

**METROPOLITAN STATE HOSPITAL  
NORWALK, CALIFORNIA**

**PSYCHOLOGY DOCTORAL  
INTERNSHIP MANUAL**

**2015-2016**

Metropolitan State Hospital  
**PSYCHOLOGY SERVICES**  
PSYCHOLOGY TRAINING AND INTERNSHIP PROGRAM

**METROPOLITAN STATE HOSPITAL  
NORWALK, CALIFORNIA**

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**CLINICAL PSYCHOLOGY DOCTORAL  
INTERNSHIP MANUAL**

**METROPOLITAN STATE HOSPITAL  
NORWALK, CALIFORNIA**

**2015-2016**

Thank you for choosing Metropolitan State Hospital (MSH) for your Internship site. This manual reflects an effort to provide clear and meaningful guidelines to interns about the Clinical Psychology Doctoral Internship Program at MSH. In order to provide a uniform standard of quality training, the following minimum standards will be required of all psychology interns at MSH. Interns are expected to utilize the forms described in this manual for their designated purposes during the internship year. This manual is subject to revision during the internship year. Interns will be informed of any such revisions in a timely manner.

**DESCRIPTION OF THE HOSPITAL**

Metropolitan State Hospital (MSH) is located in the suburban community of Norwalk and is approximately fifteen miles southeast of downtown Los Angeles. MSH is a state psychiatric facility serving approximately 700 Individuals and has been in operation since 1916. The fall of 2015 begins our 67<sup>th</sup> consecutive year of Psychology Intern training and continues our tradition of providing quality training for students interested in working with patients with severe and persistent mental illness.

MSH offers multidisciplinary therapeutic and rehabilitation services provided by psychologists, social workers, psychiatrists, rehabilitation therapists, psychiatric technicians and registered nurses. Some units offer specialty services such as Dialectical Behavioral Therapy (DBT), Skilled Nursing, and Forensic Treatment.

**Program Descriptions**

The hospital is organized into four treatment programs: two forensic programs, a Lanterman Petris Short (LPS) conservatorship/civilly committed program, and a skilled nursing facility (SNF) program. All programs have designated treatment areas where group therapy interventions are conducted. The programs may vary in service due to specific age groups, level of care, and patient needs. Most of the units are dedicated to patients based upon their legal status. The forensic

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programs primarily treat patients who are in the pre- and post-adjudication phases of court involvement. The civil programs are dedicated to civilly committed patients with severe and persistent mental illness. There are also units dedicated to patients who require Skilled Nursing services.

### **Treatment Model**

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

### **PSYCHOLOGY DOCTORAL INTERNSHIP PROGRAM**

The 2015-2016 Internship year at Metropolitan State Hospital (MSH) begins September 1, 2015 and is a one year, full-time program ending on August 31, 2016. The Internship Program is coordinated by the Training and Internship Coordinator under the leadership of the Chief of Psychology. The Psychology Training and Internship Coordinator is the designated director of the Internship program. Interns engage in a wide variety of services, including conducting individual and group psychotherapy and skills training; performing cognitive screenings; conducting psychological and functional behavioral assessments; developing, implementing, and monitoring positive behavior support plans; and participating in interdisciplinary Treatment Planning Conferences and providing relevant consultation services to the Treatment Team.

### **APPIC Membership Status**

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

### **Accreditation Status**

The MSH Doctoral Psychology Internship Program is not currently accredited by APA. MSH has begun developing its APA self-study and hopes to be granted a site visit in Spring 2016. If granted APA accreditation, APA accreditation will be retroactive to the second day of the APA site visit.

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Questions about MSH's training may be directed to the Training Director, Dae P. Lee, Psy.D., at [Dae.Lee@dsh.ca.gov](mailto:Dae.Lee@dsh.ca.gov). Questions specifically related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation

American Psychological Association

750 1st Street, NE, Washington, DC 20002

Phone: (202) 336-5979

Email: [apaaccred@apa.org](mailto:apaaccred@apa.org)

### **Integration of Psychology Training with other Disciplines**

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

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

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

### **Training Philosophy**

The Clinical Psychology Doctoral Internship Program supports the overall mission and vision of Metropolitan State Hospital to work in partnership with patients to assist in their recovery by using rehabilitation services as our tool, thus preparing them for community living. The aim of the program is to provide training for interns in the provision of evidence-based, culturally competent therapeutic and rehabilitation services. The guiding framework of our training

program is that of the Local Clinical Scientist model, which places a greater emphasis on evidenced-based and scholarly informed practice. Under this framework, psychologists incorporate empirical data with clinical wisdom and an awareness of the unique concerns of the population to guide the selection of interventions.

