

California Department of State Hospitals- Atascadero

CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM

2016 -2017

ACCREDITED BY:
THE AMERICAN PSYCHOLOGICAL ASSOCIATION

*American Psychological Association
Office of Program Consultation and Accreditation
750 First Street, NE Washington, DC 20002-4242
Telephone 202-336-5979 Web Address: <http://www.apa.org/education/grad/program-accreditation.aspx>*

This brochure is also available at:
<http://www.dsh.ca.gov/Atascadero/Internships/ClinicalPsychologyInternship.asp>

ATASCADERO, CALIFORNIA

**DEPARTMENT OF STATE HOSPITALS-ATASCADERO
CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM**

I. GENERAL SUMMARY OF TRAINING IN PSYCHOLOGY

The California Department of State Hospitals- Atascadero (DSH Atascadero) offers pre-doctoral internships in Clinical Psychology. The pre-doctoral internship has been accredited by the American Psychological Association since 1970 and is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). It is a one-year full time program offering a stipend of approximately \$40,700 plus benefits. The program is committed to providing interns with the opportunity to develop increasing autonomy and clinical responsibility commensurate with their education, training, and professional competence as they prepare to function as professional psychologists in a variety of settings. The Psychology Staff is characterized by a range of theoretical and therapeutic orientations including cognitive-behavioral, psychodynamic, humanistic-existential, and neurobehavioral viewpoints.

The Psychology Internship Program follows a practitioner-scholar model of training. The internship values training interns to become practitioners with a strong empirical basis for what they practice. Applicable research provides that empirical basis. The training involves understanding, interpreting and applying empirically based assessment and treatment methods. This training is accomplished through seminars, tutorials, workshops, and clinical supervision with an emphasis on providing a variety of clinical experiences. A major emphasis of the program is training in state-of-the-art forensic psychology issues and methods. This focus includes issues of personal and community safety, expert testimony, risk assessment and risk management, forensic evaluation, interfacing with the criminal justice system, the utilization of psychology within the legal system, basic legal commitments, and treatment of offenders. The treatment emphasizes the use of a wide range of assessment and treatment modalities that address each individual client as unique with special attention to individual and cultural differences. Interns are taught and encouraged to think critically and apply appropriate assessment and treatment methods. Furthermore, the program aims to train interns to function as complete professionals who can function effectively in a variety of job settings. This training includes working with ethical issues, working within an interdisciplinary team, working as an administrator, working within bureaucracies, and advocating for issues related to the field of psychology on a state and national level.

Experiences within the Psychology Internship Program at Department of State Hospitals-Atascadero are designed to meet these more general goals and to lead to a combination of professional competencies by the end of the internship year. These competencies are addressed in greater detail in this brochure.

II. AGENCY OVERVIEW

Department of State Hospitals – Atascadero is a forensic, psychiatric facility which specializes in the treatment of adult male mentally ill offenders. It is fully accredited by the Joint Commission on Accreditation of Health Care Organizations. The hospital is operated by the California Department of State Hospitals and receives patients committed by the Courts and the Department of Corrections. The hospital provides a unique opportunity to train in a forensic mental health setting.

The hospital is located on the scenic Central Coast of California about 15 miles east of the Pacific Ocean and midway between San Francisco and Los Angeles. While it is a maximum security setting housing mentally ill offenders, the hospital is designed like a psychiatric hospital rather than a prison and has neither gun towers nor armed security personnel. The facilities include 34 units, a gymnasium, arts and crafts workshop, music center, graphic arts center, Board of Parole Hearing rooms, mock trial facilities, staff-patient canteen, school area, computer center, psychological testing center, video production center, training center, patient library, professional library, and staff fitness center.

The hospital employs approximately 60 staff psychologists some of whom occupy administrative positions. Other treatment staff include physicians, psychiatrists, social workers, nurses, dieticians, rehabilitation therapists and psychiatric technicians.

A. Patient Population

The hospital operates with a bed capacity of approximately 1000 patients. The current patient population consists largely of Mentally Disordered Offenders (men who are paroled to Department of State Hospitals-Atascadero because of a history of violent crime, active mental illness and a danger to the community), Mentally Ill Inmates, men found Incompetent to Stand Trial who come to the hospital to be restored to competency, and men found to be Not Guilty by Reason of Insanity.

Patients committed as Incompetent to Stand Trial have been accused of committing a crime but are currently unable to stand trial because they cannot understand their charges and/or cannot cooperate with counsel. Psychoses are commonly found among these patients and the offenses may range from assault and murder to burglary and forgery. Not Guilty by Reason of Insanity patients have usually been found guilty of a felony and subsequently not guilty by reason of insanity at the time the crime was committed. Mentally Ill Inmates transferred from prison typically have a psychotic diagnosis or suicidality that is difficult to manage in the prison environment; these patients are returned to Corrections at the completion of their treatment. The Mentally Disordered Offender (MDO) is a patient who has been incarcerated for a violent offense, has a severe mental disorder and who is considered dangerous because of his mental disorder. The MDO patient has completed his

prison sentence and is sent to Department of State Hospitals-Atascadero to receive psychiatric treatment as a special condition of parole.

The ethnic classification of the patient population largely includes African American, Hispanic, Caucasian, Asian, and Native American patients.

