

# PSYCHOLOGY INTERNSHIP HANDBOOK



**CONSORTIUM**  
2026 - 2027 TRAINING YEAR

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## INTRODUCTION FROM TRAINING DIRECTOR

Dear Prospective Internship Applicant,

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

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

CDCR allocates civil service positions for Clinical Psychology Intern. Each site requests a certain number of internship slots per year (currently 2-4 slots per site). This means that the slots are guaranteed, and that the information we present is secured.

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

Sincerely,

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## MISSION STATEMENT

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

## DESCRIPTION OF CDCR CONSORTIUM SITE INFORMATION

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

All institutions also have a variety of resident activities that can support patient care and services. Activities include:

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

## TREATMENT ISSUES

SCDCRC's resident population is diverse. There is a wide range of incarcerated individuals with respect to age, ethnicity, gender, socio-economic status, medical issues, mental health issues, and crimes of commitment, including WIC 7301

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

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

## 1. CORE MENTAL DISORDERS

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

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

## 2. MEDICAL NECESSITY

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

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

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

## 3. EXHIBITIONISM

Treatment is required when a resident 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 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.)

## MENTAL HEALTH DELIVERY SYSTEM: LEVELS OF CARE

The Mental Health Services Delivery System (MHSDS) are provided across five levels of care within CDCR. Not every level of care will be present at every institution. For example, some sites may only house CCCMS and EOP residents, but not MHCB, and not every institution has a PIP. The levels of care found in the MHSDS are similar to those found in

many community organizations. Final determinations of a patient's level of care are made by the treatment team. The levels of care are as follows:

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

## CALIFORNIA INSTITUTION FOR MEN (CIM)



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.

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

- **Facility A** has an resident population of approximately 1,100. Custody levels being Level-II, General Population and/or Condemned receiving mental health services in the CCCMS level of care. The facility consists of seven dormitory housing units and each housing unit has a capacity of approximately 140 inmates.
- **Facility B** has an incarcerated population of approximately 950. Custody levels being medium/maximum/condemned. Facility B includes Palm Hall as designated Restricted Housing Unit (RHU's). These RHU's receive residents from CIM, California Rehabilitation Center (CRC), Local CDCR/Cal Fire camps, residents serving Restricted Housing Unit terms, and those in route to court or other CDCR Institutions.
- **Facility C** has an resident population of approximately 750 with a custody levels of Level-II (GP) and/or condemned receiving mental health services in the CCCMS, and/or EOP. In addition, many residents are serving life sentences. The facility consists of four housing units with a capacity of approximately 200 inmates each. Facility C is located approximately two miles east of CIM's main complex.

### CIM MENTAL HEALTH PROGRAMS AND INTERNSHIP ROTATION AREAS

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

CIM provides three Levels of Care:

- Correctional Clinical Case Management System (CCCMS)

- Enhanced Outpatient Program (EOP)
- Mental Health Crisis Bed (MHCB)

The CIM Internship Program has two rotations:

- **MHCB Rotation:** Interns work 5 days in MHCB, will carry a caseload of 1-3 cases, will complete initial assessments, Interdisciplinary treatment team, facilitate individual patient contacts, and make and write referrals to a higher level of care. They will also assist in seeing patients in alternative housing. Interns will work cooperatively with the interdisciplinary treatment team to discuss discharges and will provide limited group psychotherapy as well.
- **Outpatient Hospital Unit (OHU):** Interns will carry a caseload of 5-10 cases providing weekly psychotherapy, completing initial assessments and interdisciplinary treatment team. Interns will work cooperatively with custody and medical staff during interdisciplinary treatment team. Limited group psychotherapy will also be provided.
- **Enhanced Outpatient (EOP):** Interns will carry a caseload of 9-10 providing weekly psychotherapy, completing initial assessments and interdisciplinary treatment team. Interns will work cooperatively in consultation with the interdisciplinary treatment team to discuss levels of care. Limited group psychotherapy will also be provided.

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

CIM will have four (4) intern positions available for 2026-2027.

## CALIFORNIA INSTITUTION FOR WOMEN (CIW)



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 resident self-help groups and community betterment projects.

