DESCRIPTION OF THE HOSPITAL

Metropolitan State Hospital (MSH) is located in the suburban community of Norwalk and has been in operation since 1916. MSH is a state psychiatric hospital that offers services to residents throughout California. Approximately 650 individuals receive treatment at MSH. Individuals are admitted to MSH through either civil commitments (Welfare and Institutions Code) or criminal commitments (Penal Code).

Metropolitan State Hospital (MSH) is part of the State Hospital System. This system uses a Recovery philosophy of care and a Psychosocial Rehabilitation model of service delivery. The care and treatment provided by each California state hospital is based on evidence-based practices and is tailored to meet the unique needs and strengths of each individual. Every individual served by the hospital is encouraged to participate in identifying his or her needs and goals, and in selecting appropriate therapeutic and rehabilitation service interventions. These services and supports are designed to assist the individuals in meeting their specific recovery and wellness goals, in a manner consistent with generally accepted professional standards of care.

The hospital is organized into five treatment programs. All programs have designated treatment areas where group treatment interventions are conducted. The programs vary in service due to legal status, specific age groups, level of care, and individual needs. The forensic programs primarily treat individuals who are in the pre- and post-adjudication phases of court involvement. Two of the programs are primarily dedicated to civilly committed individuals with severe and persistent mental illness. There are also units dedicated to Acute/Admissions, Dialectical Behavioral Therapy, and Skilled Nursing services.

Metropolitan State Hospital is recognized as a valuable training institution for mental health professionals. There are a variety of training programs at the
These programs include Psychology, Psychiatry, Social Work, Medicine, Pharmacy, Rehabilitation Therapy, and Dietary. The fall of 2011 begins the 63rd consecutive year of Psychology Intern training and continues the tradition of providing training for students interested in working with individuals with severe and persistent mental illness.

**THE CLINICAL PSYCHOLOGY PREDOCTORAL INTERNSHIP PROGRAM**

The Clinical Psychology Predoctoral Internship Program has been fully accredited by the American Psychological Association (APA) since 2002, and is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). The Psychology Internship Program supports the overall mission and vision of Metropolitan State Hospital to work in partnership with Individuals to assist in their recovery by using rehabilitation services as our tool, thus preparing them for community living. The aim of the program is to provide training for Interns in the provision of evidence-based, culturally competent therapeutic and rehabilitation services. Psychology is expected to incorporate empirical data with clinical wisdom and an awareness of the unique concerns of the population to guide the selection of interventions.

The Internship year at MSH begins the first day in September and is a one year, full-time program that concludes the following year on August 31st. Interns accrue a minimum of 2,000 hours of supervised professional experience (SPE) during the Internship year. Interns can earn up to 44-on-site training hours each week. Interns are recognized members of the Psychology staff. The Internship Program is coordinated by the Internship and Training Coordinator under the leadership of the Chief of Psychology, with the Psychology Training and Internship Coordinator being the designated director of the program. Interns provide a wide variety of services and activities, including performing psychological testing; conducting individual and group treatment; developing, implementing, and monitoring positive behavior support plans; and participating in interdisciplinary Wellness and Recovery Planning Conferences.

**Training Objectives**
The primary objectives for the training of Interns include achieving competency in the following areas:

1) Developing knowledge and skills in the philosophy and techniques of the Psychosocial Rehabilitation and Recovery models.

2) Developing skills in diagnostic assessment including psychological assessment, cognitive screening, risk assessment, and functional behavioral assessment to assist in Wellness and Recovery Planning.

3) Developing skills in designing, implementing, and monitoring behavior guidelines plans for addressing severe and challenging behavioral areas of focus.
4) Developing skills in providing evidence-based interventions for group and individual therapy.
5) Developing the ability to advance treatment planning skills by working with a multidisciplinary Wellness and Recovery Planning Team.

Each Intern will be expected to perform at a specified level of competency in the following areas:

I. **Clinical Evaluation & Diagnostic Skills**
   - Evaluation of an Individual's areas of development
   - Diagnostic interviewing
   - Assessment of strengths and needs in formulating Wellness and Recovery Plans
   - Conduct clinical interviews on basis of an evidence-based theoretical rationale
   - Ability to realistically appraise individual potential for change using recovery measures
   - Knowledge of cultural factors impacting case conceptualization and services to be provided
   - Utilization of Psychodiagnostic testing to understand and plan treatment
   - Formulation of an appropriate individualized Wellness and Recovery Plan
   - Psychological report writing skills
   - Ability to formulate a differential diagnosis
   - Adequacy in addressing referral questions
   - Adequacy in addressing recovery and wellness goals and response to treatment in progress notes

