

**FLORIDA DEPARTMENT OF
CORRECTIONS**

**PREDOCTORAL INTERNSHIP IN
PROFESSIONAL PSYCHOLOGY**

TRAINING MANUAL

UPDATED BY

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TRAINING MANUAL

TABLE OF CONTENTS

Internship Training in the Florida Department of Corrections	Page 3	
Documentation of Internship	Page 4	
Evaluations	Page 4	
Intern Expectations	Page 5	
Florida Department of Corrections Policy	Page 6	
Due Process	Page 7	
Appendix A	Training Activities	Page 10
Appendix B	Weekly Activity Report	Page 13
Appendix C	Intern Evaluation Form	Page 14
Appendix D	Supervision Log	Page 20
Appendix E	Checklist of Requirements for Completion of Internship	Page 21
Appendix F	Examples of 2010 – 2011 Training Seminars	Page 24
Appendix G	Faculty Information	Page 27

Internship Training in the Florida Department of Corrections

All interns will be titled “Predoctoral Psychology Intern.” Their signature on all clinical documentation shall be followed by the title, “Predoctoral Psychology Intern.” The supervisor at each training site will assign patients that they are clinically responsible for to the intern. They are responsible for placement of a note in the chart of each patient they assign to an intern: The note will state that the case has been assigned to the intern under their supervision. The interns are required to introduce themselves to new patients as “Predoctoral Psychology Interns” and to tell the patient the name of their supervising psychologist. The supervisor is responsible for all mental health care provided to such patients by the intern and for reviewing the patients’ care. The supervisors will also document that they are responsible for each case they assign to an intern by signing off on the patient notes, the treatment plans, the treatment reviews and all assessments while the patient is assigned to the intern.

A variety of formal training opportunities will be afforded interns. Interns are expected to attend in order to comply with internship accreditation standards. If unable to attend any scheduled activity, the intern should notify their supervisor.

Professional development time may be granted with the prior approval of the rotation supervisor and/or TD. Also, the option to visit a variety of Correctional Institutions including death row is available but will require willingness to travel several hours.

Interns' names, academic institutions, and privilege status will be sent to the Region Mental Health Consultant (RMHC) at the beginning of the internship by the TD.

An internship certificate containing the words “Predoctoral Internship in Professional Psychology” will be given to each successful intern at the conclusion of the internship.

DOCUMENTATION OF INTERNSHIP

Weekly Activity Report

Interns will complete the Weekly Activity Report (WAR) and submit it to their supervisor each week. The supervisor will review each WAR. The WAR will be given to the Internship Program Training Director (TD) who will retain it in the intern's file. A copy of the WAR is found in Appendix B.

Supervision Log

Each intern will complete an Internship Supervision Log (See Appendix D) on a daily basis indicating the supervisor, rotation, date, time, topics discussed and duration of supervision, including group supervision. This log will be submitted to the TD at the end of each month.

EVALUATIONS

Intern Evaluations

Each intern will be evaluated by their supervisor(s) and provided feedback on their work on an on-going basis. This is intended to provide feedback to the intern so adjustments can be made prior to the end of the rotation. Additionally, they will be formally evaluated at least twice during the year by their supervisor using the *Department of Corrections Intern Evaluation Form* (see Appendix C). These evaluations will occur at the end of each rotation with at least one occurring at midyear. Areas assessed will include Psychological Assessment, Diversity, Therapeutic Interventions, Consultation, Scholarly/Evidence Based Inquiry, Supervision and Professional/Ethical Development. The intern's academic institution may provide their own evaluation forms and request that they be completed, if necessary. They will then be completed in accordance with their school program's needs. The interns will also evaluate each rotation, their supervisors and finally the internship as a whole.

End-of-rotation evaluations will be completed by the rotation supervisor who will forward all evaluations for the rotation to the Internship Program Training Director (TD). The TD will indicate his/her concurrence or disagreement with the evaluation based on available documentation. If the rotation supervisor and TD disagree, the TD's decision takes precedence. When circumstances are serious and consensus cannot be reached, either party can appeal to the Director of Mental Health Education whose decision is final. Likewise, students may appeal their end-of-rotation evaluations to the TD. The intern's second and final appeal can be made to the Director of Mental Health Education whose decision is final.

Rotation Supervisor Evaluations

At the end of each rotation, the intern will evaluate his/her rotation supervisor and submit the evaluation directly to the TD. If the intern anticipates being supervised by a given rotation supervisor in future rotations, the intern may elect to hold the evaluation until the last rotation under the given supervisor's supervision. This option is intended to relieve the intern of any fear that future interactions with the supervisor will be strained, and thus allow freedom of expression to the intern. The TD is to use the supervisors' evaluations to provide constructive feedback to the rotation supervisors.

Intern Expectations

Interns are expected to be familiar with and comply with all Florida Department of Corrections' rules, regulations, and policies at all times during the internship year. The intern will become familiar with the Florida Department of Corrections' Chapter 33, and its Mission Statement, will abide by its Code of Conduct and be willing to take its Oath of Allegiance (which can be found at <http://www.dc.state.fl.us/vision.html>). They also must adhere to the American Psychology Association *Ethical Principles of Psychologists and Code of Conduct* (2002) at all times. (It can be found at <http://www2.apa.org/ethics/code2002.doc>).

Interns are expected to actively participate in their training and supervision and work to augment their skills during the year. An outline of training activities can be found in Appendix A. They are required to reach an adequate level of competency in all of the areas listed in the Intern Evaluation Form (Appendix C) before the end of the year and are encouraged to consider and discuss them with their supervisors during the year.

