

FLORIDA DEPARTMENT OF CORRECTIONS
Office of Health Services

**APA ACCREDITED DOCTORAL
INTERNSHIP PROGRAM IN
CLINICAL PSYCHOLOGY**

TRAINING MANUAL

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INTERNSHIP TRAINING IN THE FLORIDA DEPARTMENT OF CORRECTIONS

The Florida Department of Corrections Predoctoral Internship Program in Clinical Psychology was designed to meet the American Psychological Association Commission on Accreditation's Standards of Accreditation for Health Service Psychology. Our program was initially accredited by the American Psychological Association (APA) on December 3, 2009 and reaccredited for 7 years in 2017. The next accreditation site visit will be in 2025.

For further information about American Psychological Association accreditation and standards, please see the Commission on Accreditation website at <http://www.apa.org/ed/accreditation/accreditation-roadmap.aspx> or contact them at the American Psychological Association Office of Program Consultation and Accreditation 750 First Street, NE Washington, DC 20002-4242 Phone: 202-336-5979

The internship is also a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Maintaining membership in APPIC and APA accreditation are ongoing goals of our program. The internship year runs from September 1st of one year to August 31st of the following year.

Mission

The internship's mission is to provide training that will produce postdoctoral/entry-level psychologists who have the requisite knowledge and skills for successful entry into the practice of clinical psychology in general clinical and/or correctional settings and eventually become licensed psychologists. Therefore, the internship endeavors to create solidly trained generalists while simultaneously affording opportunities for specialization in those skills required in a correctional setting. This is consistent with the Florida Department of Corrections' mission to protect the public safety, to ensure the safety of Department personnel, and to provide proper care and supervision of all offenders under our jurisdiction while assisting, as appropriate, their reentry into society. Both missions work to ensure that interns are trained to provide quality mental health care in an ethical and highly secure environment.

The Department of Corrections is invested in the internship program. For this reason, rotations and other training opportunities are designed to enhance the students' training and skills rather than for the convenience of other staff. The internship provides short-term and long-term benefits for the Florida Department of Corrections. An excellent training environment ensures high quality, in-depth patient assessment and care, and is considered professionally and intellectually stimulating for our staff. Additionally, a rewarding internship experience may lead students to seek employment within the Florida Department of Corrections after graduation. Both factors provide impetus to create and maintain a high-caliber training program.

The internship is funded, supported, designed, hosted, implemented, guided, and supervised by the Florida Department of Corrections (FDC). The FDC contracts the provision of health care services through Centurion of Florida. As a matter of employment and access to patients, interns are employed by Centurion of Florida.

Philosophy and Training Model

The Florida Department of Corrections Doctoral Internship adheres to a philosophy of experiential learning to train and prepare our interns for a career as clinical psychologists. Opportunities are provided for them to learn through concrete clinical experiences, abstract conceptualization, reflective observation, and active experimentation. Experiential learning produces awareness, knowledge, skills, and the ability to apply these different types of learning to future experiences.

Our Doctoral Internship is organized around a Practitioner-Scholar Model where scientific training is integrated into the practice training component (Stoltenberg et al., 2000). We view science and practice as interlocking skills that form the foundation of psychological knowledge and its application. Our interns are expected to learn to apply psychology in a manner that is guided by psychological theory and research. As part of Practitioner-Scholar training, interns are expected to develop reflective skills and to learn to use their clinical experience as an opportunity to apply scientific concepts. Research is not a requirement of the internship. However, interns are expected to learn about evidence-based practice and be familiar with and use interventions that are supported by research. Applicants who come from scientist-practitioner graduate programs should find that our internship program complements, and is consistent with, the long-term goals of a scientist-practitioner training model.

Structure

The internship consists of 2,000 hours over a one-year period. Of these hours, 1,900 of them are spent in directed training at Department of Corrections Facilities and in assigned trainings activities (i.e., off-site trainings). The remaining 100 hours are designated as “Professional Development” and are hours that are not required to be recompensed. These hours are designed to allow the intern to participate in professional activities that might occur outside of the Department. For example, they may be used for attendance or participation in conferences, dissertation defense, participation in research projects, EPPP study programs, or for other professional activities. The 100 hours may include professional activities at locations outside of the Florida Department of Corrections. These professional activities must be approved ahead of time by the training director. The 100 hours are not intended as either vacation or sick leave time. In accord with Centurion of FL policy, in the event an intern has accrued leave time, this time will be utilized to compensate for hours missed which may include the 100 Professional Development hours.

Administration and Leadership

The president of the internship program is the chief of mental health services for the FDC and is a psychologist licensed in the State of Florida. That person is responsible for securing ongoing funding and logistical systemic support for the program. The internship benefits from having a centralized leader and their support team that works directly with department leaders to ensure the program remains supported and is established as a priority within the FDC. The internship president is also responsible for recruiting the internship’s training director (TD) and serves as their direct supervisor. The internship

president helps to develop and maintain the overall direction and vision of the program and its training goals. The internship president is also the individual with the final decision-making authority in due process and grievance procedures.

The TD is a psychologist who is licensed in the State of Florida and is a full-time employee of the FDC whose duties are focused on the internship and residency programs. This person has extensive training and experience as a clinical psychologist working, leading, and training others in correctional settings. The TD is responsible for the overall integrity and quality of the program. More specifically, the TD organizes and manages the training program and its resources; chairs the training committee; monitors, evaluates, and modifies the program including its goals and activities on a routine basis; coordinates the collection of records including internship training records and other internship documentation; coordinates the applicant interview and selection process; and has administrative authority over the internship program. The TD may also serve as a faculty training supervisor and provides didactic training, individual, and group supervision throughout the training year. The TD recommends individuals to serve as faculty supervisors, adjunct faculty, contributors, and members of the training committee. Major changes to the structure or organization of the program require training committee approval and advisory to the APA CoA per accreditation standards.

Faculty Supervisors are psychologists licensed in the State of Florida and employed by Centurion of Florida LLC. These supervisors provide didactic training, individual supervision and maintain direct clinical liability for patients seen by interns. Each intern will receive supervision from at least 2 different faculty training supervisors during the year. All faculty supervisors are approved by the training director and formal arrangements are maintained to ensure that all aspects of the training program as developed by the FDC are provided collaboratively by FDC and Centurion of Florida, LLC staff.

The program has other contributors, both psychologists and members of other professions who contribute to the training experience of our interns. They include Adjunct Faculty and Resource Faculty.

Adjunct Faculty provide training, support, and guidance for interns and in some cases the program. They include psychologists involved in FDC policy development who assist with training and in informing the training committee. Non-psychologist adjunct faculty include psychiatrists, mental health clinical professionals, medical physicians, nurses and correctional professionals with expertise in the care of mentally ill individuals who are incarcerated. They provide didactic training and consultation that is of great value to our interns but does not count as part of the formal required hours of supervision or training.

Resource Faculty are professionals within our organization who support the program and the success of our interns. They may have expertise in medical issues, grant writing, research, correctional psychology or other areas. They do not have regular contact with the interns but are available for consultation and at times, didactic training.

Benefits

The internship stipend is based on 1900 hours of work completed in directed training activities and is paid at the rate of \$26.31 per hour to reach the approved stipend over the course of the year of \$50,000. Interns are paid by direct deposit on a bi-weekly basis.

In addition to competitive pay, employment with Centurion of Florida, LLC offers additional benefits. These include the opportunity to purchase health insurance and other products for the intern and their legal dependents, eight (8) paid State holidays, and paid time off (PTO) that accrues at a rate of 6.15 hours per 2-week pay period. There is also the opportunity for reimbursement of educational and training materials purchased by the intern up to \$500 during the training year, subject to prior approval and authorization in accord with Centurion policies.

Intern Designation

All interns will be assigned the working title “Psychology Intern.” Their signature on all clinical documentation shall be followed by the title, “Psychology Intern.” The supervisor at each training site will assign patients that they are clinically responsible for to the intern. Interns are required to introduce themselves to new patients as “Psychology Intern” or “Doctoral Psychology Interns” and to inform patients the name of their supervising psychologist and discuss how confidentiality will be impacted as a result of supervisory disclosures. The supervisor is responsible for all services provided by interns to patients and has the vested authority and responsibility to direct care provided to patients by interns under their supervision. Notations will be made in the electronic medical record indicating the supervisory relationship and supervisors will review and co-sign clinical documentation completed by interns.

Intern Information

Interns' names, academic institutions, start date and other relevant personal information will be sent to the internship president and the private contractor that will be providing mental health services at the training institutions. Additionally, the warden of the host institution will be provided with this information, as well as personal information necessary to conduct security background checks which must be cleared prior to the intern being hired. This information will include, gender, race, social security number and government ID # (i.e. driver’s license number).

Certificate of Completion

An internship certificate containing the words “APA Accredited Pre-Doctoral Internship Program in Clinical Psychology” the dates attended and the total hours completed will be given to each intern upon successful conclusion of the residency.