B. Treatment

The hospital provides five residential programs consisting of several units each. Programs and units are structured around providing treatment to particular commitment categories. Patients are assigned to particular units within a particular program according to their commitment type and resultant dispositional needs. Although subject to ongoing change, programs and units are organized as follows:

- ◆ Program I Incompetent to Stand Trial
- ◆ Program III Mentally Disordered Offender
- ◆ Program V Mentally Ill Inmate
- ◆ Program VI Mentally Disordered Offender, Medical
- ◆ Program VII Mentally Disordered Offender

(all programs may have some patients held as Not Guilty by Reason of Insanity)

Over the past several years, Department of State Hospitals-Atascadero has incorporated portions of the “Recovery” model of treatment, in conjunction with the medical model to best meet the myriad treatment needs of patients. The Recovery Model is a stage model of intentional behavior change introduced in the early 1980s, and the major tenet of the model is focused on viewing behavior change as a series of predictable stages, independent of any particular model or theory. This model is considered a wellness model, thus it interprets a patient’s lack of willingness to change not as resistance or denial, but as a lack of readiness and/or motivation. Also, this model considers treatment setbacks not as failures but as a normal part of recovery and opportunities for learning. This model focuses on assisting patients in generating energy for change.

While new to the area of forensic hospital treatment, Recovery does have a longstanding history of success within the substance abuse treatment area. It focuses on collaborative work between patients and hospital staff to identify target behaviors for change and strategies to achieve the desired change results.

The following treatment goals are common for all patients served:

- ◆ Actively teach and support adaptive behavior and coping skills relevant to the requirements of the post-hospital setting.
- ◆ Promote individual self-esteem, self-actualization, independence, and self-care to maximize the patient’s chances for successful adaptation to his expected discharge setting.

- ◆ Eliminate or reduce maladaptive behaviors which serve as barriers to discharge or impediments to successful post-discharge adaptation.

Multidisciplinary treatment teams staff each unit. In all phases of treatment, psychologists assist in coordinating the professional efforts of psychiatric technicians, registered nurses, rehabilitation therapists, pharmacists, dietitians, social workers, and psychiatrists. The clinical psychology intern is expected to function as a team member, and will benefit by exposure to the range of clinical staff who participate as team members.

In addition to the treatment programs and units organized around commitment categories, a number of specialized programs and services exist to address the broad range of patient needs. Some of those include:

- ◆ Forensic Assessment and Consultation Services
- ◆ Evaluation and Outcome Services
- ◆ Neuropsychological Assessment and Consultation
- ◆ Psychology Assessment Center
- ◆ Specialized Spanish Bilingual Units
- ◆ Substance Abuse Treatment and Education
- ◆ Trial Competency Assessment
- ◆ Vocational Development Services

III. PREDOCTORAL INTERNSHIP PROGRAM

A. *Program Training Model*

The training model is best described as a practitioner-scholar model. The primary emphasis is on clinical training. Interns are encouraged to use empirically validated treatment methods. Clinical training and experience is supported by didactics in seminars, tutorials, and supervision. Additionally, Department of State Hospitals-Atascadero is a provider of continuing education for psychologists and thus hosts several conferences and workshops each year. Interns are eligible to attend these events free of charge and are encouraged to do so.

Values and Principles

- ◆ Training practitioners with an empirical basis. The Psychology Internship Program values training interns to become practitioners with a strong empirical basis for their practice. Applicable research provides that empirical basis. Some examples of utilizing research for practice are found in relapse prevention, recovery, skills training, behavioral assessment and treatment, risk assessment and management, and use of the Hare Psychopathy Checklist - Revised. The training involves understanding, interpreting, and applying empirically based assessment

and treatment methods. This training is accomplished through seminars, tutorials, workshops, clinical supervision and a variety of clinical experiences.

- ◆ State-of-the-art forensic training. A major emphasis of the program involves training in state-of-the-art forensic psychology issues and methods. This training addresses issues of personal and community safety, expert testimony, risk assessment and risk management, forensic evaluation, interaction with the criminal justice system, the role of psychology within the legal system, basic law and legal commitments, and treatment of offenders.
- ◆ Individual Differences and Diversity. The training emphasizes the use of a wide range of assessment and treatment modalities that address each individual client as unique. Throughout all training activities, interns are encouraged to pay special attention to individual and cultural differences. While all trainees are encouraged to maintain their personal and/or religious values, all trainees are expected to attain demographic competency and demonstrate the competency of dynamic worldview inclusivity.
- ◆ Broad-based training. While the training has an emphasis on forensic psychology, seminars and tutorials enrich and broaden the experience
- ◆ Critical thinking skills. Interns are taught critical thinking methods to assess clinical situations and apply appropriate assessment and treatment methods. This skill is essential in transferring skills or competencies to various treatment environments.
- ◆ Well-rounded professionals. The program trains interns to function as complete professionals who can function effectively in a variety of job settings. The program provides training and/or experience in ethics, the professional as an administrator, and professional advocacy. The intern will learn about issues arising in large systems: how to work within a large bureaucracy, to work with an interdisciplinary team, and to interface with other large systems such as the judicial and correctional systems.
- ◆ Collegiality and respect. The program values professional collegiality and respect among staff and interns. The primary role of the intern is that of trainee rather than service provider.

Mission Statements

The Internship Program is intended to function in accordance with the regulations and standards of the State of California, the Department of State Hospitals, Department of State Hospitals-Atascadero, and the American Psychological Association.

The mission of Department of State Hospitals-Atascadero includes providing evaluation and treatment in a safe and responsible manner, seeking innovation and excellence in hospital operations, across a continuum of care and settings.

Institutional Goals

- ◆ A Safe Environment: In emphasizing public safety, we provide a secure environment within which patients referred to our care can recover from the effects of their psychiatric conditions. This secure environment protects the community as well as the people within the hospital and enables and supports the therapeutic milieu.
- ◆ Responsible Stewardship: The hospital promotes individual responsibility and accountability of each person. Employees and patients are empowered to identify problems, propose recommendations, and implement solutions.
- ◆ Excellence in Forensic Evaluation: We provide consumer-specific objective evaluations and recommendations to the courts and other agencies using the most up-to-date instruments and risk assessment models.
- ◆ Excellence in Treatment: We provide up-to-date treatment and rehabilitation services to the patients in our care and ensure that community standards of practice and care are provided in our facility. We recognize that recovery is most effectively achieved when services are person oriented, empirically based, and arise out of a diverse theoretical and multidisciplinary foundation.

