

California Department of State Hospitals – Atascadero
Atascadero, California

CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM

2022 – 2023

ACCREDITED BY:

The Commission on Accreditation of The American Psychological Association

Questions related to the program's accredited status should be directed to the Commission on Accreditation at the following address:

*Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE Washington, DC 20002
Phone: 202-336-5979 / E-mail: apaaccred@apa.org
For more information, please visit [Section of
American Psychological Association Website
Regarding Accreditation](#)*

For more Information, please visit:
[the DSH-Atascadero Clinical Psychology Internship Website](#)

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

I. GENERAL SUMMARY OF TRAINING IN PSYCHOLOGY

The California Department of State Hospitals- Atascadero (DSH - Atascadero) offers an internship in Clinical Psychology. The internship has been accredited by the American Psychological Association since 1970 and is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). It is a one-year full time program offering a stipend of approximately \$47,016 plus benefits. The program is committed to providing interns with the opportunity to develop increasing autonomy and clinical responsibility commensurate with their education, training, and professional competence as they prepare to function as professional psychologists in a variety of settings. The Psychology Staff is characterized by a range of theoretical and therapeutic orientations including cognitive behavioral, positive psychology, humanistic-existential, psychodynamic, and neurobehavioral viewpoints.

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

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

II. AGENCY OVERVIEW

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

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

A. Agency Goals

A Safe Environment: DSH-Atascadero provides a secure environment within which patients can recover from the effects of their psychiatric conditions. This secure environment protects patients, staff, and the community. The hospital aims to provide recovery-oriented and trauma informed care by creating a safe and supportive therapeutic milieu.

Responsible Stewardship: The hospital promotes individual responsibility and accountability. Employees and patients are empowered to identify problems, propose recommendations, and implement solutions.

Excellence in Forensic Evaluation: DSH-Atascadero provides objective evaluations of psycho-legal questions and recommendations to the courts and other agencies using the most up-to-date instruments and risk assessment models.

Excellence in Treatment: The hospital provides state-of-the-art treatment and rehabilitation services to patients and ensures that community standards of practice and care are provided in our facility. Also, the hospital recognizes that recovery is most effectively achieved when services are person-oriented, empirically-based, trauma-informed, and arise out of a diverse theoretical and multidisciplinary foundation.

B. Patient Population

The hospital operates with a bed capacity of approximately 1200 patients. There are four major legal commitment categories at the hospital:

The *Offender with a Mental Health Disorder* (Penal Code 2962) is a patient who has been incarcerated for a violent offense, has a severe mental disorder, and is considered dangerous because of his mental disorder. This type of patient has completed his prison sentence and is sent to DSH-Atascadero to receive psychiatric treatment as a special condition of parole. Once discharge criteria are met, patients may be released to state parole supervision or placed in their county's Conditional Release Program. An Offender with a Mental Health Disorder who continues to meet statutory requirements at the end of their parole term may be retained in the hospital and treated pursuant to Penal Code 2972, a civil commitment. As of 8/2/21, 28% of the patient population is committed to the hospital pursuant to Penal Code 2962 and 10% of the population is committed pursuant to Penal Code 2972.

Incompetent to Stand Trial (Penal Code 1370) patients have been accused of committing a crime but have been deemed unable to stand trial because they cannot understand their charges and/or cannot cooperate with counsel. These patients receive specialized programming targeting stabilization of psychiatric symptoms and education related to the knowledge and skills necessary to understand court proceedings and effectively participate in their defense. The focus of treatment is to stabilize their condition and return them to trial competency, so the court may adjudicate their pending charges. Those patients who are determined to be unlikely to regain competency are returned to the court to determine future conservatorship status. As of 8/2/21, 31% of the patient population is committed pursuant to Penal Code 1370.

Mentally Ill Inmates (Penal Code 2684) are transferred from the California Department of Corrections and Rehabilitation to receive acute mental health services. They typically present with psychosis or suicidality that is difficult to manage in the prison environment. The focus of treatment is stabilization of symptoms such that the patient can safely and effectively function upon return to prison. As of 8/2/21, 13% of the patient population is committed pursuant to Penal Code 2684.

Not Guilty by Reason of Insanity (Penal Code 1026) patients have already been deemed to meet legal criteria for Not Guilty by Reason of Insanity at the time of their offense. They are committed to the hospital for treatment in an effort to restore their sanity or place them in their county's Conditional Release Program. As of 8/2/21, 14% of the patient population is committed pursuant to Penal Code 1026.

The hospital population is ethnically and culturally diverse. Thirty-two percent of the patient population is Hispanic, 26% African American, 36% Caucasian, 4% Asian/Pacific Islander, with the balance from other cultures. The majority of patients identify English as their primary language (72%), with 8% listing Spanish as their primary language and 17% not listing a primary language. The remaining 3% of patients identified a variety of

languages including Vietnamese, Farsi, Hmong, Tagalog, Korean, Mandarin, American Sign Language, Armenian, Chinese, Lao, and Russian.

C. Treatment

DSH-Atascadero utilizes a patient-centered and strengths-based approach to assessment, treatment, and discharge planning of patients. The hospital is committed to providing trauma-informed care. The agency provides individualized treatment and recovery services that focus on maximizing the functioning of persons with psychiatric illness.

