuity groups that are based on building skills to address functional impairments; finally, San Quentin offers experience completing Gender Affirming Surgery evaluations. Post doctoral students will receive two hours of supervision; join in our weekly case-conference, and weekly didactic, with the interns and practicum students; gain supervisory experience by co-leading the APA Doctoral Internship group supervision; lead a General Population walk-in clinic with practicum student clinicians as an unlicensed mentor; and teach didactics throughout the year.

Agency Specialty Areas: While not necessarily specialty areas, the agency treats patients with diagnoses of anxiety disorders, mood disorders, PTSD/Trauma, serious mental disorders, and substance use disorders. Psychological Assessment is also a part of our training program. Patients are primarily from lower socioeconomic backgrounds and the population is considered underserved. African American and Latino inmates make up a considerable portion of the population. The populations also consist of Caucasian, Asian, and Native American. Monolingual Spanish speakers are often housed at San Quentin and practicum students who are fluent in Spanish successfully work with this population.

The San Quentin Mental Health clinical supervisors are committed to providing high quality training through experiential and didactic methods, as well as through supervision. Intensive supervision is an integral component of the program and is designed to foster ethical responsibility, personal integrity, diversity awareness, and self-awareness. Training focuses on achieving fundamental competencies in the provision of psychological services. Our goal is to train students and trainees as generalist psychologists. Post Doctoral Fellows are given the opportunity to assume increasing professional responsibility as their skill and knowledge continue to mature. San Quentin offers Cognitive Behavioral, Community/Multicultural, Forensic, Psychology, Psychodynamic, Interdisciplinary/Integrated Care, and Existential supervision. Each supervisor utilizes an integration of orientations, and caters supervision to the needs and interests of each supervisee.

Sincerely,

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San Quentin Rehabilitation Center (SQRC)

Mission Statement

SQRC is a multi-mission institution. SQRC's primary mission is to provide housing for Level II residents serving their term of incarceration at SQRC.

Institution Details and Programs

SQRC'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 low-risk mental health concerns. SQRC houses approximately 2,500 offenders who identify as male, female, transgender, and non-binary. Approximately 45% of these offenders are enrolled in the Mental Health Services Delivery System (MHSDS).

Rehabilitative resident leisure activities include social, educational, recreational, and mentoring groups such as Narcotics Anonymous, Alcoholics Anonymous, and Gangs Anonymous. Academic opportunities include Literacy and Adult Basic Education through GED, as well as college courses.

Religious services are provided for inmates of all denominations. SQRC employs a Catholic Priest, a Protestant Chaplain, a Muslim Imam, a Native American Spiritual Leader, and a Jewish Rabbi. Additionally, SQRC has several volunteers from all over the Bay Area who provide volunteer-led religious and other programs.

The California Model

Working with multidisciplinary experts, and building on international best practices and principles, CDCR is implementing the California Model with the goal of building safer communities through rehabilitation, education, restorative justice, and re-entry. The California Model is built on four foundational pillars: dynamic security, normalization, peer mentorship, and becoming a trauma-informed organization. The California Model draws on international best practices to change culture within CDCR and CCHCS. The Department is committed to improving working and living conditions for all who live in, work in, and visit state prisons. The CA Model is in line with CDCR's mission to enhance public safety and promote the successful reintegration of the people in our care back to their communities.

CDCR has partnered with the Amend program at the University of CA, San Francisco, and has sent people in leadership positions to Norway to learn how their approach to normalcy in corrections and rehabilitation is lowering recidivism and expanding employee wellness. While Norway and California are very different, the core of their model is the same as ours. When we treat one another with respect, our environment will change for the better. Specifically, SQRC has been chosen as a pilot site for the implementation of the CA Model.

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.

SQRC Mental Health Programs

SQRC houses a very diverse resident population. SQRC treats a range of residents with chronic medical illnesses, including HIV, hepatitis, asthma, high blood pressure, pain, and many more. SQRC is also a designated institution for residents who are transgender. Nearly half of the total resident population (45%) receives treatment from the Mental Health (MH) Department with the full range of psychotic, mood, and personality disorders represented in the resident population. The MHSDS provides three levels of care for our patient population:

- Correctional Clinical Case Management System (CCCMS): CCCMS is designated for residents 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 residents 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): Residents 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

SQRC has a robust mental health program serving patients in the state of California's correctional system. As such, we have over 70 psychologists, social workers, and psychiatrists working at the facility, in addition to recreational therapists and psychiatric technicians. A wide variety of theoretical orientations are represented among staff members, including cognitive behavioral, humanistic, psychodynamic, and psychosocial approaches to treatment. Additionally, SQRC has a large number of physicians, nurses, dietitians, dentists, and medical assistants employed at SQRC as well. Custody staff are also an integral part to the treatment team and can often offer information about residents 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 resident. 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.

