Patton State Hospital

2016-2017

Doctoral Internship in Clinical Psychology

APA Accredited Since 1964*

Cover Illustration of Patton State Hospital Circa 1902 Based on a Lithograph by Vern Fowler

*Commission on Accreditation, American Psychological Association, 750 First Street N.E., Washington, DC 20002, (202) 336-5979

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INTRODUCTION FROM THE TRAINING DIRECTOR

Thank you for your interest in the Clinical Psychology Internship at Patton State Hospital (PSH). Working from a "scientifically-informed practitioner" model, the clinical psychology internship at PSH strives to develop a diverse group of well-rounded, competent, entry level clinical psychologists who can function effectively in a wide variety of settings and who also have developed specialized skills in the area of forensic psychology, neuropsychology, and/or treatment of the severely mentally ill. The training programs at PSH have been a stable presence and integral part of our psychology department for over four decades. Our internship has been continuously accredited by the American Psychological Association[1] since 1964, and has been listed by the Association of Psychology Postdoctoral and Internship Centers (APPIC) since 1973. Since 1964, over 200 interns have completed the internship program. A recent survey of our former interns indicates that our alumni are successful in a number of different settings and have achieved a number of professional accomplishments. Our alumni are presently working in a number of positions ranging from state hospital and correctional psychologists to private practitioners to full-time professors and Directors of Clinical Training in APA accredited psychology programs. Many of our interns go on to complete postdoctoral fellowships in forensic psychology, clinical neuropsychology, or advanced clinical practice and former interns have attained diplomate status through the American Board of Professional Psychology (ABPP) in the subfields of forensic psychology, clinical neuropsychology, and clinical psychology. The PSH Internship Program emphasizes the incorporation of psychological science into practice and the delivery of culturally competent services.

David M. Glassmire, Ph.D., ABPP
Psychology Internship Director

Our training program is guided by the assumption that strong scientifically grounded clinical skills are essential to the practice of psychology regardless of one's specialization or interests. Although our training philosophy encourages interns to consider nomothetic (i.e., group) studies on psychological functioning, our training is based on the premise that competent clinical practitioners, in all types of clinical settings, must also consider the cultural and individual differences (i.e., idiographic considerations) that make each client/patient unique. At PSH, we believe that a solid clinical foundation is requisite for future specialty training. Although Patton offers concentrations in forensic psychology, clinical neuropsychology, and clinical psychology, all interns complete a core curriculum in clinical practice. Throughout the internship year, emphasis is placed on enhancing the following foundational areas of competence:

a. Ability to make sound and scientifically informed professional judgments

b. Ability to extend and expand basic assessment and intervention techniques to meet the needs of diverse settings and problems

[1] American Psychological Association Commission on Accreditation, 750 First Street NE, Washington, DC 20002-4242; (202) 336-5979

c. Ability to work with clients of diverse cultural backgrounds

d. Awareness of interaction between culture and psychology

e. Ability to apply ethical and legal principles to practice

f. Ability to manage professional time

g. Ability to work in collaboration with other professionals

h. Awareness of personal strengths and limitations and the need for continued supervision, consultation, and education

Patton State Hospital's predoctoral internship in clinical psychology accepts only applicants who are enrolled in a clinical psychology program at a recognized university or professional school (APA-accredited programs are preferred). The clinical psychology internship is a one-year, full-time placement.

The Patton psychology internship is committed to maintaining and enhancing the diversity of our training programs. It is our philosophy that the experiential component of the internship is enhanced when the intern class is comprised of individuals with diverse life experiences and backgrounds. Individuals from underrepresented ethnic, cultural, sexual orientation, socioeconomic, and geographical backgrounds are strongly encouraged to apply.

Again, I want to thank you for your interest in our internship program. The sections that follow are intended to provide a comprehensive description of our training philosophy and intern experiences. However, I realize that it would be impossible for this brochure to answer all questions that might arise in the selection of an internship. Therefore, I strongly encourage potential applicants to contact me directly using the email address below with any questions that might arise regarding our internship.

David M. Glassmire, Ph.D., ABPP
Psychology Internship Director, Patton State Hospital
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THE HOSPITAL

Patton State Hospital has provided mental health treatment since 1893 and has been accredited as a forensic mental health facility by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) since 1987. It is the largest maximum-security forensic hospital in the nation that houses male and female criminally insane patients. Patton has a long and interesting history that dates back to 1893 when the hospital was first opened as the "Highland Insane Asylum." From the turn of the century through World War II, the hospital maintained a moderate census of less than 1,000 patients. Increases in Patton's population paralleled a post-World War II nationwide hospital expansion. By 1950 the hospital contained 4,000 severely mentally ill and substance abusing patients. At that time, Patton was a self-contained community of 670 acres where the patients raised livestock, grew vegetables and ran a hog ranch, tailor shop, newspaper, furniture shop, mail room, sewing room, and laundry. In recognition of the need for long-term care communities, California's goal was to have an entirely self-sufficient community within the state hospital.

Patton's history reflects mental health trends in the 20th century. From the beginning, Patton used the available mental health treatments of the time including industrial and occupational therapies, insulin shock, metrozol shock, lobotomies, electric shock, baths, operant conditioning, and medications (aspirin, tranquilizers and bromides). In the 1950s, the discovery of Thorazine's antipsychotic properties ushered in the age of pharmaceutical treatment of mental illness. In 1955, California state hospitals (including Patton) began providing Thorazine routinely and received a large grant from the National Institute of Mental Health (NIMH) to study the efficacy of major tranquilizers on release rates. Other notable research conducted at Patton included the "Patton Experiment" (a large-scale token economy) and the Sobell controlled drinking research study during the 1970s. More recently, Patton psychologists have been working on research projects studying various topics including the efficacy of substance abuse treatment programs for dually-diagnosed patients, the assessment of response distortion on the Minnesota Multiphasic Personality Inventory-Restructured Form (MMPI-2-RF), violence risk assessment, neuropsychological functioning of psychiatric patients, and the relationship between psychopathy and neuropsychological functioning in forensically committed psychiatric patients.

Under the leadership of our current executive director, Harry Oreol, Patton State Hospital has shifted from a traditional medical model (i.e., that severe mental illness is a disease process and that the primary target of treatment is the removal of symptoms) to a recovery model (i.e., that individuals with severe mental illness are active participants in guiding their treatment process to improve their lives). The recovery philosophy moves beyond the mere reduction of symptoms to a more comprehensive approach that builds upon each patient's strengths in an effort to facilitate

productive and healthy lifestyles during their stay at the hospital and once released into the community. Psychologists at Patton have always been integral to the treatment of our patients. Psychologists are an integral part of each treatment team. Moreover, under the leadership of our Chief of Psychology, David Haimson, Ph.D., the Department of Psychology has been an integral component in Patton's shift to a recovery model of treatment.

THE PATIENTS

This is a snapshot of Patton's population as of the printing of this brochure. There are 1,502 patients (ages 17-91) who exhibit a wide range of severe mental disorders, personality disorders, substance abuse histories, and neuropsychological deficits. Patton houses many of the female forensic patients in California, as 23% of our population is female. Our patient population is ethnically and culturally diverse. Twenty-nine percent of the hospital population is African American, 5% Asian/Pacific Islander, 41% Caucasian, and 23% Hispanic/Latino, with the balance from other cultures. There is a monolingual Spanish-speaking unit and a unit for deaf and hard of hearing, both of which are training sites for interns.

Patton is a maximum security forensic psychiatric hospital and primarily houses individuals who are committed under various penal code commitments. The most common legal commitment types are not guilty by reason of insanity (NGRI; 32%), incompetent to stand trial (ISCT; 33%), and Mentally Disordered Offenders (MDO; 24%; Note: these individuals are prisoners who served their entire prison sentence, but were determined to be too mentally ill and dangerous to be paroled to the community). Patton also has female prisoners who require acute psychiatric hospitalization during their prison sentences (1%), mentally disordered sex offenders (1%, which is a relatively high number since that commitment law was repealed 1981), and a small number of civilly committed patients who are too dangerous to be managed in a less secure setting.

The table below provides a brief description of the most common legal commitment issues for Patton patients and the corresponding commitment statutes in the California Penal Code (PC) or Welfare and Institutions Code (WIC).

COURT COMMITMENTS	
PC 1370 (IST)	Incompetent to stand trial on felony charges.
PC 1370.01 (MIST)	Incompetent to stand trial on misdemeanor only charges.
PC 1026 (NGI)	Not guilty by reason of insanity.
PC 702.3 (MNGI)	Minor not guilty by reason of insanity (age 18 or over).
PC 6316 (MDSO)	Mentally disordered sex offender committed prior to 1982 termination of statue.
PC 1610	Returned from community outpatient treatment pending court hearing regarding recommitment under one of the original commitments.
PC 1372(e)	Competent to stand trial but requiring continued inpatient treatment for duration of court proceedings.

PAROLE COMMITMENTS	
PC 2962 (MDO)	Mentally disordered offender parolee certified by Board of Prison Terms for psychiatric treatment as a condition of parole.
PC 2964 (a)	Mentally disordered offender parolee returned from community outpatient treatment.
PC 2974	Parolee under Department of Corrections who is committed under one of the below-listed civil commitments.

PRISON TRANSFERS	
PC 2684	Inmate from prison transferred for psychiatric treatment.

CIVIL COMMITMENTS	
WIC 6600	Sexually Violent Predators (Females Only).
WIC 5353 (TCONS)	Temporary conservatorship pending determination of permanent conservatorship.
WIC 5358 (CONS)	Permanent LPS conservatorship on basis of grave disability.
WIC 5304	Post-Certification 180-day court commitment imminently dangerous behavior.
WIC 5008 (h) (1)(B)	"Murphy" conservatorship on basis of continued incompetence to stand trial (after 3 years as PC 1370). Charges have not been dismissed.
PC 2972	Post-parole mentally disordered offender committed for an additional year of treatment.

The patients' varied diagnoses and legal commitments make Patton State Hospital a challenging and exciting setting for staff and interns. For this reason, prospective applicants will benefit from being mature and flexible. Because Patton is a maximum-security institution, only those patients who cannot be housed safely in less secure hospitals are admitted. This setting provides unique exposure to the complex intersection between acute mental illness, personality disorders, substance abuse, criminality, and dangerousness. Interns who complete this program will have experience with some of the most difficult and complex treatment and forensic cases possible, thus providing a solid foundation for a wide variety of future clinical or forensic activities.

THE AREA

Although Patton has its own post office, it is located in the San Bernardino area. San Bernardino, California is a city of approximately 185,000, within a county of 1.7 million people. It is in a valley surrounded by mountains and foothills that are snow-covered in the winter. In the summer, one can fully appreciate the variety of trees planted on the hospital grounds by a former Medical Director with an interest in botany.

The majority of interns choose to live in one of several nice residential communities that are located within 10 to 15 minutes of the hospital. No matter in which direction one travels, there are opportunities for recreation, sports, shopping, and cultural events. Within a thirty-mile radius, there are six major universities. Not only do these institutions offer opportunities for continuing education; they also host special events in art, music, and drama.