Proof of Professional Liability insurance must be provided for the entire year.

Secondary Rotations are up to an hour and a half away from Zephyrhills CI and interns should be prepared to have adequate personal transportation in order to drive to these rotations.

Interns will be required to do four formal scholarly presentations for Grand Rounds: One will be on an area of research interest, one will be on a group module that they have prepared based on current theory and research; and the other two will be case presentations that will incorporate interpretations, conceptualizations and treatment plans based on current research and theory.

A general outline of intern expectations is provided on the *Checklist of Requirements for Completion of Internship* (see Appendix E).

THE FLORIDA DEPARTMENT OF CORRECTIONS POLICY

If an intern becomes aware he/she is related to any inmate, or has personal knowledge of an inmate incarcerated in The Florida Department of Corrections, the relationship shall immediately be conveyed to the TD. The TD is to inform the CHO/MED and Warden so that proper action may be taken. Failure to report such a relationship is a serious security violation and may lead to dismissal.

Interns will not provide any information about the Florida Department of Corrections or about inmates to parties not employed by the Florida Department of Corrections, except as appropriate to their academic institution, as required by law or ethical standards or at the request of the TD. Inquiries regarding the Florida Department of Corrections as an entity or concerning inmate/patients will be forwarded to the TD.

Interns will comply with all Florida Department of Corrections' rules, regulations, and policies at all times. The intern will become familiar with the Florida Department of Corrections' Chapter 33, and its Mission Statement, will abide by its Code of Conduct and be willing to take its Oath of Allegiance (which can be found at <http://www.dc.state.fl.us/vision.html>). They also must adhere to the American Psychology Association *Ethical Principles of Psychologists and Code of Conduct* (2002) at all times. (It can be found at <http://www2.apa.org/ethics/code2002.doc>). Failure to do so may lead to dismissal.

Interns are to maintain professional liability insurance throughout their internship. Failure to do so may result in dismissal.

In addition to the aforementioned circumstances, interns may be dismissed for the following:

Endangering the lives of inmate/patients, being deliberately indifferent, or insubordination involving clinical care.

Discontinuing their doctoral program.

Inability to competently function at the pre-doctoral intern level despite repeated supervisor effort to assist the intern in her/his performance.

DUE PROCESS

General Guidelines for Due Process

Due process helps to ensure that decisions made by the internship about interns and their training experience are not arbitrary or personally based and that their rights are upheld. Due process also requires the internship to identify specific evaluation procedures which are applied to all interns, rights of the interns and to have relevant appeal procedures available to the intern in cases where the intern may challenge the internship program's action(s).

Procedures for Addressing Inadequate or Unacceptable Intern Performance

For the purposes of procedural policy, inadequate or unacceptable intern performance is defined broadly as interference in professional functioning which is reflected in one or more of the following ways: 1. An inability and/or unwillingness to acquire, integrate and apply professional behaviors and ethical standards; or 2. An inability and/or unwillingness to acquire the level of professional skills necessary to reach an acceptable level of competency. Inadequate or unacceptable performance is generally reflected by a rating of 1 on the Intern Evaluation Form (Appendix C).

1. The problem should first be identified and brought to the attention of the intern during supervision and efforts should be made to correct the problem through training and supervision (except in extreme cases).
2. Written notification will be provided if a problem with inadequate or unacceptable intern performance is not resolved informally or is not appropriate for informal resolution (e.g., grossly inappropriate behavior such as aggressive or sexual actions with patients). The problem will be documented in writing to both the Training Director (TD) and to the intern. This may be done by letter or by use of the Intern Evaluation Form.
3. The TD will notify the intern's academic program training director and the Director of Mental Health Education (DMHE). The TD will then take the problem before the Training Committee (which consists of the TD, and two supervisors.) The Training Committee will allow the intern 10 days to provide written or oral information at a hearing about the problem. The Training Committee will consider the evidence brought to them and within another 10 days, make a determination that may include one or more of the following: determination that the problem is not severe enough to warrant remediation and that no further action is necessary; determine that the problem is significant requiring a formal remediation plan, which the committee will develop within 10 more days; or determine that termination of the intern from the internship is appropriate. The Training Committee will notify the intern, the intern's academic training program training director and the DMHE of its determination and of the remediation plan (if one is recommended).

4. The intern may appeal the Training Committee's decision, by submitting a letter to the DMHE who will then invite the intern's academic program's training director to meet and review the case with the Internship Site Supervisor, the TD, and the DMHE. After due consideration of the evidence, the DMHE will determine appropriate action. This decision is final.

Procedures for Violation of Intern Rights

Violations of interns' rights include, but are not limited to: exploitation, sexual harassment, discriminatory treatment, unfair evaluation practices, inadequate or inappropriate supervision or training, and violation of due process.

1. Interns should first make every effort to resolve their complaints directly with the person who is the subject of the complaint. When such resolution is not practical due to power and authority differences or related factors, interns are encouraged to seek consultation from the Training Director (TD) and to explore ways of reaching resolution.

2. If resolution is not possible directly with the person who is the subject of the complaint, interns are then expected to discuss the situation with the TD (or the DMHE, if the TD is the subject of the complaint) who will attempt to resolve the problem informally.

3. If a problem is not resolved informally to the intern's satisfaction or is not appropriate for informal resolution (e.g., grossly inappropriate behavior by a supervisor) the intern will document their concerns in writing. Their written complaint should be sent to the TD (or the DMHE, if the TD is the subject of the complaint).