Core Clinical Assignments

Each postdoctoral fellow will complete a core clinical assignment. The fellow's core clinical assignment is to work with a caseload of residents with a variety of mental illnesses and custody classifications to provide individual therapy, group therapy, suicide risk assessment, safety planning, biopsychosocial assessments, single cell assessments, crisis intervention, treatment planning, level of care decisions, and administer clinical outcome measures and other self-report measures.

Postdoctoral fellows participate in case presentations, interdisciplinary treatment team meetings, high risk meetings, and suicide risk management program meetings. Postdoctoral fellows work with an interdisciplinary team including custody, psychiatry, social workers, psych techs, nurses, recreational therapists, physicians, dentists, dietitians, and custody staff to treat residents from a whole person perspective.

Treatment Issues

Types of disorders treated in MHSDS:

Residents are screened for mental health needs at the Reception Center where they are first placed upon incarceration. Once they are placed at an institution, residents may refer themselves or they may be referred by a staff member to be screened for placement in the Mental Health Services Delivery System. In order to receive treatment at any level of care a resident must meet the criteria in either section 1, 2, or 3 below:

1. Qualifying Diagnosis

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

2. **Bipolar Disorders Medical Necessity**

"Medical Necessity" represents a second group-type of mental distress for which treatment may be provided as needed. Treatment is to be continued as needed, after review by an IDTT, for all cases in which mental health intervention is necessary to protect life and/or treat significant disability/dysfunction in an individual diagnosed with or suspected of having a mental disorder. Treatment is continued for these cases only upon reassessment and determination by the IDTT that the significant or life-threatening disability/dysfunction continues or regularly recurs.

3. **Exhibitionism**

Treatment is required when a resident 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. (A resident who meets all criteria for the diagnosis of Exhibitionism, except that the victim was not an "unsuspecting stranger" but was a staff member or resident 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/Intermediate Care** is a referral to inpatient programs located either at SQRC or other inpatient care 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 at SQRC.

SQRC Clinical Psychology Postdoctoral Fellowship Program Mission Statement

The Clinical Psychology Postdoctoral Fellowship Program at San Quentin Rehabilitation Center aspires to provide the highest level of advanced training in the field of psychology through a planned, programmed sequence of supervised training experiences. The aim is to develop well-rounded psychologists who are prepared to assume a dynamic role as professional psychologists in the rapidly changing world of mental health care. The overriding mission is to support the provision of advanced clinical training in the areas of ethical and legal standards, individual and cultural diversity, intervention, and consultation. An emphasis is placed on providing direct patient care with a considerable amount of supervision throughout the year. Postdoctoral fellows 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 SQRC Postdoctoral Fellowship Program offers advanced training, providing fellows with a broad range of clinical experiences. All fellowships are for a duration of twelve months and a minimum of 1,500 hours with a recommendation of 2,000 hours. Each postdoctoral fellow is assigned to a primary clinical supervisor at the beginning of the fellowship who is responsible for the supervision of the fellow and assumes responsibility and oversight for all clinical care the fellow provides. At the beginning of the supervisory relationship, the primary clinical supervisor and the fellow discuss and document the supervision plan, including the duties the postdoctoral fellow will engage in, the goals and objectives to be attained during postdoctoral fellowship, and how and when the supervisor will provide periodic feedback and assessment to the fellow, to include direct observation of the fellow providing clinical services. The primary clinical supervisor and the fellow track the fellow's hour of postdoctoral experience and supervision, which are submitted to the California Board of Psychology using the Supervision Agreement and Verification of Experience form, at the completion of postdoctoral training. If the postdoctoral fellow intends to get licensed in another state, it is up to the fellow to provide their clinical supervisor with the necessary forms for that state's licensing board.

