

POSTDOCTORAL PSYCHOLOGY FELLOWSHIP PROGRAM



**CALIFORNIA DEPARTMENT OF STATE
HOSPITALS--VACAVILLE**

**CALIFORNIA MEDICAL FACILITY
VACAVILLE, CALIFORNIA**

FOR TRAINING YEAR 2015 – 2016

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Description of California Department of State Hospitals--Vacaville

The California Department of State Hospitals-Vacaville (DSH-Vacaville) is a licensed psychiatric treatment facility located within a California Department of Corrections and Rehabilitation facility (California Medical Facility). The Department of Mental Health--Vacaville Psychiatric Program, as it was known at the time, was established in 1988 and provides acute and intermediate (sub-acute) mental health treatment to patients from all of California's male prisons. These patients are typically experiencing symptoms of a major mental disorder that prevents them from functioning adequately and safely within the larger general prison population. The most common reason for referral to DSH-Vacaville is suicidal behavior (ideation, behaviors, or attempts); other common reasons include deterioration in functioning, need for diagnostic clarification, or increase in psychotic symptoms. There are currently 218 beds in the Acute Psychiatric Program and 148 beds in the Intermediate Care Facility Program. Treatment in both programs is provided by an interdisciplinary treatment team comprised of psychiatrists, psychologists, clinical social workers, rehabilitation therapists, registered nurses, medical-technical assistants, and custody officers.

Description of Population Served

The population served is incarcerated males referred for acute or intermediate inpatient mental health care. Between 2004 and 2011, the population has been characterized as younger (Mean Age=37 years), poorly educated (Mean Education=10 years), and predominantly from low socio-economic groups (Lowest SES Group=77%). Caucasians (33%) and African Americans (33%) comprise the largest ethnic groups, followed by Latino (25%), and Other (Asian, Native American, Bi-Racial, etc. 8%). As Latinos make up more than 40% of new intakes to the Department of Corrections and Rehabilitation, there may be a shift over time in the racial, ethnic, and linguistic composition of admissions to DSH-Vacaville. The majority of patients coming into DSH-Vacaville are found to have a major mental disorder (Schizophrenia Spectrum Disorders=46%, Major Affective Disorders=30%) as well as a co-morbid substance abuse disorder (61%). Most patients (74%) also have either a primary or co-existing severe Axis II personality disorder, typically of the Cluster B (Borderline, Narcissistic, and/or Antisocial) variant.

Myla Young, Ph.D. identified that approximately 24% of patients admitted to DSH-Vacaville met criteria for psychopathy. Her study and current investigations note that in this population there is a high incidence of cognitive disorders (60-64%), a history of special education (46%), and a high incidence of severe violence (79% have offenses involving serious physical harm or murder of another person). Current research at DSH-Vacaville has additionally found that the typical patient at this facility has made multiple past suicide attempts (Mean # of Attempts=4.3), with no significant difference in race or ethnicity in the number of attempts. A history of institutional violence is high towards both peers (56%) and staff (19%).

Mission, Vision, and Core Values

The mission of DSH-Vacaville is to provide quality mental health evaluation and treatment to patients. This is accomplished in a safe and therapeutic environment, and as part of a continuum of care. Core values include teamwork, innovation, professionalism, dignity and respect, quality of care, and safety and security of the institution.

The vision of DSH-Vacaville is to meet present and future challenges in the provision of quality patient care through professional training, clinical research, and innovative program development, evaluation and improvement. Professional services are provided with consideration for the complex and diverse needs of the patient population, as well as consideration of the concerns of the community, in a manner consistent with this vision.

The DSH-Vacaville Psychology Postdoctoral Fellowship follows a practitioner-scholar model of training. Although not accredited by the American Psychological Association (APA), it is structured in accordance with APA accreditation guidelines and with APA Ethical Principles. The fellowship strives to provide competency-based training in psychological assessment and evidenced-based clinical interventions with correctional mental health patients in a culturally competent manner. Fellows receive advanced training in several areas of psychological assessment, specifically, psychodiagnostic assessment. Fellows may also gain experience in cognitive assessment, neuropsychological assessment, behavioral assessment, violence and/or suicide risk assessment, and in the estimation of sexual offending risk. Fellows may additionally participate in research assessments to further learning in suicide and violence risk assessment, personality assessment, and to further competencies in program evaluation and in supervision. Training in the culturally competent assessment of patients is also emphasized. The fellowship provides an excellent training basis for candidates with career goals that involve correctional, forensic, and/or assessment-based clinical or consultative work.