CIW was originally opened in 1932, however, it was dedicated in Tehachapi. It was not until 1952, that the female residents 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 residents. Through the large general population, CIW houses residents with special needs such as pregnancy, psychiatric care, methadone, and medical problems such as HIV infection. In addition to the general population, the institution also serves as a higher security facility for female residents in Restricted Housing Units. The housing units for maximum security are in our Restricted Housing Unit (RHU) and Psychiatric Secured Unit (PSU). Lastly, CIW is currently the only institution in the state of California to be Joint Commission Accredited under three separate manuals: Behavioral Health Care, Ambulatory Care, and Nursing Care.

### CIW MENTAL HEALTH PROGRAMS AND INTERNSHIP ROTATION AREAS

CIW's resident population is also diverse. There is a wide range of residents 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 1,200 residents, of which over half (approximately 63%) are in the MHSDS.

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

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

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

Interns are placed in two rotations, one inpatient and one outpatient, over the course of the year:

- Mainline Enhanced Outpatient Program (ML EOP): carry a caseload of at least 8-10 patients, facilitate 2 mental health groups and complete all required documentation.
- Psychiatric Inpatient Program (PIP): carry a caseload of at least 3-4 patients, facilitate 2 mental health groups and complete all required documentation.

Interns are expected to run four groups throughout the year on both units regardless of assigned rotation.

In addition, interns are also required to be trained in and complete CDCR-specific assessments (3002, OMHD, DDP, RVR, etc.) and will have the opportunity to complete one psychological assessment battery.

CIW will have four (4) intern positions available for 2026-2027.

## CALIFORNIA STATE PRISON LOS ANGELES COUNTY (CSP-LAC):



The California State Prison Los Angeles County (LAC) is a multi-mission institution. Fundamentally, the institution houses minimum and maximum security male Patients. The institution serves as a Medical hub for Enhanced Outpatient (EOP) and EOP Restricted Housing Unit levels of Healthcare and operates a Prison Industry Authority (PIA) Laundry, and soap manufacturing facilities. The institution serves as a Reentry Hub with programs such as Commercial Plumbing, Commercial Painting, Masonry and Computer Literacy. A Progressive Programming Facility (PPF) was established on Facility "A" in 2000. The PPF was created to create a program environment, free from violence, illegal drugs and disruptive behavior.

### **Some important facts about our institution:**

- LAC houses over 2,500 Patients
- LAC is the only state prison located in Los Angeles County
- LAC is a Level IV (maximum security) men's institution, however we do house patients from all other levels.
- About half of the population is enrolled in receiving mental health services (MHSDS)
- For our Patients in the mental health program, we house 3 different levels of care:

## CSP – LAC MENTAL HEALTH PROGRAMS AND INTERNSHIP ROTATION AREAS

### **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)**

The EOP provides the most intensive level of outpatient mental health care. The program includes separate housing units, structured activities and 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. The program includes 10 hours of structured clinical activity per week, individual clinical contacts at least every two weeks, and enhanced nursing services. This is similar to a day treatment program or locked mental health unit in the community.

### **Mental Health Crisis Beds (MHCB)**

MHCB's provide short-term crisis intervention up to ten 10 days, in licensed Correctional Treatment Centers (CTC) for patients presenting with acute symptoms of a serious mental health disorder, such as suicidal or self-harming behavior, homicidal ideation, or suffering from a significant or life-threatening mental illness. Services include observation,

monitoring, continuous nursing assistance, symptom assessment, diagnosis, development of an initial treatment plan, therapy to alleviate psychiatric.

**The Restricted Housing Unit (RHU):** Patients are housed here following unlawful behavior within the prison system. There are two designated restricted units at LAC, housing patients from CCCMS and EOP. Patients are provided with mental health services in these units consistent with their respective level of care.

Interns at LAC can expect to work collaboratively with an Interdisciplinary Treatment Team and complete initial assessments, develop treatment plans, monitor treatment progress, provide individual therapy, and facilitate therapeutic groups, and complete (1) end of the year project. Primary placement will be in an outpatient setting at either:

**Enhanced Outpatient Program (EOP):** carry a caseload of at least (10-15) patients, facilitate (2-3) mental health groups and complete all required documentation.