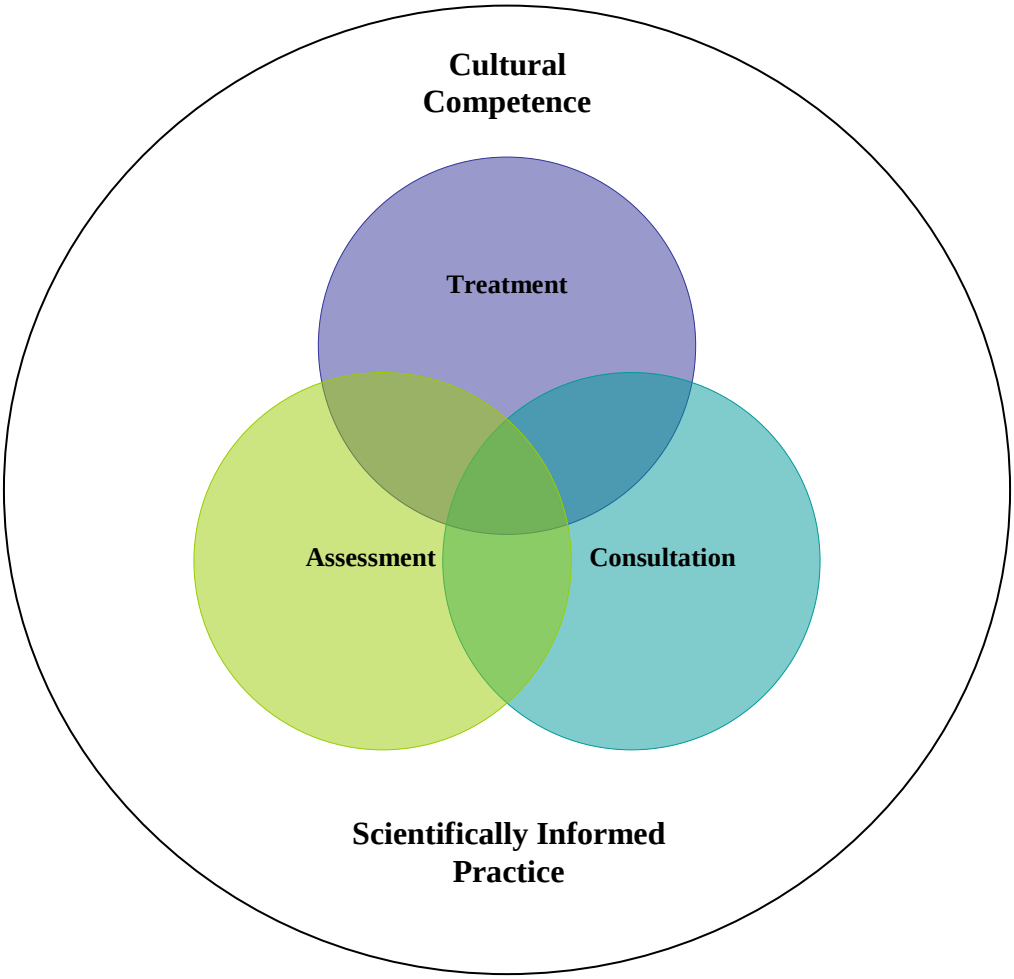
Sports fans will find, within a one and one-half hour drive, two major league baseball teams (the Dodgers and Angels), two professional basketball teams (the Lakers and Clippers), two NHL teams (the Ducks and Kings), and a professional soccer team (the Los Angeles Galaxy), but unfortunately no football team. Soccer participants will appreciate the year-round availability of teams and playing fields. Snow skiing is within 45 minutes; boating, fishing, camping, and water skiing are within 30 minutes; surf and sand are within 60 minutes; and the spas and golf courses in Palm Springs are less than 60 minutes away. If one so chooses, the endless adventure of Hollywood, Los Angeles and Beverly Hills is less than two hours away. San Diego also has numerous recreational and cultural activities and is little more than two hours away. It is not necessary to travel far to find entertainment. In the area there are a number of movie theaters, two community concert associations, the well-known Redlands Bowl Summer Music Festival, fairs, museums, and parks.

Though Patton is located in Southern California, housing costs are relatively affordable in the areas that surround the hospital. In past years, many interns have chosen to live in apartment communities within a 10-minute drive of the hospital, whereas others have chosen to live in nearby mountain communities, which are about a 30-minute drive from the hospital.

THE TRAINING PROGRAM: CORE REQUIREMENTS

Goals and Processes

The overarching goal of the internship program is to prepare trainees for postdoctoral fellowships or entry level practice in clinical psychology by providing in-depth training in the basic foundations of psychological practice. The internship program allows sufficient flexibility for interns to structure their training experiences in accordance with their career goals and interests. However, all interns are provided with enough structure to ensure that they develop the core competencies in clinical psychology outlined in the following sections. Regardless of the intern's chosen concentration area, our training model emphasizes the development of cultural competence and scientifically-informed practice in all areas of practice, as shown in the figure below:



At the beginning of the year each intern's clinical skills are evaluated. Once the prerequisite clinical competencies are assured, the intern may choose a concentration in Clinical Psychology or Forensic Psychology. Because of the prerequisites for the Neuropsychology Concentration, individuals who are interested in this concentration are asked to apply specifically to this track.

Unless otherwise discussed during the interview (e.g., if the neuropsychology prerequisites are not satisfied or if the applicant indicates in writing a change in his or her preference prior to the ranking deadline), if matched, the Neuropsychology applicants will automatically be assigned to the Neuropsychology Track. Therefore, applicants who are interested in the Neuropsychology Concentration should indicate this interest in their application materials. Regardless of the concentration chosen, each intern completes the following core assignments. All concentrations require focused experiences beyond the core requirements.

1. Psychological Assessment and Diagnosis: By completing at least 17 psychological reports, interns learn to draw sound diagnostic inferences and make recommendations relevant to patient needs using clinical interviews, collateral information, and/or psychological assessment data. They will be able to write integrated and useful psychological reports that are guided by specific referral questions. Interns will be able to choose an efficient, yet thorough, assessment battery that is uniquely designed to answer the referral question, while addressing the forensic implications. As part of this requirement, all interns will complete one positive behavioral support plan, one brief neuropsychological battery, and one court report.

2. Clinical Interventions/Therapy: Interns will carry at least three long-term individual psychotherapy cases throughout the year. At the end of the year, interns are expected to have developed competencies in the following areas:

   Individual Therapy

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

   Interns will be aware of evidence based treatment methods through seminars or specially assigned cases where manual/protocol-driven interventions can be delivered. All interns will conduct therapy with a person from a different cultural background than the intern (or who speaks another language), complete a culturally-centered formulation of the case, and obtain supervision from a psychologist whose cultural background is similar to that of the patient. The psychology internship at Patton is firmly committed to the goal of producing practitioners who not only are aware of the importance of understanding cultural issues when providing competent treatment, but who also actively integrate cultural considerations into all aspects of treatment (e.g., case formulation, forming and maintaining the therapeutic alliance, evaluating the appropriateness of specific interventions, etc.).

   Group Therapy

   By co-leading a minimum of two groups with a staff psychologist, interns will develop competency in facilitating group psychotherapy with individuals who have severe mental illness. Through the required groups, each intern will solidify group skills in the following areas: (a) providing group therapy as a co-facilitator, (b) facilitating group process, (c) using group dynamics and process toward positive treatment outcome, and (d) teaching

circumscribed skills such as anger management or social skills. Depending on intern interests and hospital needs, there are also opportunities to participate in the development of new groups at the hospital.

3. Multicultural Awareness/Cultural Responsiveness: By focusing on diversity issues in seminars and supervision and providing psychotherapy and assessments to patients from diverse backgrounds (with appropriate supervision and consultation), interns will learn to adjust assessment and treatment strategies to reflect an understanding of individual cultures, languages, abilities, values, and ranges of socioeconomic status. Because of the multicultural demographics of the patient population at Patton State Hospital, each intern has the opportunity to work with a culturally diverse group of individuals from our hospital. To ensure the development of increased cultural competence, interns are required to conduct psychotherapy and psychological evaluations with at least one patient from a different cultural background while receiving consultation from one of Patton's designated multicultural specialists. Completing a psychological evaluation through an interpreter is an excellent way to meet this requirement. Although the numbers listed above reflect the minimum experiences provided to each intern, most interns conduct assessments and provide treatment with a large number of patients from varied cultural backgrounds.

In addition to the experiences discussed above, interns have several opportunities to be supervised by and seek consultation from psychologists from a range of cultural backgrounds. *A recent survey of our psychologists indicated that approximately 35% of the psychologists at Patton self-identify as members of ethnic and cultural minority groups and approximately 15% of Patton's current psychologists were born outside of the United States. Additionally, approximately 20% of psychologists speak at least one language in addition to English.*

4. Consultation and Team Skills: Consultation is a core psychological skill. Because Patton patients are assigned to treatment teams, interns conducting psychotherapy and assessment become consultants to the patient's team. Interns will participate in a treatment team or as a consultant to several treatment teams, learning to consult effectively with peers and other professionals. Additionally, interns will become proficient at contributing psychological expertise to a multidisciplinary treatment staff through participation in treatment conferences, shift change meetings, individual consultation, and a mock court proceeding. Finally, interns have opportunities to provide supervision to practicum students under the supervision of a licensed psychologist.

5. Ethics and Standards of Practice: In seminars and ongoing supervision, interns will review ethics, standards, and laws related to the practice of psychology. A portion of seminar time is devoted to discussion of the APA Ethical Guidelines and the Specialty Guidelines for Forensic Psychologists. During periodic brown-bag lunches, interns will be exposed to ethical dilemmas confronted by Patton psychologists, and the thought process leading to decisions. Interns will develop sensitivity to the specific ethical concerns posed by a forensic setting, particularly with respect to confidentiality, role conflict, use of consultation, and the limitations of our empirical knowledge base.

6. Basic Forensic Skills: Because Patton's patient population consists of forensically committed individuals, a significant portion of the Assessment and General seminars is devoted to

discussion of forensic issues. In supervision and in seminars all interns will learn the ways in which commitment type affects treatment and assessment goals. In addition, interns in the Forensic concentration will be exposed to more in-depth forensic cases including competency to stand trial assessments, readiness for release evaluations for individuals adjudicated not guilty by reason of insanity (NGRI), Mentally Disordered Offender evaluations, sex offender evaluations, and violence risk assessments.

Core Seminars

1. Assessment
2. Psychotherapy
3. Professional Development/Case Conference

Organization of the Internship

The training program is tailored to meet the needs, interests, and current level of training of each intern. The Psychology Internship Committee plans the program with oversight by the Internship Director.

At the beginning of the internship, each intern is assigned to a Coordinating Supervisor who oversees that intern's training and supervises some therapy and/or assessment cases. The Coordinating Supervisor (with the intern) conducts an initial evaluation of the intern's skills that forms the basis for planning **individualized training experiences** in the selected concentration area.

THE TRAINING PROGRAM: CONCENTRATION AREAS

Training Concentrations:

Marketplace demands for increased specialization of clinical psychologists have made it necessary for many interns to acquire some specialization at the predoctoral level. Thus, the internship program at Patton State Hospital offers three training concentrations that are integrated with the core curriculum to ensure that the intern's increasing specialization is based on strong skills in assessment, psychotherapy, and consultation. The intern may receive focused training by choosing one of the following concentration areas: (1) Forensic Psychology, (2) Clinical Psychology, or (3) Clinical Neuropsychology. (Note: as previously mentioned, the clinical neuropsychology interns are selected for that track during the application process. Interns in the other two tracks can choose their concentration area at the beginning of the internship year.)