### **Training Objectives**

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

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

### **Core Competencies**

Interns are expected to participate in a range of training rotations and assignments, regardless of the areas or populations they identify as their focus. Metropolitan State Hospital's training program is working to align with the Competency Benchmarks as set forth by the APA. By the end of the internship year, each intern will be expected to master the core competencies consistent with the interns' level of training. The competency clusters and related core competencies are as follows:

- I. PROFESSIONALISM**
  - 1. Professional Values and Attitudes**
  - 2. Individual and Cultural Diversity**
  - 3. Ethical Legal Standards and Policy**
  - 4. Reflective Practice/Self-Assessment/Self-Care**
- II. RELATIONAL**
  - 5. Relationships**
- III. SCIENCE**
  - 6. Scientific Knowledge and Methods**
  - 7. Research/Evaluation**

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**IV. APPLICATION**

- 8. Evidence-Based Practice**
- 9. Assessment**
- 10. Intervention**
- 11. Consultation**
- 12. Supervision**

**V. EDUCATION**

- 13. Teaching**

**VI. SYSTEMS**

- 14. Interdisciplinary Systems**
- 15. Management-Administration**
- 16. Advocacy**

More information regarding the APA's Competency Initiatives and the Competency Benchmarks can be found at:

<http://www.apa.org/ed/graduate/competency.aspx>

## GENERAL INFORMATION

### Orientation

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

Following hospital orientation, interns are oriented to the training program by the Training Coordinator. Interns begin the first of their two rotations following orientation. The primary rotation supervisor will provide an orientation to the rotation, program, and unit regarding policies and procedures. The supervisor will also provide an orientation and review of standards for interns at MSH. The orientation will include policies regarding safety when seeing patients for assessment, consultation, or therapy. These policies may be different on each unit and each intern should be aware of unit policies. Regardless of unit policy, interns should prioritize their own safety and always only do what feels safe at the time of the session. For example, a unit may allow an intern to see a patient on the unit patio. If the patient appears agitated or has exhibited dangerous behaviors, however, it is likely safer to see the patient in view of staff or with a staff member present. See APPENDIX F for safety guidelines when providing interventions and assessments with patients.

### Intern Schedules

Metropolitan State Hospital is a 24-hour facility. Psychology staff are on site Monday through Friday. Interns are expected to be on site Monday through Friday between the hours of 8:00am to 4:30pm. Interns may make slight adjustments to their schedules or work additional hours to meet school/state training requirements; however, any deviation from a regular schedule must be approved in advance by the Training Coordinator. Under no circumstances should interns work more than 10 hours per day, or work earlier than 7:30am or later than 6:00pm.

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Intern schedules are to be arranged at the beginning of the training year between the Training Coordinator and each intern. Schedules are to remain consistent throughout the entire training year. Interns receive two 15 minute breaks during the day, and one 30 minute lunch break. The two breaks can be combined with the lunch break. No breaks may be taken the first or last hour of the day. Interns must take their lunch break by the fifth hour of the day.

Interns will complete a weekly schedule at the beginning of each rotation. This schedule should list all daily scheduled activities (e.g. rotation duties, individual and group treatment, scheduled supervision). The schedule is submitted to both the primary supervisor and the Training Coordinator within one week of the start of the primary rotation.

### **Attendance**

According to hospital policy, interns are required to sign in and out at the Office of the Service Chiefs located on the 3rd Floor of the Administration Building. Interns are to sign in within 15 minutes of their designated start time, and must sign out when they leave for the day. Additionally, interns must sign in/out each day with the Internship Program by emailing the Training Coordinator and their primary supervisor upon their arrival to MSH and when they leave for the day.