Fellowships increase in depth and complexity as the postdoctoral fellowship year progresses. The fellow is expected to increase their level of independence in clinical activities through regular individual

supervision and consultation. Throughout the postdoctoral year, fellows will attend didactic training on a variety of clinical topics to enhance their professional development. Many of these trainings will come at the beginning of the year and decrease in frequency thorough the duration of the year. Didactic training topics will include Suicide Prevention and Self Harm Evaluations, Safety Planning, Level of Care determinations, Individual and Cultural Diversity topics, Higher Level of Care referrals, functional evaluations, de-escalation, working with developmentally disabled clients, and more. Postdoctoral fellows will attend seminars, engage in case presentations, participate in treatment team meetings, high risk meetings, and suicide risk management program meetings as well. Postdoctoral fellows are also entitled to 40 hours of paid education leave to attend training or conferences, and are able to be reimbursed for costs up to \$500.

In addition, fellows attend a 24-hour clinician onboarding training from CDCR Headquarters for new mental health clinicians in CDCR, a forty-hour training on the Electronic Health Records System (EHRS), and a New Employee Orientation for all new correctional employees, within the first few months of their postdoctoral fellowship.

Training Principles

SQRC Postdoctoral Fellowship Program adheres to the following training principles, as established by the SQRC Training Program Committee:

- Twenty-five to fifty percent of the total hours per week are spent in face-to-face delivery of clinical services.
- Intensive supervision of case activity is provided.
- Postdoctoral Fellows are expected to consult with their clinical supervisor regarding all clinical cases.
- Postdoctoral Fellows are encouraged to consult with each other, as well as other clinical and interdisciplinary staff.
- Regular participation in training is expected and required in order to enhance professional development.
- Postdoctoral Fellows receive a minimum of two hours of individual supervision weekly.
- Postdoctoral Fellows engage in at least two additional hours per week in learning activities, such as: case conferences, seminars dealing with clinical issues; co-therapy with a staff person, including discussion; group supervision; or additional individual supervision.

Training Goals and Objectives

At the beginning of the postdoctoral fellowship, the fellow completes the Postdoctoral Fellowship Self-Assessment form, which provides fellows the opportunity to evaluate their skill level in each of the areas of required competencies. This assessment provides a basis for designing the supervision plan and identifying individualized goals for the fellow at the onset of training.

Training Program Core Requirements

Goals

The overarching goal of the SQRC Clinical Psychology Postdoctoral Fellowship Program is to provide a planned, programmed sequence of training experiences that assure breadth and quality of advanced training, in order to prepare postdoctoral fellows for entry into practice in clinical psychology. Competencies required for completion of the SQRC Postdoctoral Fellowship program include Integration of Science and Practice, Individual and Cultural Diversity, Ethical and Legal standards, Consultation, and Intervention.

Core Competencies

I. Integration of Science and Practice

GOAL: The SQRC Clinical Psychology Postdoctoral Fellowship Program is committed to providing a training program aimed at developing clinicians who integrate the findings of scientific research and theory into daily clinical practice. Postdoctoral fellows will receive training in evidence-based practices, read, evaluate, and disseminate scholarly research articles, and apply research to case conception.

COMPETENCIES:

After completion of this postdoctoral fellowship program, fellows will exhibit the following advanced competencies in the area of Integration of Science and Practice:

- Demonstrates ability to integrate evidence-based practices into treatment with residents.
- Demonstrates ability to critically evaluate research associated with evidence-based practices and disseminates findings during supervision.
- Independently seeks out recent scholarly research findings regarding evidence-based practices to integrate into case presentations and interdisciplinary treatment team presentations.

II. Ethics and Legal Standards

GOAL: The SQRC Clinical Psychology Postdoctoral Fellowship Program is committed to the development of clinicians who know and use ethical principles as a guide for professional practice, research, assessment, self-evaluation and professional growth, professional conduct, and professional standards for providers of psychological services relevant to advanced practice in Clinical Psychology. The fellow will demonstrate knowledge and application of the APA Ethical Principles of Psychologists and Code of Conduct, APA Specialty Guidelines for Forensic Psychology, relevant laws, regulations, rules, and policies, and relevant professional standards and guidelines, and conduct themselves in an ethical manner in all professional activities.

COMPETENCIES:

After completion of this postdoctoral fellowship program, fellows will exhibit the following advanced competencies in the area of ethical and legal standards.

- Exhibits conduct that reflects knowledge and adherence to APA ethical principles and state laws.
- Understands law and ethics related to conducting treatment and assessment in a correctional setting.
- Demonstrates understanding and application of the APA Specialty Guidelines for Forensic Psychology.
- Maintains ethical behavior in all situations.