Description of the Psychology Service within DSH-Vacaville

There is currently one Chief Psychologist, four full time Senior Psychologists, nineteen full time Psychologists, and one part time Psychologist on staff. All staff psychologists are either licensed (22) or in the licensure process (3). All supervising psychologists have multiple years of experience working as a psychologist in a correctional and/or forensic setting and have experience in the comprehensive psychological assessment of criminal offenders. The standards of practice for psychologists in the service include competence in the following areas: Psychological and neuropsychological assessment, psychological treatment interventions, suicide and violence risk assessment, behavioral planning, and treatment team participation and coordination.

In addition to the psychology staff, DSH-Vacaville's psychiatric service includes three pre-doctoral interns within our APA-accredited internship and three postdoctoral fellowship positions. The postdoctoral fellowship is an APPIC member.

In the past, several research projects have been conducted by the psychology service of this facility, including a comprehensive neuropsychological-psychological description of the population, reviews of treatment outcome measures, and

evaluations of community violence, prison violence, psychopathy, recidivism, suicide and self-harm within the population. Dissertation and independent research has been conducted in the past with archival data and may be available for future use. Opportunities to be involved in current studies are described below (page 8).

Description of the Postdoctoral Fellowship Program

The California Department of State Hospitals--Vacaville (DSH-V) is pleased to offer a postdoctoral fellowship training program. Our training program is conducted within an inpatient correctional mental health setting. DSH-V's Postdoctoral Fellowship program provides up to 2000 hours of training, with 1500 hours required for program completion. Fellows receive advanced training in the assessment and treatment of patients referred for inpatient mental health services by the California Department of Corrections and Rehabilitation (CDCR). DSH-V's Postdoctoral Fellowship training program has been operating continuously since 1999. The fellowship is an APPIC member program and follows APPIC training and selection guidelines.

The DSH-Vacaville Postdoctoral Fellowship is a generalist clinical psychology training program set in an inpatient correctional hospital. Clinical duties include psychodiagnostic assessment, psychotherapy, and behavioral consultation within the context of interdisciplinary treatment team collaboration. Fellows have the opportunity to choose clinical, consultative, and research activities to fit with their goals and interests through their Individual Training Plan Agreement (ITPA). All activities are supervised by California-licensed clinical psychologists. Supervised hours accrued in the program are applicable to state licensure requirements.

The fellowship starts the first day of the September pay period (which may include the last day of August) and lasts for a full calendar year. Fellows work 40 hours per week. Fellows receive training that is graduated in complexity and autonomy based on competency assessment, starting with a preliminary self-assessment.

Fellows meet with prospective primary supervisors at the outset of training, and establish a primary supervisor and 'home' unit. The assignment to a 'home' unit allows the fellow to become familiar with the treatment setting and milieu and with working on an interdisciplinary treatment team. Fellows also gain supervised experience in the assessments and interventions indicated for this population on their 'home' unit.

Fellows establish a supervisory team, consisting of the primary supervisor, secondary supervisors, and the training coordinator and training director, during the onset of training as well. The supervisory team will decide with the fellow a set of goals for the training year, which may include additional full rotations later in the training year or part-time, co-occurring secondary training experiences. Fellows are given a stepwise progression to more independent and/or consultative roles depending on their supervisory team's assessment of the fellow's competency to practice in the areas desired.

Specific training activities include:

- Conduction of multiple types of psychological assessment, included personality/ diagnostic testing, cognitive and neuropsychological testing, and risk evaluations, with results shared with an interdisciplinary team and integrated into treatment planning.
- Risk evaluations include assessments of suicide and violence risk, and may include specialized evaluations of the risk of sexual offending.
- Provision of group and individual psychotherapeutic services to individuals in a correctional mental health hospital, using evidence-based or evidence-supported interventions.
- Mentoring of students in our APA-accredited pre-doctoral internship.

Training activities also may include:

- Consultation to inter-disciplinary treatment teams regarding patient behavior
- Specialty or advanced training in an area of psychological assessment, such as in neuropsychological assessment.
- Conduction of clinical assessment research focused on the assessment of suicide and violence risk.
- Participation in or conduction of program review projects, such as reviewing the effectiveness of novel group treatment interventions.

Program Goals

The overall goal of the DSH-Vacaville Postdoctoral Training Fellowship is to produce trainees who are well prepared for the independent practice of professional psychology at an advanced level of competency. Specifically, we anticipate that individuals will develop clinical skills for functioning as a practitioner within a correctional setting. The Postdoctoral Training Fellowship includes both general and specific training activities that are sequential and experiential in nature.