The mission of the Psychology Internship Program at Department of State Hospitals-Atascadero is to provide:

- ◆ State-of-the-art clinical training in assessment and treatment.
- ◆ Specialized training in forensics addressing the unique issues of forensic patients and providing interns with specialized skills or competencies in forensic psychology.
- ◆ High quality supervision to assist interns in their development as competent and effective professional psychologists.
- ◆ Professional development to assist interns in becoming well-rounded professionals who will be able to function competently and effectively in a variety of work settings.

Internship Goals and Objectives

- ◆ To provide training/experiences in working with a variety of disorders and diagnoses.
- ◆ To provide rich clinical training and experience in psychological assessment.
- ◆ To provide specialized training and experience in forensic psychology.
- ◆ To promote competency in treating and assessing patients with respect to cultural and individual differences.
- ◆ To provide training/experience in professional issues related to the practice of psychologists within a large institution.
- ◆ To promote professional collegiality and respect.
- ◆ To select qualified and diverse interns.
- ◆ To maintain a pool of highly competent supervisors.

- ◆ To maintain accreditation from APA and membership in AAPIC.

Expected Core Competencies

It is expected that by the end of the internship training year, interns will develop various levels of proficiency in many, if not most, of the following areas:

- ◆ Professional Practice: Conduct, Ethics, Legal Matters, Legal Testimony
- ◆ Theories and Methods of Psychological and Forensic Diagnosis and Assessment
- ◆ Theories and Methods of Effective Psychotherapeutic Intervention
- ◆ Report Writing Skills
- ◆ Behavior Analysis and Behavioral Treatment Planning and Intervention
- ◆ Individual and Cultural Diversity
- ◆ Professional Consultation
- ◆ Effective use of Supervision and Knowledge of Supervision Techniques
- ◆ Scholarly Inquiry and Application of Current Scientific Knowledge to Practice
- ◆ Program Evaluation (evaluation of the internship program)

Experiences by which interns develop competencies include:

- Group treatment with mentally ill and forensic patients
- Assessment and Treatment of culturally and individually diverse patients
- Behavioral analysis and treatment planning
- Knowledge of forensic issues
- Psychological evaluation
- Forensic evaluation
- Expert testimony (mock trial experiences)
- Hare Psychopathy Checklist – Revised/Forensic Risk Assessment
- Clinical and Forensic Report writing
- Seminar on Professional Issues
- Working within a multidisciplinary team
- Working effectively with Culturally/Individually Diverse Colleagues and Patients

Program Resources

- ◆ Staff: The hospital employs approximately 60 doctoral level psychologists from which preceptors, supervisors, seminar leaders and presenters and tutorial leaders are drawn. Please refer to the list of staff psychologists in the back of this brochure for a list of available supervisors and their areas of interest. The position of Psychology Internship Director is a permanent civil service position.

- ◆ Funding: Four positions are funded as Clinical Psychology Interns. The hospital's training budget provides APA and APPLIC membership fees.
- ◆ Equipment: Office space, intern computers, the hospital's assessment center and professional library, and other necessary resources are provided for interns commensurate with the resources provided to staff psychologists.

Processes

The mission of the program is accomplished in the following ways:

- ◆ Clinical training: Training experiences are provided via
 - A three-and-a-half month, full time rotation on an admissions unit which focuses on psychological assessment of mentally ill forensic patients
 - Two four-month 3-day-a-week rotations on treatment units
 - An eight-month 12-hour-a-week rotation on the Forensic Services Team
 - Three hours of seminars each week
- ◆ Forensic Specialization: The internship takes place at Department of State Hospitals-Atascadero, a forensic psychiatric facility. Each of the seminars covers issues related to forensic patients. The forensic seminar focuses entirely on forensic evaluations and issues related uniquely to forensic environments. The forensic services rotation will provide an opportunity to hone forensic interviewing and forensic report writing skills as well as provide an introduction to forensic expert testimony.
- ◆ Supervision: Licensed psychologists who are qualified according to state licensing requirements provide supervision. Licensed professionals from other disciplines such as psychiatry and social work occasionally provide additional supervision. A minimum of four hours per week of face-to-face supervision is provided. At least two hours of supervision (frequently more) are provided on an individual basis. The remaining supervision hours are provided on a group basis. Interns generally receive more than the required four hours of supervision per week.
- ◆ Professional development: Beyond training and experience in treatment and assessment, interns participate in seminars, workshops and supervision to assist their development as well-rounded professionals. Interns present a one hour seminar to hospital staff members about their dissertation research or another area of clinical interest. The presence of a large staff of psychologists provides ample exposure to a variety of professionals in the field allowing the intern to develop his or her unique professional identity.

Policy

The training mission of the internship program is accomplished with adherence to the following policies:

- ◆ APA and Guidelines and Principles for accreditation
- ◆ APPIC membership requirements
- ◆ APPIC guidelines for intern selection
- ◆ DSH-Atascadero Internship Policy
- ◆ DSH-Atascadero Hospital Operating Manual

Quality Control

Quality control is maintained in several ways. It is monitored by regular and systematic evaluation of intern performance and programmatic evaluation. Supervisory staff are encouraged to provide ongoing evaluation and feedback to interns and to identify and address problems and concerns as early as possible during the internship year. Quality control components include the following:

Evaluation of intern performance

- ◆ Triannual written evaluations by supervisors/didactic leaders
- ◆ Panel reviews of intern psychological evaluations (three times a year)
- ◆ Presentations in seminars
- ◆ Mock trial in forensic seminar
- ◆ Evaluations of intern performance at six and twelve months (Internship Director, Intern, Preceptor, Rotation Supervisor, and the next Rotation Supervisor meet as a group) with written feedback to the intern and the intern's graduate program.
- ◆ Monthly supervisors meetings for all preceptors and rotation supervisors
- ◆ Ongoing evaluation in individual and group supervision sessions