- Abides by CDCR/CCHCS's Code of Conduct.
- Communicates and documents informed consent and limits of confidentiality with all patients.
- Demonstrates understanding of the limits of confidentiality and consults when a breach of confidentiality is required.
- Adheres to mandated reporting requirements and reporting requirements specific to CDCR.
- Consults with clinical supervisor regarding ethical and legal standards on a regular basis.
- Communicates and documents unlicensed status and clinical supervisor's role to all patients.
- Effectively discusses and sets limits with patients regarding nature of professional relationship.
- Maintains appropriate and professional relationships with all patients.

III. Individual and Cultural Diversity

GOAL: It is the goal of the SQRC Clinical Psychology Postdoctoral Fellowship Program to develop and train clinicians who recognize the importance of diversity and individual identities, and who are aware of the effects of their own cultural and ethnic background and attitudes in clinical practice. Fellows will also be aware of their own backgrounds, identities, and status value, and the impact on clients. The fellow will demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to culture and diversity in all professional activities. An increasing knowledge of and sensitivity to the cultural and individual diversity will be exhibited, and this will be manifested in the treatment and care of all the patients encountered during fellowship.

COMPETENCIES:

After completion of this postdoctoral fellowship program, fellows will exhibit the following advanced competencies in the area of individual and cultural diversity issues:

- Demonstrates an ability to assess culture, identity, and identity formation with patients.
- Understands how culture impacts diagnostic impression.
- Discusses impact of culture and background in assessments and case formulation.
- Discusses the intersection of identities and the impact on patient care during supervision.
- Appropriately engages in self-reflection to examine own biases and values and how they may impact work with patients.
- Is able to integrate cultural, spiritual/religious, and familial influence into suicide risk assessments.
- Understands disadvantages that contribute to incarceration and further impact patient's risk of recidivism.
- Is aware of privilege and power that is present within the therapeutic relationship and discusses this in supervision.
- Consults with supervisor and seeks out research when working with patients from diverse backgrounds.

IV. Intervention

GOAL: The SQRC Clinical Psychology Postdoctoral Fellowship Program is committed to developing clinicians who can apply knowledge based on various theoretical orientations and a range of psychological interventions that are current, evidence-based, and empirically grounded. Fellows will develop skills in effectively developing appropriate therapeutic relationships with patients, developing evidence-based treatment plans, implementing interventions informed by research and recognizing diversity characteristics, and evaluating their intervention effectiveness.

COMPETENCIES:

After completion of this postdoctoral fellowship program, fellows will exhibit the following advanced competencies in the area of intervention:

- Undertakes individual or group interventions that are consistent with a theoretical formulation.
- Undertakes interventions that are individualized and prescriptive rather than generic.
- Utilizes evidence-based treatment in individual and group therapy.
- Understands and uses own reactions to the patient productively in treatment.
- Formulates SMART short-term and long-term goals for individual therapy.
- Understands when specific interventions are contraindicated.
- Evaluates and documents outcomes of therapeutic interventions on a consistent basis.
- Recognizes the impact of non-verbal communication.
- Maintains fidelity of structured and manualized treatments in group and individual therapy.
- Formulates case conceptualizations utilizing research-based theory.
- Is aware of the possibility of transference and countertransference in therapy with patients and is willing and able to address it in supervision as well as treatment if and when appropriate.
- Conveys clinically appropriate warmth, genuineness, and empathy to form rapport with patients.

V. Consultation

GOAL: The SQRC Clinical Psychology Postdoctoral Fellowship Program is committed to developing clinicians who demonstrate an ability to collaborate effectively with other professionals in order to address problems, seek or share knowledge, improve quality of patient care, and promote effectiveness. Fellows will be able to demonstrate and apply knowledge of consultation models in interdisciplinary teams, formal and informal consultation practices, and when providing consultation to trainees, peers, and other staff.

COMPETENCIES:

After completion of this postdoctoral fellowship program, fellows will exhibit the following advanced competencies in the areas of consultation.