The TD (or the DMHE) will take the complaint before the Training Committee (which consists of the TD, if he/she is not the subject of complaint and two supervisors) and notify the Director of Mental Health Education (DMHE) and the intern's academic training programs training director of the complaint. The Training Committee will notify and then allow any supervisors or staff involved 10 days to provide written or oral information about the problem at a hearing. The Training Committee will consider the evidence brought to them and within another 10 days, make a determination that may include one of the following: determination that the complaint is not severe enough to warrant remediation and that no further action is necessary; or determine that the complaint is significant requiring a formal remediation plan, which they will developed within 10 more days. The Training Committee will notify the intern, the intern's academic training programs training director, the DMHE and all parties involved of it's determination and of the remediation plan (if one is recommended).

4. The intern may appeal the Training Committee's decision, by submitting a letter to the DMHE who will then invite the intern's academic institution's training director to meet and review the case with the Internship Site Supervisor, the TD, and the DMHE. After due consideration of the evidence, the DMHE will determine appropriate action. This decision is final.

TRAINING ACTIVITIES

TRAINING ACTIVITIES

1. To provide our interns with progressive training and experiences in assessing and treating patients with a variety of treatment modalities and supervisors:

- Interns will begin the year working with patients at less severe levels of pathology (Outpatient Service and Transitional Care Unit) and will progress toward working with the most severe and complex patients.
- The interns' therapy and interventions will be done with direct observation by their supervisor at the beginning of the year and will progress to audio/video and then intern reporting over the year.
- At the beginning of the year the interns' group therapy will be provided with direct observation by their supervisor and will progress to more independent work. By the end of the year they will have prepared their own scholarly/evidence based group, implemented it and supervised a bachelor or masters level co-therapist in the use of their module.

The Interns will be assigned, on average, at least 6 individual therapy cases at any given time during the year and have at least 10 hours of face to face patient contact each week on average and must accumulate 500 hours by the end of the year.

- Interns will have individual cases assigned to them by, and be supervised by, at least 3 different psychologists during the year.
- Interns will formally present at least two individual therapy cases at Grand Rounds. One must include formal assessment data. These presentations must include diagnoses, conceptualizations and possible treatment plans using at least three differing theoretical perspectives.

2. To provide clinical training and experience in psychological assessment and diagnosis using intellectual and both objective and projective instruments.

- Interns will begin by demonstrating competency at administration of psychological assessments and progress from simple batteries (e.g., IQ assessments) to complex diagnostic assessments and reports.
- Interns will demonstrate competence in administration, scoring and interpretation of at least the following: MMPI-II, PAI, Rorschach Exner Scoring, WAIS-IV, WASI, BETA-III, Hare PCL-R, SIRS.
- Interns will complete at least six formal psychological assessments and present at least one of these at Grand Rounds.

- *Interns will increase the number of assessment tools that they use and their skill in using them over the year.*

3. *To provide training that will prepare the interns for successful practice in general psychology settings as well as providing specialized training and experience in forensic psychology:*

- *Didactic training and clinical experiences will be provided in the areas of general clinical psychology and in correctional psychology.*
- *Interns will have experience working with a wide range of psychiatric disorders during the year including mood disorders, psychotic disorders, personality disorders, etc.*

4. *To promote competency in treating and assessing patients/clients with respect and sensitivity to issues of cultural and individual diversity:*

- *Didactic training in issues of diversity will be by specific topic and by global incorporation of diversity into general topics.*
- *Clinical experiences with male and female patients with a wide range of age, sexual orientation, disabilities and religious, social and cultural backgrounds will be provided.*
- *Supervision will be provided that is attentive to and sensitive to the issues of cultural diversity with awareness of issues such as those reviewed in the American Psychological Association's article, Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists (May 2003).*

5. *To provide training and experience in professional issues and ethical issues related to the practice of psychology:*

- *Didactic training in professional and ethical issues will be provided.*
- *Supervision will address professional issues and ethical issues including American Psychological Association's Ethical Principles of Psychologists and Code of Conduct (2002).*

6. *To incorporate scholarly/evidence based inquiry into the intern's development as psychologists:*

- *Supervision will include the review, interpretation and application of evidence based assessment, diagnosis and treatment methods.*
- *Interns will be required to do four formal presentations: One will be on an area of research interest, one will be on a group module that they have prepared based on current theory and research and the other two will be case presentations at Grand Rounds that will incorporate interpretations,*

conceptualizations, diagnoses and treatment plans based on current research and theory.

WEEKLY ACTIVITY REPORT

Intern: _____

Dates: _____ to _____ 20_____

Primary Supervisor: _____

Current Secondary Rotation: _____

	<u>No. Hours</u>	<u>No. Patients Served</u>	
		Inpatient	Outpatient
<u>Therapy:</u>			
Individual	_____	_____	_____
Group (_____)	_____	_____	_____
Group (_____)	_____	_____	_____
Crisis Intervention	_____	_____	_____
<u>Consultation</u> (psychiatry, Nursing, Security)	_____	_____	_____
<u>Assessment and Therapy Planning:</u>			
Clinical Interviews	_____	_____	_____
Bio-psychosocial Assessments	_____	_____	_____
Sex Offender Screening	_____	_____	_____
Case Management	_____	_____	_____
Confinement Eval.	_____	_____	_____
Individual Treatment Plans	_____	_____	_____
Intelligence Testing			
WAIS-IV	_____	_____	_____
BETA-III	_____	_____	_____
Personality Tests			
MMPI-II	_____	_____	_____
PAI	_____	_____	_____
Rorschach	_____	_____	_____
Hare	_____	_____	_____
SIRS	_____	_____	_____
_____	_____	_____	_____
Neuropsychological Tests			
_____	_____	_____	_____
_____	_____	_____	_____
Treatment Planning	_____	_____	_____
Rounds	_____	_____	_____
Staffing	_____	_____	_____
Court Paperwork	_____	_____	_____
Court Hearings	_____	_____	_____