Programmatic evaluation

- ◆ Survey of intern alumni
- ◆ Written evaluations by interns at six and twelve months
- ◆ Annual written evaluations by psychologists working with the internship program
- ◆ Annual review meeting open to all psychologists and interns
- ◆ Monthly Internship Committee meetings
- ◆ APA annual reports and periodic site visits

B. Intern Activities

Interns can expect to spend approximately 25% of their time conducting group and individual psychotherapy, 35% in psychological assessment and report writing, 10% in seminars, 20% in professional activities (i.e. consulting with staff, attending professional and treatment team meetings), and 10% in supervision. The training program is structured yet allows the intern flexibility to participate in activities designed to meet

individual needs and training goals. Interns are actively involved in designing their unique training experiences.

Orientation

The first three weeks of training are set aside for orientation to the hospital, meeting with those psychologists who wish to be involved in the program, selecting a preceptor (mentor for the year) and first rotation supervisor, and establishing goals for the year.

Rotations

Interns complete an initial three-and-a-half month full time rotation on an admissions unit, where they will be involved in conducting standardized admissions evaluations on patients new to the facility and follow up focused psychological evaluations as indicated. Interns then participate in two four-month rotations on selected treatment units, during which the intern spends three days per week on the unit to which he or she is assigned, and participates in most of the activities taking place. The psychology intern plays a significant role in diagnosis, treatment, and disposition recommendations as they work with the treatment team. In group therapy, the intern works with a co-therapist and has exposure to various therapeutic modalities. Although the intern rotates through treatment units, it is expected that they will carry several long-term therapy cases over the course of the year as well as other short-term cases. The intern spends a portion of time consulting with unit staff and assists in varied facets of patient treatment and evaluation. While completing the two unit rotations on treatment units, interns also have a 12-hour-per-week Rotation with the Forensic Services Department. As a part of the Forensic Services Rotation interns participate in hearings to determine whether a patient meets legal criteria for involuntary medications; conduct forensic interviews and shadow the forensic evaluation process, writing practice forensic reports and attending court trials for hospitalized patients.

Psychological Evaluations

The patient population at Department of State Hospitals-Atascadero provides a unique training experience in psychological and forensic evaluation. The intern conducts evaluations of the psychological, social, and behavioral factors involved in criminal offending and may assess change in those factors over the course of therapy. Psychologists write statutorily required/court ordered forensic evaluations and are sometimes subpoenaed to testify in court. While it is extremely rare that an intern would be called to testify in court, the intern will have an opportunity to observe psychologists in this role.

Psychologists at the hospital evaluate patients: clarifying diagnoses, making treatment recommendations, assessing change, and making dispositional recommendations. During the year, the intern will complete a minimum of 15 written evaluations as follows:

- ◆ Six integrated psychological assessments involving psychological testing
- ◆ One Psychopathy Checklist-Revised report
- ◆ One behavioral analysis and written behavioral treatment plan
- ◆ Three Mentally Disordered Offender forensic, court reports

- ◆ One competency to stand trial forensic report
- ◆ One Not Guilty by Reason of Insanity related evaluation
- ◆ Two additional forensic evaluations of the intern's choice

Each evaluation completed by the intern is closely supervised by various psychologists; exposing the intern to a variety of individual orientations and styles. It is expected that by the completion of the internship, the intern will be facile with a number of psychodiagnostic instruments and will be able to effectively communicate findings and recommendations to other professionals as well as the patient.

Seminars

Interns are required to participate in seminars. The seminars are didactic and experiential and include:

- ◆ Individual Differences and Diversity: This seminar is designed to further develop awareness and skills in the provision of culturally competent psychological services.
- ◆ Psychopathy Checklist Revised (PCL-R)/Risk Assessment: Interns are trained in the administration and scoring of the PCL-R and other risk assessment measures.
- ◆ Forensic: The forensic seminar addresses a broad range of psycho-legal issues encountered at DSH-Atascadero. The relevant empirical research, ethical principles, laws and evaluation procedures will be reviewed. Fact-based case studies and expert testimony will be presented. Interns will learn clinical techniques to increase their effectiveness in communicating psychological evaluation results to the legal system.
- ◆ Ethics and Scientific Practice: This seminar is designed to review ethical standards in the context of work at the hospital and to explore current literature regarding empirically validated treatments and issues relevant for clinical and forensic practice.
- ◆ Professional Issues: This seminar is designed to cover topics to help prepare the intern for working in a variety of job settings. Selected topics include such areas as: thriving in an administrative bureaucracy, employment opportunities for forensic psychologists, developing a private practice, ABPP certification and licensing requirements/exam preparation.

Tutorials

In addition to the seminars, the intern is required to participate in a minimum of two tutorials. A tutorial involves independent study on the part of the intern with a professional staff member on a selected topic. This structured learning experience allows the intern to explore a wider range or depth of topics in which s/he is interested and may not encounter in his or her other training experiences. Tutorials are jointly designed by the intern, preceptor, and tutorial leader. Some of the possible topics include (but are not limited to) the following:

- ◆ Assessment of dangerousness
- ◆ Behavioral analysis and intervention

- ◆ Malingering assessment
- ◆ Psychopharmacology
- ◆ Hospital administration
- ◆ Program evaluation
- ◆ Substance Abuse Treatment
- ◆ Treatment of sexual offenders

Research

All interns present a one hour seminar to hospital staff on their dissertation or another area of clinical research. Interns may participate in research or ongoing program evaluation. Opportunities for interns to conduct research at the hospital are extremely limited.