Listed below are specific program objectives for all postdoctoral fellows. As a result of training received, postdoctoral fellows will be able to perform the following:

1. Demonstrate advanced skills in the assessment of correctional populations sufficient to practice on an independent basis.
2. Demonstrate advanced skills in the psychological treatment of correctional populations sufficient to practice on an independent basis.
3. Demonstrate advanced skills in the provision of consultation to other professionals or providers involved with the care of correctional populations sufficient to practice on an independent basis.
4. If partaking in any of the research projects, demonstrate an advanced knowledge of research issues and methodologies sufficient to collaborate on a research investigation of sufficient quality to be published in a peer reviewed journal or presented at a professional conference.

5. Complete the training and experience necessary for applying for and obtaining state or provincial license or certification for the independent practice of psychology.

Goals are accomplished through the following means:

- Individualized Training Plan Agreements that ensure both general and specific goals for the training year are met.
- Individual supervision (minimum 2 hours per week)
- Group supervision (minimum 4 hours per week)
- Formal didactic seminars
- External training in special topics

Supervision

The fellowship offers rich supervision opportunities. Psychology fellows receive a minimum of 2 hours per week of individual supervision per week with their primary supervisor and a minimum of 4 hours of group supervision per week. One hour of group supervision covers issues such as: Ethical issues, adjustment to a correctional environment, observation and interviewing skills, diagnostic and differential diagnostic issues, providing psychological information to patients and treatment teams, treatment planning, goal setting, and treatment implementation. Other group supervisory experiences occur through bi-weekly Case Conferences and by case presentations in Neuropsychology Seminar, Violence and Suicide Risk Assessment Seminar. Supervision is provided by California Licensed Psychologists who have completed California continuing education training requirements in supervision. Each supervisor is a credentialed staff member with privileges in supervision and in clinical treatment and assessment.

Group Supervision and Seminar Trainings

All fellows participate in the following weekly seminars: Advanced Neuropsychological Assessment, Clinical Issues, Case Conference (bi-monthly), and Violence and Suicide Risk Assessment. Psychology Fellows participate in all seminar discussions and assume responsibility for facilitating one Clinical Issues seminar, one Case Conference presentation, and typically 1-2 assessment seminar presentations per year. Additional external didactic training opportunities are generally available throughout the academic year. Seminars are facilitated primarily by psychologists, but may also include presentations by Interdisciplinary Treatment Team members (Physicians, Social Workers, Rehabilitation Therapists, and Nursing Staff) and community experts.

Fellow Group Supervision (weekly one-hour group): Postdoctoral fellows meet with a licensed staff psychologist for formal group supervision for one hour per week.

Advanced Neuropsychology Seminar (weekly one-hour seminar): Topics covered include, but are not limited to, advanced integration of and interpretation of neuropsychological tests, fine points of comprehensive report writing, and the use of neuropsychological assessment for unique clinical disorders and presentations. Additional topics may include

neuropsychology of psychiatric disorders, seizure disorders, traumatic brain injury, substance abuse, violence, and psychopathy. Cultural differences as they relate to neuropsychological assessment are also discussed. Fellows may present cases within the pre-doctoral internship Neuropsychology Seminar.

Clinical Issues (weekly one-hour seminar): This is a formal didactic training series, whereas the other seminars combine teaching and group supervision. Topics include the major curricula areas required for APA internship accreditation. Thus postdoctoral fellows may assume responsibilities to co-present with staff members on specific curricula areas. These curricula areas include: Theories and methods of assessment and diagnosis, theories and methods of empirically-supported treatments, theories and methods of consultation, theories and methods of evaluation, theories and methods of supervision, strategies of scholarly inquiry, and issues of cultural and individual diversity. Sample topics for this seminar include: Introduction and overview of testing issues, including test proficiency, integrating data, report writing, implications for treatment/feedback to patients, and diagnostic formulation; issues related to institutionalized patients, overview of the correctional system, and prison culture; stabilization and treatment of psychiatric inpatients; treatment of head-injured populations; treatment modalities targeting criminal thinking and behaviors, including the Relapse Prevention Model; professional development and professional ethics; cultural competency with disparity populations; and competency evaluation in supervision. When possible, speakers from within the facility and from the community are invited to present on relevant topics. Cultural differences, and the impact of these differences in treatment and assessment, are emphasized additionally through an on-going committee that is open to fellows, the Multi-Cultural Task Force.