- Demonstrates knowledge and respect for the roles and perspectives of other professions when consulting with interdisciplinary teams.
- Appropriately seeks consultation when working with patients with new identities and presentations.
- Applies knowledge of consultation models and practices.
- Provides appropriate consultation to correctional officers to enhance their knowledge of working with patients who are mentally ill, while maintaining confidentiality.
- Appropriately consults with supervisor regarding suicidality, self-harm, homicidally, and grave disability.
- Provides consultation to the assessment unit when conducting RVR MH assessments on the status of their patient's mental illness and provides recommendations for privileges that, if taken away, may lead to psychiatric decompensation.
- Provides consultation during interdisciplinary treatment team meetings on diagnosis, treatment interventions, case formulation, implementing behavioral plans, prognosis, and recommendations for higher/lower level of care considerations.

Organization of Postdoctoral Fellowship Training Program

The training program is tailored to meet the needs, interests, and current level of training of each fellow. At the beginning of the postdoctoral fellowship, fellows are assigned to a Primary Clinical Supervisor who oversees the fellow's training and caseload and incorporates live observation into the evaluation of the fellow. The Primary Clinical Supervisor (with the fellow) conducts an initial evaluation of the fellow's

skills and growth areas, that informs the basis for planning an individualized training experience within the context of the SQRC Clinical Psychology Postdoctoral Fellowship Program.

Postdoctoral Fellow Evaluation

Performance Evaluation

The Primary Clinical Supervisor is responsible for completing formal evaluations of each fellow's abilities, on the following schedule, in conjunction with the training director, delegated supervisors and other individuals involved in the training program. The evaluations occur at the three-month, six-month, nine-month and twelve-month mark. Direct observation of the fellow is required during each evaluative period. There are certain minimum levels of achievement the fellow must reach by each evaluation period throughout the fellowship. Should any area be rated as deficient during the year, the clinical supervisor and fellow work together to create a plan for more supervision and training in this area, in order to reach the minimum level of achievement. These benchmarks are provided to

the fellow on the first day of the fellowship. Due process will be initiated when a fellow does not meet the expected level of performance on the evaluation. Written and verbal feedback from evaluations are provided to the fellow. Informal feedback is also provided to fellows on an ongoing basis during supervision. After all training requirements are completed, a certificate of completion is awarded to each postdoctoral fellow.

Program Performance Evaluation

Throughout the year, fellows are invited to bring their concerns about the fellowship program to their Primary Clinical Supervisor or the Training Director. The Training Director considers the fellow's concerns and elevates them or makes changes as appropriate. Every 3 months during the fellowship year, fellows complete evaluations of the program and their clinical supervisors and evaluate their experiences, training, and the program as a whole. Additionally, fellowship alumni are surveyed ninety days post internships, and again every year, to provide longitudinal data on postdoctoral fellow career paths and satisfaction with the training experience they received during their fellowship. 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

Postdoctoral Fellows shall receive:

- Supervision at a minimum rate of ten percent of the total time worked per week (four hours per week); and
- At least two hours of regularly scheduled individual supervision per week, provided by one or more licensed doctoral-level psychologists; and
- At least two hours of learning activities, such as: case conferences; seminars dealing with clinical issues; co-therapy with a staff person, including discussion; group supervision; or additional individual supervision.

Individual Supervision

Postdoctoral fellows receive a total of two hours of individual supervision per week minimum. Individual supervision is primarily provided by the Primary Clinical Supervisor but may also be provided by the delegated supervisor or training director when needed. Due to recent changes in the allowance of telesupervision, individual supervision may be in person or over a HIPAA compliant virtual platform. Postdoctoral fellows will be provided with a state-suit laptop with access to a camera and microphone for supervision purposes. The clinical supervisor will review guidelines and expectations regarding telesupervision, as outlined in the SQRC Telesupervision Policy. The primary clinical supervisor is responsible for logging the fellow's supervision hours and the fellow is responsible for tracking their hours of supervised professional experience towards licensure. Direct observation of the fellow by the clinical supervisor is required during each evaluative period.

At the beginning of the postdoctoral fellowship, the primary clinical supervisor and the fellow complete the Supervision Agreement form, and discuss and document the supervision plan, including the duties the postdoctoral fellow will engage in, the goals and objectives to be attained during postdoctoral fellowship, and how and when the supervisor will provide periodic feedback and assessment to the fellow, to include direct observation of the fellow providing clinical services. At the completion of postdoctoral training, the primary clinical supervisor completes the California Board of Psychology Verification of Experience form and gives this form along with the Supervision Agreement and Supervision Plan to the postdoctoral fellow in a sealed envelope to provide to the California Board of Psychology for licensure. Assuming the fellow competently completes the minimum of 1,500 hours or recommended 2000 hours of supervised professional experience during their fellowship year, the SQRC Clinical Psychology Postdoctoral Fellowship Program meets the requirements for postdoctoral accumulation of hours towards licensure in the state of California. If the postdoctoral fellow intends to seek licensure in another state, it is up to the fellow to provide their clinical supervisor with the necessary forms for that state's licensing board.