II. **Psychodiagnostic Assessment Skills**
   - Diagnostic Assessment
   - Suicide Risk Assessment
   - Cognitive Screenings
   - Cognitive and Academic Assessments
   - Behavior Assessments

*Other assessments may be optional or required based upon the needs of the Individuals on the Intern’s caseload including:*

   - Personality Assessment
   - Risk Assessment
   - Malingering Assessment
   - Neuropsychological Assessment

III. **Psychotherapeutic Intervention Skills**
   - Awareness of evidence-based psychotherapy models
Awareness of the legal decisions that have impact on the practice of psychotherapy
Respect for the confidentiality of the therapeutic relationship
Promotion of constructive therapeutic interaction
Ability to facilitate communication during therapy sessions
Ability to provide therapeutic and rehabilitation services that are consistent with the stage of readiness of the individual in his or her recovery
Sensitivity to cultural issues
Ability to conceptualize and utilize cultural factors
Ability to create a trusting and supportive environment for the individual
Ability to be authentic and genuine in therapeutic encounters
Ability to maintain focus during therapy sessions
Ability to deal with separation issues
Ability to open and close therapy sessions appropriately
Ability to terminate treatment appropriately
Ability to make therapeutic interventions in a timely and appropriate manner
Ability to provide effective group treatment that is both manualized and outcome-based

IV. Professional Skills
Interns will be aware of the following professional areas and act accordingly:
Knowledge of and adherence to ethical principles and standards
Respect for rights of the individuals served
Respect for cultural differences
Recognition of own limitations and areas of weaknesses
Participation in and relevant contributions to training seminars
Participation in and relevant contributions to staff meetings and interdisciplinary Wellness and Recovery Conferences
Responsibility regarding time commitments (i.e., attendance, punctuality, meeting deadlines)
Representation of professional qualifications to the patient
Ability to take an active interest in own professional development
Ability to seek out agency personnel for assistance
Ability to learn from experience
Use of professional terminology
Appropriate use of referral/consultation resources
Utilization of available hospital resources, such as the staff library, in support of professional efforts
Adherence to hospital and psychology staff policies and procedures

V. Interpersonal & Communication Skills
Relationships with fellow Interns
Relationships with staff members
Clarity of verbal communication
- Clarity of written communication
- Understanding of own personality and biases and the impact of own behavior on others
- Ability to participate in an active and open manner during supervision and to accept and utilize constructive feedback

Training
As new employees, Interns are required to attend an eight day long New Employee Orientation (NEO). Some of the topics covered are the following: Overview of MSH Policies and Procedures, Therapeutic Strategies and Interventions (de-escalation and preventative management of aggressive behavior), Suicide Prevention, Cultural Competency, Health and Safety Issues, Equal Employment Opportunity, Cardiopulmonary Resuscitation (CPR) Course, Employee Assistance Program, HIPPA/Confidentiality and Health Information Management (Medical Records), Forensic Services, and Personnel Services. Representatives from the departments who provide the services deliver these presentations. The presentations are specific to hospital procedure and administrative directives and are attended by all new employees.

Following hospital orientation, Interns are oriented to the training program by the Training and Internship Coordinator. Interns begin the first of their two rotations following orientation. The primary rotation supervisor will provide an orientation to the rotation regarding policies and procedures. The supervisor will also provide an orientation and review of standards for Interns at MSH.

Throughout the year, Interns attend two hours each week of didactic training including case conferences. Past training topics have included: Introduction to the Recovery Model, Psychosocial Rehabilitation, Law and Ethics for Psychology, Schizophrenia, Bipolar Disorder, Major Depressive Disorder, Personality Disorders, Substance Abuse/Dual Diagnosis, Differential Diagnosis, Learning Disabilities, Functional Behavior Assessment, Social Skills Training, Group Therapy Techniques, Behavioral Treatment Planning, Cognitive Behavioral Techniques, Mental Status Exams, WAIS-IV, MMPI-II, Neuropsychological Screening, Research Instruments, Forensic Issues, Forensic Assessment, Criminal Responsibility/Competency, Competency Restoration, Violent Offenders, Court Testimony, Cultural Competency, Gender-related issues and Assessment of Dangerousness and Suicidality, Motivational Interviewing, and Competency Based Supervision.