The hospital is organized into five residential programs consisting of several treatment units each. Programs and units are generally structured around providing treatment to patients of particular commitment categories. Although subject to change, the focus of treatment for each program is organized as follows:

- Program I Incompetent to Stand Trial
- Program III Offender with a Mental Health Disorder
- Program IV Enhanced Treatment Program
- Program V Mentally Ill Inmate
- Program VI Offender with a Mental Health Disorder, Acute Medical, Enhanced Treatment
- Program VII Offender with a Mental Health Disorder

*Programs III, IV, VI, and VII have patients committed under Not Guilty by Reason of Insanity

The residential treatment programs provide a variety of individual, group, and unit-wide skills training, as well as rehabilitative and enrichment activities. These activities are prescribed by the patient's treatment team according to the patient's identified interests and assessed needs. Rehabilitation programs provide patients with the opportunity to learn an increasing number of vocational and work skills under the direction of trained vocational counselors and a variety of school-based classes where patients can improve academic achievement, receive a G E D, or pursue advanced independent studies.

A patient's treatment team is interdisciplinary and includes the patient, and the following professionals: Psychiatrist, Psychologist, Social Worker, Recreation Therapist, Registered Nurse, and Psychiatric Technician. In all phases of treatment, psychologists assist in coordinating the professional efforts of these team members. The clinical psychology intern is expected to function as a team member and will benefit from exposure to the range of clinical staff who participate as team members.

A number of specialized programs and services exist to address the broad range of patient needs. Some of those include:

- Forensic Assessment and Consultation Services
- Neuropsychological Assessment and Consultation
- Spanish Bilingual Units
- Substance Abuse Treatment and Education
- Dialectical Behavioral Therapy
- Sex Offender Services
- Vocational Development Services

III. INTERNSHIP PROGRAM

A. Program Training Model

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

The mission of the internship program at DSH- Atascadero is to foster the development of well-rounded competent entry level psychologists who can function effectively in a wide variety of settings and who also have developed specialized skills in the areas of forensic psychology, assessment and treatment of the severely mentally ill, and working with individuals from diverse cultural backgrounds.

The pre-doctoral psychology internship program's aims are:

- 1) To provide training working with a diverse patient population with a variety of presenting problems and legal commitments. Interns have experiences working with complex clinical presentations including patients who have severe and persistent mental illness (e.g., psychotic and major mood disorders), substance use disorders, personality disorders, histories of trauma, and neurocognitive impairments. Comorbidity of two or more of the aforementioned diagnostic categories is quite common.
- 2) To provide rich clinical training and experience in psychological assessment. Interns conduct a variety of assessments including cognitive screens, suicide and violence risk assessments, admission psychological assessments, and diagnostic clarifications.
- 3) To provide broad-based training in the treatment of patients with severe and persistent mental illness with evidenced-based practices in an inpatient setting. The Psychology Internship Program values training interns to become practitioners with a strong empirical basis for their practice. The training involves understanding, interpreting, and applying empirically based assessment and treatment methods.

- 4) To provide specialized training and experience in forensic psychology. This focus includes understanding various legal commitments, risk assessment and risk management, addressing psycho-legal questions in completing forensic evaluations, expert testimony, interfacing with the criminal justice system, and treatment of offenders.
- 5) To promote competency in treating and assessing patients with respect to cultural and individual differences. The training emphasizes the use of a wide range of assessment and treatment modalities that address each individual client as unique. Throughout all training activities, interns are encouraged to pay special attention to individual and cultural differences. While all trainees are encouraged to maintain their personal/religious/cultural values, trainees are expected to demonstrate the competency of dynamic worldview inclusivity.
- 6) To provide training and experience in professional issues related to the practice of psychologists within a large institution. The program trains interns to function as complete professionals who can function effectively in a variety of job settings. The intern will learn about issues arising in large systems including how to work within a large bureaucracy, to manage ethical conflicts, to work with an interdisciplinary team, and to interface with other large systems such as the judicial and correctional systems. The program promotes the development of professional skills including interpersonal effectiveness, collegiality and respect. The primary role of the intern is that of trainee rather than service provider.

Expected Core Competencies

It is expected that by the end of the internship training year, interns will develop various levels of proficiency in the following areas:

- Ethical and Legal Standards
- Professional Values, Attitudes, and Behaviors
- Communication and Interpersonal Skills
- Psychological Assessment
- Psychotherapeutic Intervention
- Individual and Cultural Diversity
- Professional Consultation and Interdisciplinary Skills
- Supervision
- Research
- Forensic Assessment and Expert Testimony

Experiences by which interns develop competencies include:

- Group and individual treatment with mentally ill forensic patients
- Assessment and treatment of culturally and individually diverse patients
- Behavioral analysis and treatment planning
- Admission and follow-up Psychological Assessments

- Forensic Evaluation
- Expert testimony (mock trial experiences)
- Violence and Suicide Risk Assessment
- Clinical and Forensic Report writing
- Seminar on Professional Issues
- Working within a multidisciplinary team
- Working with culturally and individually diverse colleagues and patients

Program Resources

- Staff: The hospital employs approximately 60 doctoral level psychologists from which preceptors, supervisors, seminar leaders and presenters, and tutorial leaders are drawn. The position of Psychology Internship Director is a permanent civil service position.
- Funding: Four positions are funded as Clinical Psychology Interns. The hospital's training budget provides the American Psychological Association and Association of Psychology Postdoctoral and Internship Centers membership fees.
- Equipment: Office space, intern-assigned computers, the hospital's assessment center and professional library, and other necessary resources are provided for interns commensurate with the resources provided to staff psychologists.