**FLORIDA DEPARTMENT OF CORRECTIONS
PREDOCTORAL INTERNSHIP IN PROFESSIONAL PSYCHOLOGY**

Intern Evaluation Form

Intern's Name: _____

Rotation Site: _____

Applicable Dates: _____

Supervisor: _____ Lic. # _____

Total hours of individual face to face supervision provided during this rotation: ____ hours

Methods for Determining Levels of Competence (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Live Observation | <input type="checkbox"/> Audio Tape | <input type="checkbox"/> Co-therapy/facilitation |
| <input type="checkbox"/> Videotape | <input type="checkbox"/> Review of Written Work | <input type="checkbox"/> Review of Test Data |
| <input type="checkbox"/> Chart Review | <input type="checkbox"/> Discussion of Intern's Report of Clinical Interactions | |
| <input type="checkbox"/> Role Play | <input type="checkbox"/> Comments from Other Staff | |
| <input type="checkbox"/> Other (explain) | | |

Competency Rating Scale

Use these Likert Scale ratings (1-4 or N/A) to rate each of the competencies/behaviors listed on the Intern Evaluation Form. Rating should be applicable to only this rotation/supervisory period:

- 4 – Performs this activity independently and with more than acceptable quality. (above the expected level of most interns; comparable to post-doctoral staff)
- 3 – Performs this activity well, usually without assistance and/or supervision. (the acceptable and typical developmental level of intern performance.)
- 2 – Can perform this activity, but requires supervision and assistance (typical of interns early in training)
- 1 – Is not able to perform this activity satisfactorily (performing below typical developmental intern level; not acceptable at completion of internship.)
- N/A – not observed or applicable

I. Therapeutic Interventions

a) Able to generate a useful theoretically based case formulation and treatment plan.	4	3	2	1	N/A
b) Responsible for key client care tasks, autonomously ensuring that tasks are completed promptly (BPSA's, Treatment Plans and notes).	4	3	2	1	N/A
Able to competently conduct individual therapy, including use of well-timed effective and appropriate interventions (use a balance of appropriately worded questions, reflection, confrontation, and interpretation responses to facilitate insight).	4	3	2	1	N/A
c) Establishes clear and appropriate goals and identifies hidden agendas. Continues to work with patients in reevaluating patients goals throughout the course of therapy.	4	3	2	1	N/A
d) Forms connecting relationships with patient, and knows how to attend to the relationship for therapeutic change or when relational issues arise.	4	3	2	1	N/A
e) Competently conducts group therapy, including use of well-timed, effective & appropriate interventions (use a balance of appropriately worded questions, reflection, confrontation, and interpretation responses to facilitate insight).	4	3	2	1	N/A
f) Able to develop a scholarly/evidence based group module and implement it appropriately.	4	3	2	1	N/A
g) Able to reinforce client progress.	4	3	2	1	N/A
h) Able to perform crisis interventions with clients having a variety of psychosocial problems.	4	3	2	1	N/A
i) Perceives and responds to non-verbal cues to gain in depth understanding of verbal message.	4	3	2	1	N/A
j) Has an integrated knowledge of theories. Can express this knowledge clearly and uses therapeutic interventions that are consistent with theories.	4	3	2	1	N/A
k) Facilitates the experience & expression of affect in session.	4	3	2	1	N/A
Addresses termination issues with the client.	4	3	2	1	N/A
l) Addresses "therapy interfering behaviors": silence, not completing "assignments", avoidance of meaningful topics.	4	3	2	1	N/A
m) Helps men and women using a gender role sensitivity model and discusses with the patient the impact of gender role in session and in patient's life.	4	3	2	1	N/A
n) Works comfortably with patients from many cultures incorporating a multicultural sensitive model. Is aware of impact of own culture on counseling process.	4	3	2	1	N/A

Comments: _____

II. Psychological Assessment

a) Able to elicit relevant history, from interview, medical record review, staff consultation and appropriate use of collateral information.	4	3	2	1	N/A
b) Understands the mental status and diagnostic components of disorders and uses it properly in diagnosis and monitoring patient progress.	4	3	2	1	N/A
c) Competent in formulation DSM-IV-TR diagnoses.	4	3	2	1	N/A
d) Able to administer, score, and interpret intellectual/cognitive assessment instruments, including WAIS-IV	4	3	2	1	N/A
e) Able to administer objective, score, and interpret personality assessment instruments including MMPI-II and PAI.	4	3	2	1	N/A
f) Able to administer, score, and interpret forensic tests including SIRS, HPCL.	4	3	2	1	N/A
g) Able to administer, score and interpret projective personality assessment instruments including Rorschach-Exner.	4	3	2	1	N/A
h) Able to write a well-organized psychological evaluation, answering referral questions clearly, providing specific recommendations for client care.	4	3	2	1	N/A
i) Aware of and sensitive to individual differences such as cultural, social, and ethnic background and their impact on assessments.	4	3	2	1	N/A
j) Able to provide useful, accurate, and ethical feedback to patients and referring staff.	4	3	2	1	N/A
k) Has a reasonable understanding of developmental issues and avoids over-pathologizing.	4	3	2	1	N/A

Comments: _____

III. Scholarly/Evidence Based Inquiry

a) Reads and is aware of relevant literature.	4	3	2	1	N/A
b) Applies literature to practice appropriately.	4	3	2	1	N/A
c) Reads materials provided by supervisors/provides materials for supervisors.	4	3	2	1	N/A
d) Brings literature as requested to supervision and case conferences.	4	3	2	1	N/A
e) Works towards dissertation completion (when appropriate.)	4	3	2	1	N/A
f) Able to discriminate the appropriate application of research evidence to clinical practice.	4	3	2	1	N/A

Comments: _____

IV. Diversity

a) Sensitive to the influences of individual differences on patient care.	4	3	2	1	N/A
b) Sensitive to the influence of cultural differences on patient care.	4	3	2	1	N/A
c) Able to attend appropriately to disability.	4	3	2	1	N/A
d) Able to attend appropriately to religious beliefs.	4	3	2	1	N/A
e) Able to attend appropriately to gender issues.	4	3	2	1	N/A
f) Able to attend appropriately to sexual orientation issues.	4	3	2	1	N/A
g) Challenges one's premises and biases, to expand one's awareness, and address issues of diversity.	4	3	2	1	N/A

Comments: _____

V. Professional/Ethical Development

a) Knowledgeable of APA ethical principles and consistently applies them appropriately, seeking consultation as needed.	4	3	2	1	N/A
b) Displays professional interaction with staff and peers.	4	3	2	1	N/A
c) Dresses and presents them selves professionally and appropriately.	4	3	2	1	N/A
d) Is punctual and able to manage time (e.g., timeliness of documentation, proactive management of workload, ending sessions in a timely manner, attendance of activities, etc.)	4	3	2	1	N/A
e) Has an awareness of one's personal and professional strengths and limitations.	4	3	2	1	N/A
f) Appreciative of the level of influence inherent in one's position relative to both patients and staff.	4	3	2	1	N/A
g) Demonstrates positive coping strategies when dealing with both personal and professional challenges and stressors (can maintain professional functioning and quality patient care.)	4	3	2	1	N/A
h) Able to define own role in ambiguous situations.	4	3	2	1	N/A

Comments: _____

VI. Supervision

a) Understands when to seek consultation and when to act autonomously.	4	3	2	1	N/A
b) Able to use supervision effectively, including an awareness and acknowledgement of potential problem areas, conflicts, skill deficits, counter-transference reactions, etc.	4	3	2	1	N/A
c) Demonstrates a willingness to address personal issues which affect professional work.	4	3	2	1	N/A

d) Prepares for and is able to articulate goals for supervision.	4	3	2	1	N/A
e) Open to supervisory feedback and is able to integrate feedback into practice.	4	3	2	1	N/A
f) Clarifies theoretically-based client conceptualization and treatment plans in supervision.	4	3	2	1	N/A
g) Maintains up-to-date, supervisor-signed paperwork such as case notes and weekly activity reports.	4	3	2	1	N/A
h) Demonstrates appropriate assertiveness when communicating with supervisor.	4	3	2	1	N/A
i) Has the skills, knowledge and self-confidence necessary to supervise psychology trainees in their work with patients.	4	3	2	1	N/A
j) Able to provide truthful, straight forward and respectful supervision. (e.g. peer supervision)	4	3	2	1	N/A

Comments: _____

VII. Consultation

a) Has a general familiarity with the practices of other professions (esp. physicians, psychiatrists, social workers, etc.) & a corresponding ability to frame the relevant psychological issues in ways that meet with their needs.	4	3	2	1	N/A
b) Demonstrates a working knowledge of psychopharmacology that allows professional consultation.	4	3	2	1	N/A
c) Has an awareness of when to consult with other professionals in the treatment or management of a client.	4	3	2	1	N/A
d) Communicates effectively with referral sources, including eliciting relevant information & explaining psychological issues.	4	3	2	1	N/A

Comments: _____

VIII. Professional/Ethical Development

a) Knowledgeable of APA ethical principles and consistently applies them appropriately, seeking consultation as needed.	4	3	2	1	N/A
b) Displays professional interaction with staff and peers.	4	3	2	1	N/A
c) Dresses and presents them selves professionally and appropriately.	4	3	2	1	N/A
d) Is punctual and able to manage time (e.g., timeliness of documentation, proactive management of workload, ending sessions in a timely manner, attendance of activities, etc.)	4	3	2	1	N/A
e) Has an awareness of one's personal and professional strengths and limitations.	4	3	2	1	N/A
f) Appreciative of the level of influence inherent in one's position relative to both patients and staff.	4	3	2	1	N/A
g) Demonstrates positive coping strategies when dealing with both personal and professional challenges and stressors (can maintain professional functioning and quality patient care.)	4	3	2	1	N/A

h) Able to define own role in ambiguous situations.	4	3	2	1	N/A
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Comments: _____

SATISFACTORY PERFORMANCE ____ YES (pass) ____ NO (fail)

Supervisor Signature

Date

My supervisor has reviewed and discussed this evaluation with me. My signature does not necessarily constitute agreement. I understand that this evaluation may be shared with members of my graduate training program.

Intern comments: _____

Intern's Signature

Date

Reviewed by Training Director _____ on _____, 20____

**Florida Department of Corrections
Predoctoral Internship in Professional Psychology**

Checklist of Requirements for Completion of Internship

Intern's Name: _____ Internship Year _____

Check off each of these Requirements for Internship as they are accomplished

- ___ 1900 hours of work within the Dept. of Corrections (paid)
- ___ 100 additional hours of Professional Work (non paid)
- ___ 500 hours of face-to-face patient contact
- ___ 100 hours of individual supervision and 100 hours of group supervision
- ___ Obtain direct observation supervision of Individual and Group Therapy at the beginning of the year
- ___ Preparation of a topical 8 session or more Group Module that you have based on current theory and research: Including Goals and Objectives, Criteria for Group Member selection, Outline of the Sessions, Instructions and explanations of each session appropriate for a Masters Level staff to follow, Handouts, Assignments and Homework as appropriate
- ___ Group Module competently applied to patients.
- ___ Group Module used successfully to allow another clinician (e.g., masters or bachelors level) to run the group with your supervision.
- ___ Four Satisfactory Grand Rounds Presentations:
 - ___ One on an area of research interest
 - ___ One on your Group Module that has been prepared based on current theory and research
 - ___ A case presentation that incorporates interpretations, conceptualizations and treatment plans from the perspective of 3 different theories citing current research and theory
 - ___ A second case presentation that incorporates interpretations of formal assessment, diagnosis, case conceptualizations and treatment plans based on current research and theory

- ___ Demonstrate Satisfactory Formal Testing/Assessment and Diagnosis by:
 - ___ 1. Satisfactory completion of at least 6 Psychological Evaluations
 - ___ 2. Increase the number of Assessment Tools you can competently use
 - ___ 3. Including in some of your Psychological Evaluation competent use of, at least, the MMPI-II, PAI, Rorschach (Exner Scoring), WAIS-IV, WASI, BETA III, SIRS and Hare PCL-R

- ___ Actively and appropriately participate in supervision of therapeutic skills from at least 3 different supervisors incorporating initially live supervision, then review of audio or video taped therapy sessions and self-report of sessions.

- ___ Attend and actively participate in the Training Activities provide throughout the year.

- ___ Provide competent therapeutic interventions to a wide variety of patients (including at least patients with depressive, psychotic, anxiety and personality disorders) in a variety of settings including Outpatient Services, TCU, CSU and CMHI.

- ___ Competently conceptualize and treat patients using at least three different theory and research based therapeutic approaches with sensitivity to issues of diversity.

- ___ Demonstrate on-going scholarly/evidence based inquiry in individual and group supervision, therapeutic activities, training activities and consultation.

- ___ Treat patients with diverse backgrounds including at least 3 different racial backgrounds, 2 different disabilities, 3 religious beliefs, both males and female, 2 different sexual orientation or preference issues and 2 different socio-economic backgrounds and demonstrate sensitivity and treatment consideration of these issues.

- ___ Demonstrate ethical behavior including adherence to the American Psychology Association *Ethical Principles of Psychologists and Code of Conduct* (2002). (It can be found at <http://www2.apa.org/ethics/code2002.doc>)

- ___ Achieve a rating of 3 or better on every competency/behavior listed on the Florida Department of Corrections Predoctoral Internship in Professional Psychology's *Intern Evaluation Form*.

- ___ Do not endanger the lives of inmate/patients, be deliberately indifferent or insubordinate, involving clinical care.

- ___ Do not give out any information about the FDOC, its inmates or staff to individuals outside of the FDOC, except as indicated in your Training Manual.

- ___ Notify the TD immediately if you become aware that you are related to or have personal knowledge of any inmate in the FDOC

- ___ Comply with all Florida Department of Corrections' rules, regulations, and policies at all times and be familiar with the FDOC's Chapter 33 and its Mission Statement, abide by the FDOC' Code of Conduct and its Oath of Allegiance. These can be found at <http://www.dc.state.fl.us/vision.html> .

- ___ Maintain Professional Liability Insurance and provide the TD with evidence of such all year.
- ___ Remain in good standing with your doctoral program.
- ___ Attend Graduation and Receive your Certificate of Completion.

Congratulations!

APPENDIX F

Examples of 2010 - 2011 Training Seminars

Suicide Prevention	Seminar	Dr. Carter
Cultural Aspects of the Therapist: Part I	Seminar	Dr. Gleason
FDOC Abbreviations	Seminar	Dr. Holmes
Mental Status Exams	Seminar	Dr. Holmes
Rorschach Administration and Scoring	Seminar	Dr. Gleason
Cultural Aspects of the Therapist: Part II	Seminar	Dr. Gleason
Cultural Aspects of the Therapist: Part III	Seminar	Dr. Gleason
Rorschach Scoring (Exner): Part I	Seminar	Dr. Gleason
The Role of a FDOC Sr. Mental Health Clinician	Seminar	Dr. Fairbanks
Rorschach Scoring (Exner): Part II	Seminar	Dr. Gleason
Dementia in Correctional Settings	Seminar	Dr. Gushwa
Research Topic Presentation	Grand Rounds	Melissa Kost
Research Topic Presentation	Grand Rounds	Ryan Koch
Research Topic Presentation	Grand Rounds	Allison Iwata
Research Topic Presentation	Grand Rounds	Ashley Mitchell
Female Staff in Corrections	Seminar	Dr. Holmes
Aftercare	Seminar	Dr. Saunders
Transitioning from Intern to Sr. Mental Health Clinician	Seminar	Dr. Migliosi
Alternative Interpretation of an Erik Erikson Study	Seminar	Dr. Gleason
Self Injurious Behavior	Seminar at Region Meeting	Dr. Aufderheide

Hostage Negotiation	Seminar	Dr. Carter
Assessment and Management of Dementia Within The Prison Population	Seminar	Dr. Pinkerman
Palliative Care in the Correctional Setting	Seminar	Dr. Pinkerman
Job Interviewing Techniques	Seminar	Dr. Holmes
Catatonia	Seminar	Dr. Franco and Dr. Moxness
Living with Loss Group Module	Grand Rounds	Melissa Kost
Relaxation Group Module	Grand Rounds	Allison Iwata
Private Practice	Seminar	Dr. Barron
A Review of Changes in Wechsler IV Tests and Learning Disabilities Identification	Seminar at Argosy University, Tampa	Dr. Hildebrand
Meaning-Breaking, Meaning-Making: Therapy as Narrative Reconstruction	Professional Seminar, FPA	Dr. Robert Neimeyer
J-Dorm: Elderly, Chronic Illness, and Palliative Care in Corrections	Seminar	Nurse Farr
MHTF/Baker Act	Seminar	Dr. Holmes
Implementing Spirituality into the Therapeutic and Supervisory Relationship	Seminar	C. Guyton, M.A.
Group Module	Grand Rounds	Ryan Koch
Group Module	Grand Rounds	Ashley Mitchell
Clinical Case Presentation	Grand Rounds	Allison Iwata
Psychotropic Medications	Seminar	Dr. Wainger
Career Planning	Seminar	Dr. Holmes
A Guide to Prevention, Recognition and Treatment in the Era of Atypical Antipsychotics	Video Tape Seminar	Video Tape
Assessment and Treatment of PTSD	Seminar	Dr. Crosswell

Career Planning – The CV	Seminar	Dr. Holmes
Clinical Case Presentation	Grand Rounds	Ryan Koch
Florida State Prison Tour	Field Trip	Lt. Cauwenbergs
Clinical Case Presentation	Grand Rounds	Ashley Mitchell
Assessment Case Presentation	Grand Rounds	Allison Iwata
Assessment Case Presentation	Grand Rounds	Ryan Koch
Clinical Case Presentation	Grand Rounds	Melissa Kost
Assessment Case Presentation	Grand Rounds	Melissa Kost
Ethics	Seminar	Dr. Holmes
Assessment Case Presentation	Grand Rounds	Ashley Mitchell

FACULTY INFORMATION

Dean Aufderheide, Ph.D., is a licensed clinical and forensic psychologist in the state of Florida. After graduating from Seminary with a Masters degree in Theology, he obtained his Ph.D. in Clinical Psychology, and is currently working toward a Masters degree in Public Administration.

Dr. Aufderheide has over 20 years of experience providing and managing mental health services in military, state government, and private settings across various levels of care. He has authored numerous publications on mental health issues and is invited to speak about mental health issues in correctional settings at national conferences throughout the United States. In 2009, he was recognized by the National Commission on Correctional Health Care as among "...the most highly-regarded speakers and influential opinion-leaders in our industry."

Dr. Aufderheide has been the Director of Mental Health Services for the Florida Department of Corrections since 2004. He is the President of the International Association of Correctional and Forensic Psychology and is an appointed member of the Education Committee for the National Commission on Correctional Health Care.

Neal Carter, Ph.D., is the Psychological Services Director at Lake Correctional Institution and has extensive experience working with severely and persistently mentally ill patients. He is also Adjunct Professor at Barry University where he teaches Group Dynamics and Individual Counseling Techniques. He received his M.S. in Counseling Psychology from Nova Southeastern University, and his Ph.D. in Counseling Psychology from Florida State University. His areas of clinical interest include the assessment of risk and violence and individual and group supervision.

Cliff Fairbanks, Psy.D., received his doctorate at Nova Southeastern. He has worked in a Private Practice for 19 years, and for much of that time was a consultant to Martin County Schools and a contractor with the Florida Department of Vocational Rehabilitation. He has worked with the PTSD Community Grant Program at James A. Haley VA Hospital, Tampa. With the Florida Department of Corrections, he has served as a Sr. Psychologist, a Regional Mental Health Consultant, and is now the Assistant Director of Mental Health for the Department. He is a member of APA; FPA; International Association for Correctional and Forensic Psychologists, and National Register of Health Service Providers in Psychology. With the late Albert L. LeDuc Jr., a national leader in management information systems, he co-authored a book in 2000, *Leading with Something Besides Your Chin: A Guide to Organizational Leadership* which was targeted to new managers in Information Technology.

Susan Forbes, Ph.D., is a licensed psychologist serving as a Senior Mental Health Clinician at the Lowell Correctional Institution Annex in Ocala. She is a former operating room nurse and surgical first assistant who returned to school and received her doctorate from the Florida School of Professional Psychology Argosy/Tampa. She completed her internship at the Florida State Hospital in Chattahoochee. Her work experience includes extensive training in Dialectical Behavior Therapy and the treatment and evaluation of individuals found not guilty by reason of insanity and incompetent to proceed.

Debra Gleason, Ph.D., is a licensed Psychologist who has served as the Lead Senior Mental Health Clinician at Lowell Correctional Institution and is currently the Training Director of the internship program at Zephyrhills Correctional Institution. She is a graduate of the clinical psychology program at the University of Tennessee. During her internship year at the James H. Quillen VAMC, she completed rotations in psychotherapy, PTSD, oncology/palliative care, primary care/pain management, administration, and the ETSU Counseling Center. Post doctoral training emphasized geropsychology and was completed at the North Florida/South Georgia VAMC with training in rehabilitation, palliative care, psychotherapy, neuropsychology, primary care, and PTSD. She has an integrative psychotherapy orientation built on a foundation of psychodynamic theory emphasizing Heinz Kohut's self psychology and the British object relations school. Her training has also included extensive assessment training including the Rorschach. Prior to entering the field of psychology, she earned an M.S. in Computer Information Science from Florida State University specializing in artificial intelligence and an M.M. in Music Theory from Florida State University specializing in Baroque instrumental music. In addition, she earned two bachelor degrees from the University of West Florida one in Music emphasizing trumpet performance and the other in Mathematics with a minor in Physics.

Ariel Gonzales, Psy.D., is a licensed psychologist who earned his doctorate in psychology in the APA accredited clinical psychology program at Carlos Albizu University with a concentration in Forensic Psychology. He has worked at Atascadero State Hospital where he conducted competency evaluations, forensic evaluations and honed his skills in forensic assessment. He is currently serving as the Psychological Services Director at Lowell Correctional Institution.

Carolyn S. Holmes, Ph.D., is currently serving as the Psychological Services Director at Zephyrhills Correctional Institution. She trained at Texas A&M University where she earned her M.S. and Ph.D. in their APA approved clinical program. Her pre-doctoral internship was at the University of Texas Health Sciences Center at Houston where she completed specialty tracks in correctional psychology and child and adolescent work. She remained at UTHSC-Houston as Assistant Professor in the Dept. of Psychiatry and Behavioral Sciences and later had the opportunity to run the Behavioral Sciences program for the Univ. of Texas Medical Branch-Galveston Dept. of Family Practice at Conroe. Her work

has included the opening of several inpatient facilities for children, adolescents and adults. Her strong interest in training has led her to supervise the education of medical students, psychiatry and family practice residents as well as psychology students from practicum level to post-doctoral. She is now working for the Florida Department of Corrections where she has established a pre-doctoral psychology internship program for the third time in her career.

Phung Duc Nguyen, M.D., received his medical degree from the University of Medicine and Pharmacy at Ho Chi Min. He completed his residency in Psychiatry at the G. W. Hubbard Hospital in Nashville Tennessee. He has worked for the Florida Department of Corrections for 15 years. Currently, he is caring for patients in the Crisis Stabilization and Transitional Care Units in Lake Correctional Institutions Mental Health Unit.

Evelyn Ploumis-Devick, Ph.D., currently serves as the Executive Director of Agency Planning and Partnerships for the Florida Department of Corrections. Her experience and expertise in the areas of leadership, programs, grants and resource development has influenced positive change in the public, non profit, educational, correctional and community sectors for more that 25 years. She has held senior leadership positions within legislative, governmental, community, higher education and public school settings and has consulted statewide and nationally. Dr. Ploumis-Devick began her service with the Department of Corrections in 1992 and currently serves as the Executive Director for Agency Planning and Partnerships for the Florida Department of Corrections. She received Bachelor of Music Education, Masters of Science in Social Studies Education with emphasis in multicultural education, and the Ph.D., in Higher Education with minor emphasis in Adult Education from the Florida State University.

Joyce Sudeall, M.D., received her medical degree at New York Medical College at Valhalla and completed psychiatric residency at State University of New York and Kings County Medical Center in Brooklyn, New York. She completed a fellowship in Child and Adolescent Psychiatry there also. She brings extensive experience in community mental health and has been the Asst. Director of Kingsboro Psychiatric Center in Brooklyn. Her expertise in forensic testimony has prepared her well for her current position providing court testimony and treatment for the most seriously mentally ill patients within the Florida Department of Corrections.

Pamela V. Valentine, Ph.D., received her doctorate in social work from the Florida State University (FSU) in Tallahassee, FL. As a doctoral candidate, she conducted outcome research at the Federal Corrections Institute, a medium security prison in Tallahassee. She wrote her dissertation on the efficacy of a mental health intervention on symptoms associated with traumatic events as it pertained to women inmates. Upon receiving her doctorate, Dr. Valentine accepted a position as an assistant professor in the Department of Government

and Public Service at the University of Alabama at Birmingham (UAB) where she later was promoted to Associate Professor. She was also a senior researcher and grant collaborator for the Institute of Clinical Research Center at UAB. While in Birmingham, Dr. Valentine published in the *Journal of Offender Rehabilitation* lead articles on effective mental health interventions for women inmates. More recently, Dr. Valentine relocated to Tallahassee to join her husband who is a professor at the FSU, and she now directs the Office of Grant Development at the Florida Department of Corrections.

Morrissa Watson, Psy.D., trained at the Forest Institute of Professional Psychology with a formal specialty in Diagnostics and Assessment. She currently is the Clinical Director of Sarasota Psychology Services, LLC. As the former Director of Mental Health for the Florida Department of Corrections, she has served on the Governor’s Advisory Council on Mental Health and Substance Abuse, and the Governor’s Mental Health Planning Council. Dr. Watson is a licensed psychologist and specializes in diagnostics and assessment.

William Whitman, M.D., holds a B.S. in Pharmacology and worked for several years as a pharmacist prior to entering medical school. He received his medical training at Rutgers. Having completed his residency and fellowship at the University of Florida; He remains an avid “Gator” fan. His work in psychiatry has included 10 years in private practice and over 14 years with the Florida Department of Corrections.