In the event an intern is ill or running more than 15 minutes late, hospital policy requires the intern to contact the Department Secretary, Stephanie Walker (562-651-4327). Additionally, the interns must contact the Training Coordinator AND their supervisors. When contacting their supervisor, interns should notify the supervisor of any activities scheduled for that day or coverage that needs to be arranged. If an intern is at work but unable to attend a scheduled activity during the day, he/she is required to contact both his/her primary supervisor and the Training Coordinator.

### **Hours Required**

Interns must accrue **a minimum of 2000 hours of supervised professional experience (SPE) hours during the Internship year.** Interns do not work on state holidays and weekends. Interns at MSH, according to the California Board of Psychology, can accrue up to 44 training hours each week provided they have one hour of supervision for every 10 hours of work. The Board requires that this include at least one hour of individual, face-to-face, supervision per week with the intern's primary supervisor. Note, however, that APPIC requires that interns receive at least two hours of individual supervision per week with a licensed psychologist. In the case of intern or supervisor illness or vacations, interns and supervisors should both make every effort to re-schedule missed

supervisory meetings. Both interns and supervisors are responsible for ensuring that interns obtain the necessary number of supervisory hours to cover their SPE requirement for the year.

Interns are responsible for making sure the SPE hours requirements for both their graduate program and their intended state for licensure are met. Additional training hours for SPE must be discussed and agreed upon with the Training Coordinator in advance. Please note, no paid overtime hours are available. Although additional hours for training purposes (up to a maximum of 44 per week) may be approved by the Training Coordinator, interns will not be paid for these hours. If interns are planning to apply for licensure in a state other than California, they must notify the Training Coordinator at the beginning of the year to make necessary arrangements.

### **Leave Time**

Interns are to submit a time-off request (see Appendix A) to the Training Coordinator at least two weeks prior to the requested leave date(s). The Training Coordinator will communicate with the primary supervisor before approving the time off. DO NOT make any travel plans until you receive official approval from the Training Coordinator. Signed forms are to be submitted to the Department Secretary. Interns may not take time off during the first month of Internship and during the last two weeks of the Internship. At the end of the month, interns complete a summary form of any time off used with the Department Secretary.

### **Professional Development/Education Time**

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

### **Research Time**

Interns who have not completed their dissertation may use up to four hours per week to work on their dissertations. These hours may be taken on or off site. Interns must get approval for these hours from both their primary supervisor and the Training Coordinator.

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**Intern Offices**

Interns are assigned to the Psychology Intern Office on YAB room 115, for the duration of the training year. The office comes equipped with a telephone and voice mail, five network computers, and basic office supplies. Do not remove any of these items without permission. Requests for additional office supplies or particular furniture (e.g. desks, chairs) can be made with the Department Secretary (Stephanie Walker). If you plan to bring any items or furniture from home, please note that MSH is not responsible for theft or breakage of personal items. Equipment with electric cords must be checked by Plant Operations at the time they arrive.

**Voice Mail**

Interns share one phone with an attached voicemail in the Internship office. Interns are expected to check their voice mail regularly during the day. To access the voicemail, please dial 562-863-8765 and input the passcode, which will be provided by the Training Coordinator.

**E-mail**

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

**Correspondence**

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

**Address, Telephone and Fax Number**

The address of the hospital is:

Metropolitan State Hospital  
Department of Psychology  
11401 Bloomfield Avenue  
Norwalk, California, 90650

The Department telephone number is (562) 651-4327 and the fax number is (562) 409-7207. Interns will be given a Psychology Department Roster during the first

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week of orientation, which includes each staff psychologist's unit and office extension. Interns should give their home address and phone number along with emergency contact information to the Department Secretary during the first week of orientation.

### **Hospital Badges, Alarms and Keys**

Interns will obtain a hospital badge on their first day of training. Badges should be worn at all times during work hours on the hospital campus. There is a replacement fee for lost or damaged badges (currently \$15). Badges with faded employee photographs will be replaced at no charge.

Hospital alarms (PDAS) must be worn at all times while on hospital premises. The PDAS should be tested each morning upon entering the premises by pressing the red arrow on the PDAS. There is a replacement fee (currently \$65.00) for a lost or damaged PDAS.