Intern Records

The program maintains records of intern training throughout the course of the year. These records will include work samples and work product (redacted) generated by interns, as well as evaluations of intern performance completed by supervisors, hours logs, supervision agreements, seminar and annual task checklists, any formal complaints brought, in writing to the program’s attention, any remediation processes set in place by

the program, and a certificate on internship completion. These files will also include a copy of employment applications, CVs, APPIs, Transcripts, and letters of recommendation. These files are maintained in locked file cabinets in secure (locked) rooms with restricted access limited to need to know staff involved in the training program. These records are maintained indefinitely in order to allow for accreditation reviews by APA CoA as requested.

INTERNSHIP DOCUMENTATION

Daily Activity Tracker

Interns will enter tasks completed throughout each day on the Daily Activity Tracker (DAT). This spreadsheet will be maintained throughout the training year and will be utilized to assist in tracking completion of hours and assigned tasks consistent with programmatic requirements and case assignments. This spreadsheet will be maintained on the portal where the program's administrative assistant can review and confirm task completion on a weekly basis. Each month the DAT will be reviewed by the Training Director to ensure adequate progress is being made regarding programmatic expectations. At the conclusion of the training year, a physical copy of this log will be printed out and placed in the intern's training file at the conclusion of the training year.

Detailed Supervision Tracker

Along with the DAT, the second page of this spreadsheet consists of the Detailed Supervision Tracker (DST). This tracker page is utilized to maintain detailed records of individual and group supervision sessions. This data will include dates, start and stop times, supervisor providing the supervision and a description of topics or goals discussed (redacted). As with the DAT, the Detailed Supervision Tracker will be reviewed weekly by the administrative assistant and monthly by the Training Director. Physical copies of this log will be generated and placed in the intern's file at the conclusion of the training year.

Professional Hours Log

A Professional Hours Log (PHL) will be completed as the third worksheet page of the DAT spreadsheet. It will include the date, time and activity completed. There are 100 hours allotted to professional development, which includes activities such as attending conferences, completing and defending dissertation and post-doc interviews. Paper copies of these logs will be maintained in the resident's record.

Checklist of Requirements for Completion of Internship

Appendix E is the Checklist of Requirements for Completion of Internship. This checklist will be reviewed with interns at the outset of training and tracked throughout supervision. All items of this checklist must be completed to satisfactorily complete internship training. The intern will bring the completed checklist of items to the Training Director, who, after review and verification of task completion will sign off and retain the checklist in the intern's file.

Note: Specific details for completing these forms will be provided during orientation. It will be the responsibility of the intern to maintain such logs and ensure they are consistent with the internship's records.

EVALUATIONS

Evaluations of Intern Performance

Each intern will receive evaluative feedback from their primary clinical supervisor on an ongoing basis in individual supervision. This is intended to reinforce experiential growth, provide actionable information, and allow interns opportunities to demonstrate competency development throughout each rotation. Interns will receive a minimum of six formal evaluations throughout the course of the training year using the *Florida Department of Corrections Intern Evaluation Form* (see Appendix C). The TD will complete quarterly (4) evaluations focused on the intern's development throughout and across the training experience. Intern's primary clinical supervisors will provide semester (2) evaluations at the mid-point and endpoint of the year. Additionally, rotational supervisors will provide feedback at the conclusion of each secondary rotation.

The Profession Wide Competencies (PWCs) assessed include Research/Scholarly Inquiry, Individual and Cultural Diversity Awareness, Ethical and Legal Issues, Psychological Assessment, Therapeutic Interventions, Communication and Interpersonal Skills, Consultation, Supervision, and Professional Values, Attitudes and Behaviors. The TD will furnish copies of mid-year and end of year evaluations to an intern's academic institution (DCT) as requested to confirm adequate progression and good standing within the training program. Additionally, an intern's academic institution may prefer to provide their own evaluation forms which the TD will complete in accordance with the school's needs.

Evaluations completed by supervisors will be reviewed by the TD to confirm adequate progression towards Minimum Levels of Achievement (MLAs). The TD will indicate their concurrence or disagreement with the evaluation based on available documentation, feedback, consultation, direct observation, and situational knowledge. If a supervisor and the TD disagree in the appraisal of intern performance, the training director's decision takes precedence. When circumstances are serious and consensus cannot be reached, either party can appeal to the Chief of Mental Health Service/Program President whose decision will be final. Students may appeal formal evaluations in accord with intern grievance procedures which will first involve addressing concerns with the supervisor providing evaluative feedback and or the TD.

The program has established MLAs to gauge intern progression towards competency development. The MLA is a rating of 3/5 or higher on each evaluative item and an average rating of 3.5/5.5 or above across each PWC at the mid/endpoint of the year respectively as assessed by the TD. The intern due process procedure addresses available actions in the event an intern's performance is evaluated to be below established MLAs which will first involve addressing concerns with the intern in supervision.

Intern's Evaluations of the Program

Interns are asked to provide feedback to the program which is solicited informally by the TD in group and individual supervision throughout the year. Many improvements and alterations to the training experience have been informed by this approach. Additionally,

the program requests that interns complete formal evaluations of the internship program, their supervisors, and the TD at the end of the year. Evaluations of the program include the intern's assessment on how effective the program is in meeting the stated training goals and recommendations for improvements. Acknowledging that evaluating individuals with evaluative authority over your position may provoke discomfort and systemic distrust, these evaluations are presented as requests and processed by the program's administrative assistant. These routine evaluations are maintained in sealed envelopes and reviewed by the TD following the conclusion of the training year. This 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 training director is to use interns evaluations of supervisors to provide constructive feedback to the rotation supervisors. If an intern has concern regarding programmatic or supervisory interactions, the intern grievance procedure provides appropriate recourse and will first involve addressing concerns with the supervisor or the TD directly in supervision.

GUIDE OF INTERN EXPECTATIONS

Policy

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 as well as the HR and personnel policies of the contracted healthcare vendor, Centurion of Florida, LLC. Interns are also expected to adhere to the American Psychology Association *Ethical Principles of Psychologists and Code of Conduct* (2017). <http://www.apa.org/ethics/code/ethics-code-2017.pdf>).

Training Activities

A variety of formal training opportunities will be afforded to interns throughout the year. While some trainings have been utilized across multiple training cohorts, other training experiences are temporally limited and may not be available each year. This is often the case with local conference attendance or off-site trainings sponsored by FPA or other agencies. Offered and attended trainings may also be influenced by intern discussion, feedback, and requests for specific training. Interns are expected to actively participate in their training as demonstrated by joining in group discussion, asking questions, arriving prepared with needed materials and reading/reviewing research resources. Training is provided to supplement the interns' education and experiential learning as well as to assist them in reaching an intermediate level of competency in all PWCs listed in the *Florida Department of Corrections Intern Evaluation Form* (Appendix C) by the end of the year.

Liability Insurance

Centurion of FL, LLC provides Professional Liability insurance coverage to interns throughout the year. Interns may choose to secure additional personal professional liability insurance of their own accord and at their own expense.

Transportation

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

Presentations

Interns will prepare four scholarly researched presentations for Grand Rounds covering:

- Research
- Assessment
- Clinical Case Formulation
- Group Module Development

Each presentation will be developed with supervisory guidance to ensure requirements of the presentation are met. Presentations will demonstrate a reflective integration and discussion of current research, theory, and practice of psychological assessment and/or treatment within a correctional setting and will incorporate conscientious inclusion of

topics related to diversity awareness. Interns will provide their PowerPoint to the TD or faculty supervisor for review prior to the presentation's scheduled date. Interns will receive feedback and field questions from grand rounds attendees following the presentation to review areas of strength as well as future growth and focus. The specific timeline for completion varies and interns should aim to complete one presentation quarterly with a typical schedule indicated in the descriptions below. Though flexibility may be necessary, failure to adequately address and plan to complete these didactic expectations may result in a lower overall rating on the Intern Evaluation Form. All four presentations should be completed prior to August 1st.

The research presentation is often based on the intern's dissertation or research paper, though this is not required. The topic may cover any area of psychological research related to the practice of psychology in a correctional setting which incorporates deliberate review and consideration to issues of diversity awareness and inclusion. The intern will critically evaluate the literature and review how the findings inform clinical practice. The goal of this presentation is to improve an intern's critical analysis and evaluation skills in research methods, to promote scholarly inquiry, to broaden the discussion on the appreciation and awareness of topics related to diversity and to allow for research to inform practice in line with our Practitioner/Scholar Model. This presentation is often completed during the first quarter of the year prior to December 1st.

The assessment presentation will be based on an assessment case completed by the intern. The presentation will include the referral question, patient background, history, current treatment, a summary of the test results, a diagnostic conceptualization, research and references that support the diagnosis, and a recommended course of treatment informed by empirical evidence. The intern will demonstrate their competency in assessment administration and analysis as well as the application of assessment results in the diagnosis and treatment plan of the patient. This presentation is typically completed during the first half of the training year, prior to March 1st.

