

Northern California Department of Corrections and Rehabilitation

C O N S O R T I U M

# Psychology Intern's Brochure



2016 - 2017 Training Year

# Table of Contents

- Introduction from Training Director ..... 2
- Description of Program Sites..... 3
- Psychology Mental Health Staff ..... 11
- Population Served ..... 11
- Treatment Issues ..... 12
- Mission Statement ..... 14
- Training Approach ..... 15
- Educational and Training Goals and Objectives ..... 15
- Training Program: Core Requirements ..... 16
- Program Goals..... 16
- Descriptions and Competencies ..... 17
- Organization of Internship Training Program ..... 20
- Intern Evaluation..... 20
- Supervision, Seminars, and Training ..... 21
- Core Seminars for all Interns..... 21
- Application Information ..... 24
- Equal Opportunity ..... 24
- APPIC Requirements..... 25
- CDCR Civil Service Application Information ..... 25
- Intern Selection Process ..... 25
- Due Process and Grievance Procedures..... 26
- Appendix A: Statewide Didactic Seminars ..... 27
- Appendix B: Guide for Clinical Case Presentations..... 31
- Appendix C: Individual Learning Plan (ILP)..... 33

# Introduction from Training Director

Dear Potential Internship Applicant:

Thank you for your interest in the Northern California Corrections and Rehabilitation Consortium's (NCDRC) internship program. The NCDRC 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. NCDRC training programs are found at the following site(s): California State Prison – Sacramento, Valley State Prison, California Health Care Facility, California Men's Colony, California Medical Facility, California State Prison – Solano, and Central California Women's Facility. As an intern at one of the Institutional Training Programs of NCDRC, 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 NCDRC'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,

Lamberto S. Domingo, PsyD, Senior Psychologist Specialist  
Director of Training, NCDRC  
California Medical Facility, Vacaville  
1600 California Drive  
Vacaville, CA 95687

Office: 707-448-6841 ext. 2011

Fax: 707-453-7015

[Lamberto.Domingo@cdcr.ca.gov](mailto:Lamberto.Domingo@cdcr.ca.gov)

# Description of Program Sites

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

## California State Prison, Sacramento (CSP-SAC)

CSP-SAC is a large multi-mission correctional institution. Fundamentally, the institution houses maximum security inmates serving long sentences or those that have proven to be management problems at other institutions. The prison houses approximately 2,065 inmates who are receiving treatment via CDCR's Mental Health Services Delivery System. CSP-SAC is considered a Medical Hub for Northern California, a Treatment Hub for Indecent Exposure Inmate-Patients, and a Clustering Institution for inmate-patients involved in the Developmental Disability Placement Program. Interns have the possibility of working with the supervisor to design a rotation program based upon their strengths, abilities and skill-building needs they bring with them into the program. Interns and their supervisors will be able to choose from a number of outpatient and inpatient rotations in various types of settings with various levels of security (Levels II-IV represent the inmate's security needs, ranging from less security to greater security environments). Rotations may consist of 2-3 of the following during the internship year.

- Enhanced Outpatient Programs or EOP (whose participants receive at least one individual session with their primary clinicians every other week and at least 10 hours of out-of-cell therapeutic activities, including a broad range of therapy group types).
- Psychiatric Services Unit or PSU, whose participants receive at least one individual session with their primary clinicians every week and at least 10 hours of out-of-cell therapeutic activities.
- EOP Administrative Segregation Unit or EOP ASU, whose participants receive at least one individual session with their primary clinicians every week and at least 10 hours of out-of-cell therapeutic activities.
- Correctional Clinical Case Management System (CCCMS) Mainline Programs, whose participants receive at least one individual session with their primary clinicians every 90 days, specialized individual treatment to meet specific treatment needs, and frequent group therapy.
- Outpatient Housing Unit (OHU).
- Unlicensed Mental Health Crisis Bed Unit (MHCBU).
- Correctional Treatment Centers (CTC) which were licensed in February 2003 by the Joint Commission Accreditation Health Care Committee.
- A Developmental Disabilities Program that includes individuals with other types of cognitive impairment, for example, mild and major neurocognitive disorders in persons requiring enhanced adaptive measures to meet their needs.
- Testing training provided in all rotations. Specialized forensic testing instruction, in addition to the core tests.