Processes

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

- Clinical training: Training experiences are provided via
 - A three-and-a-half month, full time rotation on an admissions unit which focuses on psychological assessment of mentally ill forensic patients
 - Two four-month 3-day-a-week rotations on treatment units
 - An eight-month 12-hour-a-week rotation on the Forensic Services Team
 - Weekly seminars
- Forensic Specialization: Each of the seminars covers issues related to forensic patients. The forensic seminar focuses entirely on forensic evaluations and issues related uniquely to forensic environments. The forensic services rotation provides an opportunity to hone forensic interviewing and forensic report writing skills as well as provide an introduction to forensic expert testimony.
- Supervision: Licensed psychologists who are qualified according to state licensing requirements provide supervision. Licensed professionals from other disciplines such as psychiatry and social work occasionally provide additional supervision. A minimum of four hours per week of face-to-face supervision is

provided. At least two hours of supervision (frequently more) are provided on an individual basis. The remaining supervision hours are provided on a group basis. Interns generally receive more than the required four hours of supervision per week.

- **Professional development:** Beyond training and experience in treatment and assessment, interns participate in seminars, workshops and supervision to assist their development as well-rounded professionals. Interns present a one hour seminar to hospital staff members about their dissertation research or another area of clinical interest. The presence of a large staff of psychologists provides ample exposure to a variety of professionals in the field allowing the intern to develop his or her unique professional identity.

Policy

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

- American Psychological Association Standards of Accreditation
- APPIC membership requirements
- APPIC guidelines for intern selection
- DSH-Atascadero Internship Handbook
- DSH-Atascadero Hospital Operating Manual

Quality Control

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

Evaluation of intern performance

- Triannual written evaluations by supervisors
- Panel reviews of intern psychological evaluations (three times a year)
- Mock trials in forensic seminar
- Evaluations of intern performance at six and twelve months with written feedback to intern's graduate program.
- Monthly meetings for preceptors and rotation supervisors
- Ongoing evaluation in individual and group supervision sessions

Programmatic evaluation

- Survey of intern alumni
- Written evaluations by interns at six and twelve months

- Monthly Internship Committee meetings
- APA annual reports and periodic site visits

B. Intern Activities

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

Orientation

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

Rotations

Interns participate in two four-month rotations on selected treatment units, during which the intern spends three days per week on the unit to which he or she is assigned and participates in most of the activities taking place. The psychology intern plays a significant role in diagnosis, treatment, and disposition recommendations as they work with the treatment team. In group therapy, the intern works with a co-therapist and has exposure to various therapeutic modalities. Although the intern rotates through treatment units, it is expected that they will carry at least one long-term therapy case over the course of the year as well as other short-term cases. The intern spends a portion of time consulting with unit staff and assists in varied facets of patient treatment and evaluation. While completing the two treatment unit rotations, interns participate in a concurrent 12-hour-per-week Forensic Services Rotation in which they conduct forensic interviews and write shadow forensic reports, and can observe board of parole hearings, involuntary medication hearings, and court trials for hospitalized patients. Interns complete a three-and-a-half-month full time rotation on an admissions unit, where they are involved in conducting standardized admissions evaluations on patients new to the facility and follow up focused psychological evaluations as indicated.

Psychological Evaluations

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

- Six integrated psychological assessments involving psychological testing
- One Psychopathy Checklist-Revised (PCL-R) report
- One behavioral analysis and written behavioral treatment plan

- Three Offender with Mental Health Disorder forensic reports
- Two Competency to Stand Trial forensic reports
- One Not Guilty by Reason of Insanity related evaluation
- One additional forensic evaluation of the intern's choice

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

Seminars

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

- Individual Differences and Diversity: This seminar is designed to further develop awareness and skills in the provision of culturally competent psychological services.
- Psychopathy and Violence Risk Assessment: Interns are provided an overview of strategies for violence risk assessment and trained in the administration and scoring of the PCL-R and HCR-20v3.
- Forensic: The forensic seminar addresses a broad range of psycho-legal issues encountered at DSH-Atascadero. The relevant empirical research, ethical principles, statutory and case laws, and evaluation procedures will be reviewed. Interns will learn clinical techniques to increase their effectiveness in communicating psychological evaluation results to the legal system.
- Ethics and Scientific Practice: This seminar is designed to review ethical standards in the context of work in a forensic setting and to explore current literature regarding empirically validated treatments and issues relevant for clinical and forensic practice.
- Professional Issues: This seminar is designed to cover topics to help prepare the intern for working in a variety of job settings. Selected topics include: thriving in an administrative bureaucracy, employment opportunities for forensic psychologists, developing a private practice, American Board of Professional Psychology certification, and licensing requirements/exam preparation.