Learning Activities

SQRC Clinical Psychology Postdoctoral Fellows Program engage in at least two hours of learning activities, such as: case conferences; seminars dealing with clinical issues; co-therapy with a staff person, including discussion; group supervision; or additional individual supervision. At the beginning of the postdoctoral fellowship, fellows will attend a variety of trainings as part of their orientation to the prison system, the institution, the mental health program, and the fellowship program. Training will consist of a 40-hour training on the Electronic Health Records System utilized by CDCR, a 24 hour training on mental health in CDCR facilitated by CDCR HQ mental health training unit, 40 hours of custody related trainings (live and electronic), as well as an orientation to the postdoctoral fellowship program with the Training Director. After this initial orientation process, postdoctoral fellows will participate in seminars throughout the fellowship year on various clinical topics such as: Suicide Prevention, Suicide Risk and Self-Harm Evaluations, Safety Planning, Level of Care Decisions, Mental Health Crisis Bed Referrals, Affirming Care with Gender Minority Patients, Developmental Disabilities, Functional Evaluations, Case Formulation, DSM 5 TR, Neurocognitive Disorders, Personality Disorders, as well as a variety of trainings on working with residents from culturally and ethnically diverse backgrounds. Postdoctoral fellows will also participate in case presentations throughout the duration of fellowship during interdisciplinary treatment teams, high risk meetings, suicide risk management program meetings, case conferences, morning huddle, and medical huddle if/when indicated.

Resources for Postdoctoral Fellows

Training Materials

SQRC Postdoctoral Fellows have access to the Statewide Mental Health Training Unit site and the Mental Health Support Unit Site. These sites contain 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 resources for individual and group therapy on a wide variety of problem areas and diagnoses. Additionally, fellows have access to the physical library at SQRC, and electronic SQRC shared folder, where they can find materials to use in individual and group therapy in a variety of clinical and treatment areas. Additionally, fellows have access to APA PsychNet and Psychiatry Online portals by using the CDCR username and password. Through these websites, fellows 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. SQRC Postdoctoral Fellows have access to state-of-the-art training equipment such as laptops for each fellow with camera and microphone capabilities, projectors, screens, and flat screen televisions for PowerPoint presentations, specialized conference rooms with an abundance of desktop computers designated for postdoctoral educational activities, videoconferencing equipment to be able to incorporate telepsychiatrists into treatment team and for consultation purposes, and VRI videoconferencing to be able to have sign language interpretive services for patients who are hearing impaired, physical and phone language interpreters, webinar access, landline telephones with conference call capabilities, and CDCR's electronic health records system.

Supervisors

The clinical supervisors of the SQRC Postdoctoral Fellowship Program are diverse and include psychologists with an array of different identities, backgrounds, and expertise. This makes it possible to include multicultural experiences as part of a fellow's training, as well as to offer a breadth of experiences in areas of interest to fellows. The Training Director continuously recruits diverse clinical supervisors to join the SQRC training program in order to broaden the pool of clinical supervisors, keep new ideas generating, and include a wide variety of training for fellows from clinical supervisors with a variety of expertise. The Training Director also aims to pair fellows with clinical supervisors who have expertise in areas fellows are interested in, in order to assist fellows in professional growth within their chosen field of psychology. Please see list of current clinical supervisors on page 23 of this document.

Office Space and Supplies

Each postdoctoral fellow has an office, telephone, computer, agency email address, and internet access. Offices at SQRC 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. SQRC 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 clinical psychology postdoctoral fellows in CDCR. This agency also maintains a website containing, among other things, the job posting and information for potential candidates. The Clinical Psychology Postdoctoral Fellow's job bulletin posting can be accessed via the following link: <https://cchcs.ca.gov/wp-content/uploads/sites/60/Careers/PsychologistClinicalCF-O-C.pdf>

Funding

Postdoctoral fellows at the SQRC are government-funded, California State civil service positions. The SQRC Clinical Psychology Postdoctoral Fellowship is a minimum one-year, full-time paid position with a current starting salary of \$9,107 per month, or \$109,284 per year. Please see the job bulletin listed above for more details on salary ranges.

