RICHARD J. DONOVAN CORRECTIONAL FACILITY (RJD)

PSYCHOLOGY INTERNSHIP HANDBOOK

CONSORTIUM
2018 - 2019 TRAINING YEAR
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Introduction from Training Director

Dear Potential Internship Applicant:

Thank you for your interest in the Richard J. Donovan Correctional Facility Health Service Psychology's (RJDCF HSP) Internship Program. The RJDCF HSP offers a broad range of clinical experiences with a diverse patient-inmate population to pre-doctoral students seeking well-rounded training in the field of psychology. Clinical practice is carried out within one of the most challenging institutions in the California Department of Corrections and Rehabilitation (CDCR). As an intern at RJD HSP Internship Program, you are afforded the opportunity to provide individual and group therapy, crisis intervention, and suicide risk evaluations. In addition, you receive weekly on-site didactic trainings and statewide training monthly trainings, where you are able to interact with interns from other institutions. The monthly statewide didactic seminars are sponsored by the statewide Training Unit of CDCR. Here, you have the opportunity of learning from experts in diverse areas of psychology and 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 patient-inmates housed Richard J. Donovan, Correctional Facility 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. At the RJDCF HSP Internship Program we have eight (8) internship slots each year. This means that the slots are guaranteed, and that the information we present is secured.

Thank you again for your interest in RJD CF HSP Internship Program. The following sections of this handbook have been organized in a manner that provide you with a comprehensive description of our training philosophy and intern experiences. If you have further questions that are not answered by this handbook, feel free to contact me directly by phone or email at the number or email address below with any questions regarding our internship program.

Sincerely,

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Description of Program Sites

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

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

Mission Statement

The primary mission of the RJDCF is to provide housing and supervision for inmates classified as minimum - high custody, encompassing a Minimum Support Facility; one (1) Level III, General Population (GP) facility, one (1) Level IV, Sensitive Needs Yard (SNY) facility, and two (2) Level III, SNY facilities. Designed as a training and work-oriented facility, the RJDCF provides vocational, academic, and industrial programs.

Institution Details and Programs

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


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

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

Academic opportunities include Literacy and Adult Basic Education through GED. Vocational opportunities include the Machine Shop, Welding, and HVAC.

Religious services are provided for inmates of all denominations. The RJDCF employs a Catholic Priest, a Protestant Chaplain, a Muslim Imam, a Native American Spiritual Leader, and a Jewish Rabbi. Additionally, nearly 430 volunteers provide volunteer-led religious and other programs such as KAIROS, Alternatives to Violence/Hands of Peace, the Urban Ministries Institute, and many other faith-based programs. Additionally, California Prison Industries Authority employs inmates at the RJDCF in its laundry, bakery, and casual shoe factory.
**Mental Health Programs**

**Mental Health Services Delivery System (MHSDS) Mission Statement**

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

**MHSDS Vision**

Our services meet or exceed national mental health care standards. We ensure optimal functioning of individuals in our care and promote their successful reintegration into society by using research, evaluation, and assessment to develop and enhance evidence-based treatment strategies. We foster safe and secure environments within the institution and are committed to public safety.

We are a competent, well-trained staff, who uphold and live our organizational values to promote interdisciplinary cooperation, employee wellness, effective leadership, humane treatment, and a highly productive workforce. Self-governance, program and service evaluation, assessments, and continuous self-monitoring are used to ensure quality improvement and system-wide, multi-level information sharing and decision making. Our information technology system is state of the art and staffing and space meet evolving operational requirements.

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

**RJDCF Mental Health Programs**

RJD houses a very diverse inmate population. It is an Intermediate Care Facility for medical problems and, as such, treats a range of chronic medical illnesses, including HIV, hepatitis, asthma, high blood pressure, pain, etc. RJD is an institution designated to care for inmates with development disabilities (cognitive), physical disabilities, and mental disorders. RJD is also a designated institution for inmates who are transgendered. Over half of the total 3,200 inmate population (64%) receives treatment from the Mental Health department with the full range of psychotic, mood, and anxiety disorders represented in the inmate population.

The Mental Health Services Delivery Program (MHSDS) at RJD provides three levels of care for our patient-inmate population.

- **Correctional Clinical Case Management System (CCCMS):** Designated for patient-inmates 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 90 days for case management, but can be seen more frequently as appropriate.
- **Enhanced Outpatient Program (EOP):** EOP is designated for patient-inmates with a qualifying diagnosis who are not functioning well in the GP. EOP patient-inmates are scheduled for a minimum of 10 hours of structured treatment to include both individual and group therapy.
- **Mental Health Crisis Bed (MHCB):** Patient-inmates 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.

