

Southern California Department of Corrections and Rehabilitation

C O N S O R T I U M

Psychology Intern's Brochure



2016 - 2017 Training Year

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Introduction from Training Director

Dear Potential Internship Applicant:

Thank you for your interest in the Southern California 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. SCDCRC training programs are found at the following site(s): Richard J. Donovan Correctional Facility, California Institution for Men, and California Institution for Women. As an intern at one of the Institutional Training Programs of SCDCRC, you are afforded the opportunity to provide individual and group therapy, crisis intervention, and suicide risk evaluations. In addition, you will receive weekly on-site didactic trainings or Consortium-wide trainings, where you will be able to interact with interns from other sites. In addition, you will experience monthly, statewide didactic seminars sponsored by the statewide Training Unit of the California Department of Corrections and Rehabilitation. Here, you will have the opportunity of learning from experts in diverse areas of psychology and exchanging ideas with peers and 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 inmate-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 frame-work of the scientifically-informed practitioner model, our training programs emphasize the incorporation of psychological science into the practice and delivery of culturally competent services.

CDCR allocates civil service positions for Clinical Psychology Intern. Each site requests a certain number of internship slots per year (a minimum of 2 slots). 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 brochure have been organized in a manner that will provide you with a comprehensive description of our training philosophy and intern experiences. If you have further questions that are not answered by this brochure, feel free to contact me directly by phone or email at the number or email address below with any questions regarding our internship program.

Sincerely,

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Description of Program Sites

(Please note that additional training sites may be added in the future.)

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

Mission Statement

The primary mission of the Richard J. Donovan Correctional Facility (RJD) is to provide housing and supervision for inmates classified as minimum - high custody, encompassing a Minimum Support Facility; one (1) Level III, General Population 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 RJD provides vocational, academic, and industrial programs.

Institution Details and Programs

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

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

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

Rehabilitative inmate leisure activities include social, educational, recreational, and mentoring groups. The RJD 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 RJD 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 (TUMI), and many other faith-based programs. Additionally, California Prison Industries Authority (CALPIA) employs inmates at the RJD in its laundry, bakery, and casual shoe factory.

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 (3200) 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 inmate-patient population.

- Correctional Clinical Case Management System (CCCMS): Designated for inmate-patients diagnosed with one of the ten identified diagnoses or medical necessity. They are higher functioning and able to interact with the general population. 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 inmates with a qualifying diagnosis who are not functioning well in the general population. EOP inmate-patients are scheduled for a minimum of 10 hours of structured treatment to include both individual and group therapy.
- Mental Health Crisis Bed (MHCB): Inmate-patients who meet criteria for danger to self or others or are gravely disabled due to mental illness are admitted to the MHCB. The MHCB provides daily encounters with members of the interdisciplinary treatment team in an acute care setting.

Rotations/Assignments

Forensic Assessment Unit (FAU) - The (FAU consists of licensed psychologists who conduct a variety of forensic and clinical assessments at RJD 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 in the assessment unit receive orientation, training and opportunity to shadow licensed clinical forensic psychologists conducting various evaluations. Once sufficient understanding and proficiency is gained the intern will receive his/her own cases to complete under supervision. Interns present cases to the weekly ARRM (Assessment Report Review Meeting) attended by Assessment Unit Psychologists and Mental Health Department Chiefs. A Mock Trial is tentatively planned for year end's culmination of this track. The Mock Trial will allow interns to practice expert witness testimony in a court setting. A small clinical caseload is also carried by Assessment Unit Interns to allow for development of individual therapy and case management format acumen; in addition, the AU Interns will also facilitate one or two process oriented or psychoeducational group.

Outpatient Clinical – General - The outpatient clinical general track provides broad based exposure to individuals in an Outpatient setting with chronic and severe mental illness in individual and group treatments with diverse patient populations. Outpatient Clinical track provides extensive experience with intake, crisis intervention, individual caseload management, individual psychotherapy, and group therapy. Interns offer primary clinician check-in process group and subject matter psychoeducation core and specialty groups. Using the primary care

model, 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. The intern will be responsible for creating comprehensive treatment plans with objective and measurable outcomes. When clinically appropriate, s/he will also create behavioral plans to target maladaptive behaviors. The intern will use an array of treatment modalities fit for the patient's presentation which may include cognitive-behavioral therapy (CBT), Dialectical Behavioral Therapy-Informed (DBT-I), psychodynamic techniques, crisis intervention, and behaviorally based techniques.