Tutorials

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

- Malingering assessment
- Violence risk assessment with the HCR20 v3
- Cognitive Rehabilitation
- Dialectical Behavioral Therapy (DBT)
- Cognitive Behavioral Therapy for Psychotic Symptoms (CBTp)

Peer Supervision

In the fall, interns attend a full-day training on Clinical Supervision presented by an expert in this area. Previous trainers have included Drs. Michael Ellis, Carol Falender, Nicholas Ladany, and Edward Shafranske. They subsequently provide group supervision to psychiatric technician students once a month during their four-month clinical block. Interns facilitate role-playing patient interactions and responding to clinical vignettes to prepare the psych tech trainees for a brief interview with a patient, and then they provide feedback to the trainees after the clinical interview. Additional supervision exercises are offered during group supervision with the internship director.

Training in Individual Differences and Diversity

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

Supervision

Interns benefit from having a number of supervisors. At the outset of training, the intern, in conjunction with the internship director, selects a preceptor from among the list of interested psychologists. The preceptor serves as a mentor who meets weekly with the intern for the entire year. The intern plays an active role in selecting his/her unit rotation supervisors. Rotation supervisors are responsible for the intern's clinical activities on the unit. Interns are also assigned an individual therapy supervisor, who specifically supervises long-term individual therapy case(s) and can utilize in vivo observation as well as digital audio recordings of therapy sessions to provide feedback to interns. Additional supervision is provided as part of the intern's participation in the forensic rotation, seminars, and tutorials.

Frequently Asked Questions:

- 1) *Are there any opportunities for an intern to conduct research at DSH-Atascadero?*

All interns are required to present a one-hour seminar to hospital staff on their dissertation or another area of clinical research. Interns may participate in research or ongoing program evaluation, as available. However, opportunities for interns to conduct research at the hospital are *extremely limited*.

2) *Can an intern obtain experience conducting neuropsychological assessments?*

There is very limited opportunity for interns to perform comprehensive neuropsychological testing with patients in our facility. There is no formal neuropsychological rotation, and cognitive testing is typically not included in our forensic reports. Interns regularly administer measures in a cognitive screen as part of our admission psychological assessments. However, full neuropsychological assessments, when needed, are referred to our two neuropsychologists. The neuropsychologists are available to supervise a tutorial, which is a circumscribed didactic/experiential learning experience (15-20 hours) in which you could complete *one comprehensive neuropsychological report*. If you are interested in pursuing neuropsychology as a specialty area, you will not get adequate exposure in this program.

3) *Are there opportunities to conduct sex offender treatment?*

A tutorial provides exposure to the sex offender treatment program, known as Cognitive Behavioral Interventions. This program offers a strength-based treatment incorporating aspects of the Good Lives Model and the Self-Regulation model of sex offender treatment. Interns are provided with literature regarding sexual risk assessment, sex offender treatment, assessment of treatment completion, and provision of sex offender treatment to different populations (e.g., intellectually disabled, psychopathic), which is discussed in supervision. Once familiar with the literature, interns can observe an interview to determine the patient's sexual treatment needs and they can participate in a sex offender treatment group and learn about sexual risk assessment tools such as the Stable-2007 (dynamic risk), Violence Risk Scale – Sex Offender Version (static and dynamic risk), the Static-99R (static risk), and the Multiphasic Sex Inventory, Second Edition. This is a great opportunity to receive an overview of what is entailed in providing sex offender treatment to a forensic mental health population.

4) *As a bilingual Spanish-English speaker, I am wondering if there are any opportunities to conduct therapy or perform assessments in Spanish?*

Yes. There is a sizable population of monolingual Spanish-speaking patients, as well as patients who prefer to speak in Spanish despite having proficiency in English. Bilingual interns who express interest in doing so, have been offered opportunities to conduct therapy with monolingual Spanish patients, serve as interpreter during clinical interviews and psychological testing, and engage in supervision in Spanish.

5) *What is the nature of the forensic evaluations conducted by interns?*

Interns regularly author internal forensic evaluations for patients. Interns are expected to conduct violence risk assessments of patients on their assigned units, which are used to identify risk and protective factors as well as management strategies to be implemented within the hospital. Interns can

expect to conduct between nine and 18 violence risk assessments over the course of the year. Interns also have the opportunity to conduct competency to stand trial evaluations, which address the psycho-legal issues of whether the patient has a factual and rational understanding of the charges and legal proceedings, and the capacity to rationally cooperate with an attorney. These reports are actively used to measure patient progress in the treatment program. Interns can expect to conduct between six and 22 competency to stand trial evaluations, depending on unit assignment.

During the Forensic Services Rotation, interns are required to complete three types of forensic evaluations: Competency to Stand Trial (2), Offender with Mental Health Disorder (3), and Not Guilty by Reason of Insanity (1). These reports are for training purposes only, and do not affect patients' legal outcomes. This approach has several benefits. At DSH-Atascadero, psychologists who work in the Forensic Services Department complete all of the court-ordered forensic evaluations for over 1,000 patients across the hospital. They often have to complete these evaluations within very short timeframes. As psychology interns are managing responsibilities on their assigned treatment unit rotation at the same time as they are conducting forensic evaluations, the program seeks to alleviate any additional pressure to complete the report on such a short time table. While there are still deadlines for shadow forensic evaluations, this allows us to create more reasonable expectations and to be flexible, if needed. The work flow is identical in a shadow report, meaning interns have the opportunity to review records, conduct patient interviews, consult with treating staff, and write evaluations answering various psycho-legal questions; however, the intern report is not submitted to the court. As OMD law is specific to California and most interns won't have prior experience completing this type of forensic evaluation, the shadow report provides a structured training experience with low stakes while the intern is learning how to address OMD criteria.

Additionally, this provides trainees the chance to develop and refine their own writing style. Interns are encouraged to come to their own conclusions, even if they differ from their supervisor's conclusions, as long as their opinions are well-justified. All forensic reports authored by interns (shadow reports and internal forensic reports) can certainly be listed among their training experiences. In fact, interns have successfully obtained forensic postdoctoral fellowships when including these forensic evaluations in their applications.

This combination of internal and shadow forensic evaluations is consistent with the program's aim to train practitioners who are competent to perform forensic evaluations with a range of psycho-legal questions and supports the program's commitment to training as the primary responsibility. When developmentally appropriate, typically later in the year, interns may be eligible to complete a forensic report as one of their tutorials. This report would be submitted to the

Board of Parole Hearings and the intern would have the opportunity to testify on their psycho-legal opinion.

6) *What is the Enhanced Treatment Program and what sets it apart from other state hospital treatment settings?*

The Enhanced Treatment Program (ETP) is a 4 year pilot driven by Assembly Bill 1340. The ETP is designed to provide enhanced treatment in a secure setting for patients at the *highest risk of most dangerous behavior*. The ETP is intended to provide increased therapy opportunities within a structured, but least restrictive environment. The ETP is to be utilized when safe treatment is not possible in a standard treatment environment. The basis for the ETP philosophy is trauma-informed care, positive psychology, unconditional positive regard, and a transdisciplinary approach. DSH-Atascadero is the only California state hospital offering an ETP for male patients. As of September 2021, there is one ETP unit with the ability to treat thirteen male patients and construction is underway for two additional units. Some differences between the ETP and other DSH-A treatment units are increased clinical, line of care, and security staffing, reduced patient census, and physical modifications to unit structure.

Sample Schedules

Interns are encouraged to individualize their training experience. Each intern can take advantage of different training opportunities, as demonstrated by the diverse schedules below.

	Intern A	Intern B	Intern C	Intern D
Treatment Unit Rotation #1	OMD and NGI Unit	Competency Restoration Unit	OMD and NGI Unit	Mentally Ill Inmates
Treatment Unit Rotation #2	Enhanced Treatment Unit	Mentally Ill Inmates	Competency Restoration Unit	OMD and NGI Unit
Admission Unit Rotation	Primarily IST patients	Mixed Commitment Codes	Mixed Commitment Codes	Primary IST patients
Tutorial #1	Malingering Assessment	Dialectical Behavioral Therapy (DBT)	Violence Risk Assessment with HCR-20v3	Substance Abuse Treatment
Tutorial #2	Neuro-psychological Assessment	Sex Offender Treatment	Court Report and testimony	Cognitive Behavioral Therapy for Psychosis (CBTp)

C. Facility Resources

Interns have a shared office in the hospital and typically share office space on the unit, during unit rotations, with their supervisor or other professional staff. Office space within the secure area is limited and thus varies from unit to unit. Interns receive a laptop computer and have access to a docking station and dual monitors in their office. Interns have use of the hospital voicemail system. The hospital's professional library is a valuable resource for interns. If the library does not carry the desired material, they can be obtained by the library through the interlibrary loan system. The administrative professional assigned to the department arranges for computer permissions and processes intern's pay. The hospital's personnel department manages all employee benefits for interns as well as psychologists.

Intern files for the most recent seven years are maintained in a locked file in the Intern Director's office. Files from previous years are maintained in the psychology department's section of a locked file room in the hospital basement. Beginning with the 2017-2018 cohort, the Internship Director has maintained both paper and electronic records for all interns.

D. Psychology Department

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

E. Training and Professional Development

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

F. COVID-19 Precautions and Modifications to the Training Program

Due to the COVID19 pandemic, modifications have been put into place to ensure the safety of staff and patients while also continuing to meet the training needs of interns and the goals of the internship. DSH-Atascadero takes infection control very seriously. Since the beginning of the pandemic, the hospital has instituted mandatory daily screening, use of masks, and vaccination; regular COVID testing, unit quarantines as needed, and limiting patient treatment activities to those offered on the unit. So far, these measures have been successful at limiting the spread of COVID. As cases wax and wane across the nation, in California, and even in our small county, we have remained vigilant about ways to manage the pandemic to protect staff and patients, alike. As of 7/23/21, there are no modifications to the training program. Previous changes (e.g., attending seminars and supervision via video conference) may be reinstated if deemed warranted based on COVID-19 prevalence in the hospital.

IV. INTERNSHIP ADMISSIONS

A. Internship Program Admissions (updated on 7/20/21)

Internships are offered for fourth and fifth year students enrolled in accredited doctoral programs in clinical or counseling psychology who have completed course work and doctoral level clinical practica in intervention and assessment. Specifically, the program requires that applicants have received a minimum of 500 direct contact intervention hours and 150 direct contact assessment hours at the time of application.

Intern applicants are required to have their qualifying examinations complete and dissertation proposals approved prior to application. Preference is given for candidates who will have their dissertations completed prior to the start of internship. Enrollment in an APA accredited program is strongly preferred. The internship is designed for the student seeking forensic training within a program that provides a broad-based clinical training experience. Some experience in forensic psychology is necessary.