The clinical case presentation is based on one of the patients assigned to the intern during the year. The presentation will include a conceptualization of the patient from three unique theoretical perspectives. The presentation will include a discussion of how each theory conceptualizes the etiology, and course of psychological pathology as well as how each theory approaches treatment and measures treatment effectiveness and patient progress. There is significant flexibility as to which theories interns incorporate though one must include the approach taken by the intern in treatment and each theory should provide a distinct approach to diagnosis and treatment. Choosing three variations of cognitive treatments, for example, would not meet this expectation. This presentation should be scheduled for completion during the third quarter of the year and prior to July 1st.

The group module presentation is based on an empirically supported, manualized clinical group developed by the intern utilizing current theory and research aimed at improvement of a clinical symptom. This 8–12-week group will have a detailed manual containing a session-by-session plan, group rules, inclusion criteria, in-group activities.

handouts, homework and pre/posttests to be used to track the clinical effectiveness of the group. The intern will discuss the manual and the empirical rationale with their supervisor before implementing the group. The intern will then run the group with the designated population. Once implemented, the intern will prepare a PowerPoint of the empirical support and development of their group. The presentation will also provide an examination of the effectiveness of the group utilizing outcome measures, suggestions for improvements to the group and lessons learned from the experience. The intern will also obtain feedback from those in attendance on other suggestions and areas for future exploration and expansion of the group manual. The group module must be prepared by February 1st to allow adequate time to run the group and prepare the presentation which should be presented prior to August 1st.

Psychological Assessment

Interns complete a minimum of six psychological assessments over the course of the internship year. The composition and administered assessments which constitute any specific battery will be based on supervisory input, the referral question, and purpose of the evaluation once completed. Though deadlines remain flexible, conscientious progress is expected throughout the year and a suggested completion track is offered as follows. One assessment should be completed during the first quarter of the internship, two in the second and third quarters, leaving only one assessment in the final three months. The intern may choose to finish all of their assessments early or may choose to do more than six assessments. Within three weeks of an assessment being assigned, the administration, scoring, and report draft should be completed. Any assessments which begin during a secondary rotation will be completed during the course of that rotation in order for the intern to receive a satisfactory evaluation from that rotation's supervisor. The minimum of six required assessments must be completed by August 1st.

Supervision

Interns receive at least four hours of supervision activities weekly. A minimum of two hours will consist of face to face, individual clinical supervision with a supervisor familiar with their clinical work. The remaining hours will consist of additional individual or group supervision activities, case conferences, patient rounds, direct observation, co-therapy didactic experiences and seminars. While not on a minor rotation, both clinical supervision hours will be obtained from the primary clinical supervisor or the TD. When the intern is assigned to a secondary rotation, one hour of individual supervision will be provided by the rotation supervisor and the second by the primary clinical supervisor or the TD. The intern is responsible to track, complete, and record supervision throughout the year. Supervision will include direct observation throughout the training year. Interns will be expected to bring recordings of sessions, patient records, treatment summaries, and assessment data to supervision as requested. Interns are encouraged to spend time reviewing/studying recordings of their sessions. Interns may also be asked to bring recordings, patient records, or assessment data to group supervision for discussion as assigned. Interns are expected to bring related literature (theoretical or research) to individual and group supervision when directed and may be asked to review similar materials prior to supervision. Interns are expected to arrange with their supervisor to make up any missed supervision. The total number of individual clinical supervision hours

for successful completion of the internship is 100 with another 100 hours of supervision consisting of both additional supervisions as noted above. Active participation is expected during supervision and interns are evaluated on the receptiveness to and engagement in the supervision process. Interns are advised to be familiar with the Intern Evaluation Form and Internship Checklist so that they can demonstrate their knowledge of these skills during supervision.

Offices and Equipment

The internship maintains a variety of assessment instruments as well as clinical and educational tools. Interns are expected to check out equipment and check the equipment in when finished. Digital recording devices are considered sensitive tools in a correctional setting and special care and responsibility must be exercised when in use.

At the primary rotation (ZCI), office space will be provided with each intern assigned to their own office in an area adjacent to supervisors and amongst the other members of the intern cohort. Each intern office will be equipped with a networked computer and phone, desk, office chair, and a two-drawer filing cabinet. Office supplies, materials and equipment necessary for completion of the internship will be provided by the program and sponsoring entities.

Florida Department of Corrections Policy

Interns will comply with all Florida Department of Corrections' rules, regulations, and policies. The intern will become familiar with FDC's Chapter 33, Mission Statement, and Code of Conduct as well as the HR and personnel policies of Centurion of Florida, LLC. Interns will also adhere to the American Psychology Association *Ethical Principles of Psychologists and Code of Conduct* (2017), (<http://www.apa.org/ethics/code/ethics-code-2017.pdf>). Failure to do so may lead to dismissal.

The rules and regulations of a correctional setting can be extensive and restrictive. These rules, policies and procedures will be provided and reviewed with interns prior to and at the outset of training as well as reviewed as needed throughout the year. Examples of specific, unique policies in a correctional setting which may result in corrective action including dismissal or denial of entry into a secure facility include,

- The introduction or attempted introduction of contraband into the secure facility including but not limited, unauthorized drugs, weapons, cell phones, Bluetooth enabled devices to include smart watches, excessive cash (>\$60), or any item listed in FDC Procedure 602.016 Entering and Exiting Department of Corrections Institutions which will be provided and reviewed with all interns
- Engaging in a non-clinical relationship with any individual housed in an FDC facility or under the supervision of community corrections
- Failure to report to the TD after becoming aware they are related to, associated with, or have personal knowledge of an inmate incarcerated in The Florida Department of Corrections
- Endangering the lives of patients or staff by deliberate indifference to rules, policies, or insubordination involving clinical care

- **Failure to report to the training director any arrest, charges or conviction for misdemeanor or felony violations of State or Federal law within 24 hours. To include traffic citations in excess of \$200**

Additionally, Interns will not provide any information about the Florida Department of Corrections or 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.

Training Committee

The internship training committee meets to review the progress of each intern, to assist in evaluating the quality of the internship program, to suggest and evaluate alterations to the internship program, to assist in the selection of new interns and appointment of supervisors and to participate in due process and grievance procedures as needed.

The training committee will consist of,

- 1) the internship training director, who will chair the committee**
- 2) the internship president or their designee**
- 3) one primary supervisor employed by the Healthcare Contractor**
- 4) one adjunct faculty member employed by the FDC**
- 5) one adjunct faculty member or primary supervisor employed by the Healthcare Contractor**

A quorum of 3 is required for meetings. A current intern or resident may be invited to attend or participate as a non-voting member of the committee. Trainees will not be present during discussions specific to anyone's performance, progress, due process or grievances, apart from their own.

DUE PROCESS AND GRIEVANCE PROCEDURES

Intern Due Process and Grievance Procedures

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 should an intern challenge the internship program's action(s).

Intern Due Process procedures are established by Departmental policy and implemented when a Psychology Intern's behavior raises concerns, is deemed problematic, or is determined to be unprofessional. The Intern Grievance Procedure is also established by Departmental policy to provide specific direction to address violations of interns' rights including but not limited to: exploitation, sexual harassment, discriminatory treatment, unfair evaluation practices, inadequate or inappropriate supervision or training, and violation of due process. The policy is attached in its entirety below as Appendix H. Of note, problematic, concerning, and unprofessional behaviors and concerns regarding

intern grievances will first be addressed informally as part of on-going supervision, during which efforts will be made to assist the intern in remediating the concerns or addressing concerns raised by the intern.

Rights and Privileges: The Florida Department of Corrections Doctoral Internship Program in Clinical Psychology interns, faculty and staff have the right to be treated with respect and dignity at all times. The Florida Department of Corrections Doctoral Internship Program in Clinical Psychology, its staff and interns will not discriminate against any person on the basis of race, ethnicity, cultural practice, national origin, religion, veteran status, marital status, familial status, ability, gender identification, biologically assigned sex, age, appearance or sexual orientation in the completion of assigned duties and interpersonal interactions and further will strive to create an environment of inclusion, and respect.