**General Clinical Outpatient Treatment** - The general clinical outpatient rotation provides interns with broad-based exposure to a diverse patient-inmate population that includes high-functioning individuals and those with chronic and severe mental illness. Interns receive extensive experience with intake, crisis intervention, individual caseload management, individual psychotherapy, and group therapy. Interns offer primary clinician check-in/process, psychoeducation, and specialty groups.

Using the primary care model, patient-inmates are assigned a treatment team including a primary clinician and a psychiatrist. The primary clinician and psychiatrist each perform an initial evaluation prior to the first treatment team. The primary clinician completes a biopsychosocial intake interview and provides a diagnosis and treatment plan that is presented to the full treatment team for input and collaboration. Interns are responsible for creating comprehensive treatment plans with objective and measurable outcomes. When clinically appropriate, interns also create behavioral plans to target maladaptive behaviors. Interns use an array of treatment modalities fit for the patient-inmate’s presentation which may include Cognitive-Behavioral Therapy (CBT), Dialectical Behavioral Therapy-Informed (DBT-I), psychodynamic techniques, crisis intervention, and behaviorally-based techniques.

Interns in the General Clinical Track receive training on individual and group psychotherapy and the opportunity to shadow licensed psychologists. Once they have demonstrated sufficient understanding and proficiency in policy and procedure, they provide all clinical services for their own caseload and groups under supervision.

**Outpatient Clinical with Artistic Rehabilitative Therapeutics – (ART)** - Interns in ART facilitate a 12-module ART group treatment using an ART manual in group therapy. The ART manual is a process method for positive inspiration, personal growth exploration and discovery, as well as symptom reduction, cognitive reframe, and emotional containment. The 12-module program consists of weekly sessions including but not limited to: module introductions, instruction and practice time, ART work time, group discussion of work, and therapeutic benefits gained. An ART exhibit and Gallery photo book are planned for this track’s culmination.

An additional component of the ART Program rotation is the partnership with the Striving To Achieve Rewards (S.T.A.R.) Program. The objective of S.T.A.R. is to create a therapeutic community for positive change. Patient-inmates are rewarded positive points for citizenship attendance and participation. Points can be used for incentives such as additional groups and store items. Positive reinforcement points are provided by Mental Health and Healthcare staff; custody staff are also invited to participate in point offering and event attendance. After earning a set amount of points, patient-inmates can redeem their points to receive earned rewards and positively anticipated events in the program, thus, providing an incentive to strive to engage in consistent positive behavior. One of the positively anticipated events in the ART group whereby the patient-inmate can purchase a four-week art class using a variety of art supplies including, acrylic paint, watercolor paint, charcoal, or chalk to create art on canvas or paper. The works of art also are presented in the ART exhibit.
Behavioral Health Unit- (BHU) - RJD created a BHU to increase focus on whole healthcare/integrated treatment planning for complex cases with medical and mental health comorbidities. Chronic pain, chronic medical conditions, and mental health disorders are among the noted risk factors for suicide. The RJD BHU has been designed and implemented to address these factors by providing a wide range of clinical services to patient-inmates, consultative services to mental and healthcare providers, and improve patient-inmate care through enhanced communication and integration of treatment across disciplines.

Chronic Pain Management Part I is a 12-week, structured cognitive behavioral (non-pharmacological) pain management program. The curriculum is primarily offered as a group therapy modality. Adjunctive (individual) pain management is also offered as needed. In addition to gathering feedback from patient-inmates, pre and post clinical information is obtained to assess for changes in pain severity, pain interference, and average pain over the course of the 12-week program. Outcome data was analyzed and presented at National Conference on Correctional Healthcare. Results of the assessment and feedback have been overall positive with decreases in pain severity, pain interference, and perception of pain average.

Based on the positive feedback for Pain Management I, patient-inmates requested for another advanced session expanding on Chronic Pain Management Part I. At the patient-inmate request, a second, advanced program was created. Pain Management Part II is a 6-week psycho-educational program which is an extensive review of the topics presented during Part I. This program utilizes CDs, videos, and guest speakers (pharmacists) in order to enhance learning.

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

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

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

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

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

In July 2017, MH began a Motivational Interviewing modality group focusing on diabetes patient-inmates with mental illness. The goal is to empower patient-inmates to overcome emotional and behavioral obstacles to improve quality of life and increase treatment compliance to aid health maintenance. The group includes diabetes education, the impact of diabetes and mental health, and how diabetes is linked to stress and substance abuse. Patient-inmates learn about obstacles and problem solving skills related to diabetes and mental health. The interventions are aimed to impact positive health/mental health and psychosocial outcomes. Patient-inmates acquire diabetes/mental health awareness, knowledge, self-care management, coping skills, and increased satisfaction with their life.

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

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

• In addition to the Gender Identity Program offered for the patient-inmates at RJD, the staff at RJD have been trained in Gender Dysphoria and Transgender Patient-inmate Care. This training includes information on suicide prevalence, triggers, risk factors, and prevention for transgender individuals as well as training on how to develop an individualized suicide risk evaluation and safety plan for a transgender patient-inmate.