- Group therapy includes core group themes, as well as specialized behavior modification and other criminogenic-related groups. Specialized treatment for indecent exposure is also available.
- **Future planning:** The Northern CDCR Consortium is considering adding Folsom State Prison or FSP (next to CSP-Sacramento) to its membership. FSP (a male facility) has a new substance use program for women on its grounds, which may augment the rotation list for CSP-SAC, as well as having access to a greater number of rotation settings for its own interns.

## Valley State Prison (VSP)

The mission of Valley State Prison (VSP) is multi-fold. VSP functions as a Level II (moderate security needs), General Population institution housing inmates requiring Sensitive Needs Yard (SNY) placement. Inmates with “sensitive needs” are generally individuals whose needs include separation from a general correctional population. Individuals in a sensitive needs program include gang drop-outs, individuals with a history of sex offenses, and individuals who require other special protection or protective services. In addition, rehabilitative services are frequent. VSP has been identified as a Re-Entry hub for the California Department of Corrections and Rehabilitations (CDCR). As a Re-Entry hub, VSP will focus on needs based rehabilitative services to include substance abuse and cognitive behavioral training. VSP offers educational and vocational training, along with work skills training. This special needs population generally has a higher utilization of mental health services, and frequently provides opportunities for enhanced psychotherapy. Interns and their supervisors will be able to put design the rotation plan by selecting from the following.

- Enhanced Outpatient Programs or EOP (whose participants receive at least one individual session with their primary clinicians every week and at least 10 hours of out-of-cell therapeutic activities, including a broad range of therapy group types)
- EOP Administrative Segregation Unit or EOP ASU, whose participants receive at least one individual session with their primary clinicians every week and at least 10 hours of out-of-cell therapeutic activities.
- Correctional Clinical Case Management System (CCCMS) Mainline Programs, whose participants receive at least one individual session with their primary clinicians every 90 days, specialized individual treatment to meet specific treatment needs, and frequent group therapy (theme groups may consist of the core themes such as anger and stress management, substance use, family issues, etc., as well as potential specialized groups for individuals with co-occurring disorders, sex offender treatment, etc.).
- Core testing training provided in all rotations, with specialized testing for sex offenders.
- **Future planning:** We plan to add the California Correctional Women’s Facility (CCWF), which is next door to VSP as a new site for 2016-2017. We have begun discussing the possibility of sharing rotations between VSP and CCWF, so that interns could have the opportunity to work with both male and female patients in a correctional setting

## California Health Care Facility (CHCF)

The California Health Care Facility (CHCF) represents the state's largest individual investment in providing quality medical care and mental health treatment to the most infirm inmate-patients who have the severe and long-term medical and/or mental health needs. The 1.4 million square foot facility is designed to provide intermediate-level care to meet constitutional standards set by the courts and to complement less acute treatment provided in other prisons operated by the California Department of Corrections and Rehabilitation (CDCR). The \$839 million project was funded by the Public Safety and Offender Services Rehabilitation Act of 2007, legislation that improved public safety by providing resources to expand correctional facilities and rehabilitation programs to reduce recidivism. The 54 building complex, situated on 200 acres, is located in South Stockton on the site of the former Karl Holton Youth Correctional Facility. It provides housing and treatment for 1,722 inmate-patients provided by a professional health care staff of 2,500 from CDCR, the Department of State Hospitals and the California Correctional Health Care. The majority of the inmate-patient population of CHCF have chronic medical and/or psychiatric illnesses. Most inmate-patients are served in licensed beds. A smaller portion of inmate-patients with chronic but stable medical conditions are served in non-licensed beds, due to the fact that their medical symptoms require minimal and less frequent treatment. While the predominant diseases suffered by these inmate-patients are medical or surgical, many of these inmate-patients in high acuity and low acuity beds will also have co-morbid mental illness. Within these medical housing areas, many inmate-patients will have a mental health designation of Correctional Clinical Case Management (CCCMS) or Enhanced Outpatient Programs (EOP). Currently there are approximately CCCMS and EOP inmate-patients housed within both the high acuity and low acuity housing areas. CHCF offers medical treatment for inmate-patients in the following areas:

- High Acuity Medical Beds (420 beds) - Inmate-patients at this level of care will have severe medical issues and symptoms, such as those with chronic diabetes, severe cardiac disease, pulmonary disease, cancer, and require a high level of medical and nursing care.
- Low Acuity Medical Beds (673 beds) - Inmate-patients at this level of care have less severe medical illness and require a lower level of nursing care.
- Mental Health Crisis Beds (98 beds) - There are 98 psychiatric crisis-beds within CHCF. Inmate-patients, who are in acute crisis, will be transferred to CHCF from other institutions around the state. Additionally, inmate-patients within CHCF, who may occupy a different type of bed at CHCF, may be moved to crisis beds in the event that they decompensate and have been determined to either be a danger to themselves, a danger to others, or gravely disabled. The length of stay in this program is 10 days or less, and they are seen on a daily basis by a clinician and every 7 days by an interdisciplinary treatment team.
- General Population (GP) inmate-patients who have troublesome medical conditions which require regular or periodic medical treatment. Some of these inmates eventually become designated at the CCCMS or EOP level of care when mental health treatment is needed.

**Interns and their supervisors will be able to design the rotation plan by selecting from the following:**

- Enhanced Outpatient Programs ( EOP) (whose participants receive at least one individual session with their primary clinicians every week and at least 10 hours of out-of-cell therapeutic activities, including a broad range of therapy group types)
- EOP Administrative Segregation Unit (EOP ASU), whose participants receive at least one individual session with their primary clinicians every week and at least 10 hours of out-of-cell therapeutic activities.
- Correctional Clinical Case Management System (CCCMS) Mainline Programs, whose participants receive at least one individual session with their primary clinicians every 90 days, specialized individual treatment to meet specific treatment needs, and frequent group therapy (theme groups may consist of the core themes such as anger and stress management, substance use, family issues, etc., as well as potential specialized groups for individuals with co-occurring disorders, sex offender treatment, etc.).
- A Developmental Disabilities Program that includes individuals with other types of cognitive impairment, for example, mild and major neurocognitive disorders in persons requiring enhanced adaptive measures to meet their needs.
- Testing training provided in all rotations. Specialized forensic testing instruction, in addition to the core tests.

Group therapy includes core group themes, as well as specialized clinical groups aimed at helping patients cope better with their symptoms, and groups designed to help patients improve their coping skills and skills of daily living.

## **California Men's Colony (CMC)**

The California Men's Colony (CMC) is located on the Central Coast in San Luis Obispo. The primary mission of the California Men's Colony is to provide secure housing for minimum and medium security inmates.

CMC has two physically separated housing complexes, commonly referred to as "East" and "West." An emphasis is placed on providing all inmates with programs for self-improvement. These programs include academic and vocational education, work skills in prison industries and inmate self-help group activities. The Level III housing complex (East), which houses medium security general population inmates, is divided into four Facilities. Each Facility has its own dining room, classrooms, athletic fields, and two three-story housing units. The East housing complex has a fully licensed General Acute Care Hospital and provides a full range of medical services for the Department of Corrections and Rehabilitation. The facility also provides a Mental Health Delivery System in the form of an Enhanced Outpatient Program (EOP), and outpatient treatment for inmates assigned to the Correctional Clinical Case Management System (CCCMS), as well as a new fully licensed 50 bed Correctional Treatment Center (CTC). The Level I and II housing complex (West) houses minimum security general population inmates in dormitory settings within three separate facilities. In addition, the West housing complex contains outpatient treatment for inmates assigned to the Correctional Clinical Case Management System (CCCMS), a Level I camp program for fire suppression, conservation and other community service work. CMC works extensively within San Luis Obispo County, in conjunction with other governmental

