



California Department of
State Hospitals

DSH-METROPOLITAN

NORWALK, CALIFORNIA

**PSYCHOLOGY DOCTORAL
INTERNSHIP MANUAL**

2022-2023

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PSYCHOLOGY SERVICES
PSYCHOLOGY DOCTORAL INTERNSHIP PROGRAM

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PSYCHOLOGY DOCTORAL INTERNSHIP MANUAL

2022-2023

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2022-2023

Thank you for your interest in the Clinical Psychology Doctoral Internship program at DSH-Metropolitan (DSH-M). This manual was created to provide clear and meaningful guidelines to interns and applicants about DSH-M and our Clinical Psychology Doctoral Internship Program. In an effort to ensure a uniform standard of quality training, psychology interns will be expected to complete the minimum requirements outlined in the manual. Clinical and administrative forms described in this manual will be used by interns for their designated purposes during the internship year. Please note that this manual is subject to revisions at any time. Interns will be informed of any significant revisions in a timely manner. As this manual is not all encompassing, interns are encouraged to contact the Training Director with any questions regarding our internship program.

DESCRIPTION OF THE HOSPITAL

DSH-M is located in the suburban community of Norwalk and is approximately fifteen miles southeast of downtown Los Angeles. DSH-M is a state psychiatric facility serving approximately 700-800 Individuals and has been in operation since 1916. The fall of 2022 begins our 74th consecutive year of Psychology Intern training and continues our tradition of providing quality clinical training for students interested in serving patients with severe and persistent mental illness.



Photo by James Park

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Treatment Model

The California Department of State Hospitals uses a Recovery philosophy of care and a Psychosocial Rehabilitation model of service delivery. The care and treatment provided are guided by evidence-based practices and tailored to meet the unique needs and strengths of each patient. Every patient served by the hospital is encouraged to participate in identifying his or her needs and goals, and in selecting appropriate therapeutic and rehabilitation service interventions. These services and supports are designed to assist the patients in meeting their specific recovery and wellness goals, in a manner consistent with generally accepted professional standards of care.

Services at DSM-M are primarily provided by a multidisciplinary team of psychologists, social workers, psychiatrists, rehabilitation therapists, psychiatric technicians, and registered nurses that collaborate to serve the needs of the patients. Specialty services also play an integral role in patient recovery and include, but not limited to, physical therapists, occupational therapists, speech therapists, neurologists, cognitive rehabilitation psychologists, and neuropsychologists.

The Patients

At the time of this writing, DSH-M serves over 700 adult patients who exhibit a wide range of severe mental disorders, personality disorders, substance abuse histories, and neuropsychological deficits. DSH-M houses both male and female patients, with 25-40% of our patient population being female at any given time. Our patient population is also ethnically and culturally diverse. Approximately 28% of the hospital population is African American, 5% Asian/Pacific Islander, 28% Caucasian, and 37% Hispanic/Latino, with the balance from other cultures.

DSH-M is a locked psychiatric hospital and primarily houses individuals who are committed under various penal code commitments. The most common legal commitment types are Incompetent to Stand Trial (IST), and Conservatorship based on grave disability.

The table below provides a brief description of the most common legal commitment issues for DSM-M 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. Maximum commitment of three years.
PC 1370.01 (MIST)	Incompetent to Stand Trial on misdemeanor charges. Maximum commitment of one year
PC 1372(e)	Competent to stand trail but requiring continued inpatient

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	treatment for duration of court proceedings.
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CIVIL COMMITMENTS	
WIC 5353 (TCONS)	Temporary conservatorship pending determination of permanent conservatorship.
WIC 5358 (CONS)	Permanent conservatorship for grave disability. Renewed annually.
WIC 6000	Voluntary admission
WIC 5008(h)(1)(b)	“Murphy” conservatorship. Patients previously committed under PC 1370 with felony criminal charges but remain incompetent after three year maximum. Charges have not been dismissed and patient is still considered dangerous. Renewed annually.

Program Descriptions

The hospital is organized into criminal-commitment (forensic) programs, Lanterman-Petris-Short (LPS) conservatorship/civilly committed programs, and a skilled nursing facility (SNF) program. The programs are comprised of multiple treatment units that vary in specific services due to patient age groups, level of care, and treatment needs. The forensic programs primarily treat patients who have been deemed Incompetent to Stand Trial (IST). The civil programs are dedicated to civilly committed patients with severe and persistent mental illness. There are also units dedicated to patients who are medically fragile and require Skilled Nursing services.

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The 2022-2023 Internship year at DSH-M begins September 1, 2022 and is a one-year, full-time program ending on approximately August 31, 2023. The Internship Program is coordinated and directed by the Training Director under the leadership of the Senior Psychologist Supervisor and the Chief of Psychology. Interns engage in a wide variety of services, including conducting individual and group psychotherapy and skills training; cognitive and neuropsychological assessments; psychological, personality, and functional behavioral assessments; developing, implementing, and monitoring behavior plans; and providing clinical consultations to patient Treatment Teams.

APPIC Membership Status

DSH-M is a participating member of APPIC, participates in the APPIC Match, and adheres to APPIC Match Policies.

Accreditation Status

The DSH-M Doctoral Psychology Internship Program was granted accreditation by American Psychological Association's Commission on Accreditation with an effective date of October 28, 2018.

Questions specifically related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation

American Psychological Association
750 First Street, NE, Washington, DC 20002-4242
Phone: (202) 336-5979
Email: apaaccred@apa.org

Questions about the DSH-M training program may be directed to the Training Director, Cindy M. Huang, Ph.D.:

DSH-Metropolitan
Psychology Doctoral Internship Program
11401 Bloomfield Avenue
Norwalk, CA 90650
Phone: (562) 367-3773
Email: cindy.huang@dsh.ca.gov

Integration of Psychology Training with other Disciplines

An important aspect of using a person-centered approach within a multidisciplinary therapeutic and rehabilitation setting is the integration of discipline-specific assessments and services. DSH-M strives to ensure that each therapeutic and rehabilitation service plan integrates and coordinates all services, supports, and treatments for the patient in a manner specifically responsive to the plan's therapeutic and rehabilitation goals. Patients are educated regarding the purposes of their treatment, rehabilitation and enrichment services.

Psychology interns work with interdisciplinary staff and receive didactic training from representatives of other disciplines. Psychology interns participate in on-going training of various disciplines and act as co-providers with all disciplines in patient treatment groups. As part of their required rotations, psychology interns also consult with and provide training for interdisciplinary staff.

Interns have the responsibility to complete requirements of their graduate programs and the state licensing board for training according to their professional standing. In addition, all psychologists, interns, and practicum students have a responsibility to educate themselves and maintain competency according to current acceptable standards of care in provision of psychological services.

Training Philosophy

The Clinical Psychology Doctoral Internship Program supports the overall mission and vision of DSH-M to work in partnership with patients to assist in their recovery by using rehabilitation services as our tool, thus preparing them for community living. The aim of the program is to provide training for interns in the provision of evidence-based, culturally competent therapeutic and rehabilitation services. The guiding framework of our training program is that of the Local-Clinical-Scientist model, which places a greater emphasis on evidenced-based and scholarly informed practice. Under this framework, psychologists incorporate empirical data with clinical wisdom and an awareness of the unique concerns of the population to guide the selection of interventions.

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Training Objectives

The primary objectives for the training of clinical psychology interns include achieving competency in the following areas:

1. Knowledge and skills in the philosophy and techniques of the Psychosocial Rehabilitation and Recovery models.
2. Skills in psychological assessment to assist in treatment planning, including cognitive assessment, diagnostic assessment, personality assessment, risk assessment, and functional behavioral assessment.
3. Skills in providing evidence-based interventions for group and individual therapy.
4. Advance treatment planning skills by working with a multidisciplinary Treatment Planning Team.

Core Competencies

Interns are expected to participate in a range of training rotations and assignments, regardless of the areas or populations they identify as their focus. DSH-M's training program strives to align with the Required Profession-Wide Competencies in health service psychology as set forth by the APA. By the end of the internship year, each intern will be expected to demonstrate competencies in the following areas:

- I. Research
- II. Ethical and legal standards
- III. Individual and cultural diversity
- IV. Professional values, attitudes, and behaviors
- V. Communication and interpersonal skills
- VI. Assessment
- VII. Intervention
- VIII. Supervision
- IX. Consultation and interprofessional/interdisciplinary skills

More information regarding the APA's Implementing Regulations relating to the Standards of Accreditation can be found at:

(<http://www.apa.org/ed/accreditation/section-c-soa.pdf>)

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Intern Rotations

Interns will have the opportunity to take part in two, sixth-month rotations at DSH-M. These rotations may include assignment to an LPS (civil commitment) unit, Forensic (criminal commitment) unit, and/or an off-unit rotation in Neuropsychological Assessment, or Psychological Assessment.

LPS Unit Rotation (Male, Co-Ed, or DBT)

These units include patients admitted through civil commitment codes (Welfare and Institutions Code). The population is typically comprised of individuals presenting with treatment resistant Schizophrenic spectrum and mood disorders, severe personality disorders, dual diagnosis, cognitive disorders and/or intellectual impairment. Some patients also exhibit persistent dangerous and/or self-injurious behavior.

Interns assigned to LPS units will have the following responsibilities:

- Carry a patient caseload and be fully involved in all aspects of the treatment for those patients.
- Attend Morning Report on their unit each day, which provides interns the opportunity to learn how the unit functions and to stay informed of unit and patient reports.
- Attend Treatment Planning Conferences and be a member of the interdisciplinary team involved in their assigned patients' treatment.
- Provide individual and/or group therapy
- Admission assessments
- Cognitive assessment, risk assessment, psychological testing, and behavioral assessment as indicated for patients on their caseload.