**Restricted Housing Unit EOP:** carry a caseload of at least (5-10) patients, facilitate (2-3) mental health groups and complete all required documentation.

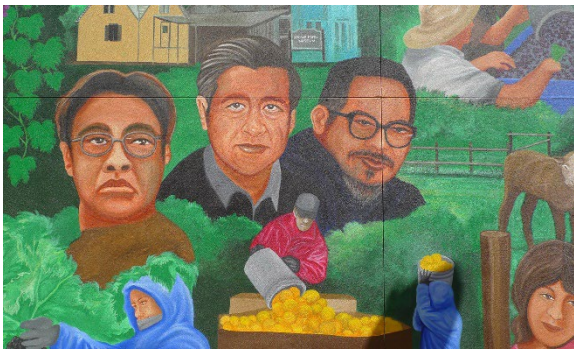
**Correctional Clinical Case Management Services (CCCMS):** carry a caseload of at least (10-15) patients, facilitate (2-3) mental health groups and complete all required documentation.

Additional training opportunities are available based on experience and interest:

- **CDCR Specific Evaluations:** Interns will be given training opportunities for completion of Developmental Disabilities Program (DDP) Evaluations, Evaluations and shadowing opportunities for 115 Rules Violations Reports and PC3002 Evaluations.

LAC will have four (4) intern positions available for 2026-2027.

## KERN VALLEY STATE PRISON (KVSP)



Kern Valley State Prison (KVSP) is a level IV institution, with the primary mission of housing mainline Level IV, 180 designated residents. KVSP consists of four level IV mainline facilities, one Minimum Security Facility (MSF) and two free standing Restricted Housing Units (RHU). Within our institution, we have Enhanced Outpatient Program (EOP), Correctional Clinical Case Management (CCCM), and Mental Health Crisis Bed (MHCB) levels of care. In addition to providing mental health treatment to the incarcerated population, the Mental Health program also has an integral role in providing Veteran Informed Treatment, LBTQ+ and Integrated Gender Affirming Healthcare.

The goal of the Kern Valley State Prison's (KVSP) Pre-Doctoral Internship Program in Clinical Psychology is to provide and facilitate a sequence of training experiences that facilitate the clinical development of our interns so that they are prepared for postdoctoral fellowships or entry into practice in clinical psychology. By providing in-depth training in the basic foundations of psychological practice, including specialty training in a correctional setting, interns will be equipped with the skills needed for a variety of clinical settings and practice. The internship program allows flexibility for interns to structure their training experiences in accordance with their career goals and interests, while providing structure to ensure that they develop the core competencies in clinical psychology. Regardless of the intern's chosen theoretical orientation, our training model emphasizes the development of cultural competence and evidence-based interventions and modalities in all areas of practice.

### KVSP MENTAL HEALTH PROGRAMS AND INTERNSHIP ROTATION AREAS

KVSP has three primary rotations in outpatient settings, as well as a fold-in rotation that interns can choose from. In each area, interns will work collaboratively with an interdisciplinary treatment team, provide weekly psychotherapy, and facilitate therapeutic groups.

- **Restrictive Housing Unit (RHU) Rotation:** Interns will carry a maximum caseload of 5 short term therapy cases and facilitate a minimum of 1-2 therapeutic groups.
- **Enhanced Outpatient Program (EOP) Rotation:** Interns will carry a maximum caseload of 5 short term and long-term therapy cases and facilitate a minimum of 1-2 therapeutic groups.
- **Correctional Clinical Case Management Services (CCCMS) Rotation:** Interns will carry a maximum caseload of 5 short term and long-term therapy cases and facilitate a minimum of 1-2 therapeutic groups.

Fold in rotations are opportunities for interns to gain further experience in a specific area of interest.

- **Mental Health Crisis Bed (MHCB):** Interns work a minimum of 1 day providing initial assessments, individual patient contacts, and Suicide Risk Evaluations.
- **Restrictive Housing Unit (RHU):** Interns will facilitate 1-2 therapeutic groups.
- **Enhanced Outpatient Program (EOP):** Interns will facilitate 1-2 therapeutic groups.