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

**Helping Everyone Reach Obstacles (HERO)** - HERO is a Clinical Support Team to assist patient-inmates and the Treatment Team. HERO is a consultancy team who offer support to the patient-inmate and team for high utilizers, those who engage in chronic self-harm and patient-inmates in need of extra support for a variety of clinical reasons such as transition to a new level of care or those who could benefit from a change in treatment strategy, etc. HERO also sees the patient-inmates across levels of care and across settings providing continuity of care and translation of information to maintain treatment plan consistency. HERO’s Consultation Model adds clinical perspectives/options and decreases staff burnout and is integral in case conference facilitation of multiple treatment teams for patient-inmates who transfer level of care and treatment care settings. The HERO team assists in behavioral plans and positive reinforcement with treatment team support utilizing evidenced-based models and conducts Dialectical Behavioral Therapy Groups for high utilizers (patients with severe personality disorders).

**Psychology Mental Health Staff**

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

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

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

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

Levels of Care:

The levels of care found in the MHSDS are similar to those found in many community organizations. Final determinations of a patient-inmate's level of care are made by the IDTT. The levels of care are as follows:
1. **CCCMS**: Outpatient program for patient-inmates 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 patient-inmates can function in the GP and do not require a clinically structured, therapeutic environment.

2. **EOP**: Outpatient for patient-inmates whose functioning is lower than those patient-inmates 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 a 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 a serious mental disorder.

3. **MHCB Placement**: Inpatient treatment (generally in a licensed facility within the prison) for patient-inmates who require continuous nursing care:
   - Marked impairment and dysfunction in most areas (ADL, communication, social interaction, etc.)
   - Dangerousness to others as a consequence of a serious mental disorder, and/or dangerousness to self for any reason
   - These conditions usually indicate that this particular individual is highly impaired.

4. **Acute Care/Intermediate Care**: Referral to inpatient programs provided via contract with the Department of State Hospitals is available for patient-inmates whose conditions cannot be successfully treated in the outpatient setting or in short-term MHCB placements. Both acute and intermediate care programs are offered in these facilities.
Training Mission Statement

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

The RJDCF HSP Internship Program offers intensive training programs, providing interns with a broad range of experiences. All internships are for a duration of 12-months or for a minimum 1,500 hours. An Individual Learning Plan (ILP) (Attachment C), building upon prior classroom and experiential education, is established for interns during the initial weeks of participation in the RJDCF HSP. Interns are responsible to track their hours and have primary supervisor’s sign off as confirmation. This is done in two ways:

1. Through supervision forms/tracking sheets; and,
2. Through timesheets.

RJDCF HSP only certifies actual hours worked towards total cumulative hours – this does not include time taken off for vacation, holidays, and/or sick. As per Policies and Procedures, RJDCF HSP provides a minimum of 1,500 hours and interns must complete a minimum of 1,500 hours to pass the training program. Interns may be able to accrue more than 1,500 hours depending on how much time is taken off throughout the year. Interns are responsible to calculate how much time is needed and to plan accordingly. Interns who fall short of their school’s requirement should address this with their school in order to develop a plan to meet the school’s requirements.

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

Interns attend weekly, two-hour didactic sessions onsite. Interns also participate in IDTT educational meetings and two-hour monthly scholarly seminars conducted by professional staff. Note, CDCR is an APA-approved sponsor for Continuing Education.

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

Training Principles

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

- Initial caseload assignments are consistent with the intern’s professional developmental level.
- Thirty to fifty percent of the total hours per week are spent in face-to-face delivery of services.
- Intensive supervision of case activity is provided.
- Each student receives support to administer, score, and interpret a number of assessment instruments.
- Initially, the interns’ administration, scoring interpretation, and report writing occurs
under close supervision by either the primary supervisor or other assigned supervisors. Once a reasonable level of competency is established, the interns work more independently, but continue to be supervised throughout the internship.

- Interns act as co-consultants with a supervisor. As competence increases, intern responsibilities and independence also increase.
- Interns are encouraged to consult with each other, with or without the presence of a supervisor, as needed. Interns are provided time to participate in weekly didactic training and monthly seminars that include case conferences and presentations on clinical and professional issues.
- Additionally, each site provides regular in-service educational opportunities (available to all interns), and includes interns in administrative meetings, case conferences, and intake conferences. Meetings where interns share information among themselves or consult with psychologists in other SCDCRC member sites are held to offer additional forums for learning and professional development.
- Interns receive a minimum of two hours of individual supervision by two different supervisors (a primary and a secondary) and a minimum of two hours of group supervision per week.
- Interns present journal articles after case presentations, and facilitate discussions that relate the significance of the article to practicing psychologists. (Journal articles must be pre-approved by the intern’s supervisor, and have been published in a reputable journal within the last two-years.)
- Although research is not a major emphasis of the SCDCRC internship, interested interns are afforded the opportunity to engage in applied clinical research and program evaluation studies.

Educational and Training Goals and Objectives

At the beginning of the first rotation, interns complete the Intern Self-Assessment form, which provides them with the opportunity to evaluate their skill level in the areas of required competencies. This assessment provides a basis for the designing of the Individual Training Plan by the primary supervisor in collaboration with the intern. The Individual Training Plan (Attachment D3 of the RJDCF HSP Policy and Procedure Manual) outlines training and career goals, specifies the areas of rotation, and names the delegated supervisor for each area of activity.

Interns complete the following core assignments while completing two clinical rotations. Examples for rotation plans may include but are not limited to any of the following:

- Work experience obtained by working with patient-inmates in different levels of care (may include two outpatient programs or a combination of an outpatient program with an inpatient program).
- Work experience in programs treating mental disorders, combined with programs that include patient-inmates who also have a developmental or neuro-cognitive disability in addition to a mental disorder.
- Work experience in special patient-inmate populations in restricted settings (Administrative Segregation Unit (ASU), Psychiatric Service Units, etc.) combined with a rotation performed in a non-restricted “mainline” setting.
• A clinical intervention rotation followed by a specialty rotation in Behavioral Health, LGBTI Support Unit, ART Program, or HERO Clinical Support Team.

Training Program: Core Requirements

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

Program Goals

Educational and Training Goals:
Specific goals are set for seven basic categories (see below). The associated objectives and benchmarks or competencies, adapted from the APA Benchmark Competencies (2012), are also listed (For a complete list of the competencies, please see the RJDCF HSP Policy and Procedure Manual, pages 5-10).

1. Clinical Intervention
   GOAL: To develop practitioners who are competent generalists, and who can apply knowledge based on various theoretical orientations and a range of psychological interventions that are both current and empirically grounded.

2. Psychological Assessment
   GOAL: To develop practitioners who accurately select, administer, score, and interpret multiple psychological assessment tools, who are able to synthesize assessment findings into a well-integrated report, and who are able to use assessment findings in the diagnosis and treatment of clients.

3. Professional Development and Life-Long Learning
   GOAL: The RJDCF HSP Internship Program aims to develop practitioners who combine an awareness of personal/professional strengths as well as limitations. These future psychologists receive training aimed at helping instill in each intern a personal commitment to respect and collaborate with others, an openness to new ideas, and a commitment to scientifically-grounded practice and life-long learning.

4. Multi-Cultural and Diversity Issues
   GOAL: It is the goal of the RJDCF HSP Internship Program to develop and train practitioners who recognize the importance of diversity and individual differences, and who are aware of the effects of their own cultural and ethnic background and attitudes in clinical practice.
5. **Professional Ethics and Standards**

**GOAL:** The RJDCF HSP Internship Program is committed to the development of practitioners who know and use ethical principles as a guide for professional practice, research, self-evaluation, and professional growth.

6. **Supervision and Consultation**

**GOAL:** The RJDCF HSP Internship Program develops practitioners who are knowledgeable about one or more models of supervision and consultation and who, in their professional work, are able to make use of and to provide supervision and consultation to different target audiences, (e.g., professionals, paraprofessionals, clients).

7. **Scholarly Commitment**

**GOAL:** The RJDCF HSP Internship Program is committed to providing a training program aimed at developing practitioners who integrate the findings of scientific research and theory into daily clinical practice.

**Descriptions of Competencies**

1. **Clinical Interventions/Therapy:**

Interns carry an individual psychotherapy caseload. Thirty to fifty percent of the total work week is spent in face-to-face clinical interventions and therapy activities. During the internship, interns are given the opportunity to observe clinical work during the delivery of mental health services. Interns are given increasing independence to provide these clinical services according to the developmental level they achieve during the course of the internship. At the end of the year, interns are expected to have developed competencies in the following areas, which are adapted from the *APA Benchmark Competencies (2012)*:

**Individual Therapy Competencies:**

- Conceptualizing cases according to a stated theoretical model
- Integrating culturally-relevant information into case conceptualization and treatment
- Developing basic therapeutic rapport and treatment engagement
- Planning and implementing interventions
- Evaluating the effectiveness of interventions
- Adjusting interventions according to a patient-inmate’s needs

Interns provide individual therapy to a diverse group of patient-inmates, utilizing an eclectic therapeutic approach ensuring to alter treatment to the client’s unique needs. The patient-inmates represent a variety of ages, cultures, sexual orientation/gender identities, and a broad range of diagnoses and degrees of severity of mental disorder.
2. **Group Therapy Competencies:**

Interns receive a wide range of experiences in group therapy. Depending upon the needs of a specific program, interns may be called upon to co-lead (and eventually independently lead) psychotherapy groups. Interns develop competency in facilitating group psychotherapy with individuals who have mild to severe mental illness, substance use issues, personality disorders, and cognitive limitations. Interns have the opportunity to build skills in the following areas:

a. Developing a group syllabus with a planned sequence of objectives and interventions to be covered during that group cycle;
b. Observing or providing group therapy as either a co-facilitator or independent facilitator (depending upon the needs of the program and the developmental level as a clinician);
c. Facilitating group process;
d. Using group dynamics and process toward positive treatment outcome;
e. Teaching circumscribed skills such as anger management, social skills, etc.;
f. Documenting group sessions for use in IDTT meetings.

Depending on intern interests and prison needs, there are also opportunities to participate in the development of new groups at the prison.

3. **Psychological Assessment and Diagnosis:**

Interns complete at least six work products/psychological reports that include, but are not limited to, psychological assessment of patient-inmates’ symptom presentations (most involve formal testing), diagnosis and treatment recommendations, and/or Positive Behavior Support Planning, and other assessment types as clinically indicated. In doing so, interns learn to draw sound diagnostic inferences, and make recommendations relevant to patient-inmate needs using clinical interviews (including a cognitive screening), collateral information, available records, and/or psychological assessment data. Interns are able to write integrated and useful psychological reports that are guided by individualized referral questions.

4. **Multicultural Awareness/Cultural Responsiveness:**

The cultural considerations in the prison setting include, but are not limited to, heritage, language, prison gang membership, cultural belief systems, national origin, language, and varied ethnic and socio-economic backgrounds. Interns work to achieve a high level awareness of their own strengths and weaknesses in this area, while applying the necessary level of research, consultation, and supervision for diagnosis and treatment of these diverse patient-inmates.

By focusing on diversity issues in seminars and supervision and providing psychotherapy and assessments to patient-inmates from diverse backgrounds, with appropriate supervision and consultation, interns learn to adjust assessment and treatment strategies to reflect an understanding of individual cultures, languages, abilities, values, ranges of socioeconomic status, and prison gangs. Because of the multicultural demographics of the patient-inmate population at CDCR, interns have the opportunity to work with a culturally diverse group of patient-inmates. Interns have several opportunities to be supervised by and seek consultation from psychologists from a range of cultural backgrounds.
5. **Ethics and Standards of Practice:**

In seminars, periodic Clinical Case Consultation Meetings, and ongoing supervision, interns review ethics, standards, and laws related to the practice of psychology. Interns develop sensitivity to the specific ethical concerns posed by a prison setting, particularly with respect to confidentiality, role conflict, use of consultation, and the limitations of our empirical knowledge base.

6. **Consultation and Team Skills:**

Interns participate in a variety of contexts where they seek out and provide consultation. Interns are part of a treatment team which consists of psychiatrists, psychologists, social workers, recreation therapists, correctional counselors, correctional officers, and other professional staff.

7. **Basic Correctional Skills:**

Because the RJDCF HSP Internship Program is located in a correctional setting, a significant portion of the Assessment and Professional Development Seminars are devoted to discussion of clinical practice in corrections. In supervision and in seminars, interns learn the ways in which length of sentence and housing type (e.g., ASU, Segregation Housing Unit, Mainline) affects treatment and assessment goals, as well as understand the unique skills that are acquired working within a correctional institution. Interns learn, for example, to apply principles of confidentiality related to patient-inmate information as outlined in both federal and State law as they apply to a correctional setting. In addition, interns learn to assess the special needs and problems of patient-inmates living in a correctional environment, and receive continuous guidance in dealing with the specific demands on psychologists who are working in a setting with a specific type of "prison culture”, representing a strong force in psychosocial behavioral adaptations in the patient-inmate population.

**Organization of Internship Training Program**

The training program is tailored to meet the needs, interests, and current level of training. At the beginning of the internship, interns are assigned to a primary supervisor who oversees and supervises some therapy and/or assessment cases. The primary supervisor (with the intern) conducts an initial evaluation of the intern's skills that forms the basis for planning *individualized training experiences* within the context of RJDCF HSP Internship Program.
Intern Evaluation

Intern Performance Evaluation:
The primary supervisor is responsible for completing formal evaluations of each intern’s abilities on the following schedule in conjunction with delegated supervisors and other individuals involved in the interns training program. The evaluations occur at least every four months or at the conclusion of each rotation. This feedback is provided to interns, as well as the interns training program. Informal feedback is also provided to interns on an ongoing basis during supervision. After all training requirements are completed, interns are awarded a certificate of completion with a copy sent to their school.