Appendix A TRAINING OBJECTIVES

- **Research: To provide progressive training, clinical experiences and supervision that prepare our interns to incorporate strategies of scholarly/evidence-based inquiry that is sensitive to individual and cultural diversity into their provision of psychological services including treatment and assessment in post-doctoral/entry-level psychologist positions working in general and/or correctional clinical settings**
 - A. Interns will demonstrate at least an intermediate level of competence in the provision of evidence-based individual therapy that is sensitive to individual and cultural diversity.
 - B. Interns will demonstrate at least an intermediate level of competence in the provision of evidence-based group therapy that is appropriately sensitive to individual and cultural diversity.
 - C. Interns will demonstrate at least an intermediate level of competence in the provision of scholarly/evidence-based psychological assessments and diagnosis that are appropriately sensitive to individual and cultural diversity.
 - D. Demonstrate at least an intermediate level of competence in the presentation of scholarly/evidenced based knowledge in the field of psychology that is appropriately sensitive to individual and cultural diversity.
- **Ethical and Legal Standards: To provide training, clinical experiences and supervision that adequately prepare our interns to reach at least an intermediate level of competency in maintaining ethical and legal standards consistent with the practice of health service psychology in general and/or correctional clinical settings including attending to issues of cultural and individual diversity.**
 - A. Interns will verbalize an understanding of and demonstrate at least an intermediate level of competence in the application of and adherence to the American Psychological Association Ethical Principles of Psychologists and Code of Conduct including attention to issues of cultural and individual diversity that pertain to them.
 - B. Interns will verbalize an understanding of and demonstrate at least an intermediate level of competence in the application of and adherence to the Federal and State laws governing the practice of health service psychology including attention to issues of cultural and individual diversity that pertain to them.
 - C. Interns will verbalize an understanding of and demonstrate at least an intermediate level of competence in the application of and compliance 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 including attention to issues of cultural and individual diversity that pertain to them.
 - D. Interns will verbalize an understanding of and demonstrate at least an intermediate level of competence in maintaining ethical behavior and comportment befitting their role in all professional activities.

- **Diversity:** To provide training, modeling, clinical experiences and supervision that adequately prepares our interns to demonstrate at least an intermediate level of competence in the provision of psychological services that are sensitive to diversity and individual differences in post-doctoral/entry-level psychologist positions in general and/or correctional clinical settings.
 - A. Interns will demonstrate at least an intermediate level of competence in the provision of individual and group psychotherapy that is sensitive to cultural and individual differences.
 - B. Interns will demonstrate at least an intermediate level of competence in the provision of psychological assessment and diagnosis that is sensitive to cultural and individual differences.
 - C. Interns will demonstrate at least an intermediate level of competence in the understanding of how their own thoughts and feelings (countertransference) impacts their interactions with others in professional, clinical, and supervisory settings.
- **Professional Values, Attitudes and Behaviors:** To provide progressive training, clinical experiences and supervision that produce students able to succeed in post-doctoral/entry-level psychologist positions working in general and/or correctional clinical settings, who are professional in their work, including attending to issues of cultural and individual diversity.
 - A. Interns will demonstrate at least an intermediate level of competence in meeting the professional standards of department for psychologists in general and/or correctional clinical settings.
 - B. Interns will demonstrate at least an intermediate level of competence in their ability to voice understanding of and engagement in self-care
 - C. Interns will demonstrate at least an intermediate level of competence in their ability to identify, evaluate and assess the degree to which their personal values and attitudes impact their clinical work
- **Communication and Interpersonal Skills:** To provide progressive training, clinical experiences and supervision that produce students able to succeed in post-doctoral/entry-level psychologist positions communicating with a wide range of individuals, producing and comprehending oral, nonverbal, and written communication and managing difficult communication well while attending to issues of cultural and individual diversity.
 - A. Interns will demonstrate at least an intermediate level of competence in verbal communication with patients, supervisors, as well as staff from all disciplines to include clinical and non-clinical staff
 - B. Interns will demonstrate at least an intermediate level of competence in written communication with staff from all disciplines.
 - C. Interns will demonstrate at least an intermediate level of competence in communicating effectively and appropriately in interpersonal settings to include meetings, presentations, group supervision, and organizational functions
- **Psychological Assessment and Diagnosis:** To provide progressive training, clinical experiences and supervision that adequately prepare our interns to succeed in post-doctoral/entry-level psychologist positions working in general and/or correctional

- clinical settings, in the provision of evidence-based psychological assessment and diagnosis, using intellectual, objective and subjective personality assessment instruments, as well as patient interviews, historic and collateral information with appropriate consideration of relevant issues of cultural and individual differences.
- A. Interns will demonstrate at least an intermediate level of competence in the provision of evidence-based psychological assessment as evidenced by successful selection, administration and scoring of psychological assessment instruments including appropriate consideration of relevant issues of cultural and individual differences.
 - B. Interns will demonstrate at least an intermediate level of competence in the report writing of evidence-based psychological assessment data using intellectual, and both objective and subjective personality assessment instruments including appropriate consideration of relevant issues of cultural and individual differences.
 - C. Interns will demonstrate at least an intermediate level of competence in evaluating and diagnosing patients using patient interviews, historic and collateral information, as well as intellectual, objective and subjective personality assessment instruments with appropriate consideration of relevant issues of cultural and individual differences.
 - D. Interns will demonstrate at least an intermediate level of competence in the use of evidenced based psychological assessment data in the formulation of accurate diagnostic impressions that include considerations of the social context, the functional and/or dysfunctional nature of behaviors, patient strengths, and recommendations including appropriate consideration of relevant issues of cultural and individual differences.
- **Therapeutic Intervention:** To provide training, clinical experiences and supervision that adequately prepare our interns to reach at least an intermediate level of competency in therapeutic interventions such that they may enter post-doctoral/entry-level psychologist positions working in general and/or correctional clinical settings, and succeed at providing evidence-based individual therapy, group therapy and crisis intervention to individuals with a broad spectrum of mental disorders in either inpatient or outpatient settings with both respect and sensitivity to cultural and individual differences.
 - A. Interns will demonstrate at least an intermediate level of competence in the provision of evidence-based individual therapy that is well-informed, respectful and sensitive to individual differences to inmate patients of diverse backgrounds with a wide range of mental disorders.
 - B. Interns will demonstrate at least an intermediate level of competence in the organization, provision and supervision of evidence-based group therapy to inmate patients that is well-informed, respectful and sensitive to cultural and individual differences.
 - C. Interns will demonstrate at least an intermediate level of competence in the provision of evidence-based crisis intervention services to inmate patients that are well-informed and sensitive to cultural and individual differences.
 - **Supervision:** To provide progressive training, clinical experiences and supervision that adequately prepares our interns to demonstrate at least an intermediate level

- of competence in the utilization of supervision experiences and in training and supervising other mental health staff with both respect and sensitivity to individual and cultural diversity in their work as post-doctoral/entry level psychologists in general and/or correctional clinical settings.**
- A. Interns will demonstrate at least an intermediate level of competence in the use of peer and faculty supervision experiences.**
 - B. Interns will demonstrate at least an intermediate level of competence in the provision of training and supervision to other mental health staff with both respect and sensitivity to individual and cultural diversity.**
- **Consultation and Interprofessional/ Interdisciplinary Skills: To provide training that adequately prepares our interns to succeed in providing and obtaining consultation with at least an intermediate level of competence, with sensitivity to individual and cultural diversity, as post-doctoral/entry level psychologists in general and/or correctional clinical settings.**
 - A. Interns will demonstrate at least an intermediate level of competence in their verbal and written communications to professionals from other disciplines within the Department while demonstrating sensitivity to individual and cultural diversity.**
 - B. Interns will demonstrate at least an intermediate level of competence in providing and obtaining consultative communications with other professionals with sensitivity to individual and cultural diversity.**
 - C. Interns will demonstrate at least an intermediate level of competence in their ability to understand the responsibilities and role of others within the Departmental system.**

Appendix B – DOCTORAL PSYCHOLOGY INTERNSHIP SUPERVISION AGREEMENT

Florida Department of Corrections Doctoral Psychology Internship Program

Introduction

The training staff participating in the Florida Department of Corrections Doctoral Internship Program view supervision as essential to the professional growth and development of a psychologist-in-training. As you enter into this supervisory relationship, we request that you work with your supervisor to develop and commit to a supervision agreement. This process is founded on the professional expectation of providing quality training and supervision and the importance of providing informed consent to interns about the supervision experience. The purpose of the supervision agreement is: 1) to clarify expectations of supervisors and interns in regard to their responsibilities, roles and duties in the supervision relationship, and 2) to identify mutually agreed upon goals for training.

Purpose of the Supervision Relationship

1. To monitor professional services offered by intern and to assure that they are consistent with the Department of Corrections' policy, procedure, and directives to promote the welfare of patients seen by the intern.
2. To promote the intern's clinical and professional growth.
3. To fulfill supervision requirements as stipulated by intern's academic program, the APA Commission on Accreditation, and the Florida Board of Psychology.