The primary clinician provides individual therapy and crisis intervention to the clients on their caseload as well as offering group therapy in their assigned facility. Interns may facilitate any of the offered groups (anger management, family issues, substance abuse, thinking for change, criminal thinking, DBT-I Group Therapy, psychotic symptom reduction, positive thinking reducing depression group, parenting, etc.). 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 they provide all clinical services for their own caseload and groups under supervision.

Outpatient Clinical with ART – (ART) - Interns selecting this track will perform all Outpatient General Track opportunities and assignments with the specification that some of their assigned groups will include Artistic Rehabilitative Therapeutics. Interns in ART will 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 (with PowerPoint Presentation and handouts provided to the intern), instruction and practice time, ART work time, group discussion of work and therapeutic benefits gained. Gallery exhibit and Gallery photo book is tentatively planned for this track's culmination. Interns in this track complete a training on the modules and training on dynamic group facilitation prior to group assignment. ART interns will also facilitate one to two General Track Groups and carry a small caseload like Outpatient General track interns.

Behavioral Health Unit- (BHU) - Within the clinical track there is also the opportunity to emphasize in behavioral health at RJD. The RJD Behavioral Health Unit (BHU) provides individual and group clinical services to inmate-patients (IPs) and consultative services to health care providers using an integrated primary care model. Many of the inmate-patients at RJD have complex, co-existing, medical and mental health conditions, and the BH Unit aims to improve patient care through enhanced communication and integration of treatment. Some examples of services offered by the Behavioral Health Unit include: adjunctive individual and group treatment for chronic pain, supportive services for those diagnosed with terminal illness and chronic serious health conditions. Interns in the BHU are provided extensive training and the opportunity to shadow licensed clinicians. Interns in BHU receive orientation, training and opportunity to shadow licensed clinical psychologists providing BHU services. Once sufficient understanding and proficiency is gained the intern will receive his/her own cases to treat under supervision. The intern assigned to this unit carries a behavioral health caseload and facilitates his or her own behavioral health groups under supervision. Direct individual and group clinical services, ongoing

training, education, consultation and quality management are core components of the RJD Behavioral Health track. This assignment primarily works with outpatient clinical population however there is possibility of inpatient combination services.

Inpatient Clinical - The RJD inpatient Correctional Treatment Center is a licensed facility, housing Mental Health Crisis Bed and medical inpatient levels of care. Inmates are admitted to the 14 bed inpatient psychiatric facility for Danger to Self, Danger to Others and Grave Disability (DTS, DTO, GD) typically with a length of stay (LOS) of 10 days or less. Upon discharge they are referred back to the outpatient programs or to a higher level of care. The intern would function as a Primary Clinician (PC). S/he would perform intake assessments, complete treatment plans present to the treatment team and provide individual short term stabilization focused psychotherapy. The intern would be responsible for creating comprehensive treatment plans with objective and measurable outcomes. When clinically appropriate, s/he would also create behavioral plans to target maladaptive behaviors. The intern would use a wide array of treatment modalities including, but not limited to, CBT, DBT, skill building, crisis intervention, and behaviorally based symptom management techniques. Interns in the CTC will receive orientation, training and opportunity to shadow licensed clinical psychologists providing inpatient services. Once sufficient understanding and proficiency is gained the intern will receive his/her own cases to treat under supervision.

Co-Occurring Disorders (CoD)/Substance Abuse Program (SAP) - The Mental Health Services Delivery System at CDCR strives to increase services for our clinical population as such, an integrated CoD program with the Substance Abuse Program (SAP,) a CDCR contractor, is offered at RJD. The program utilizes the evidence-based curriculum, Illness, Management, and Recovery (IMR), written by Mueser et al., (2006). The curriculum has been modified for correctional clinical populations. The modified curriculum employs a combination of motivational, educational, and cognitive-behavioral approaches within an integrated framework. After completion of the program, the inmate-patient will also receive aftercare planning which includes community linkages with substance abuse programs upon release dependent on the status of the inmate-patient as either a parolee or participant in State Assembly Bill 109 with SASCA-funded community treatment limited to those released to parole.