entities, through Community Service Crews which perform many valuable services to the various communities within the county. CMC's West Facility has been designated as a re-entry hub. As part of the re-entry hub program, inmates are given the opportunity to take advantage of increased academic education and increased career technical education. CMC West inmates have access to cognitive behavior therapy programs such as substance abuse, criminal thinking, anger management and family relationships. Additionally, CMC West inmates may also take advantage to transitional programs that help them get jobs, plan out a career path, plan for their financial future, and obtain a California ID card before their release.

**Interns and their clinical supervisors will be able to design the rotation plan by selecting from the following:**

- Enhanced Outpatient Program (EOP), which provides the most intensive level of outpatient mental health treatment in the Mental Health Delivery System. Inmate/patients in the EOP receive at least one individual session with their primary clinicians every week and at least 10 hours of therapeutic activities, including a broad range of therapy group types.
- EOP Administrative Segregation Unit (EOP ASU), whose participants receive at least one individual session with their primary clinician every week and at least 10 hours of therapeutic activities.
- Correctional Clinical Case Management System (CCCMS) Mainline Programs, whose participants receive at least one individual session with their primary clinician every 90 days, specialized individual treatment to meet specific treatment needs, and frequent group therapy (theme groups may consist of the core themes such as anger and stress management, substance use, process groups, etc., as well as potential specialized groups for individuals with co-occurring disorders, etc.).

A Developmental Disabilities Program which includes inmate/patients with other types of cognitive impairment, for example, mild and major neurocognitive disorders in persons requiring enhanced adaptive measures to meet their needs.

## **California Medical Facility (CMF)**

The California Medical Facility (CMF) was established in 1955 by the Legislature to provide a centrally located medical / psychiatric institution for the health care needs of the male felon population in California's prisons. CMF is located approximately 35 minutes west of Sacramento and 45 minutes northeast of the San Francisco Bay Area. Currently, CMF operates with a 299.1 million dollar budget and approximately 2,088 employees.

CMF houses a General Acute Care Hospital, Correctional Treatment Center (CTC), in-patient and out-patient psychiatric facilities, a Hospice Unit for terminally ill inmates, general population, and other special inmate housing. Additionally, the Department of State Hospitals operates a licensed, Acute Care Psychiatric Hospital and an Intermediate Care Facility within CMF.

**Interns and their supervisors will be able to design the rotation plan by selecting from the following:**

- Enhanced Outpatient Programs (EOP) (whose participants receive at least one individual session with their primary clinicians every week and at least 10 hours of out-of-cell therapeutic activities, including a broad range of therapy group types)
- EOP Administrative Segregation Unit (EOP ASU), whose participants receive at least one individual session with their primary clinicians every week and at least 10 hours of out-of-cell therapeutic activities.
- Correctional Clinical Case Management System (CCCMS) Mainline Programs, whose participants receive at least one individual session with their primary clinicians every 90 days, specialized individual treatment to meet specific treatment needs, and frequent group therapy (theme groups may consist of the core themes such as anger and stress management, substance use, family issues, etc., as well as potential specialized groups for individuals with co-occurring disorders, sex offender treatment, etc.).
- A Developmental Disabilities Program that includes individuals with other types of cognitive impairment, for example, mild and major neurocognitive disorders in persons requiring enhanced adaptive measures to meet their needs.
- Testing training provided in all rotations. Specialized forensic testing instruction, in addition to the core tests.

Group therapy includes core group themes, as well as specialized clinical groups aimed at helping patients cope better with their symptoms, and groups designed to help patients improve their coping skills and skills of daily living.