B. Applications and Intern Selection

All application information included in this brochure can also be found on [the hospital's website](#).

Questions may be directed to **Phylissa Kwartner** at Phylissa.Kwartner@dsh.ca.gov

Applications must include:

- 1) The APPI online application which can be found [on the APPIC website](#)
- 2) Three letters of recommendation

3) Supplemental materials including:

- A sample de-identified integrated evaluation report including psychological testing and interpretation.
- **Per rules set by the California State Personnel Board, all applicants must submit a [standard State of California application \(Std 678\)](#)**
This application should be completed online and sent to Phylissa.Kwartner@dsh.ca.gov by the November 1st application deadline. Std 678 is not to be uploaded with the APPI. APPIC has approved the use of the Std 678 as an additional document for California Department of State Hospital internships. Please remember to sign this document before scanning and sending it to the internship director. *Apple Computer users should note that you may need to complete, print and then scan the form to submit. Some Apple users have found that even though the form appears complete on their computer, when e-mailed the completed form is sent blank. Don't forget to sign the document before sending it.*
- Applicants from doctoral programs in Counseling psychology must also submit a letter from the Director of Clinical Training delineating how the coursework is equivalent to that of a Clinical psychology graduate program. This letter should be emailed to Phylissa.Kwartner@dsh.ca.gov by the November 1st deadline.

Completed applications must be received by November 1st of the year prior to the year the internship is to begin. Department of State Hospitals-Atascadero is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). As an APPIC member, the training program observes the guidelines regarding timing of internship offers and acceptance adopted by APPIC. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. The APPIC application for Psychology Internship and the APPIC Match Program Policies and Procedures can be found on [APPIC website](#).

Incomplete applications and applications that do not document the required minimum criteria described above will not be reviewed.

DSH-Atascadero is retaining a virtual interview process. The most competitive candidates will be invited to participate in a video-conference interview conducted via WebEx throughout January. Applicants will be emailed a link prior to their interview date to allow them to log in to the interview. Please expect to have your photograph taken during the interview; we utilize candidate photos as a memory aid. Following the interviews, a virtual open house will be offered in which the internship director will provide an overview of the training program, and applicants will have an opportunity to meet several supervisors as well as the current interns. A virtual tour of DSH-Atascadero is available on the [DSH-Atascadero Psychology Internship's website](#).

Following the submission of the standard State of California application (Std 678), all applicants will receive notification from Department of State Hospitals regarding whether you passed an examination with a ranking number. This letter is not reflective of the internship's interest in you or your APPIC ranking. It is a necessary element of the state hiring process.

Department of State Hospitals-Atascadero is an equal opportunity employer. The hospital is seeking interns with the education, training, and background to work with a culturally diverse patient population. The psychology internship program is committed to maintaining and enhancing the diversity of our training program. 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, gender identity, socioeconomic, and geographical backgrounds are strongly encouraged to apply.

C. Employment Eligibility

Interns must successfully complete/pass the required health and drug screenings, and security clearance prior to being employed.

Medical determination of a person's suitability for hire shall be based on an appraisal of the applicant's ability to safely and efficiently perform the essential functions of the position for which the applicant has applied (Administrative Directive 916).

All applicants are required to complete and pass a pre-employment drug test, which screens for Amphetamines and Methamphetamines, Cocaine, Marijuana/Cannabinoids (THC), Opiates (narcotics), and Phencyclidine (PCP). (Administrative Directive 916.1).

Interns must undergo fingerprinting and pass a criminal background check prior to being employed. For more information about the hospital policy guiding such determinations see [Special Order 407.03](#).

GEOGRAPHICAL INFORMATION

Department of State Hospitals-Atascadero is situated on the Central Coast of California in a semi-mountainous area just a few miles east of the coastal range. A wide variety of scenic, sporting, and entertainment activities are within easy reach. San Francisco and Los Angeles are each about 225 miles away. San Luis Obispo, 16 miles south, is a community of nearly 50,000 and is the major shopping area and the location of many musical and cultural events. Ten miles south of San Luis Obispo are Avila Beach and Pismo Beach, which offer the best swimming beaches on the Central Coast. Twenty miles west of Atascadero are Morro Bay and Hearst Castle at San Simeon. Continuing northward is the beautiful Highway 1 "Big Sur" coastal route to Carmel-Monterey, which has some of the most scenic vistas in California.

v. CONTACT INFORMATION

For further information please contact:

Phylissa Kwartner, Ph.D.
Psychology Internship Director
Department of State Hospitals-Atascadero
10333 El Camino Real
Atascadero, CA 93423
Phone: (805) 468-3663
Fax: (805) 468-2918
E-mail: Phylissa.Kwartner@dsh.ca.gov

Please visit the [Department of State Hospitals-Atascadero website](#).

To request an Applicant Agreement Package for the APPIC matching program contact [National Matching Services](#).

To request an APPIC Application for Psychology Internship contact [APPIC](#).