- **Correctional Clinical Case Management Services (CCCMS):** Interns will provide enhanced individual patient care for a maximum of two (2) cases targeting specific goals as indicated by the patient’s treatment plan.
- **Screening and Assessment:** Interns will conduct various screenings using screening tools available through the Electronic Health Record.

KVSP will have two (2) intern positions available for 2026-2027

## NORTH KERN STATE PRISON (NKSP)



North Kern State Prison (NKSP) opened in 1993 in the City of Delano in Kern County. Since NKSP opened, the city has grown immensely. Before NKSP and KVSP were built, Delano was a rural city with a large migrant farm-worker population. The construction of the two prisons helped the small city develop into a more urban society. NKSP has a general population medium custody facility and a minimum support facility with a ten-bed Level I firehouse. The general population portion of the institution focuses on providing educational/vocational opportunities to residents equipping them with skills which will aid them in finding gainful employment upon their release from prison. The Reception Center (RC) currently processes incoming residents usually within a 90-day period. After compiling the resident's criminal records, life histories, medical and psychological histories, and social relationships, NKSP staff determines the resident's classification score and institutional placement.

NKSP also aims to provide quality mental health services to residents on the medium custody facility and the minimum support facility who are placed in the Clinical Correctional Case Management System (CCCMS) LOC of the MHSDS, to residents housed in our Restricted Housing Unit (RHU), and to residents housed in our Mental Health Crisis Bed (MHCB).

### NKSP MENTAL HEALTH PROGRAMS AND INTERNSHIP ROTATION AREAS

Interns at NKSP will work collaboratively as part of an Interdisciplinary Treatment Team, rotating through rotations within five MHSDS programs, including RC, MHCB, RHU, CCCMS, and RC Enhanced Outpatient Program (EOP).

- Reception Center (RC): Interns will provide timely mental health screenings to residents arriving at the NKSP RC. They will also complete diagnostic mental health assessments for residents identified through the screening as possibly requiring inclusion in MHSDS and will determine and place in appropriate LOC. Interns will also be given opportunities to complete Developmental Disability Program (DDP) evaluations.
- Mental Health Crisis Bed (MHCB): Interns will complete initial assessments, individual patient contacts, suicide risk evaluations, and spend a minimum of one day a week assisting the Crisis Intervention Team (CIT) clinicians.
- Restricted Housing Unit (RHU): Interns will carry a maximum caseload of five CCCMS patients in RHU and facilitate a minimum of two therapeutic groups.
- Mainline Correctional Clinical Case Management System (ML CCCMS): Interns will carry a caseload of a maximum of five therapy cases and facilitate a minimum of five therapeutic groups.
- Reception Center Enhanced Outpatient Program (RC EOP): Interns will carry a maximum caseload of five EOP patients in RHU and facilitate a minimum of two therapeutic groups.

NKSP will have four (4) intern positions available for 2026-2027.

## CALIFORNIA STATE PRISON, CORCORAN (COR)



The mission of the CCHCS COR Pre-Doctoral Internship Program in Clinical Psychology is to provide trainees with a clinically supervised experience for independent practice, which involves a discussion of trainee's future practice goals, necessary skills and experience to achieve that goal, progressive responsibility based on skill level and progress and expected progress toward meeting the desired outcomes. The trainee will build upon and share existing knowledge through various mediums including reviewing available research and observing novel tasks then demonstrating the ability to do the same with growing clinical competence. The internship also includes ongoing individual treatment for patients. Individual treatment will include ongoing individual therapy that occurs on a regular basis, case management with the patient and their respective Interdisciplinary Treatment Team (IDTT), as well as partnership with custody on site. Interns are also provided the opportunity to respond to crisis/emergent therapeutic needs for patients under the direct supervision of their respective supervisor.