Because of the patient population at Patton, there is substantial overlap between the concentrations in that they all deal with a forensic population that consists primarily of individuals with severe mental illnesses. The concentration system is offered to increase the flexibility of the internship program and to allow the intern to enter the program with varying degrees of professional development and interests. Although some past interns have come to Patton to sample treatment and assessment of the severely mentally ill, many others have chosen the internship to prepare for a postdoctoral fellowship in forensic psychology or neuropsychology. In all concentration areas, the intern, along with the Coordinating Supervisor, will plan individualized training activities that afford opportunities to work throughout the hospital with a wide variety of patients and legal commitments.

Each intern may individualize his or her training program by working through the Coordinating Supervisor and Internship Director to select placements that will maximize exposure in a chosen interest area. Exposure to basic neuropsychology and forensic issues is provided for all interns.

Comparison of Internship Concentrations

Concentration	# Therapy Cases	# Groups	# Psychological Assessments/Evaluations	Required Seminars
Clinical Psychology	6	3	17	Core seminars, Research and Theory
Forensic Psychology	3	2	24	Core seminars, advanced forensic seminar presentations, Research and Theory
Clinical Neuropsychology	3	2	18	Core seminars, Neuropsychology Research and Theory

CLINICAL PSYCHOLOGY CONCENTRATION

Rationale: Interns choosing this concentration will receive balanced training in the treatment and assessment. The training goal of this concentration is to produce well-rounded psychologists who can work in a wide variety of settings and have developed specialized skills in the treatment of individuals with severe mental illness. Interns will receive supervised training in group and individual psychotherapy, psychological assessment, and psychological consultation to a multidisciplinary treatment team. For interns in the Clinical Psychology concentration, the following minimum requirements must be met to complete the internship program successfully.

Psychotherapy

- Interns will carry a minimum of 6 individual psychotherapy cases throughout the year, where short-term and long-term treatment modalities are employed.
- Interns will be assigned to a primary unit with the intern's Coordinating Supervisor.
- One psychotherapy case will be a patient who was found incompetent to stand trial.
- At least one patient must be of a different cultural background than the intern.
- On the intern's primary unit, he or she will attend multidisciplinary treatment meetings for each treatment planning conference on his or her individual patients. In this context, the intern will function as an integral team member.
- Interns will co-lead at least three psychotherapy groups. The intern will also be expected to co-lead a short-term group.

Assessment and Psychological Evaluation

- Interns choosing this concentration will be required to complete 17 written psychological reports (at least 10 reports will include formal psychological testing). In completing these reports, over the course of the year, the intern must complete 7 objective personality/psychopathology measures (MMPI-2, MMPI-2-RF, PAI) and 7 WAIS-IVs. An additional three measures of personality/psychopathology must be completed. These instruments can come from the above list or can be other instruments approved by the Internship Director and Coordinating Supervisor (e.g., MCMI-III, Trauma Symptom Inventory, etc.). Early in the training year, the intern will complete at least one integrated battery consisting minimally of the MMPI-2 or PAI, WAIS-IV, and one additional measure. During the year, the intern will complete at least three forensic assessment instruments (e.g., MacCAT-CA, PCL-R, etc.) or forensically related instruments (e.g., SIRS, TOMM, etc.).
- At least one assessment will be conducted on a patient with a different ethnic background than the intern with consultation from one of the hospital's designated multicultural experts.
- At least one assessment will be conducted through an interpreter.
- One clinical case conceptualization will be written and presented in the Psychotherapy Seminar.
- At least one report will be a "court report," which is written for the court system to provide an update on a patient's legal status (e.g., progress toward competency to stand trial, readiness for release, etc.).
- A clinical intern who performs a neuropsychological assessment that includes personality measures may count this as two assessments.

Clinical Psychology Concentration
MINIMUM INTERNSHIP REQUIREMENTS

Psychotherapy	**Description**
A. Individual Psychotherapy	Each intern will carry a minimum of six psychotherapy cases.
B. Group Psychotherapy	Each intern will participate in at least three psychotherapy groups. A wide variety of groups are available, some of which include process, anger treatment, social skills, trial competence, substance abuse, and various other specialty groups.
Psychological Assessments	**Description**
A. Assessments/Evaluations (17)	Each intern will complete at least 17 psychological reports. During the course of the year the intern must administer, score, and write up 7 MMPI-2/MMPI-2-RF or PAI, 7 WAIS-IV, and 3 additional approved personality measures. There will also be one clinical case conceptualization (presented in the Psychotherapy Seminar), one neuropsychological screening battery, one court report, one assessment through an interpreter, and three forensic assessment instruments or forensically related instruments. All assessments/evaluations will include neurocognitive screening.
Cross-Cultural Competency	**Description**
A. Psychotherapy	At least one therapy patient will be of a different cultural-ethnic heritage from the intern. At least one consultation will be obtained from a psychologist with a similar cultural heritage to the patient. This will be the basis of a cultural formulation.
B. Assessment	Working through interpreters is a necessary skill for psychologists. Therefore, least one evaluation/assessment will be conducted on a patient of a different language than the intern. During this time, in addition to supervision, the intern will obtain consultation from one of the designated multicultural experts.

FORENSIC PSYCHOLOGY CONCENTRATION

Rationale The forensic psychology concentration is offered to meet the growing demand of applicants who are considering a career in forensic psychology. This concentration offers the intern sufficient exposure to forensic psychology to provide a foundation for those interns who plan to pursue postdoctoral training. A recent survey of internship alumni indicated that many former interns from the Forensic concentration have gone on to pursue postdoctoral fellowships in forensic psychology. Moreover, former interns from this concentration have attained diplomate status in forensic psychology with the American Board of Professional Psychology (ABPP). The forensic concentration will build on a strong foundation of clinical skills that are expected to be present when the intern enters this program. The following minimum requirements must be met for successful completion of the internship.

Psychotherapy

- Interns will carry a minimum of three long-term individual psychotherapy cases throughout the year. There must be at least two supervisors across the three cases (i.e., two patients with one supervisor and one patient with another supervisor.)

- Interns will co-lead at least two psychotherapy groups during the year. Group topics may include social skills training, anger treatment, addictions, cognitive rehabilitation, relapse prevention for sex offenders, and several others.

Assessments and Psychological Evaluations:

- Interns choosing this concentration will be required to complete a total of 24 written work products. Over the course of the year the intern must accrue 7 MMPI-2/MMPI-2-RF or PAIs, 7 WAIS-IVs, and 3 additional approved personality measures (e.g., MCMI-III, TSI, etc.). Early in the training year, the intern will complete an integrated battery consisting normally of MMPI-2 or PAI, WAIS-IV, and one additional measure. One clinical case conceptualization will be written and presented in the Psychotherapy Seminar. The remainder of the assessments will be written to answer specific referral questions relevant to treatment or disposition including sex offender risk assessment, readiness for conditional release, assessment of psychopathy, malingering, and competency to stand trial. All assessments/evaluations include a brief cognitive screening.

- In the course of completing the required 24 assessments and evaluations, the intern will gain experience with *at least* four forensic assessment instruments (FAI) or forensically related instruments (FRI). A partial list of FAI and FRI examples is listed below:

FAI Examples
- HCR-20
- VRAG
- STATIC-99
- PCL-R
- PCL-SV
- MacCAT-CA
- ECST-R

FRI Examples
- SIRS
- MFAST
- VIP
- TOMM
- Symptom-Validity Testing

Forensic Psychology Concentration
MINIMUM INTERNSHIP REQUIREMENTS

Psychotherapy	Description
A. Individual Psychotherapy	Each intern will carry a minimum of three individual psychotherapy cases. Each intern will have a minimum of two therapy supervisors.
B. Group Psychotherapy	Each intern will be assigned two psychotherapy groups. A wide variety of groups are available, some of which include process, anger treatment, social skills, trial competency, relapse prevention for violent sex offenders, and various other specialty groups.
Psychological Assessments	**Description**
A. Assessments (24)	Each intern will complete 24 psychological assessments/evaluations. During the course of the year the intern must administer, score, and write up 7 MMPI-2's, MMPI-2-RFs, or PAI's, 7 WAIS-IV's, and 3 additional approved personality assessment measures. Interns will have experience using at least four of the forensic assessment instruments and/or forensically related instruments listed on page 16 to address questions in the following areas – risk assessment (sex offender or general), readiness for release, malingering, competency to stand trial, or treatment planning. Included in this category are one brief neuropsychological report, one clinical case conceptualization (to be presented in the Psychotherapy Seminar), and three court reports.
Cross-Cultural Competency	**Description**
A. Psychotherapy	At least one therapy patient will be of a different cultural-ethnic heritage from the intern. At least one hour of consultation will be obtained from a psychologist with a similar cultural heritage to the patient and this will be the basis for the cultural formulation.
B. Assessment	Working through interpreters is a necessary skill for psychologists. Therefore, least one evaluation/assessment will be conducted on a patient of a different language than the intern. During this time, in addition to supervision, the intern will obtain consultation from one of the designated multicultural experts.

CLINICAL NEUROPSYCHOLOGY CONCENTRATION

Rationale: The clinical neuropsychology concentration is primarily under the supervision of Patton's neuropsychologists, Dominique Kinney, Ph.D., Steve Nitch, Ph.D., ABPP-CN, Albert Yee, Psy.D., Laura Luna, Ph.D., and William Britt, PhD, ABN. Neuropsychological supervision is also available from Mark Williams, Ph.D. All of the above supervisors are either board certified in neuropsychology or have completed formal postdoctoral fellowships in neuropsychology or rehabilitation psychology. Our clinical neuropsychology track is unique among neuropsychology training programs because it provides in-depth training in the growing subspecialty of psychiatric neuropsychology and also provides significant exposure to forensic neuropsychological assessment at the predoctoral level.

Clinical neuropsychology is a well established area of psychology. One of its fastest expanding subfields is psychiatric neuropsychology. Psychiatric neuropsychology is the neuropsychological assessment and treatment of individuals with severe psychiatric illnesses. Psychiatric neuropsychology emerged in response to an impressive body of literature that clearly demonstrates that neurocognition is impaired in individuals with schizophrenia (Feinberg & McIlvried, 1991; Gold, Queern, & Iannone, 1999; Green & Nuechterlein, 1999; Green et al., 2000; Hobart, Goldberg, Bartko, & Gold, 1999; Keefe et al., 2006; Kurtz, Moberg, Gur, & Gur, 2001; Sapir, Henik, Dobrusin, & Hochman, 2001). Furthermore, more and more researchers are concluding that neurocognitive impairment is a core feature of schizophrenia (Greene et al, 2004; Keefe, et al., 2006) just as delusions and hallucinations have long been previously identified as the hallmark symptoms of psychosis; however, perhaps more importantly, neurocognitive deficits are the single strongest correlate of real world functioning (Green, 1996) in individuals with schizophrenia. As science refines its understanding of schizophrenia (see CATIE studies, such as Keefe et al, 2006), the role of neuropsychological assessment and treatment is becoming increasingly important in psychiatric settings, as it can inform the diagnosis, treatment, and prognosis of psychotic-spectrum disordered individuals. Consequently, there is an increasing demand in state hospitals and other psychiatric treatment settings for neuropsychologists who have competency in the assessment and treatment of individuals with severe psychiatric illnesses. Unfortunately, the growing demand for neuropsychologists with a psychiatric specialization has not been matched by the development of widespread training resources in this area.