Case Conference (bi-monthly one and a half-hour seminar): This seminar focuses on interpreting and examining complex assessment results and on clinical case formulation. During the conference, the first half of the presentation focuses on assessment data while the second half examines diagnoses, case conceptualization and intervention planning. Staff psychologists, fellows, and interns attend Case Conference and provide clinical feedback regarding cases. Special consideration of multicultural issues is included in case discussions. Fellows present one to two cases at this seminar during the year. Case Conference accounts for three hours of group supervision per month.

Violence and Suicide Risk Assessment (bi-weekly one-hour seminar): This seminar consists of didactic trainings, reviews and discussion of relevant literature, case presentations, and applied or experiential (project-based) learning experiences. In addition, group supervision is offered regarding current testing cases and/or clinical assessments. The first meeting each month covers suicide risk topics, the second meeting violence risk topics. Room is left for case presentation/discussion at each meeting. Attention is given to applying suicide and violence risk assessment tools to current cases as a means of practice incorporating these measures within evaluative processes. Special topics including cultural competency in suicide and violence risk assessment, emerging theories and areas of investigation within both areas, and commonalities in risk formulation within patients who have problems in both areas. Violence and Suicide Risk Assessment Seminar accounts for two hours of group supervision per month.

Trainee Group (weekly one-hour group): Fellows and the pre-doctoral interns meet together for this group. The purpose of the group is to examine group dynamics, the effect of one's professional voice/behavior on others, and the effect of other's behavior on one's professional identity. At the onset of the group, a staff liaison meets with the group to discuss the rules of the group and discusses the monthly tasks the group will be expected to complete. In addition to the staff liaison, individual and group supervisors are available for support and consultation as needed.

Other training opportunities: Fellows are fully integrated into the Psychology Service and may also attend administrative meetings such as Program Meetings, Psychology Service Meetings and Medical Staff Meetings. Additional training may be offered throughout the year, including a two (2) full-day Rorschach Workshop with Dr. Phil Erdberg, a member of the Rorschach Research Council, and the two (2) day 'Visiting Scholars' training presented by UC Davis and Napa State Hospital. Fellows may also attend trainings of particular relevance at other DSH facilities, and/or of specific interest to the fellow's specific career goals.

Research Activities

Currently, fellows may consider involvement with several projects at various stages: The *Suicide Risk Assessment Study (Horon, McManus)* is expected to complete data collection in March, 2015. The study evaluated the use of standardized suicide risk measures and experimental suicide risk measures with correctional patients. The study was designed to establish reliability and validity of these measures within the correctional setting. In addition, the study compares patient results on assessment measures with historical variables (e.g. number of prior attempts, lethality of prior attempts, trauma history, and neurological history) and criminological variables (e.g. offense history) to develop predictive models regarding suicidal potential. The use of a Structured Professional Judgment model, generated by study results, is also a component of this study. Additionally, the study looked at the cultural impact on suicide risk assessment, and evaluates patients in both English and Spanish. Finally, the study evaluated measures developed from Joiner's *Interpersonal-Psychological Theory of Suicide* on a correctional population. More than 600 patients participated in this study thus far.

An adjunct to the suicide risk assessment study is a review of reports from deaths by suicide from CDCR institutions. Some 150 such records have been received, and are being coded based on the Structured Professional Judgment model developed on prospective patients as described above.

The *Violence Risk Assessment Study (Horon, McManus)* protocol evaluated the relative weight of different assessment areas in explaining violence potential. The study compared individuals who are violent in community and institutional settings with those who are violent only in one setting (e.g. only in the community) and with those without a history of violence. The Violence Risk Assessment Study included the administration of traditional violence risk measures along with measures of impulsivity, measures of anger and reaction to provocation, diagnostic measures, and a battery of cognitive tests. The study sought to develop a predictive model for capturing violence risk potential whether the source of risk is predatory, reactive/impulsive, or based on cognitive impairment. This study completed data collection in

2013.

The opportunity for fellows inherent in both studies is to collaborate on professional presentations and papers based on these studies.

Additional studies are anticipated. Announcements of approvals of studies will be provided to prospective applicants via the updates to our APPIC listing.

Support

Fellows have independent workstations as well as access to shared workstations for employment-related use. Each computer workstation has multiple applications, including on-line access to the internet, e-mail, and to a large database of books and journal articles run by the State of California Library (via EBSCO). The psychology service has a shared drive with access to relevant forms, articles, policies, manuals, etc. This shared drive also contains a library of scanned, completed psychological testing reports. There are shared computer workstations with psychological test scoring and interpretation software, and workstations with statistical database capabilities. The institution has full time Informational Technology staff. Clerical supports are not available. Resources for presentations (e.g., PowerPoint, LCD projectors) are available.