California State Prison, Corcoran (COR) is a male-only state prison located in the city of Corcoran, in Kings County, California. It is also known as Corcoran State Prison, CSP-C, CSP-COR, CSP-Corcoran, and Corcoran I. Within the institution, trainees will have the opportunity to work within the following Mental Health Services Delivery System (MHSDS) based on the following levels of patient care: Correctional Clinical Case Management System (CCCMS), Enhanced Outpatient Program (EOP), and Enhanced Outpatient Program – Restricted Housing Unit (EOP-RHU).

### COR MENTAL HEALTH PROGRAMS AND INTERNSHIP ROTATION AREAS

Interns at CSP-COR can expect to work collaboratively with an Interdisciplinary Treatment Team and complete (1) end of the year project. Primary placement will be in an outpatient setting at either:

- **Enhanced Outpatient Program (EOP):** carry a caseload of at least (10) patients, facilitate (2) mental health groups and complete all required documentation.
- **Restricted Housing Unit EOP:** carry a caseload of at least (5-10) patients, facilitate (2-3) mental health groups and complete all required documentation.
- **Correctional Clinical Case Management Services (CCCMS):** carry a caseload of at least (10-15) patients, facilitate (2-3) mental health groups and complete all required documentation.

Additional training opportunities are available based on experience and interest:

- **CDCR Specific Evaluations:** Interns will be given training opportunities for completion of Developmental Disabilities Program (DDP) Evaluations, Evaluations and shadowing opportunities for 115 Rules Violations Reports and PC3002 Evaluations.

COR will have two (2) intern positions for 2026-2027.

## SUBSTANCE ABUSE TREATMENT FACILITY AND STATE PRISON (SATF)



The California Substance Abuse Treatment Facility (SATF) opened in Kings County in 1997 on 280 acres. SATF is the largest institution in the state of California with about 5,300 residents (IP). The physical layout of the institution consists of seven separate facilities, plus a Restricted Housing Unit (RHU) and a Correctional Treatment Center (CTC). Our mission at SATF is to provide ethical, professional and effective mental health care services for individuals remanded to the California Department of Corrections and Rehabilitation (CDCR). This mission is further defined by our responsibility to provide quality health care and institutional programs specifically geared to meet the special needs of patients who have developmental disabilities, complex medical diagnoses, severe and persistent mental illness, and who are transgender.

The overarching goal of SATF's Pre-Doctoral Internship Program in Clinical Psychology is to provide a planned, programmed sequence of training experiences that assure breadth and quality of training in order to prepare interns for postdoctoral fellowships or entry into a practice in clinical psychology by providing in-depth training in the basic foundations of psychological practice. This 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 that are needed to become a diverse group of well-rounded, competent, entry level clinicians prepared to work both inside and outside of the correctional system. Regardless of the intern's chosen theoretical orientation, our training model emphasizes the development of cultural competence and empirically based treatment in all areas of practice.

### SATF MENTAL HEALTH PROGRAMS AND INTERNSHIP ROTATION AREAS

Each intern will focus on a core clinical assignment. The intern's core assignment will be to work with a caseload of IPs with a variety of mental illnesses and custody classifications to provide individual therapy, group therapy, suicide risk assessment, initial assessments, crisis intervention, treatment planning, level of care decisions, administer clinical outcome measures and other self-report measures, and make patient case presentations during interdisciplinary treatment team meetings. Interns will also have opportunities to complete both traditional psychological assessments (diagnostic clarification and differential diagnosis) as well as forensic specific assessments related to inmate discipline, decisional capacity, mandated treatment recommendations upon release, and evaluations related to the diagnosis of exhibitionism subsequent to indecent exposure behavior in the prison environment.

The SATF Pre-Doctoral Internship Program in Clinical Psychology has two core clinical six-month rotation assignments:

- **Correctional Clinical Case Management Services (CCCMS):** Interns will enhance individual IP care on a maximum of ten (10) cases targeting specific treatment goals and diagnoses that coordinate with the main Interdisciplinary Treatment Team's treatment plan and facilitate one (1) therapeutic group each week.

- **Enhanced Outpatient Program (EOP):** Interns will enhance individual IP care on a maximum of seven (7) cases targeting specific treatment goals and diagnoses that coordinate with the main Interdisciplinary Treatment Team's treatment plan and facilitate two (2) therapeutic groups each week.