The neuropsychologists at Patton are proud to have established one of the few training sites in the country that provide training to Neuropsychology Interns and Post Doctoral Fellows in Neuropsychology in the ever-growing area of psychiatric neuropsychology. Patton's neuropsychology concentration not only provides training in psychiatric neuropsychology, but also provides training in traditional medical neuropsychology issues, such as traumatic brain injury, dementias, and a wide array of other medical conditions. Furthermore, trainees will also learn to consider the interplay between Neuropsychology, psychiatry, and forensic issues with each assessment or treatment case.

Although there are unique training opportunities at Patton, the overall intent of this concentration is to provide an intern with the requisite training to be a competitive candidate for a

neuropsychology postdoctoral fellowship. The requirements are designed to facilitate completion of the pre-doctoral *prerequisites* articulated at the Houston Conference by APA Division 40 (See Appendix D). All of the requirements listed below must be met for successful completion of the internship.

Approach to Neuropsychology: The program emphasizes a "Process" model, which utilizes a flexible (rather than fixed) battery based on a hypothesis-testing method. To respond to referral questions in this setting, neuropsychologists integrate both qualitative and quantitative data (cognition, personality, and behavior) to help provide effective treatment recommendations to meet forensic and clinical goals.

Neuropsychological Instruments

The Patton Neuropsychology Consultation Service is fortunate to have a large testing library that includes computerized scoring of the WAIS-IV, WMS-IV, WAIS-IV/WMS-IV Advanced Clinical Solutions, DKEFS, NAB, CVLT-II, Wisconsin Card Sorting Test, and Woodcock Johnson-III. The following is a partial list of available tests for the neuropsychology concentration:

- Boston Diagnostic Aphasia Exam (BDAE)
- California Verbal Learning Test-2nd Edition (CVLT-II)
- Comprehensive Test of Nonverbal Intelligence (C-TONI)
- Delis-Kaplan Executive Functioning System (DKEFS)
- Dementia Rating Scale- 2 (DRS-2)
- Grooved Pegboard
- Evaluación Neuropsicológica Breve en Español (NEUROPSI)
- Halstead Reitan Neuropsychological Battery
- Independent Living Scales
- Kaplan Baycrest Neurocognitive Assessment (KBNA)
- Measurement and Treatment Research to Improve Cognition in Schizophrenia (MATRICS) battery
- Neuropsychological Assessment Battery (NAB; all modules)
- Neuropsychological Screening Battery for Hispanics (NeSBHIS)
- Repeatable Battery for the Assessment of Neuropsychological Status (RBANS)
- Rey Complex Figure Test
- Reynolds Intellectual Assessment Scales (RIAS)
- Test of Memory Malingering (TOMM)
- Test of Nonverbal Intelligence-3rd Edition (TONI-3)
- Texas Functional Living Scale
- Validity Indicator Profile (VIP)
- Wechsler Adult Intelligence Scale-4th Edition (WAIS-IV)
- Wechsler Abbreviated Scale of Intelligence (WASI)
- Wechsler Memory Scale-4th Edition (WMS-IV)
- Wide Range Achievement Test-4th Edition (WRAT-4)
- Wisconsin Card Sorting Test (WCST)
- Woodcock Johnson-III Achievement Battery (WJ-III)

Cognitive Remediation Opportunities:

The neuropsychologists at Patton State Hospital are proud to provide training not only in neuropsychological assessment, but in neurocognitive treatment as well. We place an equal emphasis on neuropsychological assessment and cognitive remediation not only in how services are provided to patients, but also in the training provided to interns and post doctoral fellows.

Cognitive remediation is a growing treatment modality at Patton State Hospital. There are currently three types of cognitive remediation treatment provided: (1) a single 12-week cognitive remediation group treatment; (2) a six-month cognitive remediation group treatment program; and (3) individualized cognitive remediation. A brief introduction to each type of treatment is provided below:

- 12-Week Cognitive Remediation Group Treatment: Currently we have several cognitive remediation groups that are provided in 12-week cycles. We have two computerized cognitive remediation groups, which focus upon improving cognition through a variety of computer-based cognitive rehabilitation programs. We also have one 12-week cognitive remediation group that focuses upon improving memory, attention, and executive functions through a variety of traditional cognitive rehabilitation drills and tasks.
- FREE: The Functional Rehabilitation and Education Experience (FREE) Program is a six-month intensive cognitive remediation treatment group that focuses upon improving attention, memory, executive functions, and social skills. The treatment provided is multi-modal and informed by the Recommendations for Cognitive Rehabilitation (Cicerone, et al., 2000).
- Individualized Cognitive Remediation: Individuals whose cognitive impairments are not amenable to treatment in a group setting are provided with individualized cognitive remediation. Treatment is provided in either 30 minute or 1-hour sessions and the treatment is usually provided on the patient's unit.

Psychotherapy:

- Neuropsychology interns will carry a minimum of three long-term individual psychotherapy cases, for which there will be at least two different supervisors. One of the three long-term cases will be a cognitive rehabilitation case.
- Interns will co-lead a cognitive rehabilitation group and two short-term (12-week) groups.

Assessment and Psychological Evaluation

- Interns in the neuropsychology concentration will be required to complete a total of 18 psychological reports. At least 15 psychological assessments will include formal psychological testing, of which at least 10 will be comprehensive neuropsychological batteries. Over the course of the year, the intern will complete five MMPI-2/MMPI-2-RF/PAI's and seven WAIS-IVs. Included in this number will be one clinical case conceptualization (to be presented in the Psychotherapy Seminar), one court report, and one cultural formulation.
- In the course of this concentration, interns will be expected to address at least three of the following questions:

  - Head Injury Neuropsychological Assessment
  - Malingering Cognitive Impairment

- Differential Diagnosis of Dementia
- HIV Neuropsychological Assessment
- Geriatric Neuropsychological Assessment
- Screening for Cognitive Rehabilitation Group
- Treatment Planning
- Trial Competency Barriers

Seminar

❖ Guided Readings in Neuropsychology (Required)

Clinical Neuropsychology Concentration

MINIMUM INTERNSHIP REQUIREMENTS

Psychotherapy	Description
A. Individual Psychotherapy	Each intern will carry a minimum of three long-term psychotherapy cases under at least two supervisors.
B. Group Psychotherapy	Each intern will be assigned one yearlong cognitive rehabilitation group. The intern will co-lead this group that teaches the acquisition of skills of daily living and prosocial interpersonal interaction. In addition to the cognitive rehabilitation group, two short-term groups will be completed. A wide variety of groups are available, some of which include process, anger treatment, social skills, trial competency, relapse prevention for violent sex offenders, and various other specialty groups.
Psychological Assessments	**Description**
A. Assessments/Evaluations (18)	Each intern will complete 18 psychological reports. At least 10 assessments will be comprehensive neuropsychological batteries. During the course of the year the intern must administer, score, and write up 5 MMPI-2/MMPI-2-RF or PAI and 7 WAIS-IVs. There will also be at least court report and one behavioral support plan.
Cross-Cultural Competency	**Description**
A. Psychotherapy	At least one therapy patient will be of a different cultural-ethnic heritage from the intern. At least one consultation will be obtained from a psychologist with a similar cultural heritage to the patient. This will form the basis for the cultural formulation.
B. Assessment	Working through interpreters is a necessary skill for psychologists. Therefore, at least one evaluation/assessment will be conducted on a patient of a different language than the intern. During this time, in addition to supervision, the intern will obtain consultation from one of the designated multicultural experts.

INTERN EVALUATION

Deadlines for Assessments

Although the deadlines for assessments will be primarily dictated by the referral source for each assessment, the following guideline is offered to assist interns in tracking their progress toward completion of the internship:

Mid January: Six assessments/evaluations.
Mid May: Half of the total number of required assessments/evaluations are due.
End of August: All assessments/evaluations are due.

Additionally, when each assessment is assigned, the intern is provided with an "Assessment Tracking Form," which is used to document the date the assessment was assigned, the date the first draft is turned in, the date the supervisor returns the first draft, and the date of the final report. In general, interns are expected to turn around the first draft within two weeks of being assigned to an assessment and supervisors are expected to provide feedback within a week of receiving the first draft. The "Assessment Tracking Form" is useful for helping interns to track their progress in completing assessments in a timely manner.

Intern Performance Evaluation

As previously noted, the Coordinating Supervisors conduct evaluations of each intern's abilities at the beginning of the training year. Informal feedback is provided to interns on an ongoing basis during supervision. Formal evaluations of an intern's progress are conducted at the beginning, middle, and end of the training year and the findings are communicated to the interns and their schools. At the end of the year, written evaluations are provided to each intern's school. After all training requirements are completed, a certificate of completion is awarded to each intern with a copy sent to the school.

Program Performance Evaluation

Throughout the year, interns are invited to bring their concerns to the Internship Committee through their Coordinating Supervisors or the Internship Director. The Internship Committee and Director consider their concerns and make changes as appropriate. The Internship Director also meets with each intern on a monthly basis to elicit concerns about aspects of his or her training program. At the end of the year, interns complete anonymous written evaluations of their supervisors and evaluate their experiences, seminars, and the program as a whole. Additionally, internship alumni are surveyed every few years to provide longitudinal data on intern career paths and satisfaction with the training experience they received during their internship years. This feedback is used to modify the program as part of the goal of continuously improving the quality of training.

SEMINARS AND TRAINING

All interns, regardless of concentration area, attend three seminars that include a mixture of didactic presentations, group discussions, and group supervision. Several times throughout the year, we will have a brown-bag lunch during which a psychologist will bring an ethical or legal dilemma for discussion. Through this type of group supervision, interns expand their exposure to a wide variety of information and case material. Interns will also have some practice in peer supervision. Assigned readings are discussed and printed handouts are frequently distributed. Didactic material is often presented by staff and interns in order to cover issues such as professional ethics, legal considerations, assessment procedures, research, cross-cultural issues, psychopharmacology, and psychotherapy.

Professional Development/Case Conference Seminar

The Professional Development Seminar is intended to provide a forum for discussing issues related to the professional development of psychologists. This seminar includes several case discussions during the year that are focused on cases where the intern facilitating the discussion is from a different cultural background than the patient being discussed in the case presentation. This experiential process provides many avenues within which to discuss the unique cultural interplay that occurs in cross-cultural therapy. Readings for this seminar primarily focus on issues related to cultural competence and the integration of science and practice, two issues that are central to our internship's training mission. The case discussions provide real-world material within which to discuss the issues and topics covered in the readings. At times, this seminar will also include movies and/or field trips to help highlight areas that are covered in the seminar discussions. The forensic portion of the seminar is intended to orient the interns to the practice of forensic psychology in a state hospital and in the community. Seminar topics during this portion of the seminar will cover the various commitments that are typically seen in criminal forensic practice such as Incompetent to Stand Trial (ICST), Not Guilty by Reason of Insanity (NGRI), Sexually Violent Predator (SVP), Mentally Disordered Offender (MDO), and civil commitments. The Professional Development Seminar is facilitated by Drs. Jesus Rodriguez and David Glassmire.