Responsibilities of Supervisor

1. The supervisor is expected to practice within the bounds of the laws and regulations of the State of Florida, policies and professional standards of the Florida Department of Corrections Doctoral Internship Program, and the Ethical Principles of Psychologists and Code of Conduct set forth by the American Psychological Association as well as those of their employer.
2. The supervisor will articulate their theoretical orientation and supervision philosophy to the intern at the outset of the supervision relationship.
3. Supervisors will provide 2-hours of weekly individual supervision. If sessions are missed, efforts will be made to re-schedule in a timely manner. If the supervisor will be absent for an extended period of time, arrangements for supervision will be coordinated with alternate supervisors. An additional 2-hours of supervision will be provided each week to include, group, didactic, grand round, and direct observation formats.
4. The supervisor will oversee the ongoing assignment of patients for interns in consideration of intern's training goals and areas of growth.
5. The supervisor will maintain professional competence to supervise the clinical practice of the intern. If, at any time, the supervisor feels they lack sufficient knowledge to

- oversee treatment or if the intern needs additional supervision, a consult will be made with another professional on staff.
6. The supervisor will review and co-sign interns' initial case management notes, BPSA's, ISPs, psychological evaluations, discharge and transfer summaries, and other clinical documentation during the term. The supervisor will provide evaluative feedback about the quality of written clinical work and may require edits with the goal of improving intern's documentation skills.
 7. The supervisor will routinely discuss training goals established by the intern and assist in identifying experiences and opportunities intended to promote professional growth. The supervisor may refer the intern to professional readings or other resources related to clinical work and professional goals.
 8. The supervisor will maintain an ongoing awareness of all patients who comprise an intern's caseload.
 9. The supervisor will monitor the intern's understanding of, and compliance with, Florida Department of Corrections policies, State Law, and APA Ethical Principles of Psychologists and Code of Conduct on such matters as crisis management, confidentiality, external communications, release of information, and record keeping.
 10. The supervisor is responsible for providing ongoing, timely, and accurate feedback to the intern regarding internship progress, including strengths and areas of further development. Concerns regarding inmate performance, professionally, or clinically, will first be addressed in supervision.
 11. In addition to ongoing evaluative feedback throughout an assigned rotation, the supervisor will complete a formal written evaluation of the intern's participation in supervision and development as a clinician at the end of the quarter in the case of the Training Director, or at the end of a rotation for all other supervisors. The written evaluation must be reviewed, signed, and dated by both parties.
 12. The supervisor will make every effort to handle personal information shared by an intern with sensitivity and where appropriate, with confidentiality. Possible exceptions to confidentiality may include but will not be limited to communication with the Training Director, Internship President, Internship Training Committee members, intern's doctoral program, or other Florida Department of Corrections staff as needed to ensure compliance with FDC administrative and clinical standards.
 13. When there is a change in supervisors, the previous supervisor will continue to be responsible for case management until the first supervisory meeting with the new supervisor. The official transfer of cases will occur at that first meeting.

Responsibilities of Intern

1. The intern will identify her/his professional goals and seek input and experiences likely to promote progress toward these goals.
2. The intern is expected to make appropriate use of supervision. This includes being on time, maintaining openness to learning, willingness to generate and review relevant audio/video recordings of clinical work, openly and directly communicating with the supervisor, and being able to accept and use constructive feedback.
3. The intern will regularly provide an updated list of their ongoing caseload to the supervisor.
4. The intern will provide the supervisor with completed BPSA's, ISPs, psychological evaluations, discharge and transfer summaries, and other clinical documentation in a timely manner for review and co-signature.
5. The intern will actively participate in the evaluation process by providing input on their perceived strengths and weaknesses, professional goals and needs, and areas requiring focused attention.
6. The intern is expected to give feedback to the supervisor regarding supervision. If intern has concerns or is dissatisfied with supervision or the evaluation process, these matters should first be addressed during regular supervision. If this discussion is unable to resolve the concerns, the intern is urged to speak with the Training Director.
7. The intern will abide by FDC policies and Procedures, State Laws governing the provision of psychological services and the APA's Ethical Principles and Code of Conduct. In adhering to these, the intern will: a) ensure that patients review and sign informed consent prior to treatment, assessment or being audio/video recorded; b) provide informed consent to patients regarding training status and the name and credentials of their supervisor; c) discuss with supervisors any informed consent/confidentiality concerns which arise with patients; d) inform supervisors of requests for release of information to/from other agencies, professionals, or individuals; and e.) advise supervisors if they become aware of any past or existing relationships, (personal or professional) they may have with a patient in FDC custody.
8. Intern will inform supervisor if personal issues arise which seem to interfere with their ability to work with certain patients or perform other duties of the internship. In such instances, intern will work with the supervisor and/or the Training Director to navigate the concerns as needed.
9. The intern will inform the supervisor about cases that present significant risk, including patients who exhibit potential harm to themselves or to others.

Final Agreement

This agreement may be revised as influenced by training needs with the mutual input of intern, supervisor, and training director. Both parties agree to first address in supervision a perceived failure by one or the other to fulfill the expectations and responsibilities outlined in this agreement.

Should supervisor and/or intern experience difficulty within the supervisory relationship, they agree to make a concerted effort to work out that difficulty together, consulting with the Training Director if needed. On rare occasions, if need be and after consultation with the Training Director, the supervision relationship can be terminated.

By our signatures below, we affirm that we both understand the supervisory expectations noted in this document and that we both agree to the specific contracted goals and activities cited above.

Intern _____

Date _____

Supervisor _____

Date _____

***Please return this signed agreement to Dr. Culbreath upon completion:**

INTERN'S TRAINING GOALS

Supervisee has established the following training goals for the _____ rotation. Supervisor and intern agree to review intern's progress toward meeting these goals periodically throughout the rotation. The process of goal setting will again be repeated at mid year.

1. _____

2. _____

3. _____

4. _____

Intern _____

Date _____

Supervisor _____

Date _____

**Appendix C – FLORIDA DEPARTMENT OF CORRECTIONS
DOCTORAL INTERNSHIP PROGRAM IN CLINICAL 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
Total hours of group supervision provided during this rotation: _____ hours

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

_____ Live Observation _____ Audio Tape _____ Co-therapy/facilitation
_____ Videotape _____ Review of Written Work _____ Review of Test Data
_____ Chart Review _____ Discussion of Intern's Report of Clinical Interactions
_____ Role Play _____ Comments from Other Staff
_____ Other (explain)

Competency Rating Scale

Use these Likert Scale ratings (1-7 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:

- 7 - Performs this activity with great skill and demonstrates exceptionally advanced competence for an intern at any level, typical of independently practicing professionals.**
- 6 – Is able to independently perform this activity demonstrating intermediate competency, typical of a beginning resident or general professional in health service psychology.**
- 5 – Demonstrates intermediate/entry level competency in this task at all times and seeks supervision in a consultative format (the minimal threshold of independent intermediate competency consistent with postdoctoral residents/entry level psychological professionals)**
- 4 - Can demonstrate intermediate competency in this activity, most times, while still seeking supervision and support (typical of skilled interns)**
- 3 – Can demonstrate intermediate competency more often than not, though still benefits from supervision for assistance and direction (typical of established and or well-prepared interns)**
- 2 – Can demonstrate intermediate competency to perform this activity, sometimes, while benefitting from significant support and redirection from their supervisor (typical of new interns in training)**
- 1 – Is not able to demonstrate competency with this activity satisfactorily (performing below typical developmental intern level; not acceptable at completion of rotation) Also used when program requirements (didactics/assessments) are not completed in appropriate time frames**
- N/A– Not observed or applicable**

2021-2022

I. Research

1.(I.A.- D.) Reads and is aware of relevant literature.	7	6	5	4	3	2	1	N/A
2.(I.A.- D.) Applies literature to practice appropriately.	7	6	5	4	3	2	1	N/A
3.(I.A.- D.) Reads materials provided by supervisors/provides materials for supervisors.	7	6	5	4	3	2	1	N/A
4.(I.A.- D.) Brings literature as requested to supervision and case conferences.	7	6	5	4	3	2	1	N/A
5.(I.A- D.) Works towards dissertation completion (when appropriate.)	7	6	5	4	3	2	1	N/A
6.(I.A- D.) Able to discriminate the appropriate application of research evidence to clinical practice.	7	6	5	4	3	2	1	N/A

Comments _____

II. Ethical and Legal Standards

7.(II.A.- D., IV.A., V.A.) Displays professional interaction with staff and peers.	7	6	5	4	3	2	1	N/A
8.(II.A.) Demonstrates knowledge of APA ethical principles and consistently applies them appropriately, seeking consultation as needed.	7	6	5	4	3	2	1	N/A
9.(II.B.) Follows rules, regulations, and laws relevant to the practice of psychology as set at the local, state, regional, and federal levels to including adherence to HIPAA guidelines regarding PHI.	7	6	5	4	3	2	1	N/A
10.(II.C.) Demonstrates compliance with all FDC rules, regulations, and policies at all times.	7	6	5	4	3	2	1	N/A
11.(II.D., IV.A) Appreciative of the level of influence inherent in one's position relative to both patients and staff.	7	6	5	4	3	2	1	N/A
12.(II.A- D., IV.A.) Able to define own role in ambiguous situations.	7	6	5	4	3	2	1	N/A

Comments: _____

III. Diversity

13.(III.A-C.) Sensitive to the influences of individual differences on patient care.	7	6	5	4	3	2	1	N/A
14.(III.A-C.) Sensitive to the influence of cultural differences in patient care and diagnosis.	7	6	5	4	3	2	1	N/A
15.(III.A-C.) Able to attend appropriately to disability.	7	6	5	4	3	2	1	N/A
16.(III.A-C.) Able to attend appropriately to religious beliefs.	7	6	5	4	3	2	1	N/A
17.(III.A-C.) Able to attend appropriately to gender issues.	7	6	5	4	3	2	1	N/A
18.(III.A.-C.) Able to attend appropriately to sexual orientation issues	7	6	5	4	3	2	1	N/A