The intern will then also be able to choose a specialty area to train in one (1) day a week. These will include:

- **Restricted Housing Unit (RHU) CCCMS Rotation:** Interns carry a maximum caseload of four (4) short- and long-term therapy cases and will have the opportunity to provide limited group psychotherapy as well. They will provide weekly psychotherapy and work cooperatively in consultation with the interdisciplinary treatment team.

- **Mental Health Crisis Bed (MHCB):** Interns work one (1) day a week providing initial assessments, individual patient contacts, and suicide risk evaluations (SRE). Interns will carry a maximum caseload of four (4) cases, working to provide intensive short-term psychotherapy. Interns will work cooperatively with the interdisciplinary treatment team and will provide limited group psychotherapy as well.

- **CDCR Specific Evaluations:** Interns will be given training opportunities for completion of Developmental Disabilities Program (DDP) evaluations, Gender Assignment Surgery (GAS) evaluations, Psychiatric Inpatient Program (PIP) referrals, MH Assessment of Rules Violation Report (RVR) evaluations, and 3002 evaluations.

- **Crisis Intervention Team (CIT) / Alternative Housing:** Interns will be given the training opportunity to evaluate IPs in crisis and helping determine if they are appropriate for a referral to the Mental Health Crisis Bed, which is an inpatient level of mental health care. They will also learn how to complete Crisis Intervention Team contacts as part of a multidisciplinary team with custody and nursing management staff.

SATF will have two (2) intern positions available for 2026-2027.

## SCDCRC INTERNSHIP CLINICAL ASSIGNMENT/ROTATION INFORMATION

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

In addition to the clinical rotations at each site, interns complete comprehensive assessments during the year, a minimum of two (2) Case Presentations with a minimum of two (2) Journal Reviews, and participate in either Supervision of a practicum student or participate in supervision simulated practice in lieu of live supervision of a student. Depending on the site, a end-of-year project or Macro Project may be expected.

### ASSESSMENT

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

### MACRO PROJECT

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

### CASE PRESENTATIONS

Interns will be expected to present at least two full cases during group supervision. Intern presents an assessment and/or clinical case for which they have been serving as the primary clinician in accordance with Internship Program's presentation guidelines (a template can be found as Attachment C). The intern is expected to demonstrate a solid working knowledge of the case, and to discuss the rationale for interventions based upon sound psychological principles while incorporating issues of diversity that impact the use of said interventions and patient treatment needs. Interns are also required to present at least one current journal article or other scholarly piece in conjunction with the presentation to demonstrate the scientific basis for their approach to the treatment issues. The intern's immediate

supervisor will attend the presentation and provide feedback and an evaluation. The sharing of adjunctive therapies are encouraged to expand intervention techniques and for peer learning.

## JOURNAL REVIEWS

In accordance with the practitioner-scholar model, SCDCRC expects interns to be knowledgeable about the current research and latest developing trends in the field of psychology. Interns are expected to present journal articles incorporated into their case presentations and to facilitate discussion on the significance of the articles to practicing psychologists. Additionally, they are expected to discuss the research methodology utilized, exploring both its strengths and weaknesses. A supervising psychologist will be available to help facilitate the discussion and serves as a resource. Journal articles must be pre-approved by the intern's supervisor and have been published in a reputable journal within the previous two years. Further, interns may be assigned specific journal articles to review and discuss during group supervision.

## SUPERVISION

Interns will also have the opportunity expand their professional development and gain knowledge and experience in supervision and consultation. Interns will become knowledgeable in the Competency-Based Approach to Clinical Supervision and will have the opportunity to either provide supervision to practicum students or participate supervision simulated practice lieu of live supervision to hone their skills in aiding supervisees in identify their learning needs, and provide support and guidance while maintaining professional and ethical conduct. The option to supervise practicum students or participate in supervision simulated practice in lieu of live supervision of students will depend on whether the specific site has a practicum trainee program.