Psychotherapy Seminar

The psychotherapy seminar is designed to assist interns in conceptualizing treatment and developing evidence based treatment plans that are effective for people suffering from severe mental illness. Much of the seminar focuses on working with people in various stages of recovery from psychotic disorders, mood disorders and severe character pathology. Interns will be assigned weekly readings for discussion. The seminar aims to strengthen therapeutic skills through a combination of didactic training, group supervision and intern presentations on chosen readings. Cognitive behavioral case conceptualization will be the primary model guiding the selected readings and discussions. However, some readings based on other theoretical orientations are also presented. Drs. Wendy Chan and Lauren Stevenson facilitate this seminar. See Appendix B for a more detailed outline of seminar topics.

Assessment Seminar

This seminar begins with a brief review of basic concepts that are common to all psychological assessments (e.g., issues of reliability, validity, sampling, confidence intervals, cultural considerations, sensitivity and specificity, base rate considerations, etc.). At the completion of

the basic psychometric review, the seminar provides in-depth training in the use of Patton's core personality assessment instruments (MMPI-2, MMPI-2-RF, and PAI) and training on the WAIS-IV. Finally, a number of basic neuropsychological and forensic assessment instruments are addressed throughout the year and training is provided on major types of criminal forensic evaluations including competency to stand trial, mental state at the time of the offense, and violence risk assessment. Although Dr. David Glassmire coordinates the Assessment Seminar, presentations are provided by a number of different psychologists on their various topics of expertise. See Appendix C for an outline of seminar topics.

Topics in Forensic Psychology

Interns in the forensic concentration will have opportunities to participate with postdoctoral fellows in selected activities and seminars on forensic psychology.

Advanced Neuropsychology

The individual participating in the neuropsychology concentration will be involved in guided readings and discussions related to her or his assessments. Additionally, the neuropsychology intern will have opportunities to participate in some of the neuropsychology postdoctoral seminars and case presentations.

Additional On-Site Training Opportunities

Interns are encouraged to attend hospital-wide training activities. Recent hospital offerings have included exposure to CBT for psychosis, violence risk assessment, the recovery model, positive behavioral support, multicultural issues, ethics, supervision, suicide assessment, aging, substance abuse, Dialectical Behavior Therapy, and forensic report writing among others. Staff members with expertise in various areas often provide on-site training and at times outside consultants are recruited for specialized training. Patton hosts an annual Forensic Conference addressing research and practice in forensic mental health. When possible, Patton psychologists also conduct seminars that are necessary for licensure in California (e.g., Child Abuse Reporting, Domestic Violence Assessment, Human Sexuality, etc.).

Off-Site Conferences

Depending on the annual training budget and availability of conferences in California, interns sometimes are able to be subsidized to attend off-site conferences within the state. When subsidies are not available for budgetary reasons, interns are generally provided with time off to attend conferences.

Meetings

Interns at Patton are members of the psychology professional staff and attend relevant staff meetings and conferences, participate in psychology staff discussions, and learn to be professional psychologists by working in close association with staff. The Clinical Professional Issues Forum (generally held on the third Wednesday of each month) provides opportunities to attend seminars conducted by Patton psychologists on topics of interest to the group. Interns have ample opportunity for contact with members of other professions through staff meetings, unit activities, and by exposure to various hospital programs.

Case Presentations

Interns have opportunities to present aspects of their work, including psychodiagnostic and psychotherapy cases, before the interdisciplinary professional staff at treatment planning

conferences and at semi-annual staffing reviews. In addition, interns present and discuss their cases at various points during all three of the seminars.

Field Trips

Visits to Southern California courts may be arranged to observe court hearings relating to forensic issues such as release to the community, competency to stand trial, certification, writs of habeas corpus, guardianship, conservatorship, extension of commitment hearings, and other court proceedings related to forensic psychology. Interns are also invited on occasion to observe Patton psychologists testify in court. Potential field trips include:

- California Institution for Men/California Institution for Women
- Parole Outpatient Clinic
- Los Angeles Mission

Research

In keeping with our goal of preparing interns for the next step in their psychology careers, interns are encouraged to complete their dissertations. Interns are provided time to work on their dissertations. Each intern has his or her own computer that is equipped with Microsoft Word, Excel, Access, and the latest version of SPSS. Additionally, Patton has an excellent staff library with interlibrary loan privileges at several other libraries throughout the state. Depending on the intern's interests and staff availability, interns may even be able to obtain some dissertation consultation from staff psychologists. All interns are assigned to a research group. Our department has several ongoing IRB approved research groups with access to large archival datasets. Some of the current ongoing research projects at PSH include research on malingering assessment, MMPI-2-RF, neuropsychological functioning of psychiatric patients and violence risk assessment research. We have an undergraduate research assistant program, which provides the opportunity for interns to obtain assistance in data coding/data entry and allows interns the opportunity to gain supervision and managerial skills as part of their participation in research at Patton. Former interns have presented Patton research projects at professional conferences and published manuscripts based on Patton data. Authorship is discussed at the outset of an intern's participation in a project and is based on each person's contributions to the project.

Resources for Training

Patton's internship program has access to a wealth of internal and external training resources including an excellent staff library that subscribes to several psychology journals, computers, voice mail, teleconferencing ability, assessment materials, assessment software, and dictation equipment.

Supervisors

The staff of the psychology department is diverse and includes psychologists with different ethnic, socioeconomic, and educational backgrounds, interests, and areas of expertise. This makes it possible to include multicultural experiences as part of an intern's training, as well as to offer a breadth of experiences in areas of interest to interns. A list of all psychologists at Patton is included provided at the end of this brochure. For further information about the interests and supervision styles of our internship committee, please visit our internship web page and select the "Internship Committee" link.

APPLICATION INFORMATION

Application Deadline: November 15th

Please note that November 15th is the date by which all required materials must be submitted via the APPIC online applicant portal and one of the Patton tracks must be selected as a "Designated Site" for receiving your materials.

Our application process is outlined in detail on our website (see address below). Applicants must submit all materials for the APPIC application process, as well as one form that is required by the State of California for employment at our setting. APPIC applications are submitted via the applicant portal on the APPIC website (www.appic.org). Please note that because we are a California State facility, all applicants must also submit a "California Examination and/or Employment Application" form (i.e., Form 678) as part of their application process. Instructions for submitting this form are available on our website. Please note that the Form 678 must be completed in its entirety. Our Human Resources Department will not accept this form with notations such as "see attached vita" in lieu of completing the items in the actual form. In order to facilitate this process, an electronic version of the form can be downloaded from the application information portion of the Patton Psychology Internship web page and applicants can copy and paste relevant training/work experience directly out of their CV and into the form.

Funding

Funding is through a Civil Service Appointment to the Job Classification, Clinical Psychology Intern. Payment occurs at the first of each month. The first full paycheck is available October 1, 2010. **The annual salary for the 20116-2017 training year is approximately $41,352.00**. There are no unpaid positions.

Holidays, Vacation Time and Medical Benefits

Interns have the same holidays as other state employees, plus one day per month of accrued sick leave and two weeks of paid vacation time. This accrues at the rate of approximately 11 hours per month. Unused vacation time is paid to the intern at the end of the year. Alternatively, interns may choose Annual Leave. This is accrued at the rate of 8 hours per month and may be used for vacation or sick days. All annual leave is reimbursable. Several medical insurance plans are available to the intern with set amounts paid by the state, depending upon marital status and number of dependents. Vision and dental coverage are also available.

Starting Time

The internship begins on the first day of September per the California calendar. Usually the start date falls between August 31 and September 2.

Interviews

On-site interviews are required. Qualified applicants will be contacted to schedule an interview **after** the application materials are reviewed. Because on-site completion of a brief work sample is part of the application process, personal interviews are required (i.e., no telephone interviews).

Caveat

Although internship offers are made in February, actual employment in September is contingent on passing a physical examination (including a drug screening) and a security clearance following fingerprinting.

CONDITIONS OF INTERNSHIP

The Requirements

Internship applicants must be currently enrolled in a doctoral program (preferably APA-accredited) in clinical psychology at a recognized university or professional school, must be recommended by the clinical program, and must meet our prerequisites. Patton is unable to review applications from programs where the degree is awarded in a non-clinical specialty (e.g., degrees in forensic psychology). The Patton internship is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and our intern positions are selected through the APPIC match. Details on the match process can be found on the APPIC website (www.appic.org). 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.

Civil service requires that applicants have completed a core curriculum and a minimum of 500 hours of assessment and therapy practica in clinical psychology. Since 1990, all successful applicants have completed more than 1,000 practicum hours (including non-face-to-face time such as supervision and report writing). There is a strong emphasis on psychological assessment, and having administered, scored, and written at least 7 psychological assessments is expected.

The Patton State Hospital Psychology Internship is committed to maintaining diversity among our trainees in all areas including but not limited to ethnicity, gender, religion, sexual orientation, gender identity, and socio-cultural background. Individuals from under-represented groups are strongly encouraged to apply.

FOR FURTHER INFORMATION

Write, email, or call: David M. Glassmire, Ph.D., ABPP
Internship Director
Patton State Hospital
3102 E. Highland Ave. AX-229
Patton, CA 92369
(909) 425-6573
David.glassmire@dsh.ca.gov

Fax: (909) 425-6604

PSYCHOLOGY STAFF

There are currently 85 psychologists on staff at Patton. The Ph.D. or Psy.D. degree in clinical psychology (or combined clinical/counseling psychology) is a requirement for appointment to a staff position. A large number of our psychologists have completed formal postdoctoral fellowships. All psychologists are either licensed in California or actively working toward licensure (Note: all Coordinating Supervisors, Assessment Coordinators, and Seminar Leaders are licensed in California). Five psychologists at Patton are diplomates of the American Board of Professional Psychology (ABPP) in various specialties including Clinical Psychology, Clinical Neuropsychology, and Forensic Psychology and two psychologists are board certified in Neuropsychology by the American Board of Professional Neuropsychology (ABN).

Most psychologists are members of interdisciplinary treatment teams that consist of a psychologist, psychiatrist, social worker, rehabilitation therapist, psychiatric technician, RN/case manager, and other specialized staff as needed. As a team member, in addition to providing therapeutic and assessment services, a psychologist provides information that is used in developing the treatment plan and in evaluating patients for release. Additionally, our department has several Senior Psychologists who have a number of responsibilities including mentorship of new Staff Psychologists, monitoring of psychology work, and supervision of trainees. Finally, PSH has a Forensic Evaluation Department and a Neuropsychology Consultation Service.

A wide variety of theoretical orientations are represented among staff members, including cognitive behavioral, strategic, humanistic, feminist, sociocultural, psychodynamic, and psychosocial approaches to treatment. Areas of staff interest or expertise include cross cultural psychology, forensic psychology, the psychology of oppression, spirituality and psychotherapy, program planning and development, neuropsychology, drug and alcohol treatment, treatment of personality disorders, geropsychology, staff training and development, behavioral assessment and treatment planning, working with families, and treatment of family violence, among others.

PSYCHOLOGY STAFF

Maurizio Francesco Assandri, Ph.D.