## **California State Prison – Solano (CSP-Solano)**

The primary mission of California State Prison (CSP-Solano) is to provide custody, care and treatment, and rehabilitative programs for inmates committed to the California Department of Corrections and Rehabilitation (CDCR) by the courts. CSP-Solano is designed as a medium security institution to provide housing for general population inmates.

In addition to a significant program within Mental Health Services, CSP-Solano focuses on providing a comprehensive work/training program that includes education, vocational training, and assignments for some inmates within industries that are geared toward providing them with skills that can assist them in the work world follow when the inmate paroles. CSP-Solano also offers a variety of self-help programs including Al-anon, Alcoholics Anonymous (AA), Alternatives to Violence Project (AVP), In-Building Self-Help Programs (IBSHPs), Long Term Offender Pilot Programs (LTOPP), Narcotics Anonymous (NA), Offender Mentor Certification Programs (OMCP), Peer Health Educators, The Urban Ministry Institute (TUMI), The Victims Voice, Veterans Assistance, and the Youth Offender Program (YOP). Through a combination of Mental Health Services, educational and vocational training and self-help programs, the institution provides inmates opportunities to develop life skills necessary for successful re-integration into society. The institution is comprised of four separate, semi-autonomous “yards”, two of which are Custody Level II and two are Level III (the Level System establishes Custody levels from 1-4, with higher levels indicating greater security). CSP-Solano houses 3800+ inmates, 1200+ of whom are participants in the Mental Health Services Delivery System. The prison includes a 100 bed

Administrative Segregation Unit and a 15 bed Correctional Treatment Center. The CTC includes 6 medical beds and a 9-bed inpatient Mental Health Crisis Bed (MHCB) unit.

CSP-Solano houses and treats a wide variety of inmates but the prison is disproportionately represented by older inmates (nearly half the population is age 50+), have been incarcerated for many years and have long sentences (nearly half are serving life sentences, with or without the possibility of parole), and have significant medical needs. Many inmates actively prepare for hearings before the Board of Parole Hearings (BPH), and approximately 2/3 have at least one medical condition that requires on-going treatment. Interns can thus expect to treat inmates with a variety of mental health conditions within the context of a wide range of social considerations and medical conditions.

**Interns and their supervisors will be able to design the rotation plan by selecting from the following:**

- Correctional Clinical Case Management Services (CCCMS) in the Administrative Segregation Unit (ASU), whose participants receive at least one individual session with their primary clinicians every week.
- Correctional Clinical Case Management System (CCCMS) Mainline Programs, whose participants receive at least one individual session with a primary clinician every 90 days, specialized individual treatment to meet specific treatment needs, and group therapy (theme groups may consist of the core themes such as anger and stress management, substance use, family issues, etc., as well as specialized groups for individuals with co-occurring disorders, issues specific to combat veterans, etc.).
- Core testing and psychological assessment.
- Inpatient treatment for inmates in crisis, including those deemed to be dangerous to themselves, others, or gravely disabled.
- **Future planning:** We have begun discussing the possibility of sharing rotations between CSP-Solano and CMF, so that interns could have the opportunity to work with both in a greater variety of inpatient and outpatient settings.

## **Central California Women's Facility (CCWF)**

The primary mission of the Central California Women's Facility (CCWF) is to process, rehabilitate, and incarcerate California's female offenders in a secure, safe, disciplined and ethical institutional setting.

Central California Women's Facility is the largest female institution in the state which is located in Chowchilla, California. CCWF provides inmate academic education, work and vocational training, counseling and specialized programs for the purpose of successful reintegration into society. It provides community service which encourages public awareness and participation.

The facility's specialized mental health and medical services are commensurate with community standards, providing a licensed medical environment while encouraging personal responsibility.

The institution also provides staff resources and training which ensures the highest standards of "Correctional Professionalism."