California Institution for Men (CIM)

Mission Statement

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

Facility A has an inmate population of approximately 1113 Level-II Sensitive Needs Yard (SNY) inmates. The facility consists of eight dormitory housing units and each housing unit has a capacity of approximately 140 inmates.

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

Facility C has an inmate population of approximately 760 Level-II Sensitive Needs Yard (SNY) inmates, many of whom are serving life sentences. The facility consists of four housing units with a capacity of approximately 200 inmates. Facility C is located approximately 2 miles east of CIM's main complex.

Facility D has an inmate population of approximately 2000 general population inmates and is designated as a Secure Level-I. The facility consists of twelve housing units with each housing unit having a capacity of approximately 200 inmates. The California Code of Regulations defines a Level I as consisting primarily of open dormitories with a low security level with inmates with 0 to 18 points (least likely to misbehave) are housed in Level I facilities. Inmates with minimum custody can be housed and work outside the secure perimeter where inmates with medium custody are housed and work inside the secure perimeter but can live in a dormitory environment.

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

Work programs include the PIA laundry, Juice Processing and packaging plant, Marine Technology Training Center deep sea diver training program, Janitorial services, Landscape design, automotive and Electronics repair

Mental Health Programs and Internship Rotation Areas

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

CIM's Mental Health Services Delivery System (MHSDS) provides three Levels of Care:

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

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

- MHCB/ASU Rotation: Interns will split time between the MHCB and ASU carrying a caseload of 1 to 2 cases at each location, working to provide intensive short term psychotherapy in the MHCB and short term weekly psychotherapy in the ASU. Interns will work cooperatively with the interdisciplinary treatment team on each unit and will provide limited group psychotherapy as well.
- Reception/EOP Rotation: Interns will carry a caseload of three or four EOP and Reception CCCMS inmate patients, providing weekly psychotherapy and working cooperatively in consultation with the reception interdisciplinary treatment. Limited group psychotherapy will also be provided.

Psychological Assessment Service: Interns will complete a minimum of 10 psychological assessments during the course of the training year. The Therapeutic Assessment model will be utilized, referral cases will include diagnostic clarification, high risk/high utilizer assessment, neuropsychological screening, and malingering assessment with treatment recommendations.

California Institution for Women (CIW)

Mission

The primary mission of the California Institution for Women (CIW) is to provide a safe and secure environment for primarily Level I/III 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, an arts in corrections program and a wide variety of inmate self-help groups and community betterment projects.

Special Historical Notes

Until 1987, CIW was California's only prison for female felons. 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.

Institution Details

The CIW accommodates all custody levels of female inmates. In addition to its large general population, CIW houses inmates with special needs such as pregnancy, psychiatric care, methadone, and medical problems such as HIV infection. CIW also serves as a hub institution for the selection and physical fitness training of female firefighters selected for conservation.

Mental Health Programs and Internship Rotation Areas

The current population is approximately 2,000 inmates, of which approximately 40% are in the mental health delivery system. Interns will complete a year rotation in the Psychiatric Inpatient Program (PIP) and in the Mental Health Crisis Bed Unit (MHCB). Between the two programs, interns will also carry a caseload of short and long term therapy cases. In addition, interns are part of the Therapeutic Assessment Service, completing at least 10 comprehensive assessments during the year, where referrals may come from any of the mental health programs.

Mental Health services are provided across five levels of care:

- Correctional Clinical Case Management Services (CCCMS) – Inmates/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) – Inmates/Patients receiving EOP services are housed in separate housing units. The program serves mentally ill Inmates/Patients who experience adjustment difficulties in a General Population setting, but are not so impaired that they require 24-hour inpatient care. Services include 10 hours of structured clinical activity per week, individual clinical contacts at least every two weeks, and enhanced nursing activities. This is similar to a day treatment program or locked mental health unit in the community.