Graduate Institution:	California School of Professional Psychology, San Diego
Interests:	Trial Competency Evaluations; Not Guilty by Reason of Insanity Evaluations; Juvenile Assessment
Orientation:	Integrative/Psychodynamic

Andrea Bauchowitz, Ph.D.

Graduate Institution:	Pacific Graduate School of Psychology
Postdoctoral Fellowship:	University of Virginia - Department of Psychiatry and Neurobehavioral Sciences - Behavioral Medicine Center
Interests:	Health Behavior Change; Behavioral Medicine
Orientation:	Cognitive Behavioral

Steven Berger, Psy.D.
Graduate Institution: Rosemead Graduate School of Psychology
Interests: Individual Psychotherapy
Orientation: Self Psychology; W. Bion; Relationships

Steven Berman, Ph.D.
Graduate Institution: University of South Carolina
Interests: Paradoxical interventions
Orientation: Integrative

Marla Berry, Ph.D.
Graduate Institution: Loma Linda University
Postdoctoral Fellowship: Patton State Hospital (Clinical Psychology)
Interests: Health psychology and the mind-body relationship; Use of experiential techniques in psychotherapy; Treatment of PTSD
Orientation: Integrative (Gestalt and Psychodynamic)

Sean Brannon, Ph.D.
Graduate Institution: Loma Linda University
Postdoctoral Fellowship: Patton State Hospital (Neuropsychology)
Interests: Degenerative Neurological Disease; Cognitive Rehabilitation; Malingering; Clinical Applications of Hypnosis
Orientation: Integrative; Interpersonal; Rational Emotive Behavior Therapy

William Britt, Ph.D., ABN
Graduate Institution: Biola University
Interests: Neuropsychology; Alzheimer's Disease; Integration of Spirituality and Treatment; Cognitive rehabilitation
Orientation: Cognitive Behavioral

Robert Brodie, Ph.D.
Graduate Institution: University of California, Santa Barbara
Postdoctoral Fellowship: Patton State Hospital (Forensic Psychology)
Interests: Ethnic minority mental health with and emphasis on African Americans; Treatment of Axis II disorders; Forensic assessment.
Orientation: Cognitive Behavioral; Dialectical Behavioral Therapy

Jacqueline Brown, Psy.D.
Graduate Institution: Argosy University, Orange County
Interests: Assessment; Therapy
Orientation: Integrative

Allan (Steve) Brown, Ph.D.

Graduate Institution: Fuller Graduate School of Psychology
Interests: The role of culture, religion and spirituality in mental health and well-being
Orientation: Integrative (Psychodynamic/Cognitive Behavioral/Existential)

Melanie Byde, Ph.D.
Graduate Institution: Fuller Graduate School of Psychology
Interests: Working with the severely mentally ill
Orientation: Object Relations

Robin Campbell, Ph.D.
Graduate Institution: Loma Linda University
Interests: Psychology of Women; Assessment; Forensic Psychology; Psychotherapy
Orientation: Cognitive Behavioral; Interpersonal

Elba Campos, Psy.D.
Graduate Institution: Alliant International University, San Francisco
Postdoctoral Fellowship: Patton State Hospital (Forensic Psychology)
Interests: Multicultural Psychology; Forensic Assessment; Spanish-Language Assessment
Orientation: Integrative (Cognitive Behavioral/Psychodynamic)

Wendy Chan, Psy.D.
Graduate Institution: Azusa Pacific University
Postdoctoral Fellowship: Patton State Hospital (Forensic Psychology)
Interests: Forensic Assessment, Dialectical Behavior Therapy, and Sex Offender Treatment/Evaluation
Orientation: Cognitive Behavioral

Elsie Cheng, Ph.D.
Graduate Institution: Pacific Graduate School of Psychology
Interests: Neuropsychology; Assessment; Diagnostic Clarification
Orientation: Integrative (Cognitive Behavioral/Psychodynamic)

Yok Choi, Psy.D.
Graduate Institution: Fuller Graduate School of Psychology
Postdoctoral Fellowship: Patton State Hospital (Clinical Psychology)
Interests: Psychology and the Law; Integration of psychology and theology; Leadership and team-building training; Couples therapy
Orientation: Gestalt

Sheri Curtis, Ph.D.

Graduate Institution:	Loma Linda University
Postdoctoral Fellowship:	Patton State Hospital (Clinical Psychology)
Interests:	Measurement of Attachment; Women's Psychological Development
Orientation:	Object Relations

Jason Darling, Psy.D.

Graduate Institution:	Pepperdine University
Interests:	Severe mental illness; Attachment theory/research; Proactive/Reactive aggression; Child/Adolescent foster care population
Orientation:	Cognitive Behavioral

Nilda Diaz, Psy.D.

Graduate Institution:	University of La Verne
Interests:	Multicultural Assessment; Forensic Psychology
Orientation:	Psychodynamic; Cognitive Behavioral

Daphne Erhart, Psy.D.

Graduate Institution:	Loma Linda University
Postdoctoral Fellowship:	Patton State Hospital (Clinical Psychology)
Interests:	Psychotherapy; Severe Mental Illness; Interaction between mental, physical, and spiritual health
Orientation:	Integrative (Gestalt and Psychodynamic)

Nikkie Espinoza, Psy.D.

Graduate Institution:	Loma Linda University
Interests:	Forensic Assessment; Treatment of Severe Mental Illness
Orientation:	Cognitive Behavioral

Sean Evans, Ph.D.

Graduate Institution:	Loma Linda University
Interests:	Individual Psychotherapy; Sex-Offender Assessment and Treatment; Neuropsychology, Dialectical Behavior Therapy (DBT)
Orientation:	Psychodynamic; Existential

Troy Freimuth, Psy.D.

Graduate Institution:	Indiana State University
Interests:	Positive Psychology; Mindfulness/Acceptance Therapy
Orientation:	Integrative (Cognitive Behavioral, Narrative Therapy, Emotions Focused Therapy, Psychodynamic)

David M. Glassmire, Ph.D., ABPP (Forensic)

Graduate Institution:	Pacific Graduate School of Psychology
Postdoctoral Fellowship:	Patton State Hospital (Forensic Psychology)
Interests:	Forensic Psychology; Cross-Cultural Psychology; Neuropsychology; Lifespan Development
Orientation:	Cognitive Behavioral; Lifespan Developmental Psychology

David A. Haimson, Ph.D. (Chief of Psychology)

Graduate Institution:	Brigham Young University
Interests:	Individual Therapy; Psychological Assessment
Orientation:	Integrative (Cognitive/Psychodynamic/Social-Learning/Existential)

Kerry Hannafin, Psy.D.

Graduate Institution:	Azusa Pacific University
Interests:	Suicidal and parasuicidal behaviors; Dialectical Behavior Therapy; Personality Assessment
Orientation:	Cognitive Behavioral

Julia Harkins, Ph.D.

Graduate Institution:	University of Detroit Mercy
Postdoctoral Fellowship:	Patton State Hospital (Forensic)
Interests:	Forensic Evaluation; Treatment of Severe Mental Illness; Psychopathy
Orientation:	Integrative (psychodynamic, interpersonal, cognitive-behavioral)

Robbin Huff-Musgrove, Ph.D.

Graduate Institution:	California School of Professional Psychology, Los Angeles
Interests:	Cross-Cultural Psychology
Orientation:	Integrative

Kelly Hunsicker, Psy.D.

Graduate Institution:	Loma Linda University
Interests:	Forensic Evaluations; Individual Psychotherapy
Orientation:	Interpersonal Therapy

Kirsten Ingheim, Psy.D.

Graduate Institution:	Loma Linda University
Interests:	Individual and Group Psychotherapy; Object Relations Theory; Cultural Issues
Orientation:	Integrative (Cognitive Behavioral/Psychodynamic)

Cheryl Jacobs, Psy.D.

Graduate Institution: Loma Linda University
Interests: Assessment; PTSD; Risk Management
Orientation: Cognitive Behavioral

Melissa Jajko, Psy.D.
Graduate Institution: The Chicago School of Professional Psychology, Chicago, IL
Interests: Personality Assessment; Violence Risk Assessment; Trauma-Informed Treatment
Orientation: Integrative (with focus on third-wave behavioral approaches)

John Johnson, Ph.D.
Graduate Institution: Fuller Graduate School of Psychology
Interests: Substance Abuse; Situational depression as a function of unrealistic expectations; Influence of early adoption/foster placement on self-esteem; Influence of religious beliefs on social connections and coping skill development
Orientation: Cognitive Behavioral

Shannon Johnson, Psy.D.
Graduate Institution: University of La Verne
Interests: Malingering Assessment; Domestic Violence; Personality Disorders
Orientation: Cognitive Behavioral

Flavia Jorge, Ph.D.
Graduate Institution: Andrews University
Interests: Detection of cognitive decline in Spanish speaking patients with schizophrenia. The impact of Culture and Spirituality in emotion regulation with the Spanish speaking patients.
Orientation: Cognitive-Behavioral

Bruce Karp, Ph.D., ABPP (Clinical)
Graduate Institution: Ohio State University
Interests: Couples therapy; Treatment of trauma as it interacts with personality disorders and other diagnoses
Orientation: Integrative (Object Relations/Cognitive Behavioral/Systems)

Allen Kilian, Ph.D.
Graduate Institution: Fuller Graduate School of Psychology
Interests: Assessment of Malingering; Psychodynamic Theory
Orientation: Object Relations and Cognitive Behavioral

Sunah Kim, Psy.D.

Graduate Institution: University of Denver
Interests: Forensic Evaluation; Treatment and evaluation of sex offenders; treatment for Cluster B personality disorders
Orientation: Psychodynamic

Victoria King Palenscar, Psy.D.
Graduate Institution: Pepperdine University
Interests: Women's Issues; Forensic Psychology; Assessment
Orientation: Integrative (Cognitive Behavioral/Family Systems)

Dominique Kinney, Ph.D.
Graduate Institution: Pacific Graduate School of Professional Psychology
Postdoctoral Fellowship: Patton State Hospital (Neuropsychology)
Interests: Psychiatric Neuropsychology; Cross-cultural psychology; Positive psychology
Orientation: Integrative (Cognitive-Behavioral, Optimism, and Positive Psychology)

Robert Koranda, Psy.D.
Graduate Institution: University of LaVerne
Postdoctoral Fellowship: Patton State Hospital (Forensic Psychology)
Interests: Diagnostic and Forensic Assessment; Substance abuse treatment
Orientation: Integrative (Primarily Cognitive Behavioral)

Craig Lareau, J.D., Ph.D., ABPP (Forensic)
Graduate Institution: Villanova University School of Law/MCP Hahnemann University J.D./Ph.D. Joint Program in Law and Psychology
Postdoctoral Fellowship: Patton State Hospital (Forensic Psychology)
Interests: Forensic assessment; psycho-legal research; expert witness testimony
Orientation: Cognitive behavioral

Kimberly Light-Allende, Psy.D.
Graduate Institution: University of La Verne
Interests: Crisis intervention, relationship violence with an emphasis on female aggressors, and gender roles.
Orientation: Social Learning; Cognitive-Behavioral

Alexandra Linscott, Ph.D.
Graduate Institution: Fuller Graduate School of Psychology
Interests: Trauma; Gender and sexuality issues; Cross-cultural psychology; Spirituality
Orientation: Psychodynamic

Ming Liu, Ph.D.