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

VII. CURRENT and PRIOR INTERNS

2021-2022 PSYCHOLOGY INTERNS

Robert Craig
Steven Steinert
Fuller Graduate School of Psychology
Eastern Michigan University

2020-2021 PSYCHOLOGY INTERNS

Jessica Duncan
Brenna Giordano
Jenna Kilgore
Daniel Lizotte
University of South Alabama
Palo Alto University, California
Mississippi State University
Palo Alto University, California

2019-2020 PSYCHOLOGY INTERNS

Noelle Mathew
Raquel Morson
Alexis Smith
Palo Alto University, California
Palo Alto University, California
Xavier University, Ohio

2018-2019 PSYCHOLOGY INTERNS

Amanda Bryant
Heidi Haenish
Melissa Kurkoske
Maribel Leon
University of Denver, Colorado
University of Toledo, Ohio
Pacific University School of Graduate Psychology, Oregon
Pepperdine University, California

2017-2018 PSYCHOLOGY INTERNS

Robert Cosby
Joel Frank
Evan Lima
Rosa Viñas-Racionero
Pacific University School of Graduate Psychology, Oregon
Chicago School of Professional Psychology, Chicago
Loma Linda University, California
University of Nebraska, Lincoln

2016-2017 PSYCHOLOGY INTERNS

Rebecca Aponte
Travis McGee
Christopher Webb
Hayley Wechsler
Colorado State University
Palo Alto University, California
Mississippi State University
Sam Houston State University, Texas

VIII. PSYCHOLOGY STAFF AND AREAS OF INTEREST

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

*Henry Ahlstrom, Ph.D.

Alliant International University- San Diego, 1994.

Maharishi University of Management, 1991.

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

*Rebecca Aponte, PhD

Colorado State University, 2017

Forensic psychology, malingering, personality disorders, psychopathy, social justice

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

University of Nevada-Reno, 1995

Neuropsychology, Geropsychology

*Kathleen Bono, Psy.D.

Azusa Pacific University, 2014

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

*Michael A. Bormacoff, PsyD

Azusa Pacific University, 2018

Risk Assessment, Cognitive-Behavioral Therapy, Competency to Stand Trial,
Developmental Disability

*Ismael Calderon, Ph.D.

California School of Professional Psychology – Fresno, 2001

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

*Tzu-Chen Cheng, Psy.D.

Phillips Graduate Institute, 2009

Supervision, Trial competency and malingering assessment, diversity and cultural
issues

*Kavita Kishore Chowdhary, Ph.D.

University of Massachusetts - Amherst, Postdoctoral Respecialization, 2010

Psychological Assessment, Violence Risk Assessment, Cognitive Rehabilitation, Gender Identity Development.

*Karen Cooper, Ph.D.,
Carlos Albizu University, Miami, Florida, 2002
Correctional Psychology, Female Offender Issues

*Arlene Cruz, Psy.D.
Pepperdine University, 2009
Analytic psychotherapy, Substance Abuse Treatment, multicultural issues, learning disorders and mindfulness-based techniques.

*Sona Davenport , Ph.D. RYT
Pacific Graduate School of Psychology, 2000
Treatment of severely mentally ill inmates; individual and group therapy; Stress Management; Yoga for emotional balance.

*Arron Dehod, Ph.D.
California School of Professional Psychology-Fresno, 2005
Brief Cognitive Behavioral Therapy with College population, Integrative approaches to the treatment of mental illness.

Melissa DePoorter, Ph.D.
Fielding Graduate University, 2020
Substance Use Disorders and Treatment, Child Abuse and Neglect, Psychodynamic Therapy, and Dialectical Behavior Therapy in forensic settings.

*Theresa A. Fraser, Ph.D.
Sam Houston State University, 2015
Forensic Assessment; Research interests include juvenile substance abuse and issues related to juvenile forensic evaluation

Sarah Gallup, Psy.D.
George Fox University of Professional Psychology, 2020
Suicide Risk Assessment; Psychodiagnostic Assessment; LGBTQ+ Issues; Religion/Spirituality Issues; ACT for Psychosis

*Amy Garcia, Psy.D.
Florida Institute of Technology, 2016
Sexual offender assessment and treatment; Violence reduction; Trauma-Informed Care; Cognitive-Behavioral Therapy; Humanistic/Existential Therapy; Treatment and Assessment of Severe Mental Illness

*Caroline Goldsmith, Ph.D.

Sam Houston State University, 2016

Assessment, Malingering, Personality Disorders, Psychopathy, Suicide/Self-Harm, Trial Consultation

*Pilar Gonzales, Ph.D., Senior Psychologist Supervisor

Temple University, 2008

Treatment of high-risk behaviors, behavioral techniques, individual therapy, EMDR, staff wellbeing and professional development

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

Widener University, Widener University, School of Law, 2012

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

*Heidi Haenisch, Ph.D.

University of Toledo, 2019

The implementation and research of mindfulness-based treatments in forensic settings, sex offender-specific treatment and assessment, violence risk assessment, psychodiagnostic evaluations, and the treatment of high-risk patients with severe mental illness

*Michaela Heinze, Ph.D.

Ohio University, 1994

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

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

University of Denver, Graduate School of Professional Psychology, 1999

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

*Jenna Jones, Ph.D.

Alliant International University, 2010

Forensics, Sexual Violence Risk Assessment, Trauma, Attachment, Psychopathy, and Supervision

*Jacqueline King, Psy.D.