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

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

### **Testing Equipment**

Interns share a testing kit consisting of a core battery of psychological tests. Additional tests, manuals, and protocols are stored in the office of Dr. A. Lite (YAB room 117) and can be obtained by making arrangements with Dr. Lite. Most testing supplies are also available in the Office of the Service Chiefs and can be obtained by contacting the Department Secretary (562-651-4327).

### **Employee Attire**

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

### **Professional Conduct**

Guidelines for professional conduct come from several sources. Interns should adhere to APA's *Ethical Principles of Psychologists and Code of Conduct* (2002). Interns should also be familiar with laws (e.g., mandatory reporting requirements) and regulations relating to the practice of psychology. Interns should be familiar with the following document: Professional Therapy Never Includes Sex (<http://www.bbs.ca.gov/pdf/publications/proftherapy.pdf>).

### **Social Networks and Voicemail**

The Metropolitan State Hospital (MSH) Psychology Program encourages interns to approach the use of social networks and voicemail used for professional purposes with caution and responsibility. Interns should be cognizant of how their social communication may be perceived by clients, colleagues, faculty, and others. Interns are encouraged to use privacy settings and should minimize material that may be deemed inappropriate for a psychologist-in-training. Interns who use networking (e.g. Facebook, Twitter, Instagram, blogs) and other forms of electronic communication may not post information/photos related to the internship site and the patients served, and should avoid using any language that could impact their professional image. Interns may not include any information on these sites that might lead to the identification of the patients served or compromise confidentiality in any way. Similarly, greetings and messages on voicemail services used for professional purposes should be constructed in a mindful manner. See APPENDIX E for specific guidelines regarding use of social networking, blogs, and webpages.

### **Financial Support and Benefits**

Interns are Metropolitan State Hospital employees and receive salaries and benefits commensurate with their employee classification and salary range. Interns in the 2014-2015 internship program are classified as 9851 CLINICAL PSYCHOLOGY INTERN, Salary Range D (\$3,446.00 - \$4,106.00 per month). Clinical Psychology Interns begin in the lower limit of Range D (\$3,446). Note: Range D is assigned when the intern provides evidence of successful completion of three academic years of graduate work and the comprehensive examinations, language requirements and 500 hours' professional experience toward the Doctoral Degree in Psychology. As a State employee, interns also receive paid vacation/sick time and medical benefits. Compensation may vary year by year depending on the level of training and experience of the intern and the State budget.

## INTERNSHIP REQUIREMENTS

### **Intern Rotations**

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

### **Description of Units and Services**

#### *LPS Unit (Male and Co-Ed)*

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

Interns assigned to LPS units will carry a patient caseload and be fully involved in all aspects of the treatment for those patients. Interns will attend Morning Report on their unit, which provides interns the opportunity to learn how the unit functions and to stay informed of unit and patient reports. Interns will also attend Treatment Planning Conferences and be a member of the interdisciplinary team involved in their patients' treatment. They will also provide individual and/or group therapy, admission assessments, cognitive assessments, risk assessments, and perform psychological testing and behavioral assessment as indicated for patients on their caseload.

#### *Forensic Unit (Male and Female)*

These units include patients admitted through criminal commitment codes (CA Penal Code). The population is typically comprised of individuals found to be Incompetent to Stand Trial (IST), Not Guilty by Reason of Insanity (NGRI), or meet criteria as a Mentally Disordered Offender (MDO). The focus of treatment for patients admitted as IST is to help restore their capacity to proceed and discharge to jail to resolve their legal situation. Patients admitted as NGRI or MDO are typically discharged with a Court determination of lack of mental illness or dangerousness. Patients on these units may suffer from Schizophrenic spectrum disorders, substance induced psychotic disorders, mood disorders, personality disorders, dual diagnoses, and cognitive and/or developmental

disabilities. Some patients also exhibit behaviors that are dangerous to self and/or others.

Interns assigned to Forensic units will carry a patient caseload and be fully involved in all aspects of treatment for those patients. Interns will attend Morning Report on their unit, which provides interns the opportunity to learn how the unit functions and to stay informed of unit and patient reports. Interns will also attend Treatment Planning Conferences and be a member of the interdisciplinary team involved in their patients' treatment. They will also provide individual and/or group therapy, admission assessments, cognitive assessments, IST evaluations, risk assessments, and perform additional psychological testing and behavioral assessment as indicated for patients on their caseload.