Graduate Institution: California School of Professional Psychology, Los Angeles
Interests: Forensic Psychology; Geropsychology; Psychotherapy
Orientation: Integrative (Psychodynamic/Humanistic/Cognitive Behavioral)

Chris Love, Psy.D.
Graduate Institution: Azusa Pacific University
Interests: Malingering Research; Individual therapy for Axis-II disorders; Therapeutic milieu; Motivation
Orientation: Integrative (Person Centered/Solution Focused/Psychodynamic)

Mark Martinez, Psy.D.
Graduate Institution: Azusa Pacific University
Interests: Treatment of Sex Offenders; Psychotherapy; Forensic Assessment
Orientation: Integrative (Cognitive Behavioral/Psychodynamic)

Meg Matty, Psy.D.
Graduate Institution: University of LaVerne
Interests: Personality assessment; Cognitive disorders
Orientation: Integrative (Reality Therapy; Solution Focused Therapy)

Michael McCormick, Psy.D.
Graduate Institution: Argosy University, Washington DC
Interests: Health Psychology; Ethics and Legal Standards
Orientation: Integrative

Paul McMahon, Ph.D.
Graduate Institution: Nova Southeastern University
Interests: Geropsychology; Developmental Disability Evaluation
Orientation: Biopsychosocial; Integration of Spirituality

Vicki McWain, Psy.D.
Graduate Institution: Fuller Graduate School of Psychology
Postdoctoral Fellowship: Loma Linda Department of Neurology/USC Department of Psychology
Interests: Assessment
Orientation: Integrative (Object Relations)

Monica Michael, Psy.D.
Graduate Institution: Pepperdine University
Interests: Therapy with chronically mentally ill individuals; sex offenders; multicultural issues
Orientation: Cognitive Behavioral

Mona Mosk, Ph.D.

Graduate Institution:	University of South Dakota
Interests:	Multicultural Issues (Specialty in Deaf and Hard-of-Hearing), PTSD, Children/Adolescent treatment
Orientation:	Eclectic with a focus on Cognitive, Behavioral, and Supportive techniques

Crystal Mueller, Ph.D.

Graduate Institution:	University of Hawaii, Manoa
Interests:	Forensic Psychology; Trial Competency; Malingering
Orientation:	Cognitive Behavioral

Adrianne Nelson, Psy.D.

Graduate Institution:	Florida Institute of Technology
Postdoctoral Fellowship:	Patton State Hospital (Forensic)
Interests:	Forensic Assessment; Assessment of Personality Disorders; Sex-Offender Treatment
Orientation:	Cognitive Behavioral/Psychodynamic

Steve Nitch, Ph.D., ABPP (Clinical Neuropsychology)

Graduate Institution:	Loma Linda University
Postdoctoral Fellowship:	Neuropsychology Fellowship, Harbor UCLA Medical Center
Interests:	Malingering Assessment; Degenerative disorders; Adult ADHD; Cognitive correlates of psychosis
Orientation:	Cognitive Behavioral

Wendy Ng, Psy.D.

Graduate Institution:	University of LaVerne
Postdoctoral Fellowship:	Patton State Hospital (Forensic Psychology)
Interests:	Forensic Assessment; Severe Mental Illness; Culturally-Competent Treatment
Orientation:	Cognitive Behavioral

Allison Pate, Ph.D., ABPP (Clinical)

Graduate Institution:	University of North Dakota
Interests:	Psychodynamic and Attachment Theory; Treatment and Assessment of Personality Disorders; Dialectical Behavior Therapy
Orientation:	Integrative (Psychodynamic Emphasis)

Maya Petties, Psy.D.

Graduate Institution: Spalding University School of Professional Psychology
Postdoctoral Fellowship: Patton State Hospital (Forensic Psychology)
Interests: Forensic assessment; research on risk assessment; psychotherapy
Orientation: Object relations, psychodynamic

Glenn Potts, Psy.D.
Graduate Institution: Seattle Pacific University
Interests: Treatment of severe depression; Sports Psychology/Performance Enhancement, Positive Psychology
Orientation: Integrative (Humanistic, Cognitive Behavioral, Developmental)

Jesus Rodriguez, Ph.D.
Graduate Institution: Utah State University
Interests: Psychotherapy; Multicultural Therapy and Assessment
Orientation: Integrative/Client Centered Therapy

Pedro Romero, Psy.D.
Graduate Institution: Azusa Pacific University
Interests: Culturally Responsive Treatment, Resilience, Personality Disorders
Orientation: Interpersonal

Parnian Ross, J.D., Psy.D.
Graduate Institution: PGSP-Stanford Consortium
Postdoctoral Fellowship: Patton State Hospital (Clinical Neuropsychology)
Interests: Neuropsychology
Orientation: Cognitive Behavioral

Erika Roth, Psy.D.
Graduate Institution: Azusa Pacific University
Interests: Psychological Assessment
Orientation: Integrative (DBT, ACT, Object Relations, Interpersonal, Systems)

Jason Rowden, Psy.D.
Graduate Institution: Loma Linda University
Interests: Positive Psychology; Positive mental health; Process oriented therapies; Treatment of psychotic disorders with individual therapy
Orientation: Integrative (Existential/Gestalt)

Gina Sillo, Psy.D.

Graduate Institution: Loma Linda University
Interests: Forensic assessment; Substance abuse treatment and research; Suicide risk assessment; Family therapy
Orientation: Integrative (Psychodynamic/Cognitive Behavioral)

Sherin Singleton, Psy.D.
Graduate Institution: University of La Verne
Interests: Forensic Psychology; Assessment; Clinical Supervision
Orientation: Cognitive Behavioral

Cathy Sink, Ph.D.
Graduate Institution: Fuller Graduate School of Psychology
Postdoctoral Fellowship: Adult Outpatient Psychotherapy at the Pasadena Community Counseling Clinic
Interests: Therapy with severely mentally ill individuals; Treatment needs of forensically committed women
Orientation: Integrative (Cognitive-Behavioral/Insight Oriented/Humanistic)

Kasmira Sobkow, Psy.D.
Graduate Institution: University of La Verne
Postdoctoral Fellowship: Patton State Hospital (Forensic Psychology)
Interests: Forensic Psychology; Forensic Assessment; Sex Offender Treatment
Orientation: Integrative (Cognitive Behavioral/Psychodynamic)

Krista Soto, Psy.D.
Graduate Institution: Rosemead Graduate School of Psychology
Interests: Individual Psychotherapy
Orientation: Psychodynamic

Lauren Stevenson, Psy.D.
Graduate Institution: Azusa Pacific University
Postdoctoral Fellowship: Harbor UCLA
Interests: Dialectical Behavioral Therapy; Assessment
Orientation: Cognitive Behavioral

Andrew Tamanaha, Ph.D.
Graduate Institution: Pacific Graduate School of Psychology
Interests: Sex offender risk assessment; Sex offender treatment; Forensic assessment
Orientation: Integrative (Cognitive Behavioral/Psychodynamic)

Helga Thordarson, Ph.D.

Graduate Institution: New School for Social Research, New York
Interests: Narrative therapy; arson; building therapeutic alliance with involuntary patients; morality and mental health
Orientation: Object Relations, Integrative

Luciano Tristan, Ph.D.
Graduate Institution: University of Louisville
Postdoctoral Fellowship: Patton State Hospital (Forensic Psychology)
Interests: Trial Competency; Violence Risk Assessment
Orientation: Interpersonal

Jennifer Utley, Psy.D.
Graduate Institution: Azusa Pacific University
Interests: Child and adolescent therapy; Severe Mental Illness
Orientation: Integrative (Cognitive Behavioral/Interpersonal Therapy)

Herberth Valle, Psy.D.
Graduate Institution: Azusa Pacific University
Interests: Psychotherapy with multicultural groups; Personality/Forensic assessment; Group therapy with individuals with a severe mental illness
Orientation: Integrative (Family Systems and Psychodynamic)

Dennis Wallstrom, Ph.D.
Graduate Institution: Fuller Graduate School of Psychology
Interests: Psychology and religion; Neurofeedback; Holistic psychological care
Orientation: Integrative (Interpersonal/Cognitive Behavioral/Strategic)

Jette Warka, Ph.D.
Graduate Institution: Loma Linda University
Interests: Psychotherapy; Attachment; Methods and statistics; Positive Behavior Support; Sex offender treatment
Orientation: Psychodynamic (especially Object Relations and Kleinian theory)

Jeffrey Weinstein, Ph.D.
Graduate Institution: California School of Professional Psychology, San Diego
Postdoctoral Fellowship: Center for Cognitive Therapy, University of Pennsylvania Department of Psychiatry
Interests: Psychotherapy; Substance Abuse Treatment
Orientation: Cognitive Therapy

Elena Welsh, Ph.D.

Graduate Institution: University of Maryland-Baltimore County
Postdoctoral Fellowship: Gateways Los Angeles
Interests: Trauma Informed Care; Cross Cultural Competence; DBT; Prevention.
Orientation: Cognitive Behavioral

Irene Wiles, Ph.D.
Graduate Institution: Loma Linda University
Interests: Couples Therapy (Imago); Developmental Psychology
Orientation: Humanistic/Integrative

Mark Williams, Ph.D.
Graduate Institution: State University of New York at Binghamton
Postdoctoral Fellowship: Patton State Hospital (Neuropsychology)
Interests: Neuropsychology of Psychiatric Disorders, Cognitive Rehabilitation, Forensic Assessment
Orientation: Cognitive Behavioral

Julie Yang, Psy.D.
Graduate Institution: Alliant International University, Fresno
Postdoctoral Fellowship: Patton State Hospital (Forensic Psychology)
Interests: Clinical and Forensic evaluations; Treatment of Severe Mental Illness
Orientation: Psychodynamic

Albert Yee, Psy.D.
Graduate Institution: George Fox University
Postdoctoral Fellowship: University of Missouri-Department of Health Professions (Neuropsychology and Rehabilitation Psychology)
Interests: Neuropsychology; Cognitive Rehabilitation
Orientation: Cognitive Behavioral

APPENDIX A: Professional Development Seminar

Part 1: Forensic Series

- Introduction to Forensic Mental Health Practice
- Competency to Stand Trial
- Privilege and Confidentiality
- Sex Offenders, Diagnosis and Treatment
- The Insanity Defense: PC 1026
- Hospitalized Prisoners and Parolees
- Dangerousness Risk Assessment
- Malingering
- Involuntary Commitments: Civil Commitment
- Antisocial Personality Disorders: Evaluation and Legal Issues
- Expert Testimony

Part 2: Group Readings and Case Discussion

- After the conclusion of the forensic series, this seminar will take on a case discussion and reading discussion format. The readings for this seminar will focus on cultural competence, scientifically informed practice, and professional development as a psychologist.

Part 3: Mock Court

- Preparation for court
- Mock court day: Our local lawyer/psychologist and the forensic postdoctoral fellows take forensic interns through a process of direct and cross-examination

APPENDIX B: Psychotherapy Seminar Curriculum

The goals of the psychotherapy seminar are to provide interns with a cohesive model upon which to base their case formulations. Cognitive-behavioral theories and evidence based practices are reviewed to provide students with the theoretical background and practical skills to provide effective care to individuals with severe mental illness.