Holidays, Vacation Time and Medical Benefits

Postdoctoral fellows 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 fellowship, fellows meet with their SQRC Personnel Specialist and choose to accrue either Vacation/Sick Leave, or Annual Leave. SQRC Postdoctoral Fellows 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 a Postdoctoral Fellowship at SQRC

Admission requirements include completion of all professional doctoral degree requirements from a regionally accredited institution of higher education or an APA/CPA-accredited program and doctoral internship meeting APPIC standards. This is defined as having on the first day of the fellowship either the diploma in hand or a copy of their official transcript.

Fellows having completed doctoral studies in fields other than clinical, counseling, or school psychology must have received a certificate of equivalency from an APA/CPA accredited university program attesting to their having met APA/CPA standards, including internship.

If an applicant did not complete a formal APPIC or APA accredited internship, they will be asked to submit a statement from their internship training director that certifies the internship program met criteria set forth by APPIC listed here: <https://www.appic.org/Internships/Internship-Application-AAPI-Portals/Internship-Membership-Criteria.Accreditation>Status>. The SQRC Clinical Psychology Postdoctoral Fellowship Program is not APA accredited.

Application Process for Potential Candidates

Applicants from both PhD and PsyD programs are encouraged to apply. In order to be appointed as a Psychology Fellow at the SQRC Clinical Psychology Postdoctoral Fellowship Program, applicants must submit an online application through the APPA CAS Application Portal for Psychological Postdoctoral Training, which is available at <https://appicpostdoc.liaisoncas.com/applicant-ux/#/login>. For more information on the portal and application process, please go here: <https://appic.org/Postdocs/APPA-CAS-Postdoc-Application-Information>.

The SQRC Clinical Psychology Postdoctoral Fellowship Program adheres to the APPIC Postdoctoral Selection Standards and Common Hold Date. After submitting an application through the APPA CAS Portal, applications will be reviewed, and applicants will be notified of an interview date in mid to late January. Per the APPIC Postdoctoral Selection Standards, programs can make offers to their top-ranked applicants upon completing interviews and ranking all applicants for a position. Offers can be immediately accepted by the applicant or held until 10am EST on the Common Hold Date. Once an offer has been accepted, it is considered binding with few exceptions. If an offer is declined, the program may extend the offer to another applicant. For information on the APPIC process and updated common hold date, please visit: HYPERLINK "https://www.appic.org/Postdocs#Standards"<https://www.appic.org/Postdocs#Standards>

Once an offer is accepted, fellows 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. Please see Pre-Employment Qualifications section for more details.

CDCR Civil Service Application (STD 678)

After the APPIC offer has been extended and accepted, the Facility Training Director will advise HR of the names of accepted applicants. HR will then post the position. The CalHR posting would include language stating this posting applies to applicants who have an APPIC offer. Applicants will then timely complete the CCHCS civil service employee application process. Instructions for the application process can be found via the CalHR site or reaching out to the Facility Training Director for access to the appropriate examination bulletin. Upon receipt of an application, the SQRC Health Care Hiring Unit reviews all materials. If an application is deemed incomplete, SQRC Health Care Hiring Unit or the Training Director will contact the prospective fellow providing them with an opportunity to submit complete documentation within a given time frame.

Pre-Employment Qualifications

Once an offer is accepted, fellows will need to complete a credentialing process, security clearance/background check, fingerprinting, drug testing, and TB test as a condition of employment. CDCR postdoctoral fellowship programs may only hire ex-offenders with approval of the Secretary of CDCR, 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 candidate application for employment. Due to the short time frames involved in a 12-month fellowship, if a fellow does 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 fellowship candidate will be dismissed from the program 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 fellow'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 a fellow 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.

Equal Opportunity

SQRC Postdoctoral Fellowship 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 sexual orientation.