- Mental Health Crisis Bed (MHCB) – Inmate/Patients in MHCB receive short-term crisis interventions up to ten day in a licensed Correctional Treatment Center (CTC). Inmate/Patients in MHCB present with acute symptoms of a serious mental health disorder, such as suicidal or self-harming behavior, or suffering from a significant or life-threatening disability. Services include observation, monitoring, continuous nursing assistance, symptom assessment, diagnosis, development of an initial treatment plan, therapy to alleviate psychiatric distress, and referral to appropriate level of care.
- Psychiatric Inpatient Program (PIP) – The PIP is a 45 bed inpatient mental health treatment facility that is licensed by the California Department of Public Health as a Correctional Treatment Center and accredited under the Behavioral Health Care standards of the Joint Commission. The PIP provides services for Inmate/Patients with serious mental disorders requiring more intensive inpatient treatment and for those that cannot function adequately at a lower level of care. Services include a structured and comprehensive therapeutic treatment environment with appropriate clinical and nursing staffing levels, comprehensive clinical assessment, medication management, health management, interdisciplinary treatment team planning, psycho-educational groups and individual therapy, ancillary and supportive therapies, enrichment activities, and discharge planning for a lower level of care or for discharge into the community.

There are two levels of care within the PIP:

- Intermediate Care Facility (ICF) – Inmates/Patients receive longer-term treatment for stabilization of a serious mental disorder.
- Acute Psychiatric Program (APP) – Inmate/Patients receive short-term treatment for stabilization of a acute serious mental disorder or acute exacerbation of a chronic serious mental disorder.

Psychology Mental Health Staff

Most psychologists are members of Interdisciplinary Treatment Teams (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 Staff Psychologists, monitoring of staff's work quality, and supervision of trainees. Several psychologists participate in our prison-wide Positive Behavioral Support (PBST) service, which provides consultation services for inmate-patients who are displaying maladaptive behaviors.

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

Population Served

CDCR INMATE DEMOGRAPHIC DATA

**Data Analysis Unit Department of Corrections and Rehabilitation
Estimates and Statistical Analysis Section State of California
Offender Information Services Branch February 5, 2013**

**TABLE 1
OFFENDERS BY ETHNICITY AND GENDER
as of December 31, 2012**

	MALE			FEMALE		TOTAL	
	NUMBER	PERCENT		NUMBER	PERCENT	NUMBER	PERCENT
TOTAL	127,909	100.0		5,974	100.0	133,883	100.0
RACIAL/ETHNIC GROUP							
OTHER	8,119	6.3		356	6.0	8,475	6.3
AFFRICAN AMERICAN	39,670	29.6		1,694	28.4	39,570	29.6
HISPANIC	52,968	41.4		1,904	31.927,846	54,872	41.0
CAUCASIAN	28,946	22.0		2,020	33.8	30,966	23.1

TABLE 2
OFFENDERS BY AGE AND GENDER
as of December 31, 2012

	FEMALE		MALE		TOTAL	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
TOTAL	5,974	100	127,909	100	133,883	100
Age						
18-19	30	0.7	1,467	1.1	1,506	1.1
20-24	603	10.1	15,232	11.9	15,835	11.8
25-29	986	16.5	18,453	14.4	19,439	14.5
30-34	1,036	17.3	19,923	15.6	20,959	15.7
35-39	754	12.6	16,561	12.9	17,315	12.9
40-44	728	12.2	15,508	12.1	16,236	12.1
45-49	697	11.7	14,470	11.3	15,167	11.3
50-54	564	9.4	12,259	9.6	12,823	9.6
55-59	305	5.1	7,254	5.7	7,559	5.6
60 and over	262	4.4	6,780	5.5	7,042	5.3
Under 18			2	0.0	2	0.0

Treatment Issues

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

1. Core Mental Disorders

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

- Schizophrenia
- delusional Disorder
- Schizophreniform Disorder
- Schizoaffective Disorder
- Brief Psychotic Disorder
- Substance-Induced Psychotic Disorder (exclude intoxication and withdrawal)

- Psychotic disorder due to a General Medical condition
- Psychotic Disorder Not otherwise Specified
- Major Depressive Disorders
- Bipolar Disorders

2. **Medical Necessity**

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

Mental health intervention is necessary to protect life and/or treat significant disability/dysfunction in an individual diagnosed with or suspected of having a mental disorder. Treatment is continued for these cases only upon reassessment and determination by the IDTT that the significant or life threatening disability/dysfunction continues or regularly recurs.