Partial sample of readings likely to be assigned:

Arnkoff D.B. and Glass C.R. (1992). *Cognitive Therapy and Psychotherapy Integration*. In D.K. Freedheim (Ed.) The History of Psychotherapy (pp. 657-694).

Beck, A.T and Rector N.A. (2005). Cognitive Approaches to Schizophrenia: Theory and Therapy. *Annual Review of Clinical Psychology* 1:577-606.

Beck, A.T; Rector, N.A; Stolar, N. & Grant, P. (2009). A Cognitive Conceptualization of Auditory Hallucinations. In *Schizophrenia: Cognitive Theory, Research and Therapy* pp. 102-141.

Malancharuvil, J.M. (2004). Delusional thinking: A thought or affective disorder? *American Journal of Psychotherapy, 58(2),* 162-173.

Martin, R. & Young, J. (2010). *Schema Therapy.* In Dobson, K. (Ed). Handbook of Cognitive Behavioral Therapies (pp 317-346).

Newman, C. F., Leahy, R. L., Beck, A., T., Reilly Harrington, N. A., & Gyulai, L. (2002). *Moderating mania and hypomania*. In Bipolar Disorder: A Cognitive Therapy Approach (pp. 47-77).

Penney, D. & Stastny, P. (2008). *Like a fly in a spider web.* In The Lives they Left Behind: Suitcases from a State Hospital Attic (pp 82-101).

Wright, J.H.; Turkington, D,; Kingdon D.G. & Ramirez-Basco, M. (2009) *Delusions*. In Cognitive Behavior Therapy for Severe Mental Illness: An Illustrated Guide (pp 99-123).

APPENDIX C: Assessment Seminar Curriculum

Topic Overview

- Intensive overview of assessment
- Psychometric Review (Reliability, Validity, Standard Error of Measurement, etc.)
- Cultural Considerations in Psychological Assessment
- Establishing Rapport
- The Mental Status Exam
- Report writing
- The RBANS and WRAT-4 in screening evaluations
- Neuropsychological Interpretation of the WAIS-IV
- The MMPI-2/MMPI-2-RF
- The PAI
- The MCMI-III
- The NEO-PI-R
- Forensic Assessment Instruments
- Therapeutic Assessment

Selected Readings

Arbisi, P. A., Ben-Porath, Y. S., & McNulty, J. (2002). A comparison of MMPI-2 validity in African American and Caucasian psychiatric inpatients. *Psychological Assessment, 14,* 3-15.

Baldessarini, R. J., Finklestein, S., & Arana, G. W. (1983). The predictive power of diagnostic tests and the effect of prevalence of illness. *Archives of General Psychiatry, 40,* 569-573.

Campbell, D. T., & Fiske, D. W. (1959). Convergent and discriminant validation by the multitrait-multimethod matrix. *Psychological Bulletin, 56,* 81-105.

Choca, J. P., & VanDenberg, E. (2003). *Interpretive guide to the Millon Clinical Multiaxial Inventory*. (3rd ed.). Washington, DC: American Psychological Association.

Cronbach, L. J., & Meehl, P. E. (1955). Construct validity in psychological tests. *Psychological Bulletin, 52,* 281-302.

Exner, J. E. (2003). *The Rorschach: A comprehensive system*. (4th ed). Hoboken, NJ: Wiley and Sons.

Finn, S. E. (1996). *Manual for using the MMPI-2 as a therapeutic intervention*. Minneapolis: University of Minnesota Press.

Glassmire, D. M., Stolberg, R. A., Greene, R. L., & Bongar, B. (2001). The utility of MMPI-2 suicide items for assessing suicidal potential: Development of a suicidal potential scale. *Assessment, 8,* 281-290.

Greene, R. L. (2000). *The MMPI-2: An interpretive manual.* (2nd ed.). Boston: Allyn and Bacon.

Morey, L. C. (2003). *Essentials of PAI assessment*. Wiley Publishers.

Pinsoneault, T. B. (2007). Detecting random, partially random, and nonrandom Minnesota Multiphasic Personality Inventory-2 protocols. *Psychological Assessment, 19,* 159-164.

Pope, K. S., Butcher, J. N., & Seelen, J. (2006). *The MMPI, MMPI-2, and MMPI-A in court: A practical guide forexpert witnesses and attorneys.* Washington, DC: American Psychological Association.

Steele, C. M., & Aronson, J. (1995). Stereotype threat and the intellectual performance of African Americans. *Journal of Personality and Social Psychology,* 797-811.

Tulsky, D. S., Saklofske, D. H., Chelune, G. J., Ivink, R. J., Prifitera, A., Heaton, R. K., Bornstein, R., & Ledbetter, M. F. (2003). *Clinical interpretation of the WAIS-III and WMS-III*. New York: Academic Press.

Basic Neuropsychological Series

This series, which is generally facilitated by Patton's Neuropsychology Postdoctoral Fellows, identifies some of the most significant neuropsychological indicators that interns might notice during provision of treatment, evaluation, or assessment. By the end of the series, interns should be able to recognize when focused neuropsychological assessment is warranted.

Neuropsychological Aspects of:

- Schizophrenia
- Depression
- Drug and Alcohol Abuse
- The Dementias (Alzheimer's, Parkinson's, Huntington's, HIV)
- Traumatic Brain Injury

Role of Neuropsychology in:

- Competency to Stand Trial
- Violence Risk Assessment
- Ability to Profit from Treatment

APPENDIX D:
Guidelines for Basic Education and Training of a Clinical Neuropsychologist

The American Psychological Association and the Canadian Psychological Association both recognize clinical neuropsychology as a specialized subdiscipline within the general field of psychology. Clinical neuropsychologists are professionals within the field of neuropsychology who possess specialized training and expertise in the relationship between brain functioning and behavior. In 1997, representatives from APA Division 40 (Clinical Neuropsychology), the National Academy of Neuropsychology (NAN), the American Board of Clinical Neuropsychology (ABCN), the American Academy of Clinical Neuropsychology (AACN), and the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN) convened in Houston, Texas to outline the basic criteria for education and training in clinical neuropsychology. According to guidelines adopted at the Houston Conference, the minimal education and training of a clinical neuropsychologist involves:

1. Successful completion of a doctoral level degree in psychology from a regionally accredited program

2. Successful completion of systematic didactic education (course work in neuropsychology and neuroscience) including:

   A. Foundations for the study of brain-behavior relationships
      - Functional Neuroanatomy
      - Neurological and related disorders including their etiology, pathology, course, and treatment
      - Non-neurological conditions affecting CNS functioning
      - Neuroimaging and other neurodiagnostic techniques
      - Neurochemistry of behavior
      - Neuropsychology of behavior

   B. Foundations for the practice of clinical neuropsychology
      - Specialized neuropsychological assessment techniques
      - Specialized neuropsychological intervention techniques
      - Research design and analysis in neuropsychology
      - Professional issues and ethics in neuropsychology
      - Practical implications of neuropsychological conditions

3. Supervised predoctoral experiential training (practica and internships) in clinical neuropsychology

4. Two or more years of supervised training (usually post-doctoral) applying neuropsychological services in a clinical setting

The Clinical Neuropsychology Concentration at Patton State Hospital fulfills the internship requirement outlined at the Houston Conference. Additionally, the Neuropsychology Seminar and guided readings in neuropsychology can supplement the didactic experiences that were obtained at the intern's graduate institution. *However, successful completion of the*

Neuropsychology Concentration is only one component in the education and clinical training necessary to become a clinical neuropsychologist.

APPENDIX E: Former Interns' Initial Post Internship Employment

Below is a list of the *initial* employment setting of former interns for the past five years. This list does not reflect the diversity of employment settings of our former interns after their initial employment following internship, as many of our interns initially decide to remain at Patton either as staff psychologists or postdoctoral fellows before eventually transitioning to positions in other settings. A recent survey of internship alumni from the past 15 years indicated that although many of our internship alumni do indeed choose to become career psychologists at Patton, a number of former interns have gone on to work in diverse settings including tenure-track academic jobs, private practice, the Department of Veteran's Affairs, county mental health systems, and prison psychology settings, among others.

2006-2007

- Postdoctoral Fellow, Springfield Hospital Center in Baltimore
- Postdoctoral Fellow in Forensic Psychology, Patton State Hospital
- Postdoctoral Fellow in Forensic Psychology, Patton State Hospital
- Staff Psychologist, Patton State Hospital
- Staff Psychologist, Patton State Hospital
- Staff Psychologist, Patton State Hospital

2007-2008

- Postdoctoral Fellow in Forensic Psychology, Patton State Hospital
- Postdoctoral Fellow in Forensic Psychology, Patton State Hospital
- Advanced Intern completing dissertation, Patton State Hospital
- Staff Psychologist, Patton State Hospital followed by California Department of Corrections
- Staff Psychologist, Patton State Hospital
- Staff Psychologist, Patton State Hospital

2008-2009

- Postdoctoral Forensic Fellow, Patton State Hospital
- Postdoctoral Forensic Fellow, Patton State Hospital
- Postdoctoral Fellow in Clinical Neuropsychology, UCLA
- Staff Psychologist, Patton State Hospital followed by California Department of Corrections
- Staff Psychologist, Patton State Hospital
- Staff Psychologist, Patton State Hospital

2009-2010

- Postdoctoral Forensic Fellow, University of Virginia
- Postdoctoral Forensic Fellow, Patton State Hospital
- Postdoctoral Forensic Fellow, Patton State Hospital
- Postdoctoral Fellow in Clinical Neuropsychology, Patton State Hospital
- Staff Psychologist, Patton State Hospital
- Staff Psychologist, Patton State Hospital

2010-2011

- Postdoctoral Forensic Fellow, University of Massachusetts Medical School
- Postdoctoral Neuropsychology Fellow, University of Texas MD Anderson Cancer Center
- Postdoctoral Clinical Fellow, Central Texas VA
- Staff Psychologist, Patton State Hospital
- Staff Psychologist, Patton State Hospital
- Postdoctoral Fellow in Forensic Psychology, University of Southern California

2011-2012

- Postdoctoral Forensic Fellow, University of Virginia
- Postdoctoral Forensic Fellow, Minnesota State Operated Forensic Services
- Postdoctoral Neuropsychology Fellow, Cleveland VA
- Postdoctoral Fellow in Clinical Psychology, Gateways Los Angeles
- Research Psychologist, US Air Force
- Not determined at time of printing

2012-2013

- VA Palo Alto Healthcare System MIRECC Fellowship
- Postdoctoral Forensic Fellow, Larned State Hospital
- Postdoctoral Fellow, Kaiser Permanente

2013-2014

- Postdoctoral Forensic Fellow, Central Regional Hospital
- Forensic Psychology Fellowship in the Dept. of Psychiatry, Georgia Regents University, in partnership with East Central Regional Hospital
- Easter Seals Capital Region and Eastern Connecticut Neuropsychological Postdoctoral Fellowship
- Postdoctoral Forensic Fellow, Patton State Hospital

2014-2015

- Postdoctoral Forensic Fellow, Patton State Hospital
- Postdoctoral Forensic Fellow, Patton State Hospital
- Postdoctoral Research Fellow, Kent State University
- Postdoctoral Fellow in Clinical Neuropsychology, Kaiser Roseville