#### *Assessment Rotation*

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

#### *Specialized Project within a Rotation*

Psychology interns may have the option of developing a special project with other members of the psychology department. There are a number of needs that the patients at MSH have, and interns can develop a project to meet those needs with the approval of the Training Coordinator and the Chief of Psychology. Projects that have been developed in the past include: cognitive remediation program, unit-wide Behavioral Plan, and competency to stand trial treatment for patients with cognitive disorders.

## **Additional Intern Responsibilities**

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

### *Individual Therapy*

Individual therapy cases are assigned by the intern's primary supervisor or the Training Coordinator. The Treatment Planning Team (TPT) psychologist or program Senior Psychologist on whose caseload the client is referred is responsible for consultation with the intern regarding the therapy case and may serve as a delegated supervisor on the case. This is to ensure that the intern is collaborating with the TPT and the services provided by the intern are appropriate and integrated into ongoing wellness and recovery planning. The consulting psychologist is also responsible for cosigning the patient progress notes.

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

### *Group Treatment*

Following orientation, interns will discuss preferences for groups with their primary supervisors and be assigned to three to five hours of weekly PSR mall groups. The primary facilitator is responsible for developing group curriculum, reporting significant events from group to the treatment team, and documenting

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those events in the medical record. Interns meet with their groups at the predetermined time and place.

Interns may complete group notes for groups in which they are the co-facilitator provided they are reviewed and cosigned by their supervisor. Interns are responsible to complete all notes for groups in which they are the primary facilitator. These notes will be reviewed and cosigned by the intern's supervisor. On all notes completed by interns, the following statement will be included in the electronic version (on the WARMSS system): This note was reviewed by (name of Supervisor). A hard copy of this note will be cosigned by (name of Supervisor) and placed in the patient's chart.

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

#### *Admission Assessments*

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

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

#### *Intern Project*

Interns will have the opportunity to develop a project to complete together as a team. Details for selection and presentation will be discussed during the year.

## CRISIS INTERVENTION

### **Suicide/Homicide**

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

1. IMMEDIATELY inform the unit staff (shift lead, unit supervisor, nurse, whoever is designated to be in charge, etc.) AND their supervisor in person or over the phone (email is insufficient).  
NOTE: Patients may recant information or deny the veracity of their original claim; however, interns are still required to notify their supervisors immediately and give a full account of the situation.
2. If the intern is unable to reach the supervisor, the Training Coordinator must be informed in person or over the phone.
3. If the Training Coordinator cannot be reached, the intern must inform a Senior Psychologist or Chief of Psychology in person or over the phone.
4. Interns inform the treatment team (in person or via email) of the situation so appropriate interventions can be developed.
5. Interns will follow appropriate documentation procedures with their supervisor/unit staff.

### **Abuse, Abandonment, or Neglect**

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

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

## INTERN SUPERVISION

### Supervision

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

#### *Individual Supervision*

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

Interns are required to schedule at least 25% time in face-to-face psychological services to patients/clients per week. Interns are also required to complete specific training experiences over the course of the year to complete internship requirements. Interns should work with their supervisor to ensure they maintain the minimum requirements. If interns are experiencing difficulty meeting the minimum requirements, the intern and supervisor should contact the Training Coordinator for consultation and/or assistance in ensuring the intern meets his/her training requirements.

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

#### *Group Supervision*

In addition to individual supervision, interns attend two hours of group supervision per week. Throughout the year, interns are expected to do formal case presentations of their cases during group supervision. Details for content and presentation format will be discussed in group supervision.

## DIDACTIC TRAININGS

Interns attend four hours of didactic training each week. Interns will also be expected to present a didactic training during the year. Details for topic selection and presentation format will be discussed following orientation.