3. **Exhibitionism**

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

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

Levels of Care:

The levels of care found in the MHSDS are similar to those found in many community organizations. Final determinations of a patient's level of care are made by the IDTT. The levels of care are as follows:

1. **Correctional Clinical Case Manage System (CCCMS):** Outpatient program for patients whose symptoms are generally under control, or who are in partial remission as a result of treatment. This may include a response to symptoms that require only a brief intervention, such as a psychotherapy session or an adjustment in medications. When mentally disordered, these inmate-patients can function in the general population and do not require a clinically structured, therapeutic environment.
2. **Enhanced Outpatient Program (EOP):** Outpatient for patients whose functioning is lower than those patients 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 General Population based upon:
 - An inability to program in work or educational assignments, or other correctional activities such as religious services, self-help programming, canteen, recreational activities, visiting, etc., as a consequence of a serious mental disorder;

or

- The presence of dysfunctional or disruptive social interaction, including withdrawal, bizarre or disruptive behavior, extreme argumentativeness, inability to respond to staff directions, provocative behavior toward others, inappropriate sexual behavior, etc., as a consequence of serious mental disorder, or
 - An impairment in the activities of daily living, including eating, grooming, personal hygiene, maintenance of housing area, and ambulation, as a consequence of serious mental disorder.
3. **Mental Health Crisis Bed (MHSDS) Placement:** Inpatient treatment (generally in a licensed facility within the prison) for inmate-patients who require continuous nursing care:
- Marked impairment and dysfunction in most areas (ADLs, 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 inmate-patients whose conditions cannot be successfully treated in the outpatient setting or in short-term MHCB placements. Both acute and intermediate care programs are offered in these facilities.

Mission Statement

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

Training Approach

All SCDCRC institutional internship programs offer intensive training programs, providing interns with a broad range of experiences. All internships are for a duration of 12 months or for a minimum 1,500 hours. An Individual Learning Plan or ILP (found in Attachment C of this manual), building upon prior classroom and experiential education, is established for each intern during the initial weeks of participation in the SCDCRC. Internships increase in depth and complexity as the program year progresses. The intern is expected to increase his/her level of independence in clinical activities through regular individual and group supervisions. SCDCRC provides a wide range of training opportunities and excellent supervision within its member agencies. Institutional staff working in tandem with the statewide SCDCRC organization, support interns to attain the competencies that are foundational to professional development.

Interns attend weekly, two-hour didactic sessions either onsite or collectively with interns from other SCDCRC sites, at least quarterly. Interns also participate in interdisciplinary team educational meetings and 2-hour monthly scholarly seminars conducted by professional staff. Note that CDCR is an APA-approved sponsor for Continuing Education.

In addition, interns join together semi-annually (at the beginning and at the mid-year point of the internship), for day-long orientations, didactics and case presentations.

Educational and Training Goals and Objectives

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

Each intern completes the following core assignments listed below while completing two clinical rotations. Since the missions of individual site agencies are varied, each site agency has an institutional rotation plan, allowing for a minimum of 2 different rotations during the 12-month internship. Examples for rotation plans may include but not be limited to any of the following:

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

Training Program: Core Requirements

Goals and Processes:

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

Program Goals

Educational and Training Goals:

Specific goals are set for seven basic categories (see below). The associated 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 SCDCRC 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 SCDCRC aims to develop practitioners who combine an awareness of person/professional strengths as well as limitations. These future psychologists will 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 SCDCRC to develop and train practitioners who recognize the importance of diversity and individual differences, and who are aware of the effects of their own cultural and ethnic background and attitudes in clinical practice.

5. Professional Ethics and Standards

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

6. Supervision and Consultation

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

7. Scholarly Commitment

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

Each intern completes the following core assignments while completing two clinical rotations. Since the missions of individual site agencies are varied, each site agency has an institutional rotation plan, allowing for a minimum of 2 different rotations during the 12-month internship. Examples for rotation plans may include but not be limited to any of the following:

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

Descriptions of Competencies

1. Clinical Interventions/Therapy:

Interns will carry an individual psychotherapy caseload. Thirty to fifty percent of your total work week will be spent in face-to-face clinical interventions and therapy activities. During your internship, you will be 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, you are expected to have developed competencies in the following areas, which are adapted from the APA Benchmark Competencies (2012):

Individual Therapy Competencies:

- a. Conceptualizing cases according to a stated theoretical model
- b. Integrating culturally-relevant information into case conceptualization and treatment
- c. Developing basic therapeutic rapport and treatment engagement
- d. Planning and implementing interventions
- e. Evaluating the effectiveness of interventions
- f. Adjusting interventions according to a patient's needs

Interns provide individual therapy to a diverse group of inmate/patients, utilizing an eclectic therapeutic approach ensuring to alter treatment to the client's unique needs. The inmate/patients represent a variety of ages, cultures, sexual orientation/gender identities and a broad range of diagnoses and degrees of severity of mental disorder.

Training Principles

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

- Initial caseload assignments are consistent with the intern's professional developmental level.
- Thirty to fifty percent of the total hours per week are spent in face-to-face delivery of services.
- Intensive supervision of case activity is provided.
- Each student receives support to administer, score, and interpret a number of assessment instruments.
 - Initially, the interns' administration, scoring interpretation and report writing will occur under close supervision by either the primary supervisor or other assigned supervisors. Once a reasonable level of competency is established, the interns work more independently, but continue to be supervised throughout the internship.
 - Interns act as co-consultants with a supervisor. As competence increases, intern responsibilities and independence 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 by two different supervisors (a primary and a secondary supervisor) and a minimum of 2 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 SCDRC internship, interested interns are afforded the opportunity to engage in applied clinical research and program evaluation studies.

1. Group Therapy Competencies:

Interns receive a wide range of experiences in group therapy. Depending upon the needs of a specific program, you may be called upon to co-lead (and eventually independently lead) psychotherapy groups. Interns will develop competency in facilitating group psychotherapy with individuals who have mild to severe mental illness, substance use issues, personality disorders, and cognitive limitations. Each intern will 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 your program and your 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.; and (f) documenting group sessions for use in Interdisciplinary Treatment Team meetings. Depending on intern interests and prison needs, there will also be opportunities to participate in the development of new groups at the prison.

2. Psychological Assessment and Diagnosis:

Interns complete at least 6 work products/psychological reports that include, but are not limited to, psychological assessment of inmate-patients' symptom presentations (most will involve formal testing), diagnosis and treatment recommendations, and/or Positive Behavior Support Planning, and other assessment types that your institutional Training Program may require. In doing so, interns learn to draw sound diagnostic inferences, and make recommendations relevant to patient needs using clinical interviews (including a cognitive screening), collateral information, available records, and/or psychological assessment data. Interns will be able to write integrated and useful psychological reports that are guided by individualized referral questions.

3. 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 inmate-patients.

By focusing on diversity issues in seminars and supervision and providing psychotherapy and assessments to inmate-patients from diverse backgrounds (with appropriate supervision and consultation), interns will learn to adjust assessment and treatment strategies to reflect an understanding of individual cultures, languages, abilities, values, ranges of socioeconomic status, and as mentioned earlier-prison culture/gangs. Because of the multicultural demographics of the inmate-patient population at CDCR, each intern has the opportunity to work with a culturally diverse group of inmate-patients. In addition to the experiences discussed above, interns have several opportunities to be supervised by and seek consultation from psychologists from a range of cultural backgrounds.

4. Ethics and Standards of Practice:

In seminars, periodic Clinical Case Consultation Meetings and ongoing supervision, interns will review ethics, standards, and laws related to the practice of psychology. Interns will 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.