19.(III.A.-C.) Challenges one's premises and biases, to expand one's awareness, and address issues of diversity.	7	6	5	4	3	2	1	N/A
--	---	---	---	---	---	---	---	-----

Comments: _____

IV. Professional Values and Attitudes

20.(IV.A., II.D.) Dresses and presents themselves professionally and appropriately. Follows rules, regulations and laws	7	6	5	4	3	2	1	N/A
21.(IV.A.) 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.)	7	6	5	4	3	2	1	N/A
22.(IV.A-B., II.A.-D.) Has an awareness of one's personal and professional strengths and limitations.	7	6	5	4	3	2	1	N/A
23.(IV.B.) Demonstrates positive coping strategies when dealing with both personal and professional challenges and stressors (can maintain professional functioning and quality patient care.)	7	6	5	4	3	2	1	N/A
24.(IV.C, III.D., VIII.A.) Demonstrates a willingness to address personal issues which affect professional work.	7	6	5	4	3	2	1	N/A
25. (IV.C. III.C.) Ability to reflect upon their own reactions in clinical work (i.e. transference)	7	6	5	4	3	2	1	N/A

Comments: _____

V. Communication and Interpersonal Skills

26.(V.A., IV. A.) Engages in appropriate and professional verbal and written communication across all training settings	7	6	5	4	3	2	1	N/A
27.(V.B) Provides clear clinical communications in the form of therapy notes, treatment plans, psychological evaluations and any other documentation intended to convey patient progress	7	6	5	4	3	2	1	N/A
28.(V.C., IV.C.) Actively participates in meetings, supervision, and organizational functions in a professional and appropriate manner	7	6	5	4	3	2	1	N/A
29.(V.A., V.C., I.B., & I.D.) Generates evidenced based and scholarly didactic presentations and effectively communicates the contents of these presentations to the larger training cohort	7	6	5	4	3	2	1	N/A
30.(V.A-C., IV. A.) Communicates ideas, concerns, and suggestions with appropriate confidence and effectiveness commensurate with their level of influence and position within the training environment	7	6	5	4	3	2	1	N/A

Comments: _____

VI. Psychological Assessment

31.(VI.A., & VI.C.) Able to elicit relevant history, from interview, medical record review, staff consultation and appropriate use of collateral information.	7	6	5	4	3	2	1	N/A
32.(VI.A., & VI.D.) Understands the mental status and diagnostic components of disorders and uses it properly in diagnosis and monitoring patient progress.	7	6	5	4	3	2	1	N/A
33.(VI.D.) Competent in formulating diagnoses with ICD-10 and DSM-5.	7	6	5	4	3	2	1	N/A
34.(VI.A-C.) Able to administer, score, and interpret intellectual/cognitive assessment instruments, including WAIS-IV	7	6	5	4	3	2	1	N/A
35.(VI.A.) Able to administer objective, score, and interpret personality assessment instruments including MMPI-II and PAI.	7	6	5	4	3	2	1	N/A
36.(VI.A.) Able to administer, score, and interpret forensic tests including SIRS and M-FAST.	7	6	5	4	3	2	1	N/A
37.(VI.A.) Able to administer, score and interpret projective personality assessment instruments including Rorschach-Exner.	7	6	5	4	3	2	1	N/A
38.(VI.B., V.B.) Able to write a well-organized psychological evaluation, answering referral questions clearly, providing specific recommendations for client care.	7	6	5	4	3	2	1	N/A
39.(VI.A-D., III.B.) Aware of and sensitive to individual differences such as cultural, social, and ethnic background and their impact on assessments.	7	6	5	4	3	2	1	N/A
40.(VI.D. & IX.A.) Able to provide useful, accurate, and ethical feedback to patients and referring staff.	7	6	5	4	3	2	1	N/A
41.(I.C. & VI.D.) Has a reasonable understanding of developmental issues and avoids over-pathologizing.	7	6	5	4	3	2	1	N/A

Comments: _____

VII Therapeutic Interventions

42. (VII.A.) Able to generate a useful theoretically based case formulation and treatment plan.	7	6	5	4	3	2	1	N/A
43.(VII.A.) Responsible for key client care tasks, autonomously ensuring that tasks are completed promptly (BPSA's, Treatment Plans and notes).	7	6	5	4	3	2	1	N/A
44.(VII.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).	7	6	5	4	3	2	1	N/A

45.(VII.A.) Establishes clear and appropriate goals and identifies hidden agendas. Continues to work with patients in reevaluating patients' goals throughout the course of therapy.	7	6	5	4	3	2	1	N/A
46.(VII.A.) Forms connecting relationships with patient, and knows how to attend to the relationship for therapeutic change or when relational issues arise.	7	6	5	4	3	2	1	N/A
47.(VII.B.) 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).	7	6	5	4	3	2	1	N/A
48.(VII.B., I.B.) Able to develop a scholarly/evidence based group module and implement it appropriately.	7	6	5	4	3	2	1	N/A
49.(VII.A.) Able to reinforce client progress.	7	6	5	4	3	2	1	N/A
50.(VII.C.) Able to perform crisis interventions with clients having a variety of psychosocial problems.	7	6	5	4	3	2	1	N/A
51.(VII.A.) Perceives and responds to non-verbal cues to gain in depth understanding of verbal message.	7	6	5	4	3	2	1	N/A
52.(VII.A., I.A.) Has an integrated knowledge of theories. Can express this knowledge clearly and uses evidence based therapeutic interventions that are consistent with theories.	7	6	5	4	3	2	1	N/A
53.(VII.A.) Facilitates the experience & expression of affect in session.	7	6	5	4	3	2	1	N/A
54.(VII.A.) Addresses termination issues with the client.	7	6	5	4	3	2	1	N/A
55.(VII.A.) Addresses "therapy interfering behaviors": silence, not completing "assignments", avoidance of meaningful topics.	7	6	5	4	3	2	1	N/A
56.(VII.A.) 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.	7	6	5	4	3	2	1	N/A
57.(VII.A., III.A.&C.) Works comfortably with patients from many cultures incorporating a multicultural sensitive model. Is aware of impact of own culture on counseling process.	7	6	5	4	3	2	1	N/A

Comments: _____

VIII. Supervision

58.(VIII.A., VI.B.) Understands when to seek consultation and when to act autonomously.	7	6	5	4	3	2	1	N/A
59.(VIII.A.) Able to use supervision effectively, including an awareness and acknowledgement of potential problem areas, conflicts, skill deficits, counter-transference reactions, etc.	7	6	5	4	3	2	1	N/A
60.(VIII.A.) Prepares for and is able to articulate goals for supervision.	7	6	5	4	3	2	1	N/A
61.(VIII.A.) Open to supervisory feedback and is able to integrate feedback into practice.	7	6	5	4	3	2	1	N/A
62.(VIII.A.) Clarifies theoretically-based client conceptualization and treatment plans in supervision.	7	6	5	4	3	2	1	N/A

63.(VIII.A.) Maintains up-to-date, supervisor-signed paperwork such as case notes and weekly activity reports.	7	6	5	4	3	2	1	N/A
64.(VIII.A.) Demonstrates appropriate assertiveness when communicating with supervisor.	7	6	5	4	3	2	1	N/A
65.(VIII.B.) Has the skills, knowledge and self-confidence necessary to supervise psychology trainees in their work with patients.	7	6	5	4	3	2	1	N/A
66.(VIII.B., III.C.) Able to provide truthful, straight forward and respectful supervision that reflects awareness sensitivity to issues related to individual diversity. (e.g. peer supervision)	7	6	5	4	3	2	1	N/A

Comments: _____

IX. Consultation and Interprofessional/interdisciplinary skills

67.(IX.A.) Has a general familiarity with the practices of other health service professions (esp. physicians, psychiatrists, social workers, etc.) & a corresponding ability to frame the relevant psychological issues in ways that meet with their needs.	7	6	5	4	3	2	1	N/A
68.(IX.A.) Demonstrates a working knowledge of psychopharmacology that allows professional consultation.	7	6	5	4	3	2	1	N/A
69.(IX.A.) Has an awareness of when to consult with other professionals in the treatment or management of a client.	7	6	5	4	3	2	1	N/A
70.(IX.A.) Communicates effectively with referral sources, including eliciting relevant information & explaining psychological issues.	7	6	5	4	3	2	1	N/A
71.(IX.A.) Communicates effectively with other disciplines (i.e. security, classification) in order to facilitate continuity of care and positive treatment outcomes.	7	6	5	4	3	2	1	N/A
72.(IX.A.) Understands the role of psychologists in relation to the larger MDST	7	6	5	4	3	2	1	N/A