Training in Individual Differences and Diversity

Training in understanding cultural and individual differences is considered an integral part of the internship program. The patient population consists of patients who differ in age, ethnicity, culture, sexual orientation, diagnosis, religious preference, etc. Psychologists and interns are encouraged to consider individual differences in all aspects of their work .

Supervision

Interns benefit from having a number of supervisors. At the outset of training, the intern, in conjunction with the internship director, selects a preceptor from among the list of psychologists. The preceptor serves as a supervisor and mentor and works with the intern for the entire internship year and is responsible, along with the Internship Director, for overseeing the intern's entire training program. The intern plays an active role in selecting his/her treatment unit rotations. The psychologists on the intern's admission and treatment unit rotations supervise the intern's clinical activities on the unit. The preceptor and rotation supervisor each meet with the intern for a minimum of one hour of supervision each week. Additional supervision is provided as part of the intern's participation in the forensic rotation, the seminars, and tutorials.

The internship recognizes the benefit of personal psychotherapy for all psychology trainees. We support the decision to seek therapy as a personal one. The program rarely requires interns to engage in personal therapy. Nonetheless, interns generally find it helpful to volunteer personal information in supervision when discussing counter-transference issues. Disclosure of personal information or personal therapy is only required when it is needed to evaluate or obtain assistance for an intern whose personal problems are preventing the intern from performing professional activities competently or whose problems are posing a threat to the intern or others.

C. Facility Resources

Interns have a shared office in the hospital and typically share office space on the unit, during unit rotations, with their supervisor or other professional staff. Office space within the secure area is limited and thus varies from unit to unit. Interns have access to computers

for report writing and other work in their office and also access to other computers within the secure areas of the hospital. Interns have use of the hospital voicemail system. The hospital's Professional Library is a valuable resource for interns. If the library does not carry the desired material, at times, they can be obtained by the library through the interlibrary loan system. The Administrative professional assigned to the department arranges for computer permissions and processes intern's pay. The hospital's personnel department manages all employee benefits for interns as well as psychologists.

D. Psychology Department

The intern is a member of the Psychology Department which is part of the Medical Staff. The Chief of Psychology and an elected Chair lead the Department. Peer review, credentialing, and privileging are all operational to assure that high quality psychology services are provided to hospital patients. The intern attends Psychology Department meetings. Psychologists serve on Medical Staff and other hospital committees which are vital to patient care. Such committees include Professional Education, Credentials, Health Information Management, Wellness, Bylaws, Mortality Review, and Research.

E. Training and Professional Development

Department of State Hospitals-Atascadero also serves as a clinical training facility for nursing, social work, and rehabilitation therapy students. The School of Psychiatric Technology prepares Psychiatric Technicians in a one-year training program. The hospital also operates a Police Academy to train its security personnel. The hospital provides Continuing Education for Psychologists as well as other disciplines represented in the hospital. Several full and half day workshops are sponsored each year by the Psychology Department. Regular colloquia and case conferences provide lectures on a range of forensic and mental health topics. A closed-circuit television broadcast system is available for the purpose of providing training and professional education programs to staff and patients. Interns are encouraged to take part in training and learning opportunities offered in the community and the state and attendance at regional and national psychology conferences held in California is encouraged. Field trips to other forensic facilities are available as well. In recent years, interns have toured the California Men's Colony (a lower security prison), Corcoran State Prison (a high security prison) and Coalinga State Hospital (the primary sex offender treatment facility in California).

IV. APPLICATION AND SELECTION

A. Admission Criteria

Pre-doctoral internships are offered for fourth and fifth year students enrolled in accredited doctoral programs in clinical or counseling psychology who have completed course work and doctoral level clinical practica in intervention (minimum 500 doctoral level hours) and assessment (minimum 150 doctoral level hours). Intern applicants are required to have their qualifying examinations complete and dissertation proposals approved prior to application. Preference is given for candidates who will have their dissertations completed prior to the

start of internship. Enrollment in an APA accredited program is strongly preferred; while the Department of State Hospital's Atascadero may consider very exemplary applicants from graduate programs that are not APA-Accredited, the hospital does not hire psychologists from programs lacking APA Accreditation.

The internship is designed for the student seeking forensic training within a program that provides a broad-based clinical training experience. Some experience in forensic psychology is necessary.

B. Applications and Intern Selection

All application information is included in this brochure which can also be found on the hospital's web site: <http://www.dsh.ca.gov/Atascadero>

Questions may be directed to the Internship Director by phone or e-mail.

Applications must include:

- 1) The APPI online application which can be found at: www.appic.org
- 2) Three letters of recommendation
- 3) Supplemental materials including:
 - A sample de-identified integrated evaluation report including psychological testing and interpretation.
 - **Per rules set by the California State Personnel Board, all applicants must submit a standard State of California application (Std 678) available at : <http://jobs.ca.gov/pdf/std678.pdf>**
 - **This application should be completed on-line and sent to Phylissa.Kwartner@dsh.ca.gov by the November 1 application deadline. Std 678 is not to be uploaded with the APPI. APPIC has approved the use of the Std 678 as an additional document for California Department of State Hospital internships. (Apple Computer users should note that you may need to complete, print and then scan the form to submit. Some Apple users have found that even though the form appears complete on their computer, when e-mailed the completed form is sent blank.)**

Completed applications must be received by the Internship Director by November 1st of the year prior to the year the internship is to begin. Department of State Hospitals-Atascadero is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). As an APPIC member, the training program observes the guidelines regarding timing of internship offers and acceptance adopted by APPIC. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. The APPIC application for Psychology Internship and the APPIC Match Program Policies and Procedures can be found on the internet at www.appic.org. **Incomplete applications and applications that do not document the minimum hours of assessment (150 hours) and intervention (500 hours) experience, or that the dissertation proposal has been approved, will not be reviewed.**

In recent years, approximately 100 applications have been received for the internship positions. Approximately twenty of those applicants are invited to interview. All efforts will be made to notify applicants regarding their interview status via e-mail in early December. Applicants may select one of three interview dates scheduled on Fridays in January. While a personal interview is preferred, it is possible to arrange a telephone/Skype interview.