## TRAINING PRINCIPLES

### 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.

### TRAINING PRINCIPLES

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

- Initial caseload assignments are consistent with the intern's professional developmental level.
- Thirty to fifty percent of the total hours per week are spent in face-to-face delivery of services.
- Intensive supervision of case activity is provided.
- Each intern is observed administering an Initial Assessment at least once per semester by their clinical supervisor and/or forensic assessment unit psychologist who provide feedback on interview and writing skills. Each intern also receives Suicide Risk Evaluation (SRE) Mentoring from a licensed psychologist who has received specialized training in SRE Mentoring.

- Each intern receives support to administer, score, and interpret a number of assessment instruments. Formal assessment training experiences such as intellectual or objective/projective testing, their administration, scoring, interpretation, and report writing, is provided through their primary and assessment supervision. Once a reasonable level of competency is established, the interns work more independently but continue to be supervised throughout the internship.
- As competence increases, intern responsibilities and independence will also increase.
- Interns are encouraged to consult with each other with or without the presence of a supervisor, as needed. Interns are provided time to participate in weekly didactic training and monthly seminars that include case conferences and presentations on clinical and professional issues.
- Additionally, each site provides regular in-service educational opportunities (available to all interns), and includes interns in administrative meetings, case conferences, and intake conferences. Meetings where interns share information among themselves or consult with psychologists in other SCDCRC member sites are held to offer additional forums for learning and professional development;
- Interns receive a minimum of 2 hours of individual supervision (through a primary and/or a secondary supervisor) and a minimum of 2 hours of group supervision per week;

## TRAINING MODEL

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

## DIVERSITY, EQUITY AND INCLUSION STATEMENT

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

## TRAINING APPROACH

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

needed and to plan accordingly. Schools that may require more than the 2,000 hours and for interns who fall short of their school's requirement, should address this with their school to develop a plan to meet the school's requirement.

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

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

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

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

#### ADDITIONAL TRAINING OPPORTUNITIES

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

## EDUCATIONAL AND TRAINING GOALS AND OBJECTIVES

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

## RESOURCES FOR INTERNS

### TRAINING MATERIALS

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

### OFFICE SPACE, SUPPLIES, AND SUPPORT

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

## ACCREDITATION STATUS

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

*Office of Program Consultation and Accreditation American Psychological Association 750  
1st Street, NE, Washington, DC 20002*

Phone: (202) 336-5979 / E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)

Web: <https://accreditation.apa.org/>

## APPLICATION INFORMATION

### GENERAL INFORMATION

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

### FUNDING

Internship at the SCDRCRC are government-funded, California State civil service position. The yearly salary varies by fiscal year, but interns can expect to earn a *minimum gross monthly* salary of approximate \$3,845 to \$4,379, depending on experience. The final determination of salary will be made by the Personnel Office at your site. Please note that as a salaried state employee, there are deductions for retirement, healthcare, and other programs so your actual take home pay will be less than the gross. The actual amount will vary depending on your deductions, but most interns' net pay is approximately \$3,000 per month. Please refer to the CalHR website for full details:

<https://eservices.calhr.ca.gov/enterprisehrblazorpublic/public/mou/bargainingcontracts/19>

### PRE-REQUISITES FOR AN INTERNSHIP WITH SCDRCRC

Prospective interns are eligible to apply for selection when they have completed at least three years of graduate training in clinical or counseling psychology in an APA-accredited doctoral program and remain enrolled in and in good standing with their graduate program. Prospective candidates must also have:

- Acquired practicum experience at two independent sites
- Successfully completed comprehensive examinations at their educational institution
- Successfully completed a dissertation proposal

Additionally, it is preferred that prospective candidates have:

- 100 hours of assessment experience

- 600 hours of direct client services, gained through practicum experiences in settings appropriate for a doctoral level psychology intern, prior to starting internship.

## APPIC APPLICATION PROCESS

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

The SCDCRC 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/AAPIC#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, SCDCRC Central Office reviews all materials. If an application is deemed incomplete, SCDCRC Central Office contacts the prospective intern, providing him/her with an opportunity to submit complete documentation within a given timeframe.