There are also in-service trainings on a variety of topics throughout the year as part of Psychology’s Continuing Education Program that the Interns attend. Interns may also attend off-site education and training conferences upon request and when appropriate. There are multidisciplinary training activities (satellite broadcasts, multidisciplinary case conferences, program specific training, and guest speaker presentations) presented throughout the year that the Interns attend.
Supervision
Licensed Psychologists provide all primary supervision. A minimum of two hours of individual supervision is provided per week. Each supervisor has a designated back-up supervisor in case of illness or vacation. In addition to the individual supervision, Interns attend two hours of group supervision per week. Group supervision time is used to focus on the group and individual treatment that the Interns are providing. Evaluations of Interns take place at mid-rotations and at the end of each of the rotations. The final rotation evaluations are sent to the Intern’s school. The Training Coordinator may contact the School Training Director as indicated at or prior to the evaluation time. Interns are required to evaluate their supervisors, the didactic presentations, and the total internship program experience. There is a formal due process procedure in place.

Intern Resources
Interns currently share office space together. Each Intern has his/her own computer in the office. Interns have a computer network account, which allows for email accounts and Internet access. The Department of Psychology has test scoring and interpretation software, including programs for interpreting the MMPI-2, PAI, and the Millon Clinical Multiaxial Inventory-III (MCMI-III). MSH has its own library which is a source of clinical and dissertation information.

Intern Rotations
Interns will have the opportunity to take part in two, six-month rotations at MSH. These rotations may include opportunities in/with: Assessment, Positive Behavior Support (PBS), the Development and Cognitive Abilities Team (DCAT), Dialectical Behavior Therapy (DBT), and placement on a unit in one of the programs (civil or forensic) in the hospital. Interns will also participate in providing individual therapy throughout the hospital. Interns are asked to provide their rotation interests prior to start of the Internship. The Training and Internship Coordinator, in consultation with the Chief of Psychology, assigns the rotations based on available resources and the Interns’ interests and training experiences.

Assessment Rotation
Interns will have the opportunity to develop their skills in appropriately addressing referral questions, administering, scoring, and interpreting psychological tests, and developing appropriate recommendations based on the assessment findings. Interns also will receive training in presenting these findings and recommendations to members of the Wellness and Recovery Team and in working with those staff members on incorporating those recommendations into the services that the individual receives. Opportunities for different types of assessment include personality/diagnostic clarification, neuropsychological, forensic, and cognitive.
Positive Behavior Support (PBS) Team Rotation
The hospital has two PBS teams. Each team currently consists of a psychologist, a registered nurse, and two psychiatric technicians. As a part of the PBS team, Interns will have an opportunity to conduct functional behavioral assessments, develop positive behavior support plans, present findings and plans to the Wellness and Recovery Teams, and train staff members in the support plans.

Dialectical Behavioral Therapy (DBT)
On this rotation, Interns will have the opportunity to train on a unit that is dedicated to using the DBT model with civilly committed individuals. Interns conduct individual therapy and conduct DBT skills groups. Interns participate in DBT consultation meetings and present cases and DBT literature as applicable. Interns will attend Wellness and Recovery Planning Conferences and be a part of the interdisciplinary team that is involved in the case.

Unit Rotation
The rotation on a unit with Individuals admitted through civil or criminal code commitments, will give the Interns an opportunity to carry a small caseload and be fully involved in all aspects of the treatment for those particular individuals. Interns will attend Wellness and Recovery Planning Conferences and be a part of the interdisciplinary team that is involved in the case. They will also provide individual therapy and conduct any necessary psychological testing. Taking part in the unit morning report time will provide an opportunity for Interns to get an idea of how both the Individuals and the unit is functioning as a whole.

Specialized Project Rotation
Psychology Interns may have the option of developing a special project with other members of the psychology department. There are a number of needs that the individuals at MSH have, and an Intern can develop a project to meet those needs with the approval of the Training and Internship Coordinator and the Chief of Psychology. Projects that have been developed in the past include: cognitive remediation program, unit-wide Positive Behavior Support Plan, and competency to stand trial treatment for individuals with cognitive disorders.

Throughout the year, Interns conduct cognitive screenings, admissions assessments, individual therapy, and group therapy/skills training. Group treatment/skills training is conducted through the psychosocial treatment programs. Interns participate by facilitating or co-facilitating the groups.
INTERN SELECTION PROCEDURES

Interns are selected on a competitive basis determined by their educational and training experiences. Pre-doctoral internships are offered for students who have completed graduate course work in the fundamentals of psychotherapy and assessment.

