

California Department of State Hospitals- Atascadero

# CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM

2017 -2018

ACCREDITED BY:  
THE AMERICAN PSYCHOLOGICAL ASSOCIATION

*American Psychological Association*  
*Office of Program Consultation and Accreditation*  
*750 First Street, NE Washington, DC 20002-4242*  
Telephone 202-336-5979 Web Address: <http://www.apa.org/education/grad/program-accreditation.aspx>

This brochure is also available at:  
[http://www.dsh.ca.gov/Atascadero/Internships/Clinical\\_Psychology\\_Internship.aspx](http://www.dsh.ca.gov/Atascadero/Internships/Clinical_Psychology_Internship.aspx)

**ATASCADERO, CALIFORNIA**

**DEPARTMENT OF STATE HOSPITALS - ATASCADERO  
CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM**

**I. GENERAL SUMMARY OF TRAINING IN PSYCHOLOGY**

The California Department of State Hospitals- Atascadero (DSH - Atascadero) offers a pre-doctoral internship in Clinical Psychology. The pre-doctoral internship has been accredited by the American Psychological Association since 1970 and is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). It is a one-year full time program offering a stipend of approximately \$40,700 plus benefits. The program is committed to providing interns with the opportunity to develop increasing autonomy and clinical responsibility commensurate with their education, training, and professional competence as they prepare to function as professional psychologists in a variety of settings. The Psychology Staff is characterized by a range of theoretical and therapeutic orientations including cognitive-behavioral, psychodynamic, humanistic-existential, and neurobehavioral viewpoints.

The Psychology Internship Program follows a practitioner-scholar model of training. The internship values training interns to become practitioners with a strong empirical basis for what they practice. Applicable research provides that empirical basis. The training involves understanding, interpreting and applying empirically based assessment and treatment methods. This training is accomplished through seminars, tutorials, and clinical supervision with an emphasis on providing a variety of clinical experiences. A major emphasis of the program is state-of-the-art training in forensic psychology issues and methods. This focus includes topics such as understanding various legal commitments, risk assessment and risk management, forensic evaluation, expert testimony, interfacing with the criminal justice system, and treatment of offenders. Treatment emphasizes the use of a wide range of modalities that address each individual client as unique with special attention to individual and cultural differences. Interns are taught and encouraged to think critically and apply appropriate assessment methods and treatment interventions. Furthermore, the program aims to train interns to function as professionals who can function effectively in a variety of job settings. This training includes working with ethical issues, working within an interdisciplinary team, working within bureaucracies, and advocating for issues related to the field of psychology on a state and national level.

Experiences within the Psychology Internship Program at Department of State Hospitals-Atascadero are designed to meet these more general goals and to lead to a combination of professional competencies by the end of the internship year. These competencies are addressed in greater detail in this brochure.

## II. AGENCY OVERVIEW

Department of State Hospitals – Atascadero is a forensic, psychiatric facility which specializes in the treatment of adult male mentally ill offenders. It is fully accredited by the Joint Commission on Accreditation of Health Care Organizations. The hospital is operated by the California Department of State Hospitals and receives patients committed by the Courts and the Department of Corrections and Rehabilitation. The hospital provides a unique opportunity to train in a forensic mental health setting.

The hospital is located on the scenic Central Coast of California about 15 miles east of the Pacific Ocean and midway between San Francisco and Los Angeles. While it is a maximum security setting housing mentally ill offenders, the hospital is designed like a psychiatric hospital rather than a prison and has neither gun towers nor armed security personnel. The facilities include 34 units, a gymnasium, arts and crafts workshop, music center, graphic arts center, Board of Parole Hearing rooms, mock trial facilities, staff-patient canteen, school campus with classrooms and a computer center, psychological testing center, video production center, training center, patient library, professional library, and staff fitness center.

The hospital employs approximately 60 staff psychologists some of whom occupy administrative positions. Other treatment staff include physicians, psychiatrists, social workers, nurses, dieticians, rehabilitation therapists and psychiatric technicians.

### **A. Agency Goals**

#### *A Safe Environment:*

In emphasizing public safety, DSH-A provides a secure environment within which patients can recover from the effects of their psychiatric conditions. This secure environment protects the community, as well as the people within the hospital, and enables and supports the therapeutic milieu.

#### *Responsible Stewardship:*

The hospital promotes individual responsibility and accountability. Employees and patients are empowered to identify problems, propose recommendations, and implement solutions.

#### *Excellence in Forensic Evaluation:*

DSH-A provides consumer-specific objective evaluations and recommendations to the courts and other agencies using the most up-to-date instruments and risk assessment models.

#### *Excellence in Treatment:*

The hospital provides up-to-date treatment and rehabilitation services to patients and ensures that community standards of practice and care are provided in our facility. Also, the hospital recognizes that recovery is most effectively achieved when services are person-

oriented, empirically-based, and arise out of a diverse theoretical and multidisciplinary foundation.

## **B. Patient Population**

The hospital operates with a bed capacity of approximately 1200 patients. There are four major legal commitment categories at the hospital:

The *Mentally Disordered Offender (MDO)* is a patient who has been incarcerated for a violent offense, has a severe mental disorder, and is considered dangerous because of his mental disorder. The MDO patient has completed his prison sentence and is sent to DSH-A to receive psychiatric treatment as a special condition of parole. Once discharge criteria are met, patients may be released to state parole supervision or placed in their county's Conditional Release Program.

*Incompetent to Stand Trial* patients have been accused of committing a crime but are currently unable to stand trial because they cannot understand their charges and/or cannot cooperate with counsel. These patients receive specialized programming targeting stabilization of psychiatric symptoms and education related to the knowledge and skills necessary to understand court proceedings and effectively participate in their defense.

*Mentally Ill Inmates* are transferred from the California Department of Corrections and Rehabilitation (CDCR) to receive acute mental health services. They typically present with psychosis or suicidality that is difficult to manage in the prison environment. The focus of treatment is stabilization of symptoms such that the patient can safely and effectively function upon return to CDCR.

*Not Guilty by Reason of Insanity* patients have already been deemed to meet legal criteria for NGRI at the time of their offense. They are committed to the hospital for treatment in an effort to restore their sanity or place them in their county's Conditional Release Program.

The cultural diversity of the patient population includes representatives from Caucasian, Hispanic, African American, Native American, Vietnamese, Filipino, Korean, Samoan, Laotian, Chinese, Thai, Japanese, Cambodian, and other Asian groups. Patients are provided treatment services in their preferred language, when possible. If no staff member is fluent in a patient's preferred language, the AT&T Language Line is utilized to achieve effective communication. Reflecting the variety of backgrounds and needs, religious worship and spiritual services are provided to patients who identify with a variety of denominations.

## **C. Treatment**

DSH-A utilizes a patient-centered and strengths-based approach to assessment, treatment, and discharge planning of patients. The agency provides individualized active

recovery services that focus on maximizing the functioning of persons with psychiatric disabilities.

The hospital is organized into five residential programs consisting of several treatment units each. Programs and units are generally structured around providing treatment to patients of particular commitment categories. Although subject to change, the focus of treatment for each program is organized as follows:

- ◆ Program I Incompetent to Stand Trial
  - ◆ Program III Mentally Disordered Offender
  - ◆ Program V Mentally Ill Inmate
  - ◆ Program VI Mentally Disordered Offender, Acute Medical, Enhanced Treatment
  - ◆ Program VII Mentally Disordered Offender
- \*all programs may have patients committed under Not Guilty by Reason of Insanity

The residential treatment programs provide a variety of individual, group, and unit-wide skills training, as well as rehabilitative and enrichment activities. These activities are prescribed by the patient's treatment team according to the patient's identified interests and assessed needs. Rehabilitation programs provide patients with the opportunity to learn an increasing number of vocational and work skills under the direction of trained vocational counselors and a variety of school-based classes where patients can improve academic achievement, receive a GED, or pursue advanced independent studies.

A patient's treatment team is interdisciplinary and includes the patient, and the following professionals: Psychiatrist, Psychologist, Social Worker, Rehabilitation Therapist, Registered Nurse, and Psychiatric Technician. In all phases of treatment, psychologists assist in coordinating the professional efforts of these team members. The clinical psychology intern is expected to function as a team member, and will benefit from exposure to the range of clinical staff who participate as team members.

A number of specialized programs and services exist to address the broad range of patient needs. Some of those include:

- ◆ Forensic Assessment and Consultation Services
- ◆ Neuropsychological Assessment and Consultation
- ◆ Psychology Assessment Center
- ◆ Spanish Bilingual Units
- ◆ Substance Abuse Treatment and Education
- ◆ Vocational Development Services
- ◆ Music Center

### III. PREDOCTORAL INTERNSHIP PROGRAM

#### A. Program Training Model

The training model is best described as a practitioner-scholar model. The primary emphasis is on clinical training. Interns are encouraged to use empirically validated treatment methods. