

Clinical Psychology Internship Program

***Department of State Hospitals-Napa
2016-2017***



MISSION

The mission of the Clinical Psychology Internship Program (CPIP) at Department of State Hospitals (DSH)-Napa (*Napa State Hospital*) is to provide a comprehensive and individualized training experience for each clinical psychology intern. This experience is grounded in an on-going assessment of an intern's training needs, as well as their interests. DSH - Napa provides a wealth of training experiences for the intern who is interested in expanding their skills in the assessment and treatment of the severely mentally ill.

DSH-Napa is the second largest forensic hospital in the country. It is located on 2,000 acres in the southeast corner of the beautiful Napa Valley in Northern California. The professional staff includes approximately 50 psychiatrists, 65 psychologists, 50 social workers, 70 rehabilitation therapists, and a large nursing service. Although most of the supervision which psychology interns receive is provided by clinical psychologists, training from other mental health disciplines is provided as well (e.g., Grand Rounds), and interdisciplinary collaboration is, of course, commonplace in an inpatient setting. In addition to the CPIP, training programs in other disciplines at DSH-Napa (e.g., Forensic Fellowship, Department of Psychiatry and Behavioral Sciences, U.C. Davis) provide supplemental learning opportunities. DSH-Napa is an Equal Opportunity Employer, which actively recruits individuals from diverse backgrounds. Currently, 60 % of DSH-Napa hospital staff (and approximately 50 % of DSH-Napa patients) identify as racial and/or ethnic minorities. Such diversity enhances an awareness of the role which racial and ethnic factors play in psychiatric treatment. DSH-Napa can accommodate physically challenged patients, staff, and interns, because it is almost completely wheelchair accessible.

PATIENT POPULATION

As of this writing (September, 2015), DSH-Napa provides psychiatric treatment to approximately 1150 patients. Patients at DSH-Napa can be divided into two broad categories. Approximately 75% of our patients are hospitalized under criminal commitments, while 25% have civil commitments.

CRIMINAL COMMITMENTS

Patients with criminal commitments can be divided into three groups. These include patients who are:

- A. Not Guilty By Reason Of Insanity (NGRI);
- B. Incompetent To Stand Trial (IST); or
- C. Mentally Disordered Offenders (MDO).

These patients are admitted to DSH-Napa in several ways:

- Committed to the California Department of State Hospitals (DSH) by county superior court under one of the three penal code designations noted above.
- Transferred from a more secure facility for treatment in a less restrictive setting.

- Returned from Community Outpatient Treatment (COT) for noncompliance when the county conditional release program (CONREP) advises the county superior court that the patient may not be safely managed in the community

Not Guilty By Reason Of Insanity (NGRI)

DSH-Napa provides treatment for the largest population of NGRI patients of any facility in the country. The overall goal for these patients is improvement to the point where they gain admission or re-admission to CONREP, which coordinates return to the community. NGRI patients are treated on approximately seventeen different units. These units are graded in step-wise fashion from more structured “stabilization units” to less structured “discharge units”, where patients have jobs, or attend partial hospitalization treatment, off of their home unit. Specialized treatment programs are provided on several of these units. These include the Geropsychiatric NGRI/IST Unit and the Sex Offender Treatment Program. Several of the NGRI units are co-ed. Movement between the “stabilization”, “transition” and “discharge units” is based on evidence of responsible behavior. Psychologists on these units serve as members of a multidisciplinary treatment team. They provide individual psychotherapy and group treatment services (e.g., process and support groups, chemical dependency groups, etc.) and consultation services. In addition, psychologists write and implement behavior plans, prepare court letters, provide crisis intervention services, and testify at writ and extension hearings. A major component of group treatment on NGRI units is the Forensic Issues Group, where patients are encouraged to come to terms with their mental illness, understand the role their illness played in their instant offense, and learn relapse prevention skills. A broad range of rehabilitative and recreational therapy services is also offered by other disciplines.