### Core Didactics

The core didactics seminar is held weekly on Thursdays 2:00pm to 4:00pm in the Administration Building. Seminars cover a variety of professional, ethical, and social issues, and are presented by hospital staff and community professionals. Past trainings have included the following topics: Introduction to the Recovery Model, Psychosocial Rehabilitation, Positive Behavioral Support, Neurobiology of Substance Abuse, Severe Mental Illness and Differential Diagnosis, Learning Disabilities, Functional Behavior Assessment, Social Skills Training, Group Therapy Techniques, Behavioral Treatment Planning, Cognitive Behavioral Therapy and Psychosis, Mental Status Exams, Projective Assessments, Personality Assessment, Neuropsychological Screening, Research Instruments, Forensic Assessment, Criminal Responsibility/Competency, Competency Restoration, Violent Offenders, Court Testimony, Ethics and LPS Laws, Cultural Competency, Malingering, Positive Psychology, Motivational Interviewing, Gender-related issues, and Assessment of Dangerousness and Suicidality.

### Hospital Trainings and Continuing Education

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

## TRAINING FORMS

### Training Agreement

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

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

### Intern Hours Log

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

The hours log is completed on a weekly basis by the intern. Logs must be signed and dated by the intern's Primary Supervisor and the Training Coordinator on a weekly basis. Each month, interns will submit photocopies of the hours log for that month to the Training Coordinator. Interns should retain the original supervision logs for their own files.

## EVALUATIONS

### **Intern Evaluations**

Evaluations of interns take place at the mid-rotation point (after three months) and at the end of each rotation using the Clinical Skills Inventory evaluation form. Primary supervisors are responsible for completing the formal evaluations for each intern under their supervision. Interns are required to obtain a rating of “2” on 80% of the competencies by mid-year and at least a rating of “2” on 100% of competencies at the end of the training year. These ratings are the basis for the progress reports that the Internship Director prepares for the Training Director of each intern’s graduate programs.

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

### **Supervisor and Program Evaluation**

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

### **On-Going Feedback from Staff and Interns**

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

## INTERN SELECTION PROCEDURES

### **Requirements**

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

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

### **Applications**

Applicants must submit the following electronically:

- APPIC application
- State of California Employment Application  
(link to state application: <http://jobs.ca.gov/Profile/StateApplication>)
- A copy of most recent Curriculum Vita
- A de-identified sample psychological assessment report
- Three letters of recommendation (preferably one coming from current or recent placement supervisor)
- Graduate transcripts

Upon receipt, the Psychology Training and Internship Coordinator along with the Chief of Psychology and/or Senior Psychologists review the materials in order to determine whether the applicant meets selection criteria. Those who meet qualifications will be contacted and a face to face interview will be arranged with the Training Coordinator along with the Chief of Psychology, Senior Psychologists, or designated staff. Interviews will be scheduled. After the interview, all the information is compiled, evaluated, and then the applicants are rank ordered. The APPIC matching process is followed.

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State applications can be submitted at any time for review per State of California regulations. Completed APPIC applications and all supporting material must be received electronically according to APPIC on-line instructions by the Training Coordinator by January 2014 (refer to APPIC application schedule for details) to be considered for the following year's intern class. State of California laws and regulations regarding hiring requirements and hiring practices are followed. The Psychology Training and Internship Coordinator will contact those who meet these qualifications for an interview.

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

**Caveat**

Although internship offers are made in February, actual employment in September is contingent on passing a physical exam (including a drug screening) and a security clearance following fingerprinting.

**Appointments**

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

**Statement of Diversity and Nondiscrimination**

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

## PATIENTS SERVED AT METROPOLITAN STATE HOSPITAL

### *Welfare and Institutions Code Sections*

- 5353: 30 day Temporary Conservatorship.
- 5358: Full Conservatorship for Grave Disability; annual renewal.
- 6000: Voluntary admission.
- 5008(h)(1)(b): Murphy Conservatorship. Patients previously committed under PC 1370 with felony criminal charges, with original charges not dismissed, and still considered dangerous. Renewable annually.
- 5304: 180 Days Post Certification for Dangerousness; renewable at 6 month intervals.