Comments: _____

Overall 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 _____, 2 _____

**Appendix D – FLORIDA DEPARTMENT OF CORRECTIONS
DOCTORAL INTERNSHIP PROGRAM IN CLINICAL 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

- ___ 1. 1900 hours of work within the Dept. of Corrections (paid)
- ___ 3. 100 hours of Professional Work (non-paid/paid based on leave balance)
- ___ 3. 500 hours of face-to-face patient contact
- ___ 4. 100 hours of individual supervision and 100 hours of group supervision
- ___ 5. Obtain direct observation supervision of clinical service provision, professional development, consultation, communication, assessment, and therapeutic skills
- ___ 6. Research, design and devise an 8-12 session empirically supported manualized clinical group module to include, goals and objectives, inclusion criteria, session by session outline, handouts, assignments, and homework as appropriate
- ___ 7. Group Module competently applied to patients.
- ___ 8. Obtain supervision and insight into the implementation and evaluation of your empirical group module in order to integrate feedback, generate improvements, and implement lessons learned.
- ___ 9. Present four didactic presentations in Grand Rounds covering:
 - ___ 9.A. An area of research interest relating to treatment in corrections with special attention, awareness, and sensitivity to the impact of individual and cultural diversity
 - ___ 9.B. The development and review of your empirically supported group module after implementation
 - ___ 9.C. A case presentation that incorporates interpretations, conceptualizations and treatment plans from the perspective of 3 different theories citing current research and theory
 - ___ 9.D. A case presentation that incorporates interpretations of formal assessment data including diagnosis, case conceptualizations and treatment plans based on current research and theory

- ___ 10. Demonstrate Satisfactory Formal Testing/Assessment and Diagnostic skills by:
 - ___ 10.A. Satisfactory completion of at least 6 Psychological Evaluations
 - ___ 10.B. Increasing the number of Assessment Tools you can competently use
 - ___ 10.C. Demonstrating integrative report writing skills by incorporating data from multiple assessment instruments including but not limited to, MMPI-II, PAI, Rorschach (Exner Scoring), WAIS-IV, WASI-II, and SIRS-2 and M-FAST.

- ___ 11. 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.

- ___ 12. Attend and actively participate in all Training Activities throughout the year.

- ___ 13. Provide competent therapeutic interventions to patients with various presenting issues to include patients with mood, psychotic, anxious and personality disorder in a variety of correctional clinical settings including Outpatient Services, TCU, CSU and SHOS

- ___ 14. Competently conceptualize and treat patients using at least three different theory and research based therapeutic approaches with sensitivity to issues of individual and cultural diversity.

- ___ 15. Demonstrate on-going scholarly/evidence-based inquiry and application in individual and group supervision, therapeutic activities, training activities, didactic preparation and consultation.

- ___ 16. Treat patients from diverse backgrounds and demonstrate awareness and sensitivity to the complexities of human identity – making note of specific identities endorsed by patients throughout your training experience

- ___ 17. Demonstrate ethical behavior including adherence to the American Psychology Association *Ethical Principles of Psychologists and Code of Conduct* (2017), (<http://www.apa.org/ethics/code/ethics-code-2017.pdf>)

- ___ 18. Achieve a rating of 3/5 or better on each item and an average of 3.5/5.5 in each profession wide competency (PWC) listed on the Florida Department of Corrections Doctoral Internship Program in Clinical Psychology's *Intern Evaluation Form* by the mid-year/end-of-year evaluations respectively

- ___ 19. Do not endanger the lives of patients or demonstrate deliberate indifference or insubordination involving clinical care

- ___ 20. Do not disclose information about the FDC, inmates or staff to individuals outside of the FDC, except as indicated in your Training Manual and as approved by the TD

- ___ 21. Notify the training director immediately if you become aware that you are related to or have personal knowledge of any inmate in the FDC

- ___ 22. Comply with all Florida Department of Corrections' rules, regulations, and policies at all times and be familiar with the FDC's Chapter 33 and its Mission Statement, abide by the FDC Code of Conduc. These can be found at <http://www.dc.state.fl.us/vision.html> .

- ___ 23. Remain enrolled and in good standing with your doctoral program

- ___ 24. Attend Graduation and Receive your Certificate of Completion

Congratulations!

Appendix E - Intern Grand Rounds Presentation Evaluation Form

Group Module Presentation by: _____

Title: _____ **Date:** _____

- ___ 1. Presentation includes a slide delineating the goals and objectives.
- ___ 2. The Group Module is:
 - ___ Focused on the treatment of a specific clinical symptom(s) which justifies treatment (within our system).
 - ___ Tailored to provide services for a particular subset of the population (S2 or above).
 - ___ Between 8-12 sessions and approximately 1-2 hours in length
 - ___ Is designed with attention to group rules, security issues, etc.,
 - ___ Specifies criteria for group members (e.g., ages, symptoms, literacy, motivation.)
- ___ 3. Potential benefits to the group members are clearly identified. There is a clear plan to measure individual change with Pre/Post assessment.
- ___ 4. A specific theoretical treatment modality is identified and is justified as evidence based with presented literature review, applying scientific work to treatment.
- ___ 5. An outline is provided for each session delineating goals, objective and activities that will be used to achieve them. Worksheets, handouts and homework for each session are presented.
- ___ 6. Demonstrates awareness of and adherence to ethical issues.
- ___ 7. Addresses relevant issues of cultural and individual difference.
- ___ 8. PowerPoint Presentation and handouts were useful, appropriate and professional.
- ___ 9. Verbal Presentation was clear, fluid, coherent.
- ___ 10. Able to field questions and responded to comments and feedback appropriately.
- ___ 11. Demeanor, dress and presence were professional and well received.

Comments: _____

___ Satisfactory ___ Unsatisfactory

Supervisor's Signature: _____

Research Presentation by: _____

Title: _____

Date: _____

- 1. Includes an outline delineating the presentation goals/objectives.**
- 2. Appropriate for application in a correctional setting**
- 3. Research data presented adequately supports the concept, concern, recommendation, or hypotheses of the presentation.**
- 4. Demonstrates ability to read, critically evaluate, and use research to guide clinical decisions.**
- 5. Discussion of research addresses its validity, reliability, and utility across the broad spectrum of diversity in our correctional population.**
- 6. Deliberate and specific inclusion of research and discussion of the impact of factors related to individual diversity, cultural awareness and sensitivity incorporated throughout the presentation**
- 7. PowerPoint Presentation (slides) and handouts (if applicable) were useful, appropriate and professional.**
- 8. Verbal Presentation was clear, fluid, coherent.**
- 9. Able to field questions and responded to comments and feedback appropriately.**
- 10. Demeanor, dress and presence were professional and well received.**

Comments: _____

_____ **Satisfactory**

_____ **Unsatisfactory**

Supervisor's Signature: _____

Treatment Case Presentation by: _____

Title: _____

Date: _____

- ___ **1. Thorough efforts demonstrated to obtain accurate history and assessment of symptoms by available means.**
- ___ **2. Thorough history of symptomatology (as available), mental status and behaviors during sessions are presented.**
- ___ **3. Diagnoses are clearly justified, comprehensive and considers aspects of cultural and individual diversity unique to the individual.**
- ___ **4. Presentation of current research and theory to support the treatment plans.**
- ___ **5. Etiological factors including cultural, biological, environmental, and individual factors are considered.**
- ___ **6. Case conceptualizations are based on evidenced based, empirically supported theory.**
- ___ **7. Detailed case conceptualizations with etiology, course of illness, and specific treatment plan are presented. The applied theory includes an explanation of planned treatment and prognosis for at least one symptom.**
- ___ **8. Evidence of consultation with and role of the MDST addressed**
- ___ **9. PowerPoint and handouts were useful, appropriate and professional.**
- ___ **10. Verbal Presentation was clear, fluid, coherent.**
- ___ **11. Able to field questions and responded to comments and feedback appropriately.**
- ___ **12. Demeanor, dress and presence were professional and well received.**

Comments: _____

___ **Satisfactory** ___ **Unsatisfactory**

Supervisor's Signature: _____

Assessment Case Presentation by: _____

Title: _____

Date: _____

- 1. Clarifies referral question and the needs of referral source.
- 2. Thorough efforts demonstrated to obtain accurate history and collateral information.
- 3. Appropriate selection of formal assessment instruments given the uniqueness of the patient, the referral and other concerns as they arise.
- 4. Raw data, protocols, profiles and other assessment information appropriately and adequately provided.
- 5. Demonstrates sound application of assessment instruments, (administration, scoring, determination of result validity and interpretation).
- 6. Thorough history of symptomatology, mental status, behavior during testing, and any subsequent impact on results are presented and discussed adequately.
- 7. Diagnoses are clearly justified, comprehensive and demonstrate cultural sensitivity and awareness unique to the individual.
- 8. Feedback and utility of results to referral source discussed demonstrating consultative skills.
- 9. Demonstrates awareness of and adherence to ethical issues surrounding assessment.
- 10. Power Point and handouts (if applicable) were useful, appropriate, and professional.
- 11. Verbal presentation was clear, fluid and coherent.
- 12. Able to field questions and responded to comments and feedback appropriately.
- 13. Demeanor, dress and presence were professional and well received.