Forensic Unit Rotation (Male or Female)

These units include patients involved in the criminal legal system and admitted pursuant to California Penal Codes. Patients are typically found to be Incompetent to Stand Trial (IST). The focus of treatment for patients admitted as IST is to help restore their capacity to proceed and discharge to jail to resolve their legal situation. Patients on these units may suffer from Schizophrenia spectrum disorders, substance induced psychotic disorders, mood disorders, personality disorders, dual diagnoses, and cognitive and/or developmental disabilities. Some patients also exhibit behaviors that are dangerous to self and/or others.

Forensic-unit concentrations include:

- A. Male IST
- B. Female IST

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Interns assigned to Forensic units will have the following responsibilities:

- Carry a patient caseload and be fully involved in all aspects of treatment for those patients.
- Attend Morning Report on their unit, which provides interns the opportunity to learn how the unit functions and to stay informed of unit and patient reports.
- Attend Treatment Planning Conferences and be a member of the interdisciplinary team involved in their patients' treatment.
- Provide individual and/or group therapy
- Admission assessments
- Cognitive assessments, risk assessments, behavioral assessment/plans, and psychological testing as indicated for patients on their caseload.
- Violence risk assessment utilizing the VRISK-10 and HCR-20v3.
- Competency to stand trial assessments.

Off Unit Assessment Rotations

Interns assigned to an assessment rotation will primarily be responsible for completing a variety of psychological assessments throughout the hospital, which may include patients on LPS, Forensic, or Skilled Nursing Facility (SNF) units. On this rotation, interns may have the opportunity to perform admission assessments, IST screening and evaluations, suicide risk assessments, violence risk screening and evaluations, cognitive screenings, cognitive/intellectual assessments, neuropsychological assessments, malingering evaluations, and diagnostic/personality assessments. Interns will be responsible for administering, scoring, and interpreting psychological tests, addressing referral questions, and developing appropriate recommendations based on the assessment findings. Interns also will receive training in presenting these findings and recommendations to members of the Treatment Planning Team and in working with those staff members on incorporating those recommendations into the services that the patient receives.

A. Psychological Assessment Rotation

Interns on the Psychological Assessment rotation will be required to complete a total of eight comprehensive psychological reports for the rotation. There are opportunities for cognitive/intellectual assessments, malingering evaluations, and diagnostic/personality assessments. Additionally, interns will complete a minimum of three MMPI-2/MMPI2-RE/PAI's and three WAIS-IVs. Interns will also complete at least three cognitive screenings. Throughout the rotation, interns will have the opportunity to participate in at least five group therapy sessions on the units.

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Over the course of the rotation, interns will have the opportunity to address referral questions and make recommendations related to the following:

- Trial Competency
- Treatment Planning
- Differential Diagnosis
- Psychological Functioning
- Malingering Cognitive Impairment and/or Psychiatric Symptomatology

Skill Development Areas:

- Independently conduct an evaluation of psychological or cognitive functioning, including administration and scoring of standard instruments of mood, intellectual and personality functioning. Write a comprehensive assessment report, integrating data in medical records, clinical interview with the patient, and collateral sources (if available). Formulate treatment recommendations.
- Gain understanding of complex medical and psychiatric diagnoses and how to apply understanding to appropriately evaluate and treat the psychosocial needs of patients.
- Work within a multidisciplinary team setting to evaluate patients according to referral questions provided by a treatment team. Provide verbal feedback of assessment findings to the inpatient treatment team and/or patient.
- Demonstrate an understanding of, and attend to issues of, cultural and individual diversity as it applies to patients, staff, on the psychological assessment rotation. Understand the potential impact of psychological considerations and factors on a patient's behavioral, emotional, and cognitive functioning.
- Understand a variety of psychotherapeutic interventions and treatment plans (e.g., CBT, DBT, interpersonal psychotherapy, problem-focused psychotherapy, patient-centered, supportive) appropriate for implementation given the specific needs of an inpatient population.

B. Neuropsychology Rotation

Interns on the Neuropsychology rotation will be required to complete a total minimum of 8 comprehensive neuropsychological reports for the rotation. Over the course of the rotation, interns will have the opportunity to address referral questions and make recommendations related to the following:

- Trial Competency
- Treatment Planning

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- Screening for Cognitive Rehabilitation Group and/Program
- Head Injury Neuropsychological Assessment
- Differential Diagnosis of Dementia
- Geriatric Neuropsychological Assessment
- Malingering Cognitive Impairment

Cognitive Rehabilitation Opportunities

Interns on the Neuropsychological Assessment rotation will not only get experience in neuropsychological assessment, but in neurocognitive treatment as well. Interns will be assigned to individual and/or group cognitive rehabilitation treatment with patients depending on the interns' interests and current availability of training opportunities.

There are currently three main types of cognitive remediation treatment currently provided to DHS-M patients:

- (1) Cognitive remediation group treatment for IST patients: Select IST units provide cognitive remediation groups focused on improving attention, memory, executive functions, and social skills, using a variety of traditional cognitive rehabilitation activities and tasks. The goal of these groups is to improve cognition, increase patient understanding of court-related information, and helping patients gain trial competency.
- (2) DSH Cognitive Rehabilitation pilot program: DSH sponsored program with a specific six-month curriculum that includes both a computer-based cognitive skills group and social cognition training treatment group, with the focus on improving cognition, daily living skills, and reducing patient aggression.
- (3) Individualized cognitive remediation: Individuals whose cognitive impairments are not amenable to treatment in a group setting and/or require additional support are provided with individualized cognitive remediation. Treatment is typically provided in either 30 minute or 1-hour sessions on the patient's unit.

Neuropsychology Seminar

Interns in the Neuropsychology rotation are required to attend additional seminars on neuropsychological theory, research, and clinical application.

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Assessment Instruments

DSH-M has a large testing library that includes computerized scoring for numerous personality and neuropsychological measures. The following is a partial list of tests available at DSH-M and include those most commonly used by interns. While interns on various rotations have a different focus of training, interns on any rotation may use various personality, psychodiagnostics, forensic, and neuropsychological measures.

- ACS Word Choice/Effort
- ACS Test of Premorbid Functioning (TOPF)
- Adaptive Behavior Assessment Scales – 2nd Edition (ABAS-II)
- Beck Anxiety Inventory (BAI)
- Beck Depression Inventory – 2nd Edition (BDI-II)
- Beck Hopelessness Scale (BHS)
- Bender Gestalt
- Benton Facial Recognition
- Benton Judgment of Line Orientation
- Benton Visual Retention Test
- Brief Visuospatial Memory Test – Revised (BVM-T-R)
- Clox
- Cognistat
- Color Trails Test
- Competence Assessment for Standing Trial for Defendants with Mental Retardation (CAST-MR)
- Comprehensive Test of Nonverbal Intelligence – Second Edition (CTONI-2)
- Delis-Kaplan Executive Function System (D-KEFS)
- Dementia Rating Scale – 2nd Edition (DRS-2)
- Dot Counting Test (DCT)
- Eating Disorder Inventory – 2nd Edition (EDI-2)
- Expressive One-Word Picture Vocabulary Test
- Expressive Vocabulary Test (EVT)
- Finger Tapping Test
- Hare Psychopathy Checklist – Revised (PCL-R) 2nd Edition
- Historical, Clinical and Risk Management – 20 (HCR-20)
- Hooper Visual Organization Test (VOT)
- Hopkins Verbal Learning Test – Revised (HVLT-R)
- Inventory of Legal Knowledge (ILK)
- McGill Pain Questionnaire
- Miller Forensic Assessment of Symptoms Test (M-FAST)
- Million Clinical Multiaxial Inventory – 4th Edition (MCMI-IV)
- Mini Mental Status Exam (MMSE)
- Mini Mental Status Exam – 2nd Edition (MMSE-2)

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- Minnesota Multiphasic Personality Inventory – 2nd Edition (MMPI-2)
- Minnesota Multiphasic Personality Inventory – 2nd Edition Restructured Form (MMPI-2-RF)
- Minnesota Multiphasic Personality Inventory – 3rd Edition (MMPI-3)
- Modified Aggression Questionnaire
- Montreal Cognitive Assessment (MoCA)
- Mood Disorder Questionnaire
- Motor-Free Visual Perception Test – 3rd Edition (MVPT-3)
- Multilingual Aphasia Examination – 3rd Edition
- Neuropsychological Assessment Battery (NAB)
- Peabody Picture Vocabulary Test – 3rd Edition (PPVT-III)
- Personality Assessment Inventory (PAI)
- Personality Assessment Inventory – Correction Settings (PAI-CS)
- Positive and Negative Syndrome Scale (PANSS)
- Problem Behavior Inventory – Adult Version
- Problem Experiences Checklist – Adult Version
- Quality of Life Inventory
- Reason for Living Inventory
- Repeatable Battery for the Assessment of Neuropsychological Status (RBANS)
- Rey 15-Item Test
- Rey-Osterrieth Complex Figure Test (ROCF)
- Rorschach Inkblot Test
- Ruff Figure Fluency Test (RFFT)
- Satisfaction with Life Scale
- Structured Interview of Reported Symptoms – 2nd Edition (SIRS-2)
- Symptom Checklist-90-R (SCL-90-R)
- Texas Functional Living Scale (TFLS)
- Test of Memory Malingering (TOMM)
- Test of Nonverbal Intelligence – 4th Edition (TONI-4)
- Trauma Symptom Inventory (TSI)
- Validity Indicator Profile (VIP)
- Wechsler Abbreviated Scale Intelligence – 2nd Edition (WASI-II)
- Wechsler Adult Intelligence Scale – 4th Edition (WAIS-IV)
- Wechsler Memory Scale – 4th Edition (WMS-IV)
- Wide Range Achievement Test – 5th Edition (WRAT-5)
- Wisconsin Card Sorting Test (WCST)

Spanish Language Measures:

- Escala de Inteligencia Wechsler Para Adultos (EIWA)
- Bateria III Woodcock-Munoz
- Millon Clinical Multiaxial Inventory-IV

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- Minnesota Multiphasic Personality Inventory-II
- Minnesota Multiphasic Personality Inventory 2-RF
- Personality Assessment Inventory (PAI)
- Structured Interview of Reported Symptoms, 2nd Edition

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Additional Intern Responsibilities

In addition to participating in rotation activities, interns are responsible for conducting ongoing individual and group therapy throughout the year. Group therapy is conducted through the unit treatment groups. Interns participate by being the primary or co-facilitator for psychosocial rehabilitation groups, based upon the interns' training needs and the needs of the patients. Interns may also assist with admissions assessments and cognitive screenings on units outside their current rotations.

Individual Therapy

Individual therapy cases are assigned by the intern's primary supervisor or the Training Director. The Treatment Planning Team (TPT) psychologist or program Senior Psychologist on whose caseload the patient is referred is responsible for supervising the intern regarding the therapy case and serves as a delegated supervisor on the case. This is to ensure that the intern is collaborating with the TPT and the services provided by the intern are appropriate and integrated into ongoing wellness and recovery planning. The delegated supervisor is also responsible for cosigning the patient progress notes. Regardless of rotation, interns will have a minimum of two long-term therapy cases.

Once the intern receives a referral for individual therapy, he/she should contact the treating psychologist and arranges a time to meet with the patient. During the first session, interns will clarify their status as an intern, disclose they are being supervised, provide the name of their supervisor, and review the limits of confidentiality with the patient. This information, along with notation of verbal consent attained from the patient, is to be documented in the initial progress note. In each note, the following should be indicated: date of service, identification of patient, type of service, time spent with patient, brief mental status observations (e.g. depressed mood, no SI/HI), assessment of patient in general terms (e.g. diagnosis), plan (e.g. meet next week), and any consultations made or referrals completed. Overall, the information in the progress notes must be appropriate for the service provided. Interns will sign their name after their entry with the identifier of "Psychology Intern." Interns are responsible for ensuring their notes are cosigned by the supervising psychologist.

Group Treatment

Interns will co-facilitate at least five psychotherapy groups during the year. Group topics may include social skills training, coping skills training, anger treatment, mindfulness, cognitive rehabilitation, court competency, relapse prevention, and several others.

Interns will discuss preferences for groups with their primary supervisors and be assigned to at least five hours of weekly psychoeducational and/or process groups. The

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primary facilitator is responsible for developing group curriculum, reporting significant events from group to the treatment team, and documenting those events in the medical record. Interns meet with their groups at the predetermined time and place.

In the event of a clinical emergency during the group (e.g., suicidal or homicidal concerns, etc.), the unit staff should be notified immediately. If an intern is unable to attend group (e.g., due to illness or a clinical emergency with an individual patient), the intern must notify the Training Director, their group co-leader, and the Program Management as soon as possible.

Admission Assessments

Interns may assist with psychology admission assessments during the year. The number of cases depends upon the rate of admissions and availability and interest of the intern. Interns will be provided with the referral, which includes the patient's name, MET number, and date of admission. Additional information can be obtained through the WARMSS system.

During the first meeting with patients, limits to confidentiality should be discussed and patients should provide verbal consent to the assessment, which should then be documented in the progress note for that session. Once the clinical interview and testing are completed, the intern meets with their primary or delegated supervisor to review the data and compile hypotheses. A draft of the report is written and submitted to the supervisor, with the final report due within 7 days of the patient's admission date. When the report is finalized, the intern places a signed hard copy in the patient's chart and sends electronic copies to the intern's supervisor, the patient's treating psychologist, and to "DSH-M Psychology." If clinically appropriate, the intern meets with the patient to provide feedback.

Specialized Project within a Rotation

Psychology interns are required to develop a special project with other members of the psychology department. Projects are designed to ultimately address and meet the needs of the patients. Projects may be initiated with the approval of the Training Director and Senior Psychologist Supervisor, and Chief of Psychology. Past projects have included development of a cognitive remediation program, unit-wide Behavioral Plan, and curriculum for competency to stand trial treatment for patients with cognitive disorders.

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Didactic Trainings

Interns attend two hours of didactic training each week. Interns will also be expected to provide three presentations during the year. Details for topic selection and presentation format will be discussed following orientation.

Core Didactics

All interns attend the core didactics seminar, which is held weekly and covers a variety of professional, ethical, and social issues. Didactics are presented by hospital staff and community professionals with diverse backgrounds and experience. Didactic topics will vary by year but have included:

- Introduction to the Recovery Model
- Psychosocial Rehabilitation
- Behavioral Interventions
- Severe Mental Illness and Differential Diagnosis
- Learning Disabilities
- Social Skills Training
- Group Therapy Techniques
- Behavioral Treatment Planning
- Cognitive Behavioral Therapy and Psychosis
- Mental Status Exams
- Personality Assessment
- Cognitive Testing
- Performance Validity and Effort Measures
- Neuropsychological Screening
- Cultural Diversity
- Research Instruments
- Forensic Assessment
- Criminal Responsibility
- Evaluation of Competency to Stand Trial
- Competency Restoration
- Violent Offenders
- Court Testimony
- Law and Ethics
- Malingering
- Positive Psychology
- Motivational Interviewing
- Gender-related issues
- Trauma Informed Care
- Assessment of Dangerousness and Suicidality

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Neuropsychology Seminar

Seminars will be offered that focus on neuropsychological theory, research, and clinical application. Theoretical seminars will focus on a specific topic, cognitive domain, or a seminal/current research article. Clinical seminars will include a presentation on an interesting case or a consultation/discussion of an active case.

Interns in the Neuropsychology rotation are required to attend the Neuropsychology seminar. Interns on other rotations are not required but welcome to attend.

Topics will vary by year but may include:

- Neuropsychiatric Disorders
- Neuropsychology and the Law
- Substance Use Disorders
- Performance Validity
- Mild TBI
- Movement Disorder
- Cerebrovascular Accidents
- Language Disorders/Aphasias
- Alzheimer's Disease
- Intellectual Disability
- Epilepsy
- Short and long term cognitive sequelae of COVID-19
- Major neurocognitive disorders/dementia and the insanity defense
- Neurobiology of psychopathy
- Cognitive Rehabilitation with psychiatric inpatients

Hospital Trainings and Continuing Education

Interns may attend the DSH-M in-service trainings throughout the year as part of the Continuing Education Program for the Department of Psychology. Interns may also attend off-site trainings open to DSH-M psychologists. Also available to interns are multidisciplinary training activities presented at DSH-M throughout the year, which include satellite broadcasts, multidisciplinary case conferences, program specific training, and guest speaker presentations.

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Hours Required

For successful completion of internship, interns must accrue a **minimum of 1800 hours of supervised professional experience (SPE) hours during the Internship year**. Interns do not work on state holidays and weekends. According to the California Board of Psychology, interns can accrue up to 44 training hours each week provided they have one hour of supervision for every 10 hours of work. The Board requires that this include at least one hour of individual, face-to-face, supervision per week with the intern's primary supervisor. Note, however, that APPIC requires that interns receive at least two hours of individual supervision per week with a licensed psychologist. In case of intern or supervisor illness or vacations, interns and supervisors should both make every effort to re-schedule missed supervisory meetings. Both interns and supervisors are responsible for ensuring that interns obtain the necessary number of supervisory hours to cover their SPE requirement for the year.

Interns are required to schedule a **minimum of 25% time in face-to-face psychological services to patients/patients per week**. Interns are also required to complete specific training experiences over the course of the year to complete internship requirements. Some of these training experiences can be found on the Didactic Schedule. Interns should work with their primary supervisor to ensure they maintain the minimum requirements. If interns are experiencing difficulty meeting the minimum 25% direct service hours requirements, the intern and supervisor will immediately contact the Training Director for consultation and/or assistance in ensuring the intern meets his/her training requirements.

Interns are responsible for making sure the SPE hours requirements for both their graduate program and intended state for licensure are met, as they may be more than the 1,800 hours required by the internship program. Additional SPE hours beyond the standard 40-hours per week may be available on a voluntary basis, with prior written approval by the Training Director. However, additional hours shall not exceed a maximum of 50 total extra hours over the course of the internship year. Special accommodations for greater than 50 extra hours may be considered for interns needing 2,000 predoctoral SPE hours to meet requirements of their doctoral programs or intended state psychology Boards. Any additional SPE hours beyond the standard 40 hours per week must be discussed with and approved in writing by the intern's primary supervisor and the Training Director in advance.

Please note, interns are DSH-Metro employees in a salaried position and no paid overtime hours are available. Although additional hours for training purposes (up to a maximum of 44 per week) may have written advanced approval by the Training Director, these hours are strictly voluntary and interns cannot be paid for these hours.

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Research Time

An additional 4 hours per week of SPE are available to interns to support research activities. Interns who have not completed their dissertation may take these hours to work on their dissertations. Alternatively, interns may earn these hours through specified research activities and projects. These hours will be in addition to the standard 40 hours of SPE per week, with a cap of 50 hours total for the internship year. The hours may be taken on or off site. Interns must obtain written prior approval for these hours from both their primary supervisor and the Training Director.

INTERN SUPERVISION

Supervision of Psychology Interns at DSH-M follows the requirements of the California Board of Psychology. The intern's work is supervised exclusively by members of the psychology faculty. Licensed Psychologists provide all primary supervision. Interns are required to attend all scheduled supervision.