### *Penal Code Sections*

- 2972: Prisoner who was paroled as MDO (2964) and parole has ended. Placed on civil commitment at the end of parole because still considered dangerous. One-year commitment. Renewable annually. Placed on penal code units.
- 2974: Parolee previously living in community in need of acute hospitalization. Average length of admission is 5-6 weeks.
- 1026: Not Guilty by Reason of Insanity. Commitment extends to maximum amount of time allowed had he been found guilty of crime. Can be extended at two-year intervals.
- 1367.1 Evaluation for Misdemeanor Incompetent to Stand Trial; to MSH for evaluation as 4011.6.
- 1370: Felony Incompetent to Stand Trial; maximum commitment of three years.
- 1370.01: Misdemeanor. Incompetent to Stand Trial; maximum commitment of one year.
- 4011.6: Inmate from jail here for inpatient treatment involuntarily; LPS Criteria.
- 4011.8: Inmate from jail here for inpatient treatment voluntarily.

### *Excluded Crimes for MSH Penal Code Units (Current or Pending Charges)*

- Murder
- Rape
- Child Molestation
- Other Sex Crimes
- High Security Risk for Escape

**ADDITIONAL RESOURCE INFORMATION**

California Psychology Internship Council (CAPIC)  
One Beach Street, Ste 200  
San Francisco, CA 94133  
Telephone: 415-955-2034  
Email: [capicadmin@capic.net](mailto:capicadmin@capic.net)

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

American Psychological Association  
Commission on Accreditation (APPIC)  
750 First Street NE, Washington, DC 20002-4242  
Telephone: 800-374-2721; 202-336-5500  
Email: [apaaccred@apa.org](mailto:apaaccred@apa.org)

Office of Program Consultation and Accreditation  
American Psychological Association  
750 1st Street, NE, Washington, DC 20002  
Phone: (202) 336-5979  
Email: [apaaccred@apa.org](mailto:apaaccred@apa.org)

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

Efi Rubinstein, Ph.D., J.D.  
Psychology Training and Internship Coordinator  
Metropolitan State Hospital  
Office of the Service Chiefs  
11401 S. Bloomfield Ave.  
Norwalk, CA 90650  
562-651-4554 (office)  
562-409-7207 (fax)  
Email: [Efi.Rubinstein@dsh.ca.gov](mailto:Efi.Rubinstein@dsh.ca.gov)

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**APPENDIX A: TIME OFF REQUEST FORM (SAMPLE)**

**TIME OFF REQUEST FORM**

<b>Name:</b>	<b>Telephone Extension:</b>

<b>Date(s) Requested:</b>	<b>Type of Time (see types below):</b>

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

Mall Groups Requiring Coverage (include day/time): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Unit Coverage (Psychologist's Name): \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Request Approved: \_\_\_\_\_ Request Denied\*: \_\_\_\_\_

\*Reason for denial and/or comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## APPENDIX B: DRESS CODE GUIDELINES

### Overview

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

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

### Dress Standards

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

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

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

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

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

#### **Standard Formal Evaluation Procedures**

1. At the beginning of each rotation, the intern and primary supervisor develop a training plan for that rotation with specific goals and objectives.
2. The primary supervisor completes the hospital, as well as the Graduate School's evaluation form (when necessary), at the specified intervals.
3. The intern's primary supervisor will be providing ongoing feedback and evaluation of the intern's progress.

4. On a monthly basis, supervisors meet to discuss the progress of interns at the Intern Advisory Committee. Appropriate feedback is given to interns via the intern's primary supervisor.

### **Problematic and Impaired Intern Behavior**

In rare circumstances, an intern's performance becomes recognized as problematic and/or impaired. At the earliest point, efforts are made to determine and address the cause(s) of the problem(s). Problematic or impaired behavior is defined as any behavior which interferes with the intern's ability to participate fully in the training activities or the program, comply with administrative responsibilities related to patient care, or causes the intern to perform clinical duties in a way that patient care or departmental functioning is compromised.

The due process procedure is as follows:

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

Possible consequences may include:

- a) The Intern may be placed on an extended period of probation, with one final opportunity to remediate the problem. The probationary period may include (but not be limited to) additional supervision time,

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change of supervisors, change of duties, and additional coursework or readings. This new plan, again with specific plans, goals, and dates of completion will be signed by all present with copies to all vested parties.