Site-Program Performance Evaluation (provided by the intern to the site):
Throughout the year, interns are invited to bring their concerns to the Institutional Internship Committee through their primary supervisor, Training Director, or intern representative. The Institutional Internship Committee and Training Director consider the intern’s concerns and make changes as appropriate. The Training Director meets with interns on a monthly basis to elicit concerns about aspects of their training program. Midyear and at the end of the internship year, interns complete anonymous written evaluations of their supervisors and evaluate their experiences, seminars, and the program as a whole. Additionally, internship alumni are surveyed every few years to provide longitudinal data on intern career paths and satisfaction with the training experience they received during their internship years. This feedback is used to modify the program as part of the goal to continuously improve the quality of training.

Supervision, Seminars, and Training

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

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

Individual Supervision:
Interns receive a total of two hours of individual supervision per week. At least one hour of individual supervision is provided by the primary supervisor, and the remaining balance of individual supervision may take place with the secondary or delegated supervisor. There are ample individual supervision provided to interns during their internship. Interns are responsible for logging their supervision hours and for having their supervisor regularly sign off on these hours.
Group Supervision:  
Group supervision occurs with a delegated or primary supervisor on a weekly basis. There are numerous opportunities for further group supervision to occur in settings where there is a clinical discussion regarding the treatment plan for patient-inmates, or other interdisciplinary meetings. Group supervision provides essential experience and a setting for the acquisition of important skills for psychology interns by stimulating the exchange of ideas, observing various aspects of case conceptualization and treatment planning, clinical documentation, monitoring of patient-inmate treatment progress, and many other aspects of clinical practice.

Core Seminars for All Interns

1. Institutional Internship Program Scholarly Seminar (two hours/week):  
RJDCF HSP Internship Program interns attend weekly, two-hour didactic training workshops. This 12-month, weekly Psychotherapy and Professional Development Seminar is intended to assist interns in conceptualizing treatment and developing evidence-based treatment plans that are effective for people suffering from severe mental illness, as well as discussing issues related to the professional development of psychologists, and aspects of working within a correctional setting. The seminars are conducted by various institutional mental health professionals who discuss aspects of professional practice. The seminars aim to strengthen therapeutic skills in conjunction with didactic training, group supervision, and intern presentations. Interns are required to complete a full case conceptualization to present to their colleagues.

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

Sample topics of the weekly trainings may include the following: mental health evaluation and initial intake process, psychological assessment, psychopathology and differential diagnosis, clinical interview issues, using the electronic medical record and documentation, professional development matters, treatment planning, suicide risk assessment and crisis management, practicing in a correctional setting, issues of cultural diversity, solution-oriented clinical practice, group therapy techniques, an overview of evidence-based treatment modalities, substance use and addictions, offense-related assessment and treatment, special issues related to aging in prison, and many other important areas of interest. Topics are chosen based upon their ability to broaden the interns’ exposure to therapeutic techniques and interventions.

2. Assessment Seminar (an average of two hours/month):  
The Forensic Assessment Unit (AU) at RJDCF consists of licensed psychologists who conduct a variety of forensic and clinical assessments, including consultation, assessment, psychometric testing and report writing regarding culpability and mitigation of penalties related to inmate discipline, decisional capacity, differential diagnosis and diagnostic clarification, treatment considerations, mandated treatment recommendations upon release and evaluations related to the evaluation of the diagnosis of exhibitionism subsequent to indecent exposure behavior in the prison environment. Interns receive orientation, training, and opportunity to shadow
licensed clinical forensic psychologists conducting various evaluations. In addition, the following activities are provided:

- The AU Senior Psychologist Specialist provides training on Mental Status Examination, Diagnostic Interviewing, and Malingering.
- Interns are observed conducting an Initial Mental Health Assessment with a patient-inmate by their clinical supervisor during the first six months of the internship. Interns receive feedback on clinical interview skills and written assessment by their clinical supervisor. During the second rotation, interns are observed again by their clinical supervisor and the AU Senior Psychologist Specialist and provided feedback on clinical interview skills and written assessment from both the clinical supervisor and the AU Senior Psychologist Specialist.
- For those interns who indicated an interest in completing a learning activity in the AU, they shadow/observe a licensed psychologist conducting a psychological evaluation for diagnostic clarification. Interns assess the patient-inmate’s symptoms, score and interpret the results, synthesize all information, provide a reasoned formulation of diagnosis and testing-informed treatment recommendations, and write up a final evaluation for review by a licensed psychologist.
- Interns are encouraged to attend the Assessment Report Review Meeting attended by AU Psychologists and Mental Health Department Chiefs.
- A Mock Trial is tentatively planned for year end’s culmination of the internship. The Mock Trial allows interns to practice expert witness testimony in a court setting.

3. Statewide Didactic Seminar (two hours/month)
   Two hours out of each month, interns participate in an interactive, statewide webinar-based or video-conference-type didactic. These statewide scholarly seminars are sponsored by the CDCR Statewide Training Unit. The content, coordination, and scheduling is determined by the CDCR Executive Unit in collaboration with each Training Director and with input from Institutional Internship Program. Typical topics include: Law and Ethics; Aging and Long-Term Care; Spousal Abuse; Substance Use; Supervision; Motivational Interviewing; Suicidality; and Treatment of Various Types of Offenders, to name a few.

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

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

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

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

**Office Space and Supplies:**
Interns have access to work space that includes a desk, computer, phone and or pager, and access to dictation services.

**Application Information**

**General information:**
California Correctional Health Care Services (CCHCS) maintains responsibility for the hiring and recruitment processes for psychology interns at CDCR. CCHCS also maintains a website containing, among other things, job postings and information for potential candidates. You can access the Clinical Psychology Intern announcement with this link: [http://www.cphcs.ca.gov/docs/hr/ClinicalPsychIntern-OS-C.pdf](http://www.cphcs.ca.gov/docs/hr/ClinicalPsychIntern-OS-C.pdf)

**Funding:**
Internships at RJDCF HSP Clinical Psychology Internship Program are government-funded, California State civil service positions.

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

**Pre-requisites for an internship with the RJDCF HSP:**
Prospective interns must have an Internship readiness letter from their school’s training director indicating they have completed all required course work, supervised practicum experiences, and be in good standing with their psychology training program. Additionally, prospective candidates must have:

- 250 hours of assessment experience;
- 800 hours of direct client service gained through a practicum experience in settings appropriate for a doctoral level psychology intern prior to starting the internship;
- Acquired practicum experience at two independent sites.
APPIC Application Process for Potential Candidates

Interns from both Ph.D. and Psy.D. programs are encouraged to apply. In order to be appointed as a Clinical Psychology Intern at an Institutional Psychology Internship Program training site of RJDCF HSP, applicants must submit an online application through the Association of Psychology Postdoctoral and Internship Programs (APPIC) called the APPI (available at [http://www.appic.org/AAPI-APPA#APP](http://www.appic.org/AAPI-APPA#APP)).

The RJDCF HSP participates in the National Matching Service for internship selection. Once matched, interns need to complete a background check, 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 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 30 days, and in cases by which the necessary candidate information is not readily available, extensions to the thirty-day maximum may be granted. (Source: “Streamlined Hiring Procedures for Dental and Mental Health Classifications, 2007).

To be considered for match, submit a completed application through the APPIC applicant portal ([http://www.appic.org/AAPI-APPA#APP](http://www.appic.org/AAPI-APPA#APP)). The completed APPI online 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 regular, civil service employee application process after the Match process.

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

Equal Opportunity

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

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

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

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

An additional rating is assigned to candidates based upon completion of their interview. Prospective interns are assigned a “rank,” reflective of the average of ratings from the initial evaluation and the interview.

Training Directors submit their official APPIC ranks to the RJDCF HSP Central Administrative Office, which completes the Ranking Form and forward the Form to RJDCF HSP for submission.

Once interns are matched to a RJDCF HSP institutional site, they are notified by the National Matching Service (NMS). Interns receive a confirmation call by the Institutional Training Director and an official follow-up letter within 72-hours from the Institutional Training Program agency with which they have been placed noting that the offer is contingent upon meeting all civil service requirements as previously indicated. A copy of the letter is sent to the applicant’s graduate program Director of Training as well.

If RJDCF HSP Internship Program does not match with potential interns during the first phase of the match, they proceed to the second phase of the process.

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

Due Process and Grievance Procedures

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

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

2. Evaluative processes specific to the training program and in accordance with APA Accreditation standards. A description of these policies is found in the section of the Policy and Procedure Manual entitled “Due Process for Intern Grievance of Issues Related to Areas of Academics and Clinical Practice” on pages 32-34.

Interns receive a copy of the SCDCRC Policy and Procedure Manual during the first week of their internship.
Appendix A: Statewide Didactic Seminars

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

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

The following is a Calendar for the Statewide Scholarly Seminars for 2018-2019:

August
Introduction to Practice as a Primary Clinician in Correctional Mental Health Care
Solid Documentation
Importance of Self Care/Preventing Burn Out
Ethics/Strategies/Report Writing (Dr. Weber, Psychologist)
Interfacing with custodial and other non-mental health professionals
Collecting collateral information for your case conceptualization
Cultural competency in prison settings
Adapting clinical interventions to prison settings

September
Supervision
The Intern as a Supervisor
Basic supervisory skills
What to disclose to your supervisor
Creating a fertile basis for sharing information and giving feedback
What and how to document
Theories of supervision
Developmental/competency-based supervision
Developing supervisory skills whether with practicum students or without

October
Motivational Interviewing and Program Evaluation
Basic skills
Active listening
Open-ended vs. close-ended questions
Giving reflections
Influencing thought processes
The patient-inmate as a responsible member of the treatment team
Using motivational interviewing to perform consultation
Theories and Methods of Program Evaluation
Evaluating your individual and group therapy outcomes