Applicants must submit the following electronically:

- APPIC application
- The California State Application (STD678)
  Please follow the links on www.jobs.ca.gov to find and complete the application in PDF format for upload.
- A copy of most recent Curriculum Vita
- A de-identified sample psychological assessment report
- Three letters of recommendation (preferably one coming from current or recent placement supervisor)
- Graduate transcripts

Upon receipt, the Psychology Training and Internship Coordinator along with the Chief of Psychology and/or Senior Psychologists review the materials in order to determine whether the applicant meets selection criteria. Those who meet qualifications will be contacted and a face to face interview will be arranged with the Training Coordinator along with the Chief of Psychology, Senior Psychologists, or designated staff. Interviews will be scheduled for the winter of the following year. After the interview, all the information is compiled, evaluated, and then the applicants are rank ordered. The APPIC matching process is followed.

The following areas are considered in evaluating an applicant: experience and interest in working with an inpatient psychiatric population, prior experience working with individuals with a serious mental illness, background in psychological testing, prior field placement experience, prior group treatment experience, prior experience with people who are racially and culturally diverse, knowledge of psychopathology, evidence of initiative, eagerness to learn, ability to constructively integrate new learning and feedback, and an ability to work cooperatively on a multidisciplinary team.

Applications
State applications can be submitted at any time for review per State of California regulations. Completed APPIC applications and all supporting material must be received electronically according to APPIC on-line instructions by the Training Coordinator by November 15 to be considered for the following year's intern class. State of California laws and regulations regarding hiring requirements and hiring practices are followed. The Psychology Training and Internship Coordinator will contact those who meet these qualifications for an interview in the winter of the following year.
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. This training program observes the guidelines and deadlines regarding notification of internship offers adopted by the Association of Postdoctoral and Psychology Internship Centers (APPIC).

**Appointments**
At the present time there are five full-time, 12-month positions available. The current stipend ranges from $3395 per month (incomplete dissertation) to $3717 (completed dissertation). The stipend is subject to changes based on the state budget. Other benefits include Professional Education time, Leave time, State Holidays, health insurance, vision coverage, and library and athletic facilities.

Metropolitan State Hospital is an equal opportunity employer to all, regardless of race, color, creed, national origin, ancestry, sex, marital status, medical condition, disability (mental and physical), religious, or political affiliation, age, or sexual orientation. TDD for the hearing impaired is available. As noted above, Interns are both members of the Department of Psychology and State of California employees.

If you have any questions, please contact (email preferred) the Psychology Training and Internship Coordinator:

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If you do not receive acknowledgement of your e-mail, please follow-up with a phone call to ensure your email has not been filtered out through the hospital system.

*Thank you for your interest in our training site!*
INDIVIDUALS SERVED AT METROPOLITAN STATE HOSPITAL

Welfare and Institutions Code Sections
1756: DJJ ward found to be in need of mental health treatment, transferred to Metropolitan for inpatient treatment
5150: 3 day involuntary hold for DTO, DTS, or Grave Disability as the result of mental disorder.
5250: 14 day involuntary hold for above reasons: Probably Cause Hearing: WRIT
5270.15: Certification for additional 30 days: AKA as A-Cert.
5353: 30 day Temporary Conservatorship.
5358: Full Conservatorship for Grave Disability; annual renewal.
6000: Voluntary admission.
5008 (h) (1) (b): Murphy Conservatorship: previously a 1370 with criminal charges having been a felony; still considered dangerous; original charges not dismissed; renewable annually. Placed on penal code units.
5304: 180 Days Post Certification for Dangerousness; renewable at 6 month intervals.

Penal Code Sections
2972: Prisoner who was paroled as MDO (2964) and parole has ended. Placed on civil commitment at the end of parole because still considered dangerous. One year commitment. Renewable annually. Placed on penal code units.
2974: Parolee previously living in community; in need of acute hospitalization. Average length of admission is 5-6 weeks.
1026: Not Guilty by Reason of Insanity; sentenced for maximum amount of time allowed had he been found guilty of crime; can be extended at two year intervals.
1367.1 Evaluation for Misdemeanor Incompetent to Stand Trial; to MSH for evaluation as 4011.6.
1370: Felony Incompetent to Stand Trial; maximum commitment of three years.
1370.01: Misdemeanor. Incompetent to Stand Trial; maximum commitment of one year.
4011.6: Inmate from jail here for inpatient treatment involuntarily; LPS Criteria.
4011.8: Inmate from jail here for inpatient treatment voluntarily.

Excluded Crimes for MSH Penal Code Units (Current or Pending Charges)
Murder
Rape
Child Molestation
Other Sex Crimes
High Security Risk for Escape
ADDITIONAL RESOURCE INFORMATION

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Commission on Accreditation
750 First Street NE, Washington, DC 20002-4242
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