## PRE-EMPLOYMENT QUALIFICATIONS

Once matched, you will need to complete a credentialing process, security clearance/background check, fingerprinting, drug testing, and TB test as a condition of employment. Consistent with the CDCR Title 15, Section 2404 of the California Code of Regulations updated through June 2025, ex-offenders require the Secretary's written approval for the initial appointment to any position within the department. An ex-offender shall not be appointed to any position requiring a background clearance until such clearance is received. In addition, failure to accurately list arrests will be grounds to deny the intern's application for employment. Due to the short timeframes involved in a 12-month internship, if you do not pass the criminal background check, no appeal process will be allowed.

The California Department of Corrections and Rehabilitation has a zero-tolerance drug policy. Any potential internship candidate will be dismissed from the internship if a positive drug screening test occurs. The CalHR definition of a failed drug test is “*any detectable amount*” of the banned substance. One of the most misunderstood issues in this area is regarding the recreational and medical use of marijuana (cannabis). Neither a prescription for marijuana, nor the fact that California allows the recreational use of marijuana, means that the intern’s use of marijuana will be acceptable to the program. The CDCR prohibits the use of marijuana in ALL circumstances and will refuse to hire an intern who tests positive for marijuana regardless of medical need, the presence of a prescription, or its legal status. No appeal is allowed per CalHR regulations.

## EQUAL OPPORTUNITY AND DIVERSITY

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

Further, the SCDCRC internship program ensures a welcoming, supportive, and encouraging learning environment for all interns. Clinical supervisors encourage and model appropriate ways to interact with each other, and handle discrepancies, disagreements, or differences in opinion. All clinical supervisors are required to take the six-hour supervision training course per California Board of Psychology requirements. Both supervisors and staff are made aware of the beginning of a new internship year and are trained on providing a welcoming and supportive environment for the interns and valuing diversity.

During the orientation process, the interns are welcomed to the institution, reminded of the supportive open-door policy, encouraged to ask questions on an ongoing basis, and are reminded that their supervisors and all members of the SCDCRC Internship Program are there to support them throughout their internship year. Interns are made fully aware of the SCDCRC Due Process and Grievance Policy (provided on their first day of orientation), which encourages interns to seek clarification whenever questions or concerns related to their SCDCRC Internship Program experience arise and provides them with multiple avenues by which to communicate questions, issues or concerns. On an ongoing basis, interns are reminded by the Training Coordinator and their clinical supervisors that they are part of a supportive and encouraging learning environment and are encouraged to ask questions, consult, and bring any issues that may arise to the immediate attention of their clinical supervisor, the site Training Coordinator, or the Consortium Training Director/Co-Director.

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

**INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA**

**INTERNSHIP PROGRAM ADMISSIONS**

**Date Program Tables updated: 5/22/2024**

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

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

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

**Program Disclosures**

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

Yes

No

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

Link to this brochure includes content.

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

Total Direct Contact Intervention Hours: No                      Amount: N/A

Total Direct Contact Assessment Hours: No                      Amount: N/A

**FINANCIAL AND OTHER BENEFIT SUPPORT FOR UPCOMING TRAINING YEAR**

Annual Stipend/Salary for Full-time Interns	\$52,548
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Annual Stipend/Salary for Half-time Interns	No part-time internships are offered
Program provides access to medical insurance for intern?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	No
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	Interns have the option of enrolling in Annual Leave or Vacation /Sick Leave *Annual Leave = 11 hours/month *Vacation = 7 hours/month *Professional Development = 16 hours/year *Educational Leave = 40 hours/year
Hours of Annual Paid Sick Leave	8 hours/month
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other benefits (please describe)	None

*\*Note: Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.*

#### INITIAL POST-INTERNSHIP POSITIONS (AGGREGATED TALLY FOR PRECEDING 3 COHORTS)

Academic Year	2021-2024	
Total # of interns who were in the 3 cohorts	22	
Total # of interns who remain in training in the internship program	0	
Placement Type	PD**	EP**
Academic teaching		
Community mental health center		
Consortium		
University Counseling Center		
Hospital/Medical Center		
Veterans Affairs Health Care System		
Psychiatric Facility		2
Correctional Facility		9
Health Maintenance Organization		
School District/System		
Independent Practice Setting		1
Other		10

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