Comments: _____

Satisfactory Unsatisfactory

Supervisor's Signature: _____



Appendix F – Internship Completion Certificate
THE FLORIDA DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH SERVICES



HEREBY CERTIFIES THAT

Intern Name

HAS SUCCESSFULLY COMPLETED THE 2000 HOURS OF TRAINING REQUIRED FOR THE
APA ACCREDITED

DOCTORAL INTERNSHIP IN CLINICAL PSYCHOLOGY

September 1, 2023 – August 31, 2024



Suzonne Kline, Psy.D.
Internship President

Thomas Culbreath, Psy.D.
Internship Training Director

**Appendix G – Psychology Student Trainee Problems, Due Process,
and Grievance Procedures**

**PSYCHOLOGY INTERN PROBLEMS, DUE PROCESS, AND
GRIEVANCE PROCEDURES**

A. DEFINITIONS

1. Problem: Interference in professional functioning exhibited in one (or more) of the following ways:
 - a. Inability or unwillingness to acquire and integrate professional standards into professional behavior and practice.
 - b. Inability or unwillingness to acquire professional skills to a level commensurate with training and experience expected of a psychology intern.
 - c. Inability or unwillingness to manage personal stress, psychological dysfunction, or excessive emotional reactions to an extent where professional functioning is affected.
2. Behavior of concern: Behaviors, attitudes, or characteristics that are unexpected or excessive for professionals in training and may require remedial action(s).
3. Characteristics of problem behavior:
 - a. The intern does not acknowledge, understand, or address problematic behavior when it is identified.
 - b. The problem is not due to a deficit of skill(s) that can be alleviated by didactic or academic training.
 - c. The quality of service(s) delivered is consistently negatively affected by the problem behavior.
 - d. The problem behavior is not restricted to one area of professional functioning.
 - e. The problem behavior has the potential for ethical or legal ramifications if not addressed.
 - f. The problem behavior requires a disproportionate amount of attention from training personnel.

- g. The intern's behavior does not change in relation to feedback, remedial efforts, or time.
 - h. The intern's behavior negatively affects the public image of the Department of Corrections or the psychology training program.
4. Unprofessional Conduct: Inappropriate professional conduct as demonstrated by:
 - a. Intentional disregard for policies and procedures.
 - b. Knowingly violating any of the ethical principles of psychologists.
 5. Grievance: A complaint based upon actual or perceived injustice regarding working conditions, training program, or supervisory treatment.

B. CORRECTIVE ACTION REGARDING BEHAVIOR OF CONCERN, PROBLEM BEHAVIOR, AND UNPROFESSIONAL CONDUCT

1. In the vast majority of cases, a supervisor's concerns regarding intern behavior are minor and can be satisfactorily addressed between supervisor and intern in the course of normal intern supervision. The supervisor will address the concern(s) with the intern and arrive at a mutually agreed upon reasonable deadline for demonstration of improvement by the intern
2. When any intern demonstrates or is believed to have demonstrated problem behavior, as defined in section A3, which has not been corrected by the intern during normal intern supervision as described in section B1 above, or unprofessional conduct as defined in section A4, the supervisor involved will bring the matter to the immediate attention of the intern, or as soon as possible. The intern will be given the opportunity to discuss the incident with the supervisor before anyone else is notified. Subsequently, the supervisor will advise the Psychology Internship Training Director (PITD) of the incident and discussion with the intern. Depending upon the severity of the matter, the Regional Mental Health Director (RMHD), the Mental Health Services Director (MHSD), and the entire training staff may also be informed and/or consulted. The supervisor and the PITD will determine whether or not any further action is necessary. If further action is deemed necessary, the PITD:
 - a. May discuss the issue with the intern, with the intern and the supervisor together, seek input from other staff having professional contact with the intern, or previous supervisors of the intern.

- b. Will meet with the intern and supervisor to outline corrective action, and develop a reasonable time within which the intern will demonstrate improvement.
 - c. Will consult with the intern's graduate training director, the supervisors of psychology training at the institution, the RMHD, and the MHSD to discuss a course of action if intern improvement is not observed within this time.
 3. If it appears the intern is in serious danger of not satisfactorily meeting the training objectives for the rotation, internship, or practicum placement, the PITD may place the intern on probation. The PITD will develop a written intern improvement plan with input from the training supervisor, the intern's graduate training director, the RMHD, and other training supervisors. The intern improvement plan will be reviewed and approved by the MHSD, or designee. The plan will include:
 - a. A description of the problematic behavior and/or deficiency(s).
 - b. Assignment(s) for the trainee to complete to demonstrate competency, and a deadline for completion.
 - c. A designation of the supervisory staff member(s) who will monitor the assignment(s).
 4. When an intern is placed on probation, the intern's graduate program training director will be notified immediately and will be provided frequent (minimum weekly) updates by the PITD regarding the intern's progress.
 5. If the supervisor or the PITD believes the matter is a serious breach of professional conduct or if the incident is a second occurrence, the PITD, training supervisors, and RMHD will meet to determine an appropriate course of action which can include continued probation or dismissal from the training program. The MHSD will be advised of the course of action decided by the PITD and RMHD.
 6. If there is a determination to place the intern on probation or to dismiss the intern from the program, the intern shall be provided written notice of the basis for the placement on probation or dismissal and of the opportunity to grieve the action through the intern grievance process set forth in section C below. A grievance of a dismissal shall be filed with the PITD within seven (7) calendar days of receipt of the notice.
 7. If the infraction violates the rules of the Department of Correction and/or threatens the security of the institution, the intern's actions will be investigated in accordance with departmental procedure 108.003 Investigative Process, and the intern may be placed on inactive status during the period of investigation.

8. At all points in the process of correction of behavior, the intern will be treated with respect, kept informed, consulted, and involved in a manner deemed appropriate by the PITD.
9. If an intern believes s/he is being treated unfairly or in any unsatisfactory manner, the intern may address these concerns via the grievance process outlined in section C below.

C. PSYCHOLOGY INTERN GRIEVANCE PROCEDURE

1. If an intern has a disagreement, dispute, or conflict with a supervisor, the PITD, another intern, or any other department employee, or if an intern is treated in a way that the intern believes is inappropriate, the first course of action taken by the intern will be to raise the matter directly with the person involved in the disagreement, dispute, or conflict. It is expected that most problems can be resolved at this level.
2. In most situations, the person with whom the intern has a disagreement should always be approached first. If a training supervisor, unit supervisor, the PITD, or anyone else is consulted prior to the intern discussing the problem with the person involved in the disagreement, the intern will be reminded to first discuss the concerns with the person directly involved unless it is determined by the supervisor or PITD that it would be inappropriate to require the intern to first discuss the situation with the involved person.
3. If, in the intern's opinion, a joint discussion with the involved person does not satisfactorily resolve the matter, the following procedure should take place. If the person involved is a training supervisor, unit supervisor, another intern, or other employee of the department, the PITD should be the first person notified. If the PITD is the person involved, the intern should contact the MHSD. In any of the above cases, the person notified will discuss the issue with the person involved in the dispute prior to suggesting a course of action to the intern.
4. If the action(s) suggested by the PITD or the MHSD is not agreeable to the intern, or if this action is not successful in resolving the issue, the following course should be taken. If the person involved is not the PITD, the intern should notify the PITD. If the person involved is the PITD, the intern should notify the MHSD. In any of these circumstances, a three-way meeting will be one option considered. The PITD and MHSD may elect to consult with all training supervisors and/or the RMHD at this point in the process for advice in assisting with problem resolution.
5. Should the above courses of action fail to resolve the matter, the intern will present her/his grievance in writing to the MHSD who, with consultation as the MHSD deems appropriate, determine a final course of action. Grievances shall be filed

within 14 days after the incident leading to the disagreement, dispute, or conflict occurred or within 14 days after the incident giving rise to the disagreement, dispute, or conflict became or should have been known to the intern or, in the case of continuing behavior, within 14 days of the last offending action. The decision on the grievance shall be in writing to the intern.

6. If the intern is dissatisfied with the way in which the matter is resolved, s/he may appeal the grievance decision by requesting that the case be reviewed by the central office panel composed of the PITD, the MHSD, and one staff member each from the Offices of Institutions, Administration, Program Services, Health Services, and Community Corrections. The review panel will forward the case with its recommendations to the Assistant Secretary for final review. The decision of the Assistant Secretary shall be final.
7. However, if the intern is still dissatisfied with the resolution of the matter, other courses of action that may be pursued by the intern are to notify the intern's graduate training director, Association of Psychology Postdoctoral and Internship Centers, and the American Psychological Associate Office of Accreditation.
8. Grievances involving sexual harassment or other forms of discrimination should be filed in accordance with departmental procedures.