**Interns and their supervisors will be able to design the rotation plan by selecting from the following:**

- Enhanced Outpatient Programs or EOP (whose participants receive at least one individual session with their primary clinicians every week and at least 10 hours of out-of-cell therapeutic activities, including a broad range of therapy group types)
- EOP Administrative Segregation Unit or EOP ASU, whose participants receive at least one individual session with their primary clinicians every week and at least 10 hours of out-of-cell therapeutic activities.
- Correctional Clinical Case Management System (CCCMS) Mainline Programs, whose participants receive at least one individual session with their primary clinicians every 90 days, specialized individual treatment to meet specific treatment needs, and frequent group therapy (theme groups may consist of the core themes such as anger and stress management, substance use, family issues, etc., as well as potential specialized groups for individuals with co-occurring disorders, sex offender treatment, etc.).
- **Future planning:** We have begun discussing the possibility of sharing rotations between VSP and CCWF, so that interns could have the opportunity to work with both male and female patients in a correctional setting.

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

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

	FEMALE		MALE		TOTAL	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
<b>TOTAL</b>	<b>5,974</b>	<b>100</b>	<b>127,909</b>	<b>100</b>	<b>133,883</b>	<b>100</b>
<b>Age</b>						
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 and Intermediate Care Programs:** Referral to inpatient programs provided via contract with the DSH is available for inmate-patients whose conditions cannot be successfully treated in the outpatient setting or in short-term MHCB placements.

## Mission Statement

*The Northern California of Corrections and Rehabilitation Consortium (NCDRC) 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 NCDRC institutional internship programs offer intensive training programs, providing interns with a broad range of experiences. All internships are 12 months in duration or a total of 2,000 hours or more. An Individual Learning Plan or ILP (Appendix C of this manual), building upon prior classroom and experiential education, is established for each intern during the initial weeks of participation in the NCDRC. 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. NCDRC provides a wide range of training opportunities and excellent supervision within its member agencies. Institutional staff working in tandem with the statewide NCDRC 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 NCDRC sites. Every other month, the interns will meet at one of the sites in order to bring all interns together. Interns also participate in interdisciplinary team educational meetings and 4-hour monthly scholarly seminars bringing the interns all together statewide, in person or via webinar or video conferencing, to explore vital, current mental health themes with subject matter experts, supervisors, and peers for other institutions. 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 and at least quarterly thereafter, 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 designing the intern's Individual Training Plan by the primary supervisor in collaboration with the intern. The Individual Training Plan (see Attachment D3 of the NCDRC 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). Goals, benchmarks and competencies adapted from the APA Benchmark Competencies (2012), define the objectives that lead to those goals. (For a complete list of the competencies, please see the NDCRC 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 NDCRC 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 NDCRC is 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 NDCRC 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 NDCRC 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 NDCRC 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 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 NCD CRC 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 NCD CRC 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 NCD CRC 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 your 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 as 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. As an Intern, you 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 NCDRC 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., ASU, 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 NCDRC 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):**

NCDRC 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-or based or video-conference-type didactic. NCDRC'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 NCDRC 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:**

NCDRC 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 each have a desk, computer, phone with voice-mail, and access to dictation services.

# Application Information

## General information:

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

## Funding:

Internships at the Northern California Department of Corrections and Rehabilitation Psychology Internship Program (NCDRC) 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 NCDRC:

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.
- Acquired practicum experience at two independent sites.

# Equal Opportunity

NCDRC 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.

## The Application Process

Prospective interns must have completed all required coursework, 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.
- Acquired practicum experience at two independent sites.

# APPIC Requirements

In order to be appointed as a Clinical Psychology Intern at an institutional Psychology Internship Program training site of NCDRC, 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>).

The NCDRC 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.

NCDRC is dedicated to providing equal educational opportunities to persons of any age, ethnic background, gender, religion, and sexual orientation.

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, NCDRC Central Office contacts the prospective intern, providing him/her with an opportunity to submit complete documentation within a given timeframe.