Department of State Hospitals-Atascadero is an equal opportunity employer. With a culturally diverse patient population, the hospital is seeking psychologists and interns with the education, training and background to work with that population.

C. Appointments

At the present time, four funded pre-doctoral intern positions exist with the stipend of \$40,740 (\$3395 monthly gross, approximately \$2400 monthly net) for the year. Appointments are made to the Civil Service classification of Clinical Psychology Intern. The internship typically begins the first day or first Monday in August. Benefits include holidays, sick leave, vacation, Employee Assistance Program benefits and health insurance. **Interns must successfully complete/pass the required security clearance, health screening, and drug screening prior to being employed.**

V. GEOGRAPHICAL INFORMATION

Department of State Hospitals-Atascadero is situated on the Central Coast of California in a semi-mountainous area just a few miles east of the coastal range. A wide variety of scenic, sporting, and entertainment activities are within easy reach. San Francisco and Los Angeles are each about 225 miles away; four–five hours driving time from Atascadero. San Luis Obispo, 16 miles south, is a community of 40,000 and is the major shopping area and the location of many musical and cultural events. Ten miles south of San Luis Obispo are Avila Beach and Pismo Beach, which offer the best swimming beaches on the Central Coast. Twenty miles west of Atascadero are Morro Bay and Hearst Castle at San Simeon. Continuing northward is the beautiful Highway 1 “Big Sur” coastal route to Carmel-Monterey, which has some of the most scenic vistas in California.

VI. CONTACT INFORMATION

For further information please contact:

Phylissa Kwartner, Ph.D.
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Fax: (805) 468-2918

E-mail: Phylissa.kwartner@dsh.ca.gov

Department of State Hospitals-Atascadero web site: <http://www.dsh.ca.gov/Atascadero>

To request an Applicant Agreement Package for the APPIC matching program contact:
www.natmatch.com/psychint

To request an APPIC Application for Psychology Internship contact: www.appic.org

APPIC Internship Matching Program code number for DSH--Atascadero: 1113

VII. INTERNS and PRIOR INTERNS

2015-2016 PSYCHOLOGY INTERNS

Ryan Ly	University of LaVerne, California
Amy Plewinsky	Florida Institute of Technology
Katherine Price	Pacific Graduate School of Psychology, California
Caroline Stroud	Sam Houston State University, Texas

2014-2015 PSYCHOLOGY INTERNS

Meghan Brannick	University of Denver, Colorado
Joshua Eblin	University of Toledo, Ohio
David Rosenblatt	Loma Linda University, California
Amy Percosky	Sam Houston State University, Texas

2013-2014 PSYCHOLOGY INTERNS

Jacqueline Kempel	Kean University, New Jersey
Sarah Kopelovich	John Jay College of Criminal Justice, New York
Roxanne Rassti	Colorado State University
Carol Woods	Sam Houston State University, Texas

2012-2013 PSYCHOLOGY INTERNS

Leonardo Caraballo	LaSalle University, Pennsylvania
Andrea Dinsmore	Massachusetts School of Professional Psychology

2011-2012 PSYCHOLOGY INTERNS

Marsha Brown	John Jay College of Criminal Justice, New York
Amanda Ferguson	Pacific Graduate School of Psychology
Danielle Rynczak	Chicago School of Professional Psychology
Melinda Wolbransky	Drexel University, Pennsylvania

2010-2011 PSYCHOLOGY INTERNS

Elizabeth Arias	John Jay College of Criminal Justice, New York
Nicole Cooper	Azuza Pacific University, California
Ruhama Hendel	Nova Southeastern University, Florida
Kerri Schutz	Pepperdine University, California

2009-2010 PSYCHOLOGY INTERNS

Joseph Morrow	Loma Linda University, California
Christie Nelson	Forrest Institute, Missouri
Lauren Gudonis	University of Kentucky
Julia Wang	University of Detroit Mercy

VIII. PSYCHOLOGY STAFF AND AREAS OF INTEREST

California Licensed Psychologists, who are thus qualified by law to provide supervision are identified with an asterisk. Psychologists have noted areas of interest, each psychologist does not necessarily practice all areas listed as a part of their position at the hospital.

*Henry Ahlstrom, Ph.D.

Alliant International University- San Diego, 1994.

Maharishi University of Management, 1991.

Individual and Experiential Psychotherapy, Trauma, Spirituality, Stress Management.

*Brad T. Barcklay, Psy.D.

American School of Professional Psychology at Argosy University - Washington, D.C., 2009

Cognitive and Personality Assessment, Risk Assessment, Cognitive-Behavioral Therapy, Crisis Intervention, MDO Law

*Jaynann Juhasz Barcklay, Psy.D.

American School of Professional Psychology-Argosy, Washington D.C., 2012

Integrative psychotherapy, mindfulness/relaxation interventions, marital therapy, factors of divorce, psychological assessments

*Leslie Bolin, Ph.D., Senior Psychologist, Neuropsychologist

University of Nevada-Reno, 1995

Neuropsychology, Geropsychology

Kathleen Bono, Psy.D.

Azusa Pacific University, 2014

Systemic Intervention/Treatment, Psychological/Cognitive Assessment, Spiritual/Cultural Integration

*Ismael Calderon, Ph.D.

California School of Professional Psychology – Fresno, 2001

Cognitive–Behavioral Therapy, Bio-Social Integrative Model, Forensic Psychology, Multicultural Diversity/Assessment, Developmental Disability, Group Psychotherapy, LPS-Conservatorship Assessments, Bilingual – Spanish.

Ronald A. Capleton , Psy.D.

Regent University-Virginia Beach, Virginia, 2001

Cognitive Behavioral Therapy, Sex Offender Treatment, individual and Group Psychotherapy, Geropsychology, Crisis Intervention

*Tzu-Chen Cheng, Psy.D.

Phillips Graduate Institute, 2009

Supervision, Trial competency and malingering assessment, dynamically oriented therapy, diversity issues

- *Kavita Kishore Chowdhary, Ph.D.
University of Massachusetts - Amherst, Postdoctoral Respecialization, 2010
Psychological Assessment, Violence Risk Assessment, Cognitive Rehabilitation, Gender Identity Development.
- *Monty Clouse, Ph.D., Senior Psychologist Supervisor
Wright Institute Los Angeles, 1983
Object Relations Theory and Psychotherapy, Sociotechnical Analysis of Organizational Design and Development, Adaptation to Traumatic Physical Injury/Illness, Personality Disorders, Therapeutic Design of Psychiatric Hospitals, Disaster/Emergency Mental Health, Comprehensive Psychosocial Emergency Management.
- *Wesley Cook, Psy.D., MAC
Loma Linda University 2012
Master Addiction Counselor, Inpatient Group Therapy, Integrative Approach
- *Karen Cooper, Ph.D.,
Carlos Albizu University, Miami, Florida, 2002
Correctional Psychology, Female Offender Issues
- *Arlene Cruz, Psy.D.
Pepperdine University, 2009
Analytic psychotherapy, Substance Abuse Treatment, multicultural issues, learning disorders and mindfulness-based techniques.
- *Sona Davenport , Ph.D. RYT
Pacific Graduate School of Psychology, 2000
Treatment of severely mentally ill inmates; individual and group therapy; Stress Management; Yoga for emotional balance.
- *Joe DeBruin, Ph.D.,
Seattle Pacific University, 2006
Forensic evaluation, expert testimony, cognitive behavioral psychotherapy
- *Arron Dehod, Ph.D.
California School of Professional Psychology-Fresno, 2005
Brief Cognitive Behavioral Therapy with College population, Integrative approaches to the treatment of mental illness.
- *Leslie Dobson, Psy.D.
University of London - 2006, Loma Linda University – 2009, 2012
Gestalt, psychoanalysis, general group therapy, schizophrenia, forensic treatment, sex offender treatment certified

*Beth Gier, Ph.D.

Purdue University, 1999

Cognitive-behavioral therapy; client-centered focus; treatment issues with severe mental illness; MDO law and competency issues

*Lee Carter Glancey, Psy.D., MBA

Widener University Institute for Graduate Clinical Psychology, 2011

Humanistic Psychology; Integrative Psychotherapy; Substance Abuse Treatment and the Relapse Prevention Model; Motivational Interviewing; EMDR; Personality and Diagnostic Assessment; Recovery Model for SMI; the Mind-Body Connection

*Pilar Gonzales, Ph.D.

Temple University, 2008

Crisis intervention, sexual trauma, couples and family therapy, adherence to treatment, career counseling and corrections

*Dia Gunnarsson, Psy.D., J.D.

Widener University, Widener University, School of Law, 2012

Forensic Evaluations, Psychological/Cognitive Assessment, Personality and Psychopathy, Differential Diagnosis, Expert Testimony, Risk Assessment, Threat Assessment and Management, Malingering Determinations, Psychopathy and Personality Disorders

*Stephanie Hamm, Psy.D.

Chicago School of Professional Psychology, 2006

Forensic evaluation and treatment, severe mental illness, group psychotherapy, crisis intervention, mindfulness techniques

*Ashley Hart, Psy.D.

Hawaii School of Professional Psychology at Argosy University – Honolulu, Hawaii, 2013

Diversity issues, Humanistic Individual and Group Psychotherapy, Crisis Intervention, Supervision and Training

*Michaela Heinze, Ph.D.

Ohio University, 1994

Forensic and neuropsychological assessment; trial competency; behavioral medicine & health psychology

*Matthew Hennessy, Psy.D.; Chief, Department of Psychology

University of Denver, Graduate School of Professional Psychology, 1999

Sex offender assessment and treatment; relapse prevention; Cognitive-Behavioral Therapy, Psychiatric Rehabilitation and the Recovery Model

*Deborah Hewitt, Ph.D., Senior Psychologist Specialist
Fuller School of Psychology, 1990
Behavioral Medicine, Positive Behavioral Support, Bereavement, DBT

*Don Johnson, Ph.D.
University of Oklahoma, 1993
Dialectical Behavior Therapy, Motivational Interviewing, Cognitive Behavioral Therapy, brief therapy, statistics and research design

*Lindsay Josvai, Ph.D.
Alliant International University, 2008
Adolescent Forensic Evaluations, Malingering and Personality Assessment, Forensic Assessment and Expert Testimony, expert testimony research, general statistics and research design

*Jacqueline King, Psy.D.
Kean University, 2014
Psychological Testing, Evaluation of Competency, Malingering Assessment, and Acceptance & Commitment Therapy.