- b) If the intern's difficulties in meeting clinical or administrative performance expectations are due to personal illness, family crisis, or psychological disability, the intern may be asked to seek appropriate outside services, temporarily alter his/her program to assume less stressful duties in the department, or take a leave of absence from the program while he/she seeks appropriate treatment. If he/she takes a leave of absence from the program, the intern may reapply for reinstatement when the personal issues have resolved.
3. An intern who disagrees with any decision regarding their status in the program (recommended remediation, probation, etc.) may appeal or grieve the decision by initiating a formal challenge. In order to do so, the intern must take the following steps:
- a) Within 5 working days, inform the Training Coordinator they are challenging the action.
  - b) Following that, the intern has 5 working days to submit information in support of the intern's belief that the action is unwarranted.
    - i. Failure to provide such information will constitute withdrawal of the challenge.
  - c) If the intern submits a challenge, the following steps will be taken:
    - i. The Training Coordinator and Chief of Psychology will meet to discuss the challenge. The Intern retains the right to hear all the facts, to present evidence, and to dispute or explain his/her behavior.
    - ii. Within 10-working days the Coordinator and Chief will prepare a report on their decisions and recommendations and will inform the intern of the decision.
    - iii. Once the Intern receives the report, the intern has 10 days to respond in writing to the Chief of Psychology, citing relevant information, data, administrative directives, etc.
    - iv. The Chief of Psychology will then review all material and render a decision which may reject, accept, offer alternative resolutions, or ask the primary parties to meet again to work out an alternative solution. This decision will be rendered in 10

- working days.
- v. Should the intern not be satisfied with the final decision, he/she may pursue any and all available grievances procedures available, including (but not limited to) the MSH Grievance Procedures.
4. Termination of the Internship itself will only be considered as a last resort, but grounds for termination of the training contract will include:
    - a) Failure to abide by Hospital policies.
    - b) Failure to abide by Internship Policies.
    - c) Failure to demonstrate a basic level of clinical skills appropriate to the intern's level of training despite efforts at remediation.
    - d) Grossly unethical or unprofessional behavior in violation of APA Ethical Principles.
    - e) Actions inconsistent with APA Accreditation Principles and Guidelines.

### **Resolution of Conflict Between Intern and Supervisor**

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

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

### **Ethical or Legal Violations**

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

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

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**APPENDIX D: INTERN HOURS LOG (SAMPLE)**

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CLINICAL PSYCHOLOGY DOCTORAL HOURS OF EXPERIENCE

**Psychology Intern:**  
**Primary Rotation Supervisor:**  
**Delegated Supervisor:**  
**Training Coordinator:** Efi Rubinstein, Ph.D., J.D.

**Year:**  
**CA License:** PSY  
**CA License:** PSY  
**CA License:** PSY 23318

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

**I certify that the information accurately represents the training activities I have completed at MSH.**

\_\_\_\_\_  
Supervisee's Signature

\_\_\_\_\_  
Date

**I certify that, to my knowledge, the hours completed above are accurate and satisfactory.**

\_\_\_\_\_  
Primary Rotation Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Training and Internship Coordinator

\_\_\_\_\_  
Date

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

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

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

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5. If you use your MSH Outlook email address to send messages outside of MSH, be sure that your email signature identifies you correctly as a Psychology Intern. Indicate the year of your internship so that future searches on listservs identifies you by the year of your affiliation with MSH. Likewise, any posting you make identifying yourself as a psychology intern on websites should indicate the year of your internship.
6. If your webpage/blog does identify you as a psychology intern, affiliated with the MSH psychology internship training program, or employed by MSH, then the program has an interest in how you and the program are portrayed. Your webpage/blog must meet all legal and ethical guidelines from the Board of Psychology and the American Psychological Association. Your website/blog must be professional in its content and must not contain objectionable material. If MSH becomes aware of a page or blog that identifies you as a psychology intern, an intern in the training program, or affiliated with MSH, and that page or blog is considered by the Training Director to contain unethical, illegal, or otherwise objectionable material, you will be asked to modify or remove the problematic material. Should you choose not to modify or remove the material, the Training Director will follow the existing procedures for dealing with trainee misconduct and/or unethical behavior.
7. For further guidance, interns should consult the American Psychological Association's Social Media and Mobile Apps Policy at <http://www.apa.org/about/social-media.aspx>.

## APPENDIX F: SAFETY GUIDELINES FOR PATIENT INTERVENTIONS

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

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

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

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

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

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