November
Recognizing and Dealing with Psychopathy in a Correctional Setting
Psychopathy Checklist-Revised and its Critics
Identifying signs and symptoms of Psychopathy
Special Communication Skills
Issues in Treatment Planning
Providing and receiving supervision in working with psychopathic individuals
Differentiating psychopathy from other sources of institutional violence

December
Identifying and Addressing the Most Common Cultural Diversity Issues as a Primary Clinician at CDCR
Diversity in Practice
Role of the Family in various populations
Socioeconomic Status issues
Lesbian/Gay/Bisexual/Transgender/Intersex
Prison and Gang Culture
The contribution of racial and ethnic health and mental health disparities on recidivism
Racial and ethnic macro and micro-aggressions

January
Law and Ethics for Psychologists
Differences between law and ethics
APA ethics guidelines
Reporting mandates (law):
  • Tarasoff and duty to protect (credible threats to safety of an identifiable potential victim)
  • Child abuse
  • Elder/dependent adult abuse
Dealing with unethical behaviors of peers
Ethical conflicts

February
Issues of Aging in Prison
Medical Issues and Mental Health
Healthy aging vs. abnormal cognitive decline
Neurocognitive Disorders, Mild
Neurocognitive Disorders, Major (Dementia)
Consultation and Referrals
Effective interventions with elderly patient-inmates
March
Substance Use and Addiction
- Neuro-biological bases of substance use and addiction
- Common theories related to substance use and treatment issues
- Cravings and Relapse
- Psychosocial aspects of addiction
- Criminal behavior and substance use
- Substance use and incarceration
- Influence of substance use on relationships
- Effective Interventions: Cognitive Behavioral Therapy and Relapse Prevention

April
Suicide Prevention
- Overview of major theories and schools of thought
- Culture issues
- Statistics (community and correctional settings, national, State, etc.)
- Involuntary treatment issues
- Evaluation and Documentation
- Designing a treatment plan for suicide prevention
- Effective empirically-supported interventions for suicidal patient-inmates: Introduction to Collaborative Assessment and Management

May
Antisocial, Narcissistic, and Borderline Personality Disorders
- Differences and similarities
- Risk Factors and Risk Reduction
- Differential Diagnostics and Comorbidities
- Treatment Options: Risk-Needs-Responsivity Approaches to Auditory Processing Disorder
- Review of Dialectical Behavior Therapy as an empirically supported treatment for Borderline Personality Disorder

June
Professional Development Strategies and Self-Care
- Keeping abreast of current science
- Participation opportunities in professional organizations
- Collaboration and consultation with peers
- Self-assessment
- Preventing burn-out
- Integrating empirically supported treatments and updating your clinical intervention options

July
Looking Forward
- Intern presentations
- Guest speaker from Canadian Psychological Association
- Statewide Internship Training Director Address
Appendix B: Guide for Clinical Case Presentations

Clinical Case Conference

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

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

Presenting Problems/Mental Status Exam (see additional handout)
A. Chief complaint
B. History of present illness
C. Why is the client coming to this setting?
D. Was there a precipitating event?
E. What is the client’s goal for therapy?

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

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

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

**Sequence of therapy**
A. Number of sessions completed to date
B. Describe the client’s engagement in the therapeutic process

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

**DSM-IV TR or DSM-5 diagnosis**
How did you arrive at the diagnosis? Is symptom criteria met to assign the diagnosis?
A. Differential diagnosis?
B. Dual diagnosis?
C. Provisional diagnoses?

**Prognosis**
A. Estimate the length of treatment
B. Are there adjunct treatments to consider (self-help groups, family Therapy/Treatment)?
C. Issues to address prior to termination
Appendix C: Individual Learning Plan (ILP)

Individual Learning Plan Agreement
2018-2019 Training Year

I. Goal Statements:

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

Statement of Overall Career Goals:
## II. Competency Areas: (from Psychology Internship Competency Assessment)

Current areas rated as High Intermediate (4) or Advanced Skills (5):

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

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

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

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

III. Training Agreements

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

   I have agreed to spend _____ hours per week on unit _______________ during this rotation to work on core clinical competencies.
2. **Assessment Supervision:** (Complete if the rotation supervisor is not the assessment supervisor):

   I have agreed with Dr. _____________ to complete a six-month assessment rotation. The emphasis during this assessment rotation is to achieve my core competencies in assessment.

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

   Dr. _____________ has agreed to supervise _____________, to meet the objective of _____________________________.

   Dr. _____________ has agreed to supervise ___________, to meet the objective of _____________________________.

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

   Competency area:__________________________________________________________
   Objective:_________________________________________________________________

   Competency area:__________________________________________________________
   Objective:_________________________________________________________________

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

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

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

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

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

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

________________________________________  ________________
Trainee                                     Primary Supervisor

________________________________________  __________________
Additional Supervisor                       Training Director