Incompetent to Stand Trial (IST)

These patients have committed a criminal offense but are unable to go to trial or plea-bargain because of mental impairment. The county superior courts have determined that these defendants are unable to understand the criminal charges against them and/or assist their attorneys in preparing a rational defense. The focus of treatment for these patients is to regain competency so that they can return to court and face charges. As on NGRI units, psychologists on IST units also serve on a multidisciplinary team and provide the range of clinical treatment services noted above. However, treatment for these patients is more psycho-educational in nature. Patients attend competency groups designed to enable them to understand the nature of the criminal charges against them and to meaningfully participate in their own defense. These patients must also pass a competency evaluation before they are returned to court. The IST patients are treated on approximately 6 locked units.

Mentally Disordered Offenders (MDO)

MDO patients are former parolees of the California Department of Corrections. They were convicted and have served prison sentences. These patients completed their parole but because of continuing mental illness and dangerousness, have been committed to the Department of State Hospitals (DSH) for continued treatment. MDO patients are the smallest of the 3 forensic patient groups. They receive treatment on NGRI units.

Specialized Treatment Programs

For the most part, patients are treated on units organized around penal code status (e.g., NGRI). However, there are several specialty units that are organized around these patients’ particular psychiatric needs:

A. The Dialectical Behavior Therapy (DBT) Treatment Program

At DSH-Napa, DBT has been implemented two different ways to address two different clinical issues. In July, 2012, DBT was implemented in a “clinic” model, where patients from various units participated in DBT skills groups. These patients also participated in weekly individual DBT therapy, and the providers participated in a weekly DBT consultation group. These participants were patients whose psychiatric symptoms were stable, but who were not making progress towards discharge due to their personality disorders. Therefore, DBT was introduced to help them meet discharge criteria to the community, and decrease their length of stay in the hospital.

In Fall, 2012, DBT comprehensive treatment units were established, to treat a group of patients who were engaging in significant dangerous behaviors, including episodes of self-injurious behavior, physical assaults on others, and episodes requiring seclusion and restraint. As such, in addition to receiving individual and group treatment, these patients were housed and treated in a DBT-informed therapeutic milieu. All unit staff received training in DBT principles and unit staff as well as ancillary staff, attend weekly DBT consultation groups.

In addition to these two projects, components of DBT are provided on other units. Usually these are therapy groups, such as DBT skills group, without the individual therapy component, and without the structured milieu where all staff are trained in DBT principles and interventions.

B. The Sex Offender Unit and Hospital-Wide Sex Offender Treatment Program

The Sex Offender Unit provides treatment for patients who meet one of three criteria: 1) the instant offense was sexual in nature, 2) the patient has been designated as a 290 sex-offender registrant, or 3) there are sexual events or issues in the patient’s history which are of concern to the treatment team, or the Conditional Release Program (CONREP). The treatment program on this unit is modeled after the one at Atascadero State Hospital, which is the standard of care for sex offenders in the relapse prevention model. It includes four phases of treatment. The hospital-wide program is similar in design, and provides less intensive treatment for patients receiving treatment on other units.

C. The Geropsychiatric Treatment Program

This program provides treatment to elderly patients hospitalized under NGRI and IST commitments. Treatment on this unit is geared to the special medical and neuropsychiatric needs of this population. For example, group treatment with a focus on neuropsychiatric rehabilitation is provided to patients suffering from various stages of dementia.

CIVIL COMMITMENTS

Patients who represent a danger to themselves or others, but who have committed no crime, are committed to DSH-Napa pursuant to civil commitment statutes. Typically, all patients are county conservatees who are too severely disturbed to be treated in locked facilities or board and care homes in their county of origin. Unlike the forensic units, these patients are not treated as a function of penal code status. Civilly-committed patients are treated on different units as a function of their age, gender, level of functioning, acuity, or special needs. There are currently 8 in-patient units. These include an acute/receiving, acute medical, skilled nursing and 5 long-term units. Five of these units are co-ed. Treatment programs for these patients are similar to those of the forensic patients, without a focus on criminal behavior. Like the forensic units, the treatment program on each civil unit is grounded in a needs assessment of the particular patients

it serves. For example, the all-female unit provides treatment for patients with severe borderline personality disorder, self-injurious behavior, and trauma and recovery. Psychologists offer the same range of clinical services as provided on forensic units. They also testify at writ hearings.

Clinical Psychology Internship Program

GENERALIST TRAINING

Our intention is to prepare pre-doctoral interns for entry level practice in professional psychology. The training program is geared toward this general aim as well as the specific interests and needs of the intern class. We subscribe to a “general practitioner model,” with an emphasis on public service to the severely mentally ill. We offer generalist training because we believe that the focus of pre-doctoral training should be on the acquisition and consolidation of general clinical skills. Training is provided in the treatment of patients with severe mental disorders. An intensive training experience with severely disturbed individuals can provide an invaluable foundation for understanding the entire spectrum of mental disorders. Interns are trained to provide a broad range of clinical services, which is also consistent with a generalist approach. Interns will be able to apply skills obtained here to a variety of treatment settings and populations. By “practitioner”, we mean that our focus is on the acquisition of professional skills, which are based on the science of psychology. We encourage and provide ample opportunities for interns to obtain specialty training (e.g., neuropsychological assessment) provided they are making satisfactory progress in the acquisition of generalist skills.

Clusters, Competencies and Essential Components. We evaluate learning outcomes in 6 “competency clusters” (e.g., Professionalism) that group related core competencies together (e.g., Professional Values and Attitudes, Ethical/Legal). Within each core competency are grouped the essential components of that competency (Integrity, Deportment, Accountability). The essential components are further illustrated with examples of observable behaviors, called behavioral anchors. Each intern’s progress is evaluated at the end of the 6-month and 12-month rotations, using the **Competency Benchmarks in Professional Psychology Rating Form**. Our current clusters, competencies and the essential components of each competency, are listed below:

1. CLUSTER: PROFESSIONALISM

A. Competency: Professional Values and Attitudes

Description: Professional values and ethics as evidenced in behavior and comportsment that reflects the values and ethics of psychology.

Essential Components: 1) Integrity, 2) Deportment, 3) Accountability, 4) Concern for the Welfare of Others, 5) Identity.

B. Competency: Individual and Cultural Diversity

Description: Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.

Essential Components: 6) Self as Shaped By Individual and Cultural Diversity, 7) Others as Shaped by Individual and Cultural Diversity, 8) Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context, 9) Applications Based on Individual and Cultural Context.

C. Competency: Ethical Legal Standards and Policy

Description: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

Essential Components: 10) Knowledge of Ethical, Legal and Professional Standards and Guidelines, 11) Awareness and Application of Ethical Decision Making, 12) Ethical Conduct.

D. Competency: Reflective Practice/Self-Assessment/Self-Care

Description: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.

Essential Components: 13) Reflective Practice, 14) Self-Assessment, 15) Self-Care, 16) Participation in Supervision Process.

2. CLUSTER: RELATIONAL

A. Competency: Relationships

Description: Relate effectively and meaningfully with individuals, groups, and/or communities.

Essential Components: 1) Interpersonal Skills, 2) Affective Skills, 3) Expressive Skills

3. CLUSTER: SCIENCE

A. Competency: Scientific Knowledge and Methods

Description: Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically-derived knowledge.

Essential Components: 1) Scientific Mindedness, 2) Scientific Foundation of Psychology, 3) Scientific Foundation of Professional Practice

4. CLUSTER: APPLICATION

A. Competency: Evidence-Based Practice.

Description: Integration of research and clinical expertise in the context of patient factors.

Essential Components: 1) Knowledge and Application of Evidence-Based Practice

B. Competency: Assessment

Description: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.

Essential Components: 2) Knowledge of Measurement and Psychometrics, 3) Knowledge of Assessment Methods, 4) Application of Assessment Methods, 5) Diagnosis, 6) Conceptualization and Recommendations, 7) Communication of Assessment Findings.

C. Competency: Intervention

Description: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.

Essential Components: 8) Intervention Planning, 9) Skills, 10) Intervention Implementation, 11) Progress Evaluation

D. Competency: Consultation

Description: The ability to provide expert guidance or professional assistance in response to a client's needs or goals.

Essential Components: 12) Role of Consultant, 13) Addressing Referral Question, 14) Communication of Consultation Findings, 15) Application of Consultation Methods.

5. CLUSTER: EDUCATION

A. Competency: Supervision

Description: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.

Essential Components: 1) Expectations and Roles, 2) Processes and Procedures, 3) Skill Development, 4) Supervisory Practices

6. CLUSTER: SYSTEMS

A. Competency: Interdisciplinary Systems

Description: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.

Essential Components: 1) Knowledge of the Shared and Distinctive Contributions of Other Professions, 2) Functioning in Multidisciplinary Contexts, 3) Understanding how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes, 4) Respectful and Productive Relationships with Individuals from Other Professions

B. Competency: Advocacy

Description: Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level.

Essential Components: 1) Empowerment

C. Competency: Forensic Orientation

Description: Knowledgeable about the range of clinical/legal/ethical issues that pertain to professional deportment and service delivery in a forensic institution.

Essential Components: 1) Safety, 2) Informed Consent, Treatment Frame and Communication with the Treatment Team, 3) Psychological Testing of Suicide and Violence Risk, 4) Forensic Knowledge

OPPORTUNITIES FOR FORENSIC TRAINING

We do not offer a formal forensic training track. At the present time, the CPIP offers an orientation to select areas in forensic psychology only. As noted above, we believe that the pre-doctoral year should focus on the consolidation of generalist skills. Our orientation to forensic psychology has several components. We offer a forensic seminar sequence covering topics such as “NGRI: History and Case Law” and “Risk Assessment”. In addition, interns can participate in the hospital-wide forensic trainings noted above. They can also attend the forensic case-consultations at DSH-Napa offered by the Department of Psychiatry and Behavioral Science at U.C. Davis.

TRAINING ACTIVITIES

Training is primarily provided in four ways:

- Clinical service delivery;
- Individual supervision;
- Seminars; and
- The Preceptor/Mentor program.

CLINICAL SERVICE DELIVERY

A. Working on an Inpatient Unit

The 12-month internship is divided into two 6-month rotations. A rotation commitment entails 16-20 hours a week on an inpatient unit. The psychologist at the site provides supervision. The clinical responsibilities for the intern are the same as for the unit psychologist. Interns serve as members of a multidisciplinary treatment team. They provide psychological assessment and treatment planning services. They also provide individual psychotherapy and group treatment services (e.g. process and support groups, chemical dependency, etc), which are derived from and shaped by the psychological assessment. In addition, interns write and implement behavior plans and provide crisis intervention services. They also provide consultation services to staff regarding treatment of patients, as well issues pertaining to unit

staff. The one exception is that interns cannot testify in court but are welcome to observe licensed staff testify as fact or expert witnesses.

B. Psychological Assessment

Interns are expected to complete a minimum of ten psychological assessments during the internship year. Interns typically test patients from throughout the hospital, as an effort is made to funnel the best training cases to interns. Each intern meets weekly with their psychodiagnostic assessment supervisor and has two or more (e.g. neuropsychological or forensic risk assessment supervisor) different assessment supervisors during the year. Supervision and training in neuropsychological assessment is also available for interns. Depending on the intern's interest and skill in this area, neuropsychological training can range from simply developing basic neuropsychological screening skills to completing several full neuropsychological assessment batteries.

C. Individual Psychotherapy

Interns are expected to carry three to five long-term psychotherapy cases throughout the training year. Long-term patients are typically seen one or two times a week. These cases can be selected from anywhere in the hospital and thus may reflect a broad or narrow range of psychopathology. Each intern receives two hours of individual psychotherapy supervision for their long-term psychotherapy caseload. In addition to long-term psychotherapy, interns may provide short-term therapy to patients at their rotation site. The rotation supervisor generally provides supervision of short-term therapy cases and psychotherapy groups at the rotation site. Interns also obtain group supervision on all individual psychotherapy cases as they present their work in weekly group supervision and in the weekly Psychotherapy Seminar.

INDIVIDUAL SUPERVISION

Interns typically receive 4 hours per week of individual, face-to-face supervision, and one hour of group supervision. Individual supervision includes meetings with a unit rotation supervisor, a psychological assessment supervisor, and two individual psychotherapy supervisors. The intern meets with each supervisor once a week and more if desired or needed. The Director of Training works with each intern in the selection of supervisors for each rotation, and in the selection of long-term psychotherapy cases.

SEMINARS

There are three core weekly seminars:

A. Psychodiagnostic Assessment Seminar

This seminar is composed of a sequence of training modules, from simple to more complex. In each module, didactic training alternates with intern case presentations, so that principles learned during the didactic seminars can be applied to case material. The seminar begins with the cognitive assessment module, where didactic training is followed by intern case presentations in cognitive assessment. The second module covers cognitive/personality assessment. This module includes training on a number of personality measures (e.g. MMPI-2, MCMI, PAI, and Rorschach). Case presentations cover the ways in which cognitive and personality data inform each other, and how cognitive and personality data are integrated in a test report. Second rotation covers more complex assessment issues and "specialty assessments" (e.g. violence risk assessment, and neuropsychological testing).

B. Psychotherapy Seminar

Our aim in this seminar is to present the major Psychodynamic and CBT approaches to the treatment of the severely mentally-ill, and the empirical basis for these approaches. We generally begin with several seminars introducing basic concepts in working with the severely mentally-ill, and providing individual therapy in a forensic setting. We proceed with an introduction to basic concepts in each treatment orientation, and then provide training on more complex issues. As in the Assessment Seminar, didactic training alternates with intern case presentations, so that principles learned during the didactic seminars can be applied to case material. Interns will receive intensive training in psychodynamic case conceptualization in this seminar. The work of Melanie Klein, D.W. Winnicott, Michael Balint, Thomas Ogden, Heinz Kohut and Otto Kernberg, among others, is applied to an understanding of primitive mental states and defenses. Interventions which are derived from these conceptualizations are pitched at a level where the patient can understand and hopefully derive meaning from them. CBT conceptualizations and interventions are explored, with particular emphasis on Dialectical Behavior Therapy.

C. Professional Issues Seminar

Our aim in this seminar is to provide didactic and applied training in Consultation, Supervision, Cultural Diversity and Legal and Ethical Issues. The seminar also covers select topics in Forensic Psychology. In this seminar, we also provide an opportunity for interns to process various aspects of their training experience. In the past, interns have discussed such topics as adjustment to working with severely disturbed patients, the role of a psychologist and developing a professional identity.

PRECEPTOR/MENTOR PROGRAM

Some interns have reported that our Preceptor Program was the most valuable aspect of their training experience here. The goal of this program is to provide an opportunity for interns to discuss the range of concerns they may have, related to their professional development, with a member of our training staff (preceptor). The preceptor has no evaluative function. The mentor/student relationship is essentially confidential, so that issues might be discussed in a more unencumbered fashion. Participation in this program is optional.

HOSPITAL-WIDE TRAINING OPPORTUNITIES/RESOURCES

- *The Department of Professional Education Grand Rounds*
Weekly presentations on a wide range of topics in mental health are offered where DSH-Napa staff and Specialists from around the country are featured.
- *Department of Psychology Training.*
Specialists from the Bay Area and around the country provide training that addresses the specific educational needs of psychologists.
- *UC Davis Forensic Case Consultation*
The Forensic Fellowship Program offers periodic consultations on DSH-Napa forensic patients who have been referred by DSH-Napa treatment teams.
- UC Davis Courtroom Testimony Training

Dr. Charles Scott, Professor in the Division of Psychiatry and the Law at UC Davis provides training in expert testimony to clinical staff at DSH-Napa. Mock trials of actual upcoming court cases are conducted where Dr. Scott plays the role of public defender and state's attorney in direct and cross examination of clinical staff. Dr. Scott critiques the testimony provided by staff, which assists staff as they prepare for the actual court testimony.

- *DSH-Napa Professional Library*
The DSH-Napa Professional Library subscribes to nearly 120 journals. The library also offers the computer search services of PsychINFO and Medline.
- *Field Trips*
Interns participate in two or three field trips each year. In recent years, interns have visited several California State Prisons, or county inpatient treatment facilities.
- *Computers*
Computers are available to aid interns with their clinical work. The Department of Psychology has test scoring and interpretation software, including programs for interpreting the MMPI-2, Rorschach, and the Millon Clinical Multiaxial Inventory-3, among others. Each intern also has his or her own computer network account, which allows access to the Local Area Network (LAN). Network accounts include Microsoft Outlook e-mail for communication and correspondence, and access to the Internet.

EVALUATION OF INTERN PERFORMANCE

- Each intern meets regularly with the Psychology Internship Director to discuss his or her training experience.
- Training supervisors meet monthly to review the progress of each intern (and to provide peer supervision in their work as supervisors). Areas of particular strength and areas requiring more attention for continued professional development are identified for each intern. Formal rotation evaluation meetings occur in the middle and at the end of each 6-month rotation period. At these meetings, each intern meets with all of his/her supervisors to review their progress in the program.
- At the end of each rotation, each supervisory team meets to complete a written evaluation of each intern's performance. Concurrently, each intern is asked to evaluate each supervisor.

THE NAPA COMMUNITY

DSH-Napa is located in Napa (pop 77,000), the largest community in the renowned viticulture center. The schools in the area are good, and there are a number of after-school and day-care centers for children of working parents.

The climate is often described as Mediterranean. Fall and spring days are pleasant and summer days are warm, with three or four brief heat waves during the summer. The temperatures during summer nights range between 50 and 55 degrees. The rainy season begins in November, with little or no rain after April. Winter day temperatures fluctuate between 50 and 65 degrees, with evening temperatures rarely dropping below 32 degrees between mid-December and March. Apartments, duplexes, and houses are readily available in Napa. Most rentals are unfurnished, but come with a refrigerator and stove. A modern, one bedroom, unfurnished apartment is typically available at

\$1200+ per month; a one-bedroom, furnished is available for \$1400+ per month. Three-bedroom, 2-bath homes average \$1800 - \$2000 per month. Despite the fact that housing is available within walking distance of the hospital, a car is considered essential in this community. Hospital staff does commute varying distances, with the majority carpooling from adjacent municipalities.

ACTIVITIES IN THE SURROUNDING AREA OF NAPA

Some of the many leisure and recreational activities in the immediate and not-too-distant areas are:

NAPA VALLEY:

- Many award-winning restaurants;
- Over 200 famous Napa Valley Wineries and tasting rooms, which may include a relaxing picnic lunch.
- Road bike rides and mountain biking trails for bicycle enthusiasts. Also, bicycle riding along valley back roads;
- Nearby Calistoga, home of mineral water and hot springs, offering natural spas, mineral baths, mud baths, shops and restaurants;
- Several public golf courses, swimming pools, tennis courts, horseback riding stables, fishing and hiking areas, softball leagues, and campgrounds provide outdoor recreational activities;
- Napa Valley College, a community college, offers a variety of cultural, recreational and social activities;
- Napa Valley College and Napa Parks and Recreation Department offer courses in arts and crafts, foreign languages, wine appreciation, computer programming, and physical activities (e.g., swimming, racquetball, aerobics, Tai Chi, yoga and meditation);
- There are several art shows held annually in local galleries and parks;
- Several wineries host annual summertime festivities, including jazz, pop, and classical concerts featuring top-name entertainers; Bottle Rock Music Festival
- There are many active charitable, social, recreational and/or professional organizations and clubs.

AN HOUR OR LESS BY CAR FROM NAPA:

- Nearby San Francisco (52 miles) offers a wealth of cultural, educational, and recreational activities.
- Berkeley (40 miles).
- Lake Berryessa (20 miles).
- Mt. Tamalpais (45 miles).
- Muir Woods (40 miles).
- Sausalito (40 miles).
- Sacramento (60 miles).
- The Sonoma Coast (50 miles).

OTHER AREAS OF INTEREST:

- The Santa Cruz Beach and Boardwalk area is 120 miles southwest.

- Monterey and Carmel, gateway to Big Sur, are about 30 miles further down Highway 1.
- Picturesque Mendocino on the Northern California coast is approximately 180 miles away.
- Many ski resorts are within three to five hours drive from Napa.
- Lake Tahoe is roughly 175 miles east.
- Yosemite National Park is 180 miles southwest.

DIRECTIONS TO NAPA STATE HOSPITAL'S PSYCHOLOGY BUILDING

From San Francisco:

Travel east on I-80
Exit on Highway 37 (marked with "Napa" sign)
Drive 2 1/2 miles
Turn right on Highway 12/29 (also called Sonoma Boulevard)
Drive 6 1/2 miles until the "Y" split in the road
Follow the directions below**

From Sacramento:

Travel west on I-80 Exit Highway 12 West (marked with "Napa" sign)
Drive 6 miles until the road reaches a "T"
Turn right on Highway 12/29
Drive 1 1/2 miles north to the "Y" split in the road
Follow the directions below**

From the East Bay:

Travel north on I-680
Exit on I-80 West
Exit Highway 12 West (marked with "Napa" sign)
Drive 6 miles until the road reaches a "T"
Turn right on Highway 12/29
Drive 1 1/2 miles north to the "Y" split in the road
Follow the directions below**

*****After the "Y" Split:*****

Take the right-hand fork, which directs you toward Napa. Drive 2 1/2 miles north to Napa State Hospital
Turn right at the main entrance. The Psychology Building is the last building on the left of Magnolia Blvd.
Park in any convenient location. A sign in front of the Psychology Building reads "Single Nurses' Home/Psychology Offices". Single Nurses is an historical designation and the building now only houses Psychology Staff.

APPLICATION INFORMATION

NATURE OF THE POSITION

A. The CPIP is accredited by the Commission on Accreditation of the American Psychological Association. Any questions related to the CPIP's accreditation status should be directed to the Commission on Accreditation at:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone (202) 336-5979/E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

Four funded positions are available starting September 1, 2016 and continuing for a full year. The stipend for the 2016-2017 training year is approximately \$30,555. There are no unpaid positions.

Medical insurance for the intern and his or her immediate family is provided at no charge or minimal charge, depending upon the program selected. Dental insurance is also provided.

Vacation, State holidays and paid educational leave are available.

ADMISSION CRITERIA

Applicants must be doctoral candidates in clinical psychology (preferably from an APA-accredited program), at a recognized university or professional school. Napa State Hospital is unable to review applications from programs where the degree is awarded in a non-clinical specialty (e.g. forensic psychology). Applications from "Clinical-Forensic" programs will be accepted provided the coursework in the respective program is comparable to a traditional "Clinical" program. Applicants from "Clinical-Forensic" programs may want to address this issue in their cover letter. All requirements for the degree, with the exception of the dissertation, must be completed by the start of internship. Applicants need not be U.S. Citizens.

Student Disclosure of Personal Information: The CPIP adheres to APA's Ethical Principles of Psychologists and Code of Conduct, December, 2002. Regarding Principle 7.04, interns are not required to disclose personal information. However, in supervising an intern's clinical work, an intern may be asked, for example, to describe how it feels to work with a particular patient, as part of clinical inference-making or part of an exploration of counter-transference reactions. Occasionally, an intern may be *invited* to talk about some aspect of their personal history or about psychological conflicts, which directly bear upon their work with a particular patient.

APPIC Policies and Procedures: Napa State Hospital is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and our intern positions are selected through the APPIC match. Details on the match process can be found on the APPIC website. 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 applicant.

State of California Eligibility Requirements: Appointment of applicants to internship positions is contingent upon satisfying several eligibility requirements. Although internship offers will be made in February, 2016, actual employment in September, 2016, is contingent on passing a physical examination (including a drug screen) and a security clearance following fingerprinting. Please note that even if you successfully match with DSH-Napa, you may not be eligible for employment if you have been convicted of a crime.

APPLICATION PROCEDURE

- A. Complete the online AAPI via the Applicant Portal on the **APPIC website**. The APPIC website provides instructions for completing the online AAPI and submitting letters of recommendation and transcripts for the online application process.
- B. Select Napa State Hospital as a “Designated Site” on the APPIC Applicant Portal
- C. Complete the **California Examination and Employment Application** (Form 678). Please download a PDF version of this form that can be completed electronically and saved as a PDF. The easiest way to complete Form 678 is to copy and paste relevant information from the applicant’s curriculum vita (please include actual job descriptions and do not simply indicate “see CV”). Please email a completed copy of this form, with an electronic signature, to Dr. Lesch at Richard.Lesch@dsh.ca.gov. Your application must include your signature. If you cannot add an electronic signature, you must fax a copy, or send us a hard copy of the application form by snail mail. Please note that although APPIC guidelines prohibit internship sites from requesting any materials to be mailed directly to the site, APPIC has made an exception for all internships in California that require this form as part of the application process. Also, please note that APPIC has indicated that they would prefer to have this form emailed directly to the internship site. Form 678 should not be submitted as supplementary material with the online AAPI. ***We cannot process your internship application without a completed state application.***
- D. Submit three letters of recommendation via the AAPI online recommendation submission portal on the APPIC website.
- E. Submit copies of all graduate transcripts, cover letter and a current C.V.

Napa State Hospital is an Equal Opportunity Employer

DEADLINE

All application materials which are uploaded via the APPIC Applicant Portal (e.g., transcripts and letters of recommendation), as well as Form 678, must be received by **November 16th**, to enable the Internship Director and Training Committee sufficient time to review applications. Please refer to the deadlines for submission of rank order lists on the APPIC website. We adhere to the APPIC and APA policies and procedures regarding offers and acceptances. All application materials will be reviewed and rated by the Psychology Internship Advisory Committee. Applicants who receive the highest rankings will be invited for an in-person interview. Interviews will be conducted in January 2016, and will include a hospital tour.

For further information please contact us directly using the contact information below:

Richard Lesch, Ph.D., Internship Director, Napa State Hospital. Our address is 2100 Napa-Vallejo Highway, Napa, CA 94558. Dr. Lesch's telephone number is 707-253-5308. Our fax number is 707-253-5341. Richard.Lesch@dsh.ca.gov

CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM

Graduate Programs of Recent Former Interns

Class of 2015-16

Wright Institute

Rutgers, The State University of New Jersey

Carlos Albizu University

Argosy University – Southern California

Class of 2014-15

Wright Institute

John F. Kennedy University

Argosy University – Phoenix

California School of Professional Psychology at Alliant University,

Class of 2013-14	Fuller Graduate School of Psychology PGSP/Palo Alto University Wright Institute University of Denver
Class of 2012-13	Fuller Graduate School of Psychology Azusa Pacific University Alliant/California School of Professional Psychology/SF Wright Institute
Class of 2011-12	Miami University/Ohio Florida Institute of Technology PGSP/Palo Alto University-Stanford Consortium University of La Verne
Class of 2010-11	PGSP/Palo Alto University Fuller Graduate School of Psychology Argosy University/Phoenix John F. Kennedy University
Class of 2009-10	Azusa Pacific University University of La Verne Nova Southeastern University University of California, Berkeley
Class of 2008-09	California School of Professional Psychology/SF Argosy University/Phoenix Wright Institute Azusa Pacific University
Class of 2007-08	Miami University/Ohio PGSP/Palo Alto University-Stanford PsyD Consortium Argosy University/Phoenix Florida State University
Class of 2006-07	Rutgers University California School of Professional Psychology/ S.F. Chicago School of Professional Psychology California School of Professional Psychology/ San Diego
Class of 2005-06	Wright Institute California School of Professional Psychology/ S.F. Georgia State University University of Rochester