Deborah Krishnan, Psy.D., MFA
Yeshiva University, 2014
New School University and New York University, 2002 and 2009
Psychodynamic Psychotherapy, Assessment, Trauma, Spirituality and Meaning-Making, Cultural Issues in Bereavement

*Ana Kodzic, Ph.D.
California School of Professional Psychology, Alliant University-San Francisco, 2009
Severe Mental Illness, Recidivism, Cultural Competence

*Phylissa Kwartner, Ph.D., Psychology Internship Director, Chief of Professional Education
Sam Houston State University, 2007
Violence Risk Assessment and communication to legal decision makers, Detection of Malingering, Expert Witness Testimony, and Cognitive-Behavioral Therapy

* Benny R. Martin, Ph.D.
University of California, Santa Barbara, 2004
Dialectical Behavior Therapy, Cognitive Behavioral Therapy, Multicultural Supervision and Training, Personality Disorders, Motivational Interviewing, Post-traumatic Stress disorder and Substance Abuse Treatment utilizing Seeking Safety Protocol

*Brandi Mathews, Psy.D.
Forest Institute of Professional Psychology, 2006
Detection of Malingering; Personality Assessment; Mental Health Law; Mentally

Disordered Offender Forensic Evaluations; Expert Testimony

*Christine Mathiesen, Psy.D., ABPP(CN); Director, Centralized Psychological Assessment
University of Hartford, 2000
Clinical neuropsychology; cognitive training/rehabilitation; meditation.

*Cindy Mitchell, Ph.D.
Fielding Graduate University, 2012
Forensics, Sex Offender Treatment, Psychopathy, Personality Disorders, CBT, Mindfulness,
Mind-Body Connection, Assessment and Treatment of Violence, Attachment Disorders

*Richard E. Morey, Ph.D., Senior Psychologist Supervisor
Colorado State University, 1990
Psychological assessment/treatment; staff development; religious issues in therapy

*Joseph Morrow, Psy.D.
Loma Linda University, 2010
Attachment Theory, Individual therapy aimed at violence reduction, and trauma.

*Jessica Mosich, Ph.D., Senior Psychologist Supervisor
California School of Professional Psychology- San Diego, 2006
Health Psychology, Cognitive Rehabilitation after Spinal Cord and Traumatic Brain Injuries

*Kevin Perry, Ph.D.
Sam Houston State University, 2008
Forensic assessment; expert testimony ; existential psychology; empirically supported
treatments

*David Peters, Psy.D.
School of Professional Psychology, Pacific University, Oregon, 2006
Psychological assessment, group psychotherapy, competency to stand trial

Roxanne Rassti, Ph.D.
Colorado State University, 2014
Assessment, Forensic Psychology, Malingering, Multicultural Issues and Diversity,
Competency to Stand Trial

*Killorin Riddell, Ph.D., Coordinator of Psychology Specialist Services
California School of Professional Psychology-Los Angeles, 1990
Object Relations, Psychoanalytic Therapy, American Red Cross Disaster Mental Health
Responder

*Holly Schneider, PsyD
The Wright Institute, 2009
Psychoanalytic Psychotherapy, Geropsychology

Angie Shenouda, PsyD
American School of Professional Psychology at Argosy University Southern California, 2014
Suicide Prevention & Postvention (Coping with Aftereffects of a Completed Suicide),
Aggression Reduction, Cognitive-Behavioral Therapy, Forensic Psychology, Crisis
Intervention

*Babak Tehrani, Ph.D.
American School of Professional Psychology-Orange, 2009
ADHD Testing and Treatment; Psychological Assessment; Neuropsychology, Diversity and
Multicultural Competence; Detection of Malingering; Group and Individual Psychotherapy;
Supervision and Consultation.

*Jennifer Vacovsky, Psy.D.
Loyola College, 2008
Psychological and Risk Assessment, Malingering Evaluation, Competency to Stand Trial

*Helen Wood Vinkurov, Psy.D.
Alliant International University, 2009
Group and Individual Psychotherapy, Risk Assessment, Grief, Substance Abuse, Trauma,
Health Psychology, Behavioral Interventions

*Dianne Walker, Ph.D.
Brigham Young University, 1982
Psychodynamic psychotherapy; group psychotherapy; personality assessment; adult
survivors of dysfunctional families and abuse

*Dyan Yacovelli, Psy.D.
California School of Professional Psychology, 1998
Rutgers University and Chapman University 1994
Developmental Disabilities; Individual, Couple, Family, and Group Therapy;
Cognitive/Behavioral, Family Systems, and Humanistic Psychotherapy

*Brandon Yakush, PsyD
Loma Linda University, 2006
Forensic evaluations, including Mentally Disordered Offenders, Competency to Stand
Trial/Restoration of Competency, and Mental Status at the Time of the Offense, and
Personality/Psychodiagnostic Testing

**IX. DEPARTMENT OF STATE HOSPITALS-ATASCADERO
SELECTED RECENT WORKSHOPS AND COLLOQUIA**

LEGAL AND ETHICAL CHALLENGES IN USING THE DSM-5

Pamela Harmell Ph.D

LEGAL AND ETHICAL ISSUES IN CLINICAL PRACTICE

Pamela Harmell Ph.D, Ellen Stein, Ph.D.

“DEVELOPING AND ENHANCING COMPETENCE IN CLINICAL SUPERVISION”

Carol Falender, Ph.D., Edward Shafranske, Ph.D.

“LAW AND ETHICS”

Jeffrey N. Younggren, Ph.D., Ellen Stein, Ph.D., Pamela Harmell, Ph.D.

“VIOLENCE RISK ASSESSMENT”

Henry Richards, Ph.D.; William Knowlton, Ph.D., David Fennell, MD, JD

“FORENSIC REPORT WRITING”

Ron Mihordin, M.D.

“THE NEW CULTURE OF COMPETENCY IN PSYCHOLOGY: THE PROFESSIONAL
DEVELOPMENTAL PROCESS”

David R. Cox, Ph.D.

“MINNESOTA MULTIPHASIC PERSONALITY INVENTORY-RESTRUCTURED FORM”

Yossef S. Ben-Porath, Ph.D.

“KEYS TO ASSESSING SUICIDE RISK IN CORRECTIONAL AND FORENSIC PATIENTS”

Robert Horon, Ph.D., Amanda Ferguson, M.S.

“SUICIDE RISK ASSESSMENT AND TREATMENT PLANNING”

Joseph Morrow, Psy.D.