Kean University, 2014

Psychological Testing, Evaluation of Competency, Malingering Assessment, and Acceptance & Commitment Therapy.

*Ana Kodzic, Ph.D.

California School of Professional Psychology, Alliant University-San Francisco, 2009
Severe Mental Illness, Recidivism, Cultural Competence

*Phylissa Kwartner, Ph.D., Psychology Internship Director, Chief of Professional Education

Sam Houston State University, 2007

Violence Risk Assessment and communication to legal decision makers, Malingering, Expert Witness Testimony, and Cognitive-Behavioral Therapy for Psychotic Symptoms

*Alyson Madigan, Psy.D.

The Wright Institute, 2014

Alzheimer's Disease (various forms of dementia), neuroscience, late life grief/loss/regret, trauma

*Benny R. Martin, Ph.D.

University of California, Santa Barbara, 2004

Dialectical Behavior Therapy, Cognitive Behavioral Therapy, Multicultural Supervision and Training, Personality Disorders, Motivational Interviewing, Post-traumatic Stress disorder and Substance Abuse Treatment utilizing Seeking Safety Protocol

*Brandi Mathews, Psy.D.

Forest Institute of Professional Psychology, 2006

Detection of Malingering; Personality Assessment; Mental Health Law; Mentally Disordered Offender Forensic Evaluations; Expert Testimony

*Christine Mathiesen, Psy.D., ABPP(CN); Director, Centralized Psychological Assessment

University of Hartford, 2000

Clinical neuropsychology; cognitive training/rehabilitation; meditation.

*Travis McGee, Ph.D.

Palo Alto University, 2017

Forensic Evaluations, Violence Risk Assessment, Malingering Assessment, Psychological/Cognitive Assessment, Mental Health Law, Expert Testimony

*Cindy Mitchell, Ph.D.

Fielding Graduate University, 2012

Forensics, Sex Offender Treatment, Psychopathy, Personality Disorders, CBT, Mindfulness, Mind-Body Connection, Assessment and Treatment of Violence, Attachment Disorders

*Joseph Morrow, Jr., Psy.D.
Loma Linda University, 2010

Attachment Theory, Individual therapy aimed at violence reduction, and trauma.

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

*Gina Najolia, Ph.D., J.D.
Louisiana State University, Clinical Psychology: Ph.D. (2013), M.A. (2010)
Harvard Law School: J.D. (2002)
Competency restoration, cognitive behavioral therapy for psychosis

*Jaclyn Neddenriep, Psy.D.
University of Denver, 2019
Acceptance and Commitment Therapy, Forensic Assessment, Sex Offense Treatment, and Trauma

Laura Pedersen, Psy.D.
The Chicago School of Professional Psychology in Irvine, CA, 2020
Animal Assisted Therapy and Psychogenic Polydipsia; Treatment Pertaining to Sexual Crimes; Rorschach (RPAS); Projective Measures

*Amy B. Percosky, Ph.D.
Sam Houston State University, 2015
Assessment: admissions, diagnostic clarification, malingering; Brain Fitness group

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

*Katherine Price, Ph.D.
Pacific Graduate School of Psychology at Palo Alto University, 2016
Suicide, Gender Studies, Substance Use, and Trauma

*Jennifer Rabelo, Psy.D.
California School of Professional Psychology, San Diego, 2017
Severe and Persistent Mental Illness with focus on suicidality, personality disorders, and thought disorders, Suicidality and trauma; Impact of sports-related concussions on depression and suicidality; Effectiveness of current personality assessment measures in identifying malingering

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

*Cynthia Sailors, Psy.D.
The Wright Institute, 2010
Forensics, Sex Offender Treatment, Mindfulness, Group Process, Psychodynamic
Theory

*Willow Saloum, Psy. D.
Minnesota School of Professional Psychology - Argosy University, 2012
Positive Psychology, Gender Dysphoria, Sex Offender Treatment

*Alison Sanders, Psy.D.
JFK University, 2016
Juvenile and Adult Forensic Evaluations; Sex Offender Treatment; Psychological
Assessment

*Michael Scherbinski, Ph.D.
California School of Professional Psychology 2007
Peak performance and sports psychology

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

*Jana Slezakova, PsyD
The Wright Institute, 2017
Cognitive, Neuropsychological and Personality Assessments, Violence Risk
Assessment, Psychopathy, Personality Disorders, and Complex Trauma

Alexis Smith, Psy.D.
Xavier University, 2020
Dialectical Behavior Therapy, Trauma treatment, Diversity and cultural issues

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

*Kathleen Trotta, Psy.D.
Regent University, August 2019
LGBTQ Mental Health, DBT, Multicultural Competence, and Mindfulness

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

*Christopher Webb, PhD
Mississippi State University, 2017
Psychological and Personality Assessments, Cognitive-Behavioral and DBT-Informed Interventions, Clinical Decision-Making Research, Predictive Validity and Reliability of Violence Risk Assessments, LGBTQ Issues

*Hayley Wechsler, Ph.D.
Sam Houston State University, 2017
Clinical Assessment, Forensic Evaluation, Wrongful Convictions, CBT-P, Firearm-Related Issues

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

*Jirina Zahradnickova, Psy.D
Argosy University-Bay Area, 2007
START NOW, complex trauma, yoga for trauma, cognitive and personality assessment