CDCR EMPLOYEE PERFORMANCE STANDARDS

All SQRC HSP postdoctoral fellows are CDCR state employees, and as such, are subject to the Employee Performance Standards and Code of Conduct listed in the California Department Operations Manual, Article 22, which states:

33030.3.1 Code of Conduct

As employees and appointees of the Department, we are expected to perform our duties, at all times, as follows:

- Demonstrate professionalism, honesty, and integrity.
- Accept responsibility for our actions and their consequences.
- Appreciate differences in people, their ideas, and opinions.
- Treat fellow employees, residents, wards, parolees, victims, their families, and the public with dignity and respect.
- Respect the rights of others and treat them fairly regardless of race color, national origin, ancestry, gender, religion, marital status, age, disability, medical condition, pregnancy, sexual orientation, veteran status, or political affiliation.
- Comply with all applicable laws and regulations.
- Report misconduct or any unethical or illegal activity and cooperate fully with any investigation.

33030.3.2 General Qualifications

All employees are subject to the requirements as specified in the California Code of Regulations (CCR), Title 2, Section 172, General Qualifications, which states, in pertinent part, the following:

All candidates for, appointees to, and employees in the in the state civil service shall possess the general qualifications of integrity, honesty, sobriety, dependability, industry, thoroughness, accuracy, good judgment, initiative, resourcefulness, courtesy, ability to work cooperatively with others, willingness and ability to assume the responsibilities and to conform to the conditions of work characteristic of the employment, and a state of health, consistent with the ability to perform the assigned duties of the class.

Essential Status

SQRC HSP Postdoctoral Fellowship Program fellows are considered essential employees. Therefore, they are required to report to work onsite and provide face-to-face mental health services during their scheduled hours, unless they are experiencing symptoms of COVID-19, in which case they will not be allowed into the institution. Additionally, any staff, including fellows, can be called into the institution on a scheduled telework day to assist with institutional coverage. Therefore, even if fellows are granted telework days, they must be able to report to SQRC within 1 hour of being notified. Fellows may not telework outside of California.

Due Process and Grievance Procedures

The SQRC Clinical Psychology Postdoctoral Fellowship Program is committed to providing fellows 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, SQRC Clinical Psychology Postdoctoral Fellowship Program encourages fellows to seek clarification whenever questions or concerns related to their postdoctoral fellowship experience arise. Fellows have multiple avenues by which to communicate questions, issues, or concerns. The work performance of Postdoctoral Fellows is evaluated by two separate processes. First, there are evaluative processes specific to employment within CDCR, an agency of the State of California. Second, there are evaluative processes specific to the training program and in accordance with APA and APPIC standards. Formal fellow evaluations are a component of, or can trigger, the Due Process procedures. A description of these policies is found in the SQRC Clinical Psychology Postdoctoral Fellowship Program Policy and Procedure Manual, which every fellow is given on their first day at SQRC.

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Fellows	
Annual Stipend/Salary for Half-time Fellows	\$109,284
Program provides access to medical insurance for Postdoctoral Fellow?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
	Yes
Coverage of domestic partner available?	Yes - must be registered with the CA Secretary of State (SOS)
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	11 hrs/month annual leave OR 7 hrs/month vacation AND 8 hrs/month sick leave
Hours of Annual Paid Sick Leave	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to fellows in excess of personal time off and sick leave?	Yes
Other Benefits (please describe):	

Postdoctoral fellows are allotted 16 hours of professional development leave as well as 40 hours of continuing education leave. Fellows are given \$500 (taxable income) on July 1 for tuition and/or registration fees, cost of course-related books, transportation or mileage expertise, toll and parking fees, lodging and subsistence expenses, and all other related expenses for training. Fellows are also given time off on 11 state holidays: New Year's Day, MLK Jr Day, President's Day, Cesar Chavez Day, Memorial Day, July 4th, Labor Day, Veteran's Day, Thanksgiving Day, Day After Thanksgiving, and Christmas Day. Fellows may be reimbursed up to \$100 for recognized professional association fees. Fellows are also eligible for up to 24 hours (3 working days) for bereavement leave, and paid time off for mandatory jury duty. Fellows have access to AATBS study materials for the EPPP and CPLEE as well as a discount code for purchasing their own AATBS exam prep package. For a full list of benefits, please email the training director.

List of Current Clinical Supervisors and Administrator

(as of December 2025)

Dr. Jacob Schmidt – Training Director/Delegated Supervisor
Dr. Gregory Benitz – Neuropsychology Assessment Supervisor
Dr. Andrea Berendsen – Assessment/Primary Supervisor
Dr. Ashely Mowrey - Assessment/Primary Supervisor
Dr. Shannon Murray – Delegated Supervisor
Dr. John Maris – Delegated Supervisor