5. Consultation and Team Skills:

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

6. Basic Correctional Skills:

Because all SCDRC institutional Training Programs are located in correctional settings, a significant portion of the Assessment and Professional Development Seminars are devoted to discussion of clinical practice in corrections. In supervision and in seminars all interns will learn the ways in which length of sentence and housing type (e.g., Administrative Segregation Unit (ASU), Segregation Housing Unit (SHU), Mainline (ML)) affects treatment and assessment goals, as well as understanding the unique skills that are acquired working within a correctional institution. Interns learn, for example, to apply principles of confidentiality related to patient 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 patients 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 inmate-patient population.

Organization of Internship Training Program

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

Intern Evaluation

Intern Performance Evaluation:

The Primary Supervisor is responsible for completing formal evaluations of each intern's abilities on the following schedule in conjunction with delegated supervisors and other individuals involved in the interns training program. The evaluations will occur at least every 4 months or at the conclusion of each rotation. This feedback is provided to you, as well as to your training program. Informal feedback is also provided to interns on an ongoing basis during supervision. After all training requirements are completed a certificate of completion is awarded to each intern with a copy sent to the school.

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

Throughout the year, interns are invited to bring their concerns to the institutional Internship Committee through their Primary Supervisor, or the Site Training Coordinator, or intern representative. The institutional Internship Committee and Training Coordinator consider the intern's concerns and make changes as appropriate. The Site Training Coordinator will meet with each intern on a monthly basis to elicit concerns about aspects of his or her training program. 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 of continuously improving the quality of training.

Supervision, Seminars, and Training

Supervision Requirements:

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

- Supervision at a minimum rate of 10% of the total time worked per week (4 hours per week)
- At least 2 hours of regularly scheduled individual face-to-face supervision per week, provided by one or more licensed doctoral-level psychologists
- At least 2 hours of regularly scheduled group supervision per week provided by one or more licensed doctoral-level psychologists
- At least 2 hours a week of didactic activities such as case conferences, seminars, in-service training, or grand rounds

Individual Supervision:

You will receive a total of 2 hours of individual supervision per week. 1 hour of individual supervision is provided by your Primary Supervisor, and the remaining balance of individual supervision will take place with your secondary or delegated supervisor. There will be ample individual supervision provided to you during your internship. Interns are responsible for logging their supervision hours and for having their supervisor regularly sign off on these hours.

Group Supervision:

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

Core Seminars for All Interns

1. Institutional Internship Program Scholarly Seminar (2 hours per week):

SCDCRC interns from all member agencies attend weekly, two-hour didactic training workshops, held at the internship site. 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, aspects of working within a correctional setting. The seminars will be 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. Each intern will also be 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 and 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 2 hours per month):

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

Note that with various types of rotations, instruction and practice of assessment activities may be modified to meet the demands of the specific program. The total number of hours provided for assessment seminars will average out to at least 2 hours per month.

3. Statewide Didactic Seminar (2 hours per month):

Two hours out of each month, interns will participate in an interactive, statewide webinar-based or video-conference-type didactic. SCDCRC's Didactic Training Program is designed to reinforce applied training, facilitate skill development, support peer interaction and offer training in specific specialty areas. These statewide scholarly seminars will be sponsored by the CDCR Statewide Training Unit. The content, coordination and scheduling is determined by the CDCR Executive Unit in collaboration with each Consortium 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. Some of the didactics provided qualify for the required CEU hours for California Licensure.

Additional Training Opportunities:

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

Meetings:

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

Resources for Training:

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

Supervisors:

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

Office Space and Supplies:

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

Application Information

General information:

California Correctional Health Care Services maintains responsibility for the hiring and recruitment processes for psychology interns at CDCR. This agency also maintains a website containing, among other things, job postings and information for potential candidates. You can access the official Clinical Psychology Intern examination bulletin with this link: <http://www.cphcs.ca.gov/docs/hr/ClinicalPsychIntern-OS-C.pdf>

Funding:

Internships at the Southern California Department of Corrections and Rehabilitation Psychology Internship Program (SCDCRC) are government-funded, California State civil service positions.

Holidays, Vacation Time and Medical Benefits

Interns receive all state and federal holiday time off as un-paid leave.