Location

Vacaville is a family community of approximately 94,000 people located 52 miles east of San Francisco and 35 miles west of Sacramento. Vacaville is additionally situated approximately 20 miles from the University of California at Davis and 30 miles from Napa. It is approximately a 2-1/2 hour drive to Lake Tahoe. Vacaville is known to have mild winters and hot summers. Many people come to visit and shop at the Factory Outlets in Vacaville. Downtown Vacaville is rustic with quaint shops and restaurants while other areas of town are more modern.

Requirements and Application Materials

Applicants must have completed all requirements of both an APA-approved doctoral program in psychology and an APA-approved one-year pre-doctoral psychology internship program. Security Clearance will be required before interview. Security, Medical & Drug Screening will be required before the start of the fellowship year.

Per APPIC's suggested postdoctoral selection guidelines, the following application timeframe has been established:

- The application deadline for the 2015-2016 training year is January 12, 2015.
- Applicants will be notified of their interview status on January 23, 2015, with interviews held the week of February 9-February 13, 2015. We are only able to offer in person interviews.
- Positions will be offered on February 17, 2015, also following APPIC Postdoctoral Selection Guidelines.

Applicants are asked to submit the following items:

- An on-line application via the APPA CAS (see <http://www.appic.org/AAPI-APPA/APPA-Postdoc-Application-Information>). Please also use the APPA CAS to submit the following information:
 - Cover letter with statement of interest
 - Curriculum Vitae
 - Three letters of recommendation (including one from an internship supervisor)
 - Completed State Application available online at: <http://jobs.ca.gov/pdf/std678.pdf>
 - Completed DSH-V Postdoctoral Fellowship Supplemental Application

Salary funding is through civil service appointment. The salary for Postdoctoral Fellows is \$3773/month (\$45,276/year). There are no unpaid positions. Postdoctoral Fellows have the same holiday, sick leave and vacation time as other state employees.

Please watch for updates to our website at:

<http://www.dsh.ca.gov/Vacaville/PostdoctoralFellowshipProgram.asp>

You may obtain brief biographies of program supervisors by contacting the training staff members below. In addition, any inquiries about the program can be addressed to:

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State of California Hiring Practices

*Please also note state examination and hiring practices, as found in the web-site:
<http://www.dsh.ca.gov/Jobs/JobwithDSH.asp>*

THE EXAMINATION PROCESS

Before you can be appointed to a permanent position, you must first take an examination to obtain list eligibility. Permanent hires are made from the eligibility lists created by examining. Examination bulletins contain broad information which you will need to review to make sure you meet the minimum qualifications so you can apply to take the exam. If you meet the requirements on an examination bulletin, you may take the examination, which is competitive. Possession of the entrance requirements does not assure a place on the eligible list.

OBTAINING LIST ELIGIBILITY

There are different types of exams. Depending on the classification, you can either take a written exam, oral interview exam, supplemental exam, education and experience exam or a combination exam having more than one exam plan. Your performance in the required examination will be compared with the performance of the others who take this test, and all candidates who pass will be ranked according to their scores. You will need to be successful in all parts of the exam to obtain list eligibility. The exam bulletin will indicate which type of exam is being administered.

ONCE YOU HAVE OBTAINED LIST ELIGIBILITY

Successful candidates are divided into ranks by score. Only those in the top three ranks are "reachable" and ready for appointment. As the ranks are cleared, the next lowest rank becomes reachable. Why wait? Your new State Job is just a click away!

STATEMENT OF NONDISCRIMINATION

Equal opportunity is given to all regardless of race, color, creed, national origin, ancestry, sex, marital status, disability, religious or political affiliation, age or sexual orientation.

***Please also see California State laws and regulations regarding nondiscrimination at:
spb.ca.gov/laws/policies.cfm.***

Also note that DSH-Vacaville maintains an Equal Employment Officer for the protection of all employees.

This department provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please notify the Human Resources Office. It is an objective of the State of California to achieve a

drug-free workplace. Any applicant for state employment will be expected to behave in

accordance with this objective because the use of illegal drugs is inconsistent with the law of the state, the rules governing civil service, and the special trust placed in public servants.

CONTACT INFORMATION:

For information pertaining to employment opportunities at the DSH-Vacaville, please contact:

**Department of State Hospitals-
Vacaville
Selection Services**

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