Individual Supervision

The primary and/or delegated rotation supervisor(s) provide a minimum of two hours of individual supervision per week. Each primary supervisor has a delegated supervisor in case of illness or vacation. Supervision may not take place over lunch, over the phone, in a parking lot, etc. Supervision should offer a learning experience that enhances the intern's understanding and professional effectiveness. Supervision should focus on the activity for which the intern is being supervised. Appropriate clinical supervision does not consist of "small talk" or of only administrative matters. Supervision may not be psychotherapy.

If any problem arises involving an intern, the primary supervisor should attempt to resolve the problem directly with the intern and notify the Training Director. If it is not possible to resolve the problem in this way, the primary supervisor will contact the Training Director to set up a meeting between the intern, supervisor, and Training Director. See Appendix C for the formal due process procedure.

Group Supervision

In addition to individual supervision, interns attend two hours of group supervision per week. The purpose of the group supervision is to discuss issues and concerns that the interns might have regarding clinical, supervisory or administrative processes. Additionally, it serves as a forum for the interns to build trust, camaraderie and provide support for one another. The group supervision is typically led by the Training Director. Throughout the year, interns are also expected to do formal case presentations. Details for content and presentation format will be discussed in group supervision.

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ADMINISTRATIVE INFORMATION AND REQUIREMENTS

Hospital and Internship Orientation

Interns are required to attend DSH-M New Employee Orientation. Some of the topics covered are the following: Overview of DSH-M Policies and Procedures, Therapeutic Strategies and Interventions (TSI - de-escalation and self-defense skills), Suicide Prevention, Fire and Safety, Cultural Competence, Patients' Rights, Health and Safety Issues, Equal Employment Opportunity, Hospital Police Issues, Cardiopulmonary Resuscitation (CPR), Employee Assistance Program, Infection Control, HIPAA/Confidentiality and Health Information Management, Forensic Services, and Personnel Services. Representatives from the departments who provide the services deliver these presentations. The presentations are specific to hospital procedure and administrative directives and are attended by all new employees (psychologists, administrative assistants, groundskeepers, physicians, etc.)

Following hospital orientation, interns are oriented to the training program by the Training Director. Interns begin the first of their two rotations following orientation. The primary rotation supervisor will provide an orientation to the rotation, program, and unit regarding policies and procedures. The supervisor will also provide an orientation and review of standards for interns at DSH-M. The orientation will include policies regarding safety when seeing patients for assessment, consultation, or therapy. As these policies may differ by unit, interns should be aware of policies on the particular unit where they are providing services.

Regardless of unit policy, interns should always prioritize their own safety and only do what feels safe at the time of sessions with patients. For example, a unit may allow an intern to see a patient alone on the unit patio with access to a walkie-talkie device. However, if the patient appears agitated or has exhibited dangerous behaviors, choosing not to see the patient on the unit patio and/or meeting with the patient with another staff member present would likely be the safer choice. Interns should consult with their supervisor(s) for guidance on safety precautions on particular units and/or specific patients. Please see APPENDIX F for safety guidelines when providing interventions and assessments with patients.

Intern Schedules

Interns are employees of DSH-M. While DSH-M is a 24-hour facility, Psychology Department staff are typically only on-site Monday through Friday. Interns are expected to be on site Monday through Friday between the hours of 8:00 am to 4:30 pm.

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Consistent with DSH-M employee policies, interns receive two 15-minute breaks and one 30-minute lunch break each day. The two breaks can be combined with the lunch break to create a 60-minute lunch break. During scheduled breaks, interns are welcome to leave campus. No breaks may be taken the first or last hour of the day. Interns must take their lunch break by the fifth hour of the day.

Interns, in collaboration with their supervisors, may complete a weekly schedule at the beginning of each rotation. This schedule should list all daily scheduled activities (e.g., rotation duties, individual and group treatment, scheduled supervision). The schedule should be regularly reviewed with the primary supervisor and submitted to the Training Director within the first month of the rotation.

Attendance

Per hospital policy, interns are required to sign in and out at the Office of the Service Chiefs located on the 3rd Floor of the Administration Building. Interns shall not sign in more than seven (7) minutes before the start of their shift. Interns are to sign in by their designated start time and must sign out when they leave campus for the day. Each intern is responsible to personally sign in and sign out for him/herself.

In the event an intern is ill or running more than seven (7) minutes late, hospital policy requires the intern to contact the Department Office Technician (562-651-4327). Additionally, the interns must contact the Training Coordinator AND their supervisors by telephone to inform of the absence or late arrival. When contacting their supervisor, interns should notify the supervisor of any activities scheduled for that day or coverage that needs to be arranged. If an intern is at work but unable to attend a scheduled activity during the day, he/she is required to immediately contact both his/her primary supervisor and the Training Coordinator by telephone. An intern who is unable to sign out at the end of the day when leaving campus will immediately contact either their primary supervisor or Internship Director by telephone about the difficulty with signing out at OSC. The primary Supervisor or Internship Director will send an email notice to the Department Office Technician and Chief of Psychology notifying them that the intern is signing out and leaving campus for the day.

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Financial Support and Benefits

Interns are DSH-M employees and receive salaries and benefits commensurate with their employee classification and salary range. Interns in the 2022-2023 internship program are to be classified as 9851 CLINICAL PSYCHOLOGY INTERN, Salary Range D (\$4,116.00 - \$4,905.00 per month). Clinical Psychology Interns begin in the lower limit of Range D (\$4,116.00). Note: Range D is assigned when the intern provides evidence of successful completion of three academic years of graduate work and the comprehensive examinations, language requirements and 500 hours' professional experience toward the Doctoral Degree in Psychology. As a California State employee, interns also receive paid vacation/sick time and medical benefits. Compensation may vary year by year depending on the level of training and experience of the intern and the State budget.

Leave Time

Interns must submit a time-off request (see Appendix A) to the Senior Psychologist Supervisor prior to the requested leave date(s). Prior to submitting the time-off request, interns will discuss the request with their primary supervisor to make appropriate arrangements for duties and assignments. The Senior Psychologist Supervisor will provide written approval of time off. Interns should not make any travel plans until receiving official written approval. Signed forms are to be submitted to the Department Office Technician in the Office of the Service Chiefs. Interns will provide the Training Director and their primary supervisor with an electronic scanned copy of the signed approval. Interns may not take time off during the first month of Internship or during the last two weeks of Internship.

Professional Development/Education Time

The Internship is dedicated to supporting interns in their transition from student to professional psychologist. Interns may use up to 40 hours of paid professional development time over the course of the Internship year to attend educational trainings or conferences. Interns follow the time off request procedure for using this type of leave time. In addition, interns are required to submit a copy of their registration for the training and conference.

Intern Offices

Interns are assigned to the Psychology Intern Office in YAB room 114. The office comes equipped with basic office equipment and supplies (e.g. telephone, five network-connected computers, desks, notepads, paper). Requests for additional office supplies or particular furniture (e.g. desks, chairs) can be made with the Department Office Technician. If interns bring any items or furniture from home, please note that DSH-M is not responsible for theft or breakage of personal items. Equipment with electrical cords

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must be checked and cleared by Plant Operations at the time they arrive. For security reasons and to safeguard confidential information, the office is locked, and the building is locked after business hours. Lockable file cabinets and drawers are also available to store patient-related information.

Testing Equipment

Interns share a testing kit consisting of a core battery of psychological tests. Additional tests, manuals, and protocols are stored in YAB room 117 and can be obtained by making arrangements with Neuropsychological Services or the Training Director. Additionally, computerized scoring programs are available on the dedicated computer that is in the Neuropsychological Services Office YAB room 117 and can be accessed by contacting Neuropsychological Services.

Intern Records and Documents

The records and documents for the internship program are kept in locked file cabinets in the locked office of the Training Director. The building to the office is also locked after regular business hours. Electronic copies of documents and records relevant to the interns are kept in electronic folders that are on a secure cloud-based system with regular back up to prevent data loss. Access to all electronic documents is password protected.

E-mail

All interns are assigned Outlook email accounts upon arrival to the program. Instructions for setting up/accessing the account will be provided by the Training Director. Email is a central method of communication throughout the hospital, and often between the Training Director, supervisors, and interns. Interns are expected to check their email frequently throughout the day (e.g., at least three times per day) and respond to emails in a timely manner. Please note, emails are routinely deleted after three months of storage in the system.

Correspondence

Written communication that leaves the hospital must be co-signed by the appropriate clinical supervisor responsible for the case or by their designee.

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Address, Telephone and Fax Number

The address of the hospital is:

DSH-Metropolitan
Department of Psychology
11401 Bloomfield Avenue
Norwalk, California, 90650

Interns will be given a Psychology Department Roster during the first week of orientation, which includes each staff psychologist's unit and office extension. Interns should provide their home address and phone number along with emergency contact information to the Department Office Technician during the first week of orientation.

DSH-M Main Operator	(562) 863-7011
DSH-M Psychology Department Office Technician	(562) 863-4327
DSH-M Fax (Office of Service Chiefs)	(562) 409-7202

Hospital Badges, Alarms and Keys

Interns will obtain a hospital badge on their first day of training. Per hospital policy, badges must be worn at all times while on the hospital campus. There is a replacement fee for lost or damaged badges. Badges with faded employee photographs will be replaced at no charge.

Hospital alarms (PDAS) must be worn at all times while on hospital premises, regardless of location on campus. The PDAS should be tested each morning upon entering the premises by pressing the red arrow on the PDAS. There is a replacement fee for a lost or damaged PDAS.

Hospital keys are requested by the Training Director and distributed by Plant Operations. Interns are responsible for picking up and signing for their keys. Hospital keys are taken home by the interns each day and should always be kept in a safe location. Hospital keys should NEVER be left unattended or lying within a patient's reach. Fees are imposed for any lost keys, with specific amount depending on keys assigned.