## Intern Selection Process

The NCDRC intern selection process begins with an evaluation of the candidate's application packet by the Training Coordinator(s) of the institutional training site or sites to which the intern has applied. Through this process, the institutional Training Coordinator(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 Training Coordinator. 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.

Once an intern is matched to a NCDRC institutional site, he/she will be notified by the matching service. The intern will receive an official follow-up letter within two to three business days, and a phone call confirmation within 24 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 internship is a full-time, one-year program. Interns can take up to four weeks leave, including time for illness, vacation and/or research.

Training directors will submit their official APPIC ranks to the NCDRC Central Administrative Office, which will complete the Ranking Form and forward the Form to NCDRC for submission. 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, one-year program. 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 Northern California Department of Corrections and Rehabilitation Consortium (NCDRC) 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, NCDRC encourages interns to seek clarification whenever questions or concerns related to their NCDRC 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. You will receive a copy of the NCDRC 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 MONTHLY, 4-HOUR DIDACTIC SEMINAR

**Statewide “scholarly seminars (monthly, 4 hours):** Institutional Training Programs will rotate duties of planning and providing scholarly seminars with relevant, clinical themes for a 4-hour session. Statewide scholarly seminars take place every third Friday from 8 AM to 12 noon.

### **September 9, 2016**

#### **Introduction to Practice as a Primary Clinician in Correctional Mental Health Care**

**Instructor: Rachel Latter, Ph.D.**

- 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

### **October 21, 2016**

#### **Supervision**

**Instructor: Robert Horon, Ph.D.**

- The Intern as a Supervisor
  - Theories of supervision
  - APA guidelines and expectations for supervision
  - Developmental/competency-based supervision
  - Basic supervisory skills
    - Self-assessment as part of supervision
    - When to seek consultation/mentoring
    - Addressing areas of weakness
    - Setting goals and objectives within a professional development framework
    - What to disclose to your supervisee
    - Creating a fertile basis for sharing information and giving feedback
    - What and how to document / Practicing supervisory skills whether with practicum students or using vignettes

### **November 18, 2016**

#### **Motivational Interviewing and Program Evaluation**

**Instructor: Marilyn Immoos, Ph.D.**

- 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

**December 16, 2016**

**Recognizing and Dealing with Psychopathy in a Correctional Setting**

**Instructor: Marilyn Immoos, Ph.D.**

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

**January 20, 2017**

**Identifying and Addressing the Most Common Cultural Diversity Issues as a Primary Clinician at CDCR**

**Instructor: Sharon McCarver, Ph.D.**

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

**February 17, 2017**

**Law and Ethics for Psychologists**

**Instructor: Barry Perlman, Ph.D.**

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

**March 17, 2017**

**Issues of Aging and Cognitive Impairment**

**Instructor: Marilyn Immoos, Ph.D.**

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

**April 21, 2017**

**Substance use and Addiction**

**Instructor: Sharon McCarver, Ph.D.**

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

**May 19, 2017**

**Suicide Prevention**

**Instructor: Robert Horon, Ph.D.**

Overview of major suicidological theorists: Why do people kill themselves  
Assessing and Integrating Culture within suicide risk assessment  
Understanding the statistics (community and correctional settings, national, state, etc.)  
Evaluating chronic, acute and protective factors  
Documenting risk formulation and safety/treatment planning  
Treating the suicidal patient: Core competencies  
Effective empirically-supported interventions for suicidal patients: Introduction to CAMS (example treatment)  
Inpatient referrals and involuntary treatment issues

**June 16, 2017**

**Antisocial, Narcissistic and Borderline Personality Disorders**

**Instructor: Marilyn Immoos, Ph.D.**

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

**July 21, 2017**

**Professional Development Strategies and Self-Care**

**Instructor: Rachel Latter, Ph.D.**

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

**August 18, 2017**

**Looking Forward**

**Instructors: Carrie Brecker, Psy.D. and Sonia Ruiz, Ph.D.**

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