Pre-requisites for an internship with the SCDCRC:

Prospective interns must have an Internship readiness letter from their schools training director indicating they have completed all required course work, supervised practicum experiences and be in good standing with their psychology training program. Additionally, 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 SCDCRC, applicants must submit an on-line application through the Association of Psychology Postdoctoral and Internship Programs (APPIC) called the APPI (available at <http://www.appic.org/AAPI-APPA#APP>). Applicants must also submit an application to CDCR through the regular, civil service employee application process. Instructions for application can be found by accessing this link: <http://www.cphcs.ca.gov/docs/hr/ClinicalPsychIntern-OS-C.pdf>.

The SCDCRC participates in the National Matching Service for internship selection. Once matched, interns will need to complete a background check, credentialing process, and drug screening as a condition of employment.

To be considered for match, each applicant is required to submit a completed application through the APPIC applicant portal (<http://www.appic.org/AAPI-APPA#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 interns' 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, SCDCRC Central Office contacts the prospective intern, providing him/her with an opportunity to submit complete documentation within a given timeframe.

Equal Opportunity

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.

Intern Selection Process

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

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

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

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

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

Once an intern is matched to a SCDCRC institutional site, he/she will be notified by the National Matching Service (NMS). The intern will receive a confirmation call by the institutional training director and an official follow-up letter within seventy-two hours from the institutional Training Program agency with which he/she has been placed noting that the offer is contingent upon meeting all civil service requirements. The letter will be copied and sent to the applicant’s graduate program Director of Training as well.

Sites which do not match with potential interns during the first phase of the match will 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 TB test.

Due Process and Grievance Procedures

The Southern California Department of Corrections and Rehabilitation Consortium (SCDCRC) is committed to providing interns with a supportive, safe environment in which to explore their professional interests, and to developing the skills and competencies that are foundational to future service and success. Consistent with these objectives, SCDCRC encourages interns to seek clarification whenever questions or concerns related to their SCDCRC experience arise. Interns have multiple avenues by which to communicate questions, issues or concerns. The work performance of Psychology Interns is evaluated by two separate processes. First, there are evaluative processes specific to limited-term employment within CDCR, an agency of the State of California. A description of these processes is found in Policy and Procedure Manual in the section entitled “Open Door and Grievance Policy: Administrative Focus” on pages 25-31. Second, there are evaluative processes specific to the training program and in accordance with APA Accreditation standards. A description of these policies is found in the section of the P & P manual entitled “Due Process for Intern Grievance of Issues Related to Areas of Academics and Clinical Practice” on pages 32-34. All interns will receive a copy of the SCDCRC Policy and Procedure Manual during the first week of your 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, 2 hours)

The CDCR Training Unit will sponsor 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 2016-2017:

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 skill 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 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
SES issues
LGBT
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 patients

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 patients: Introduction to CAMS

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 APD
- Review of DBT as an empirically supported treatment for BPD

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 CPA
- 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. ETOH/substance abuse history
- H. Previous treatment

Current functioning

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

Adjuncts to therapy

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

- b. What assessment instruments were used?
- c. What were the results?

Sequence of therapy

- A. Number of sessions completed to date
- B. Describe the client's engagement in the therapeutic process

Case Formulation

- A. What general theory primarily guides your understanding of this case? (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? (ACOA, battered spouse, etc.)
- F. What kinds of interventions have worked best with this person?
- G. What kinds of interventions have not worked?
- H. Provide an overall assessment of the therapy process to date

DSM-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?
- I. Provisional diagnoses?

Prognosis

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

Appendix C: Individual Learning Plan (ILP)

Individual Learning Plan Agreement
2016-2017 Training Year

I. Goal Statements:

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

Statement of Overall Career Goals:

II. Competency Areas: (from Psychology Internship Competency Assessment)

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

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

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

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

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

III. Training Agreements

1. **Rotation Supervision:** I have agreed with Dr. _____ to complete a 6-month primary rotation on unit _____. The emphasis during this rotation will be 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 6-month assessment rotation. The emphasis during this assessment rotation will be achieving 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
- Meets performance goals as outlined in the Competency Assessment form

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

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

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

Trainee

Primary Supervisor

Additional Supervisor

Training Director