Security of badges, alarms, and keys are critical. If a hospital badge, PDAS, or keys are lost or stolen, interns MUST IMMEDIATELY NOTIFY THE TRAINING DIRECTOR AND HOSPITAL POLICE by telephone as the discovery is made. There are no exceptions to this policy.

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Employee Attire

Requirements for employee attire are described in Administrative Directive #2112 (available on the DSH-M intranet). Please refer to Appendix B (Dress Code Guidelines) for additional information pertaining to appropriate attire.

Professional Conduct

Guidelines for professional conduct come from several sources. As DSH-M employees, interns are required to follow all hospital policies. Interns are also expected to adhere to APA's *Ethical Principles of Psychologists and Code of Conduct (2002)*. Interns should also be familiar with laws (e.g., mandatory reporting requirements) and regulations relating to the practice of psychology.

Interns should be familiar with the following document: Professional Therapy Never Includes Sex (<http://www.bbs.ca.gov/pdf/publications/proftherapy.pdf>).

Professional Communications

Interns should be cognizant of how their communication may be perceived by patients, colleagues, hospital staff, faculty and others. Interns should avoid using language that could impact their professional image. Greetings and messages on voicemail services used for professional purposes should be constructed in a mindful manner. Similarly, interns should be mindful of language used in emails within a professional setting or context, even when such communication is social in nature.

Interns are encouraged to approach the use of social networks with caution and responsibility. Interns should be cognizant of how their social communication may be perceived by patients, colleagues, faculty, and others and avoid using language that could impact their professional image. Interns are encouraged to use strict privacy settings and minimize material that may be deemed inappropriate for a psychologist-in-training. Interns who use social networking platforms (e.g. Facebook, Twitter, Instagram, blogs) and other forms of electronic communication may not post or send information or photos related to the internship site and the patients served. Interns may not include any information on these sites or communication that might lead to the identification of the patients served or compromise confidentiality in any way. See APPENDIX E for specific guidelines regarding use of social networking, blogs, and webpages.

CRISIS INTERVENTION

Suicide and Homicide Risk

In the event that an intern is informed, either directly or indirectly, of any concerns about a patient's potential to harm themselves or others during interactions with a patient (individual therapy, group treatment, assessment, etc.), the intern is required to:

1. IMMEDIATELY inform the unit staff (shift lead, unit supervisor, nurse, designated staff in charge, etc.) AND their primary supervisor in person or over the phone (email is insufficient).

NOTE: Patients may recant information or deny the veracity of their original claim; however, interns are still required to notify unit staff and their supervisors immediately and give a full account of the situation.

2. If the intern is unable to reach the supervisor, the Training Director must be informed in person or over the phone.
3. If the Training Director cannot be reached, the intern must inform a Senior Psychologist or Chief of Psychology in person or over the phone.
4. Interns inform the treatment team (in person or via email) of the situation to ensure appropriate interventions are implemented.
5. Interns will follow appropriate documentation procedures with their supervisor/unit staff that may include completing hospital Incident Reports.

Abuse, Abandonment, or Neglect

Interns are mandated reporters of any suspected abuse, abandonment, or neglect. If any suspicion arises, either through direct report, observation, or inference, the intern is required to:

1. Inform their supervisor immediately in person or over the phone.
2. If the intern is unable to reach the supervisor, the Training Director must be informed in person or over the phone.
3. If the Training Director cannot be reached, the intern must inform a Senior Psychologist or Chief of Psychology in person or over the phone.
4. Interns should inform the treatment team of the intern's knowledge related to the abuse and provide any relevant information.
5. Specific agency procedures for abuse reporting must be followed (e.g., Adult Protective Services, Child Protective Services, etc.).

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TRAINING FORMS

Training Agreement

As of January 1, 2005, the California Board of Psychology put into effect a mandated supervision agreement. The Supervision Agreement for Supervised Professional Experience must be completed and signed by the supervisor and intern before the commencement of any supervised clinical experience. Complete this form with your primary supervisor and delegated supervisors on the first day of your rotation, keep a copy for your records, and submit the original to the Training Director. (<http://www.psychboard.ca.gov/applicants/sup-agreement.pdf>)

In addition to completing the Supervision Agreement form, the primary supervisor will develop a rotation training agreement with the intern. The training agreement will be used as a baseline for evaluation of the intern's progress. The document will include rotation goals and objectives and the types of clinical activities the intern will be expected to complete during the rotation. The training agreement should be viewed as a guideline for supervision and ongoing evaluation of the intern. The agreement must be completed and submitted to the Training Coordinator in the first two weeks of the rotation.

Intern Hours Log

The Intern Hours Log is required by both the DSH-M internship program and the State of California as documentation of the student's activities during Internship and the supervised hours accrued. A sample of this log can be found in Appendix D. Interns may use an alternative hours log provided by their graduate programs with advanced written approval from the Training Director.

The hours log is completed on a weekly basis by the intern. Logs must be signed and dated by the intern's Primary Supervisor and the Training Director on a weekly basis. Interns will submit scanned electronic copies of the hours log to the Training Director on a weekly basis. Interns will retain the original signed supervision logs for their own files.

EVALUATIONS

Intern Evaluations

Evaluations of interns take place at the mid-rotation point (after three months) and at the end of each rotation using the Evaluation of Intern Competency form. Primary supervisors are responsible for completing the formal evaluations for each intern under their supervision. Interns are required to obtain a rating of “3” on 80% of the competencies by mid-year and at least a rating of “3” on 100% of competencies at the end of the training year. Copies of the mid-year and final evaluations and/or any other required progress reports are sent to the director of academic training at each intern’s graduate programs at the midpoint and end of the training year.

Intern evaluations should review the goals outlined by the rotation agreement at the beginning of the rotation and include an evaluation of the intern’s strengths and weaknesses. This provides an opportunity for the supervisors and interns to discuss needed areas of improvement and outline a plan for working on identified weaknesses. This is also a time to review the training agreement and make changes if necessary. If changes are made, an updated copy must be provided to the Training Director. Interns must submit the original evaluation to the Training Director upon completion and keep a copy for their own records.

Supervisor and Program Evaluation

Interns are required to evaluate their supervisors and the rotation at both the mid-way point and end of the rotation. The Training Director may follow up if the feedback raises concerns or suggests that improvements may be indicated. At the end of the internship year, the Training Director will contact all supervisors to discuss their participation in the program. In addition, interns are also required to evaluate their overall experience at DSH-M at the end of the internship year.

On-Going Feedback from Staff and Interns

Program evaluation is a continuous process. The Training Director solicits feedback on an ongoing basis from the interns about the value of various training activities and the effectiveness of various supervisors and seminar leaders.

INTERN SELECTION PROCEDURES

Requirements

Interns are selected on a competitive basis determined by their educational and training experiences. Internship applicants must be currently enrolled in a doctoral program in clinical psychology at a recognized university or professional school, must be recommended by the clinical program, and must meet our prerequisites. Doctoral internships are only offered to students who have completed core graduate course work in clinical psychology and a minimum of 500 hours of psychotherapy and assessment practica.

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

Applications

Applicants must submit the following electronically:

- APPIC application
- A copy of most recent Curriculum Vita
- A de-identified sample psychological assessment report
- Three letters of recommendation (preferably one coming from current or recent placement supervisor)
- Graduate transcripts

Upon receipt, the Training Director and members of the Training Advisory Committee review the materials to determine whether the applicant meets selection criteria. Those who meet qualifications will be contacted for an interview. When in-person interviews cannot be scheduled (e.g., applicant is unable to appear in person, COVID restrictions, etc.), a telephone or video interview will be arranged. Interviews will be with the Training Director, as well as the Chief of Psychology, Senior Psychologist Supervisors, and/or designated staff. After the interview, all applicant information is compiled and evaluated. Applicants are then rank ordered and submitted per the APPIC matching process.

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Applicants must also complete, sign and submit the original State of California Employment Application (STD678) by mail or in person to:

DSH-Metropolitan
Human Resources - Selection Services Unit
11401 S. Bloomfield Ave.
Norwalk, CA 90650

State applications can be submitted at any time for review per State of California regulations. Please be advised that the original signed copy of the State of California Employment Application (STD 678) will need to be postmarked or received by the indicated application deadline in order for applicants to proceed with the interview process.

The State of California Employment Application can be found via the following link:
<https://jobs.ca.gov/pdf/STD678.pdf>

Completed APPIC applications and all supporting material must be received electronically according to APPIC on-line instructions by the Training Director to be considered for the following year's intern class (refer to APPIC application schedule for details). State of California laws and regulations regarding hiring requirements and hiring practices are followed. The Training Director will contact those who meet these qualifications for an interview.

This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any Intern applicant. This training program observes the APPIC guidelines and deadlines regarding notification of internship offers.

Eligibility for Employment

Although DSH-M follows APPIC Match Policies, the appointment of applicants to internship positions will be contingent upon the applicants satisfying the following requirements for employment at DSH-M.

Medical determination of an individual's suitability for hire shall be based on a physical examination that appraises 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 screening, which checks for illegal and unauthorized substances. Illegal substances include marijuana, heroin, cocaine, amphetamines, opiates, PCP, barbiturates and methaqualone. Unauthorized substances may include legally prescribed substances

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used other than prescribed (Administrative Directive 916.1). For example, Vicodin that is prescribed for pain management by a licensed physician but being used more frequently and/or in larger quantities than prescribed may be considered an unauthorized substance.

There is a requirement for all applicants to undergo fingerprinting and pass a criminal background check prior to employment. The policy guiding such determinations can be found at the following website:

<http://dshinsite.ca.gov/StateHospitals/docs/SpecialOrders/Spor407.03.pdf>

The Official Examination Bulletin, which includes applicant instructions can be found at:
<https://www.calcareers.ca.gov/JOBSGEN/9MJ96.PDF>

Appointments

At the present time there are five full-time, 12-month positions available.

Statement of Diversity and Nondiscrimination

The Clinical Psychology Doctoral Internship program at DSH-M does not discriminate in selection, training, retention, or evaluation on the basis of any individual characteristics which are not relevant to professional training such as age, ethnicity, race, sex, gender, sexual orientation, religious or philosophical affiliation, class, disability, nationality, citizenship, or language. The Internship program values diversity amongst staff and interns and seeks to promote a high level of multicultural competence in all training and service activities.

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ADDITIONAL RESOURCE INFORMATION

Board of Psychology (BOP)
2005 Evergreen Street
Suite 1400
Sacramento, CA 95815
Telephone: 916-263-2699
Email: bopmail@dca.ca.gov

Association of Psychology Postdoctoral and
Internship Centers (APPIC)
17225 El Camino Real Onyx One, Suite #170, Houston, TX 77058-2748
Telephone: 832-284-4080
Email: appic@appic.org

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE, Washington, DC 20002-4242
Phone: (202) 336-5979
Email: apaaccred@apa.org

If you have any questions or comments regarding the internship program, please contact:

Cindy M. Huang, Ph.D.
Internship Director and Training Coordinator
DSH-Metropolitan
Office of the Service Chiefs
11401 S. Bloomfield Ave.
Norwalk, CA 90650
562-367-3773 (office)
562-409-7207 (fax)
Email: Cindy.Huang@dsh.ca.gov

Efi Rubinstein, Ph.D., J.D.
Senior Psychologist Supervisor
DSH-Metropolitan
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11401 S. Bloomfield Ave.
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DSH-M PSYCHOLOGY STAFF/SUPERVISORS

There are currently over 50 psychologists on staff at DSH-M. Regardless of an intern's primary supervisors, interns will also typically interact with many of the psychology staff members. Such interaction may come in the form of a didactic training, consultation on a case, or a delegated supervisor. The following is a list of staff members currently involved in one or more aspects of the internship program at DSH-M.

Meline Arzoumanian, Ph.D.

Senior Psychologist Supervisor, forensic treatment programs

Graduate Institution: Alliant International University, California School of Professional Psychology-San Diego, CA

Interests: malingering, primarily as it relates to psychosis and memory; forensic evaluation, including competency to stand trial and sanity evaluations; and research (mostly in the areas of PTSD, trauma, and dissociation)

Arthur Asatoorian, Psy.D.

Senior Psychologist Supervisor, Forensic Services Department

Graduate Institution: Pepperdine University

Interests: Forensic Assessment, Post Traumatic Stress Disorder, Neuropsychology

Mallory Behar, Psy.D.

Staff Psychologist, LPS Unit

Graduate Institution: Chicago School of Professional Psychology

Interests: crisis intervention, suicide and homicide prevention, sex and sexuality therapy, substance use, and relational/psychodynamic therapy

Catherine Cao, Psy.D.

Staff Psychologist, Forensic Unit

Graduate Institution: Roosevelt University

Interests: Forensic Assessment, Cognitive Behavioral Therapy, Mindfulness

Kate De La Rosa, Psy.D.

Staff Psychologist, Forensic Unit

Graduate Institution: Pepperdine University

Interests: Cognitive Behavioral Therapy, Couples Therapy, Forensic Psychology, Applied Behavior Analysis

Foresteen Forbes, Psy.D.

Staff Psychologist, LPS Unit

Graduate Institution: Azusa Pacific University

Interests: Millon's theory of personality, Personality testing focusing on MCMI-IV, MMPI-2 and R-Pas

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Catherine Frederick, Psy.D.

Senior Psychologist Specialist, Cognitive Rehabilitation Program

Graduate Institution: American School of Professional Psychology at Argosy University, Orange County

Interests: Personality disorders and personality assessment

Erin Gonzalez, Psy.D.

Senior Psychologist Specialist, Cognitive Rehabilitation Program

Graduate Institution: Alliant International University, San Francisco

Interests: Forensic, Developmental, and Positive Psychology; assessment and testing

Mina Guirguis, Psy.D.

Senior Psychologist Supervisor, LPS and SNF Units

Graduate Institution: California School of Professional Psychology, Los Angeles

Interests: Cognitive Behavior Therapy, Metaphor Therapy, Behavioral Medicine

Brian Hough, Ph.D.

Staff Psychologist, Forensic Unit

Graduate Institution: California School of Professional Psychology, Los Angeles

Interests: Forensic Psychology, Machine/Human Interactions (Human Factors)

Cindy M. Huang, Ph.D.

Staff Psychologist, Internship Director and Training Coordinator

Graduate Institution: California School of Professional Psychology, Los Angeles

Interests: Cognitive Behavioral Therapy, Psychological Assessments, Forensic Psychology, and Multicultural Community Psychology

Alisha Johnson, Psy.D.

Senior Psychologist Specialist, Forensic Services

Graduate Institution: Pepperdine University

Interests: violence risk assessment, competency assessment, capacity assessments, undue influence, neuropsychological assessments, and expert testimony.

Dennis Keefe, Ph.D.

Staff Psychologist, LPS Unit

Graduate Institution: Purdue University

Interests: Neuropsychology, Cognitive Behavioral Therapy

Jean-Woo Kim, Ph.D.

Staff Psychologist, Admissions Unit

Graduate Institution: Fuller Seminary

Interests: Cognitive Behavioral Therapy

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Narae Lee, Ph.D.

Senior Psychologist Specialist, Neuropsychology

Graduate Institution: Fuller Seminary

Interests: Neuropsychological assessments; Cognition of neuropsychiatric disorders;
Cognitive rehabilitation

Christian Meyer, Psy.D.

Staff Psychologist, Forensic Unit

Graduate Institution: Alliant International University- California School of Forensic Studies

Interests: Forensic Psychology and Assessment, Cognitive Behavioral Therapy, Psychodynamic Psychotherapy, Mindfulness

Kimberly Miller, Psy.D.

Staff Psychologist, LPS Unit

Graduate Institution: Pepperdine University

Interests: Psychological Assessment, Group Psychotherapy

Carrie Ortiz, Ph.D.

Senior Psychologist Supervisor, Forensic Treatment Programs and Admission Units

Graduate Institution: California School of Professional Psychology- Alliant International University- Fresno Campus

Interests: Suicide prevention and risk assessment

Sharonda Quezada, Psy.D.

Staff Psychologist, Admissions Unit

Graduate Institution: Alliant International University, California School of Forensic Studies-San Diego, CA

Interests: Forensic: Forensic assessment, personality disorders

Cory Rizutto, Psy.D.

Staff Psychologist, Forensic Unit

Graduate Institution: Chicago School of Professional Psychology: Clinical/Forensic Program

Interests: Individuals with personality disorders, sexually violent predator treatment programs, forensic assessments, expert witness

Parnian Ross, Psy.D., J.D.

Senior Psychologist Supervisor, Forensic Treatment Programs

Graduate Institution: PGSP-Stanford Psy.D. Consortium

Interests: Clinical and forensic neuropsychology

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Efi Rubinstein, Ph.D., J.D.

Senior Psychologist Supervisor, Neuropsychology / Training and Internship / Cognitive Rehabilitation programs

Graduate Institution: Palo Alto University (formerly PGSP)

Interests: Psychological Assessment, Forensic Evaluations, Neuropsychology, Cognitively Informed Care, Capacity and Conservatorship in Older and Dependent Adults, Civil Mediation, Psychology and the Law, Forensic Ethics

Kimberly Smith, Psy.D.

Senior Psychologist Specialist, Neuropsychology

Graduate Institution: Pepperdine University

Interests: Neuropsychological assessments, Cognitive Behavioral Therapy, and Acceptance and Commitment Therapy (ACT)

Jeanna Syn, Ph.D.

Staff Psychologist, Forensic Unit

Graduate Institution: Rosemead School of Professional Psychology

Interests: Forensic Psychology, Attachment-Oriented Psychodynamic Therapy, Cognitive Behavioral Therapy, Mindfulness, Spirituality/Faith-based Therapy

Jacob Stein, Psy.D.

Staff Psychologist, LPS Unit

Graduate Institution: Pepperdine University

Interests: Dialectical Behavioral Therapy, Forensic Psychology, Psychological Assessments, and Trauma-Informed Care

Christian Trausch, Psy.D.

Chief Psychologist

Graduate Institution: Alliant International University, Irvine; Forensic Program

Interests: Schema Therapy, Personality Disorders

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APPENDIX A: TIME OFF REQUEST FORM (SAMPLE)

TIME OFF REQUEST FORM

Name:	Telephone Extension:

Date(s) Requested:	Type of Time (see types below):

- | | |
|--------------------------|------------------------------------|
| 1. Vacation (V) | 6. Holiday Credit (HC) |
| 2. Sick (S) | 7. Personal Leave (PLP) |
| 3. Annual Leave (AL) | 8. Furlough Hours (FH) |
| 4. Adjusted Shift (AS) | 9. Education (E) |
| 5. Personal Holiday (PH) | 10. Personal Development Day (PDD) |

Mall Groups Requiring Coverage (include day/time): _____

Unit Coverage (Psychologist's Name): _____

Staff Signature: _____ Date: _____

Request Approved: _____ Request Denied*: _____

*Reason for denial and/or comments:

Supervisor Signature: _____

Date: _____

APPENDIX B: DRESS CODE GUIDELINES

Overview

Interns should dress in a manner which reflects positively on the department, hospital, and their profession. Clothing worn to work should:

- Be of a suitable color, fabric, and style to reflect professional status
- Be clean, neat, and in good repair
- Provide for the mechanical safety of the students and patients
- Allow for full performance of all duties

Dress Standards

- Name badges provided by DSH-M must be worn at all times. Name badges should be worn above the waist and easily visible to all persons.
- Neck wear (including neck ties, scarves, necklaces, etc.) violate DSH-M policy and may not be worn. State-issued breakaway neck lanyards are an exception.
- Khaki colored clothing is not allowed in patient areas.
- Shoes must have closed toes and not have high heels or built up soles such that it could endanger students or patients.
- Shorts are considered unprofessional attire and are not recommended.
- Tops should provide adequate coverage of abdomen, back, and chest.
- Nails should be kept short and to a reasonable length (no longer than one-quarter (1/4") in length in accordance with the Center for Disease Control guidelines). Long nails may result in transmission of germs and illness, or injury to a patient or other staff member during patient stabilizations.
- Facial hair is permitted (beards and mustaches) as long as they are kept neat and do not pose a safety hazard.
- Visible tattoos should not be of a provocative or offensive nature.
- Good personal hygiene is to be maintained at all times.
- Fragrances should be avoided as some patients may be sensitive or allergic to certain scents.
- Long hair is recommended to be kept tied back (for safety; to prevent spread of infections, lice, etc.).
- Jewelry and watches should be discrete and provide no risk to the wearer or patient. Long dangling earrings or hoops are not permitted, as they may present a danger (can be pulled out by patients). Necklaces are against hospital policy and may not be worn. It is not recommended to wear valuable jewelry that may be lost or damaged at work.

**APPENDIX C: RIGHTS, RESPONSIBILITIES, AND
DUE PROCESS GUIDELINES**

Interns have the right to be treated with respect and consideration for their role as interns under the supervision of licensed professional staff. They have the right to receive training, evaluation, and supervision designated in their training contract. They have the right to receive training appropriate to their level of skills and training, as well as the right and the responsibility to seek and receive additional supervision on an emergency basis when faced with clinical situations beyond their level of training or expertise. Interns should not be exploited or harassed in any way. They have the right and responsibility to bring any concerns about their treatment, training, supervision, or program they are assigned, to the attention of the Psychology Training and Internship Coordinator or their faculty liaison.

It is the responsibility of the intern to behave in the following professional manner:

1. Demonstrate sound personal and professional behavior.
2. Act responsibly and ethically. Interns will follow all California law, hospital directives, Internship Policies, General Guidelines for Providers of Psychological Services, and APA Ethical Principles of Psychologists and Code of Conduct.
3. Work towards enhancing self-awareness and personal growth as it relates to professional functioning.
4. Seek assistance when personal, professional, and/or ethical issues have a negative effect on the Intern's performance.
5. Maintain an open attitude towards supervision.

Standard Formal Evaluation Procedures

1. At the beginning of each rotation, the intern and primary supervisor develop a training plan for that rotation with specific goals and objectives.
2. The primary supervisor completes the hospital, as well as the Graduate School's evaluation form (when necessary), at the specified intervals.
3. The intern's primary supervisor will be providing ongoing feedback and evaluation of the intern's progress.
4. On a monthly basis, supervisors meet to discuss the progress of interns at the internship supervisors' meeting facilitated by the Training Coordinator and the Training Advisory Committee oversees the overall progress and management of

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the internship program. Appropriate feedback is given to interns via the intern's primary supervisor.

Problematic Intern Behavior and Performance Deficits

In rare circumstances, an intern's performance becomes recognized as problematic. As described in the Internship Manual, Interns undergo formal evaluations at mid-rotation and the end of each rotation using the Evaluation of Intern Competency form. Ratings of at least "3" in the competency areas demonstrate an expected level of performance. However, as noted on the Evaluation of Intern Competency form, any average score that falls below a "3.0" on a Profession-Wide Competency area will trigger the formal DSH-M Due Process Procedures. At the earliest point, efforts are made to determine and address the cause(s) of the problem(s). Problematic behavior is defined as any behavior which interferes with the intern's ability to participate fully in the training activities or the program, comply with administrative responsibilities related to patient care, or causes the intern to perform clinical duties in a way that patient care or departmental functioning is compromised.

The due process procedure is as follows:

1. Once the problematic behavior is identified, the intern's primary supervisor will first discuss the concerns with the trainee, work with him/her on formulating plans for remediation and inform the Training Coordinator of the plan. The problem and plan for remediation, including specific goals and objectives, will be put in writing. The plan will not exceed 30 days in length. Both the primary supervisor and intern will sign the plan. The intern has the opportunity to make comments on this plan. The intern has a right to request that the Training Coordinator and/or graduate faculty liaison be present at the time the plan is discussed and signed. Copies of the plan will be kept in the intern's file. Following completion of the initial plan for remediation, the intern's primary supervisor will document in writing the extent to which each of the goals and objectives outlined in the plan were or were not met. The primary supervisor will meet with the intern in order to review a copy of the written feedback and discuss the next steps.
2. If, in the primary supervisor's judgment, the problem persists past the remediation period, the intern's graduate program will be notified in writing of the concerns. A copy of the original plan of correction will be sent and input from intern's graduate program will be requested. A meeting will be arranged with the intern, primary supervisor, and the Training Coordinator. The graduate program liaison will also be informed and invited to the meeting. At this meeting, the problem will be reviewed, as well as the attempted solutions, the impact on direct patient care and departmental functioning, and the next steps to be taken will be discussed.

Possible consequences may include:

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- a) The Intern may be placed on an extended period of probation, with one final opportunity to remediate the problem. The probationary period may include (but not be limited to) additional supervision time, change of supervisors, change of duties, and additional coursework or readings. This new plan, again with specific plans, goals, and dates of completion will be signed by all present with copies to all vested parties. The primary supervisor and the Training Coordinator will evaluate the extent to which the intern achieved the specific goals and objectives following the specified date of completion. The primary supervisor and Training Coordinator will document the intern's progress towards the identified goals and objectives of the new plan in writing and then meet with the intern in order to review the written feedback and discuss the next steps.
 - b) If the intern's difficulties in meeting clinical or administrative performance expectations are due to personal illness, family crisis, or psychological disability, the intern may be asked to seek appropriate outside services, temporarily alter his/her program to assume less stressful duties in the department, or take a leave of absence from the program while he/she seeks appropriate treatment. If he/she takes a leave of absence from the program, the intern may reapply for reinstatement when the personal issues have been resolved.
3. An intern who disagrees with any decision regarding their status in the program (recommended remediation, probation, etc.) may appeal the decision by initiating a formal challenge. In order to do so, the intern must take the following steps:
- a) Within 5 working days, inform the Training Coordinator they are challenging the action.
 - b) Following that, the intern has 5 working days to submit information in support of the intern's belief that the action is unwarranted.
 - i. Failure to provide such information will constitute withdrawal of the challenge.
 - c) If the intern submits a challenge within the prescribed parameters, the following steps will be taken:
 - i. The Training Coordinator and Chief of Psychology will meet to discuss the challenge. The Intern retains the right to hear all the facts, to present evidence, and to dispute or explain his/her behavior.
 - ii. Within 10-working days the Training Coordinator and Chief of Psychology will prepare a report on their decisions and recommendations and will inform the intern of the decision.
 - iii. Once the Intern receives the report, the intern has 10 days to respond

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in writing to the Chief of Psychology, citing relevant information, data, administrative directives, etc.

- iv. The Chief of Psychology will then review all material and render a decision which may reject, accept, offer alternative resolutions, or ask the primary parties to meet again to work out an alternative solution. This decision will be rendered in 10 working days.
 - v. Should the intern not be satisfied with the final decision, he/she may pursue any and all available grievances procedures available, including (but not limited to) the DSH-M Grievance Procedures.
4. Termination of the Internship itself will only be considered as a last resort, but grounds for termination of the training contract will include:
- a) Failure to abide by Hospital policies.
 - b) Failure to abide by Internship Policies.
 - c) Failure to demonstrate a basic level of clinical skills appropriate to the intern's level of training despite efforts at remediation.
 - d) Grossly unethical or unprofessional behavior in violation of APA Ethical Principles.
 - e) Actions inconsistent with APA Accreditation Principles and Guidelines.

Resolution of Conflict Between Intern and Supervisor

In order to resolve conflicts between an intern and supervisor, the following steps are to be taken:

1. The first step should be informal. The intern is encouraged to discuss the concern directly with the supervisor. If the conflict is with a supervisor other than the primary supervisor, the intern may also discuss concerns with the primary supervisor.
2. If the conflict cannot be resolved at this level, the next step involves contact with the Training Coordinator. The Training Coordinator may meet with both the intern and the supervisor to resolve the conflict or consider alternatives. One option is considering reassigning the intern or providing additional supervisors as needed.
3. If, after meeting with the Training Coordinator, the issue is still not resolved, the conflict may be brought to the attention of the Chief of Psychology. The Chief of Psychology will work with the Training Coordinator to determine whether the

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intern's rotation and/or supervisor will be changed for the remainder of the rotation.

Ethical or Legal Violations

If a situation arises in which ethical or legal violations have occurred, there are clear, unambiguous procedures that are followed. These procedures are part of the hospital policy and are as follows:

1. The intern reports the concern directly to the Training Coordinator.
2. The Coordinator may seek consultation from the Chief of Psychology, the Chief of Professional Education, and/or the Medical Director.
3. If the report is of an ethical or legal violation, the Training Coordinator may consult with the California Board of Psychology.
4. If the violation includes sexually inappropriate behavior or harassment, the reported allegation will be moved to the hospital's Equal Employment Opportunity Coordinator as well as consultation with the California Board of Psychology.
5. The Equal Employment Opportunity Coordinator will review the allegation to determine whether it requires further investigation.

Complaint and/or Grievance by Intern against Training Coordinator, Supervisor, Staff Member, Trainee, or the Internship Program

In the event an Intern has a complaint or grievance against the Training Coordinator, Supervisor, Staff Member, Trainee, and/or the Internship Program, the following steps may be taken:

1. Discuss the matter directly with the individual(s) involved in order to facilitate an informal resolution.
2. If the issue is not amenable to an informal solution, the Intern should discuss the matter with the Training Coordinator.
3. In the event that the Training Coordinator is unable to resolve the issue, then the matter will be brought to the attention of the Chief of Psychology.
4. Interns have the right to formally challenge the final decision made by the Chief of Psychology by:
 - a. Filing a formal complaint, in writing and providing all supporting documents, with the Internship Director. If the subject of the complaint is a decision regarding their status in the program, the Intern must submit the challenge within the prescribed parameters as described above.

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APPENDIX D: INTERN WEEKLY HOURS LOG (SAMPLE)

WEEKLY HOURS LOG

Psychology Intern:	Year:
Primary Rotation Supervisor:	CA License:
Delegated Supervisor:	CA License:
Training Coordinator:	CA License:

Week of:	Mon	Tue	Wed	Thurs	Fri	<i>TOTAL</i>
Direct Services						
Intake/Clinical Interview						
Psychological Assessment						
Individual Therapy						
Group Therapy						
Patient Consultation						
Crisis Intervention						
Treatment Planning with Patient						
Milieu Therapy						
Other Psychological Interventions						
Indirect Services						
Administration						
Assessment Report Writing						
Case Conferences/Staff Meetings						
Case Management						
Chart Review						
Clinical Writing/Progress Notes						
Intervention Planning						
Professional Consultation						
Psychological Assessment Scoring/Interpretation						
Reading/Research/Preparation						
Professional Development						
Supervision & Training						
Individual Supervision						
Group Supervision						
Multidisciplinary Conferences						
Staff Meetings						
Didactics						
Rotation Training						
Dissertation						
TOTAL HOURS PER DAY:						

APPENDIX E: USE OF SOCIAL NETWORKING, BLOGS, AND WEBPAGES

The purpose of this section is to provide guidance regarding online public representations of you or the internship program. While these guidelines apply to an intern's use of social networking sites, personal webpages, and/or blogs, these guidelines are not limited to only these public representations.

1. Social networking sites such as Twitter, Facebook, and Instagram may not be accessed on DSH-M computers.
2. If you do not represent yourself as an DSH-M intern or employee, do not speak about DSH-M, or cannot be reasonably identifiable as affiliated with DSH-M, you have the right to represent yourself as you wish in the public domain. However, seriously consider how your use of social media and other forms of electronic communication may be perceived by current and future patients/patients, colleagues, faculty, supervisors, and others. As all public information is accessible to potential future employers and to current and potential future patients and patients, your online representation can have a significant impact you professionally. Increasingly, universities, postdoctoral sites, and even patients are seeking out information about people on the web before they make faculty offers, postdoctoral position offers, or decide to see someone clinically. We strongly advise that you set all security settings to "private," limit the amount of personal information posted on these sites and avoid posting information/photos or using any language that could jeopardize your professional image. Choose your "friends" carefully and monitor/remove postings made by your friends that may portray you in unprofessional ways. Do all you can to keep your online image as professional as possible.
3. Under no circumstances should you "friend" a former or current patient on social networking sites, or otherwise accept or solicit personal connections with former or current patients online. Your relationships with former and current patients must remain strictly professional and confidential.
4. Under no circumstances should you discuss patient cases or share patient identifying information in emails, listservs, websites, web groups, or blogs, include any information that could lead to the identification of a patient, or compromise patient confidentiality in any way. Even if you think you have adequately de-identified patient information, consider how such communication may be viewed if seen by the patient or someone who knows the patient. You lose control of this information once it is released to the hundreds or thousands of people on a listserv, discussion board, or on a website that will "live" electronically online for years.

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5. If you use your DSH-M Outlook email address to send messages outside of DSH-M, be sure that your email signature identifies you correctly as a Psychology Intern. Indicate the year of your internship so that future searches on listservs identifies you by the year of your affiliation with DSH-M. Likewise, any posting you make identifying yourself as a psychology intern on websites should indicate the year of your internship.

6. If your webpage/blog does identify you as a psychology intern, affiliated with the DSH-M psychology internship training program, or employed by DSH-M, then the program has an interest in how you and the program are portrayed. Your webpage/blog must meet all legal and ethical guidelines from the Board of Psychology and the American Psychological Association. Your website/blog must be professional in its content and must not contain objectionable material. If DSH-M becomes aware of a page or blog that identifies you as a psychology intern, an intern in the training program, or affiliated with DSH-M, and that page or blog is considered by the Training Director to contain unethical, illegal, or otherwise objectionable material, you will be asked to modify or remove the problematic material. Should you choose not to modify or remove the material, the Training Director will follow the existing procedures for dealing with trainee misconduct and/or unethical behavior.

7. For further guidance, interns should consult the American Psychological Association's Social Media and Mobile Apps Policy at <http://www.apa.org/about/social-media.aspx>.

APPENDIX F: SAFETY GUIDELINES FOR PATIENT INTERVENTIONS

To ensure the safety of the intern, staff, and patients, interns should always determine a patient's level of safety and appropriateness for interventions prior to providing interventions. Interns should always comply with the following guidelines and consult with their clinical supervisors.

1. The intern and supervisor must determine the best area to meet with the patient, whether it is on or off the unit.
2. Interns should review chart notes to determine the patient's pattern of behavior.
3. Interns should check with the unit Shift Lead, Unit Supervisor and/or other unit staff regarding the patient's behavior in the past 24 hours and in the past week. Based on the information received, interns should use clinical judgment to determine if the patient is "safe" enough to remove from the unit.
4. Interns must be aware of the environment in which they are meeting with the patient (e.g. contraband items which may have been left out, other patients in the area, weather, etc.)

When meeting with patients off a patient's home unit or accompanying a patient off the unit, the following additional precautions should be followed:

5. Interns should request an escort or an observer when leading a patient down a stairwell, through the courtyard, or through any other unstaffed areas.
6. Interns should notify the Shift Lead that the patient will be removed from the unit and indicate where the patient and intern will be located and how long the intern expects to meet with the patient.
7. If an intern is meeting with a patient in an area with no phone access, the intern must bring a working walkie talkie with them for the session. It is the responsibility of the intern to ensure the walkie talkie is functioning properly.

Before entering/working on a unit to which the intern is not assigned to:

8. Interns should meet with the supervisor and/or unit psychologist to gather any necessary information about working on that specific unit.
9. Consult with the supervisor and/or unit psychologist to determine unit schedule and available areas to meet with patients.

APPENDIX G: INTERN GUIDELINES FOR TRAINING YEAR 2022-2023 DURING COVID-19 PANDEMIC

During this unprecedented time, the psychology internship program at DSH-M strives to maintain a balanced consideration of the needs for psychology interns to continue with training, maintaining health and well-being, as well as progressing towards completion of graduate degree requirements. Consistent with the APA Standards of Accreditation, our program is guided by providing opportunities for interns to achieve and demonstrate each of the profession-wide competencies during the year-long (12 month) internship: 1) research, 2) ethical and legal standards, 3) individual and cultural diversity, 4) professional values, attitudes, and behaviors 5) communication and interpersonal skills, 6) assessment, 7) intervention, 8) supervision, and 9) consultation and interprofessional/interdisciplinary skills. Therefore, the focus of our program will continue to be on the development of these competencies as interns proceed during the 12-month training period towards the successful completion of internship on 08/31/2023.

1. Interns need to make every effort to provide a minimum of 10 hours of direct patient care per week for a 40 -hour week that is accrued on the weekly log, per APPIC requirement that a **minimum 25% of an intern's time per week be devoted to direct patient care services.**
 - Direct patient care activities may include: individual and group therapy interventions, various assessments (e.g., psychological assessments, risk assessments, etc.), treatment team planning conferences, consultation, milieu interventions, and behavioral interventions.
 - In the event that direct patient care service is limited (e.g., unit or staff self-quarantine, etc.), the requirement to accrue 10 hours weekly can be attained by averaging direct patient care activities over the course of the 12-month training year.
 - Interns will immediately notify their primary supervisor and Internship Director when they are not able to meet the minimum 25% of direct service hours. They will collaborate on how to assist with the intern to meet the training requirements.
2. Interns will conduct psychological assessments. Intake assessments and psychological testing will be assigned as available and clinically indicated.
 - Each intern and their supervisor(s) will discuss the necessity of the psychological assessment in relation to the relevance or impact on the patient's treatment as well as taking into consideration patient health-related risk factors.

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- Patient interviews will need to take place in areas that allows for adequate social distancing (i.e., minimum of 6 feet apart) and the intern will need to use the appropriate personal protective equipment (i.e., face mask) in accordance with DSH-M guidelines at all times.
 - Psychological testing may be limited to instruments that do not require close contact or shared testing stimuli.
3. Individual therapy with patients will be provided in areas that allow for appropriate social distancing and interns will wear PPE in accordance with the DSH-M guidelines at all times. Interns may provide materials for the patients that can be reviewed between sessions (e.g., competency restoration worksheets, relapse prevention plan worksheets, etc.). These materials will be at the appropriate reading and cognitive levels of the patient and take into consideration cultural factors.
 4. Group therapy sessions will be provided in areas that allow for adequate social distancing and interns will wear PPE in accordance with the DSH-M guidelines at all times.
 5. As needed to comply with COVID safety procedures (e.g., close contact exposure), interns may participate in individual supervision with their primary supervisor(s) in accordance with the California Board of Psychology regulations. The supervision meetings may occur via campus telephone, WebEx, or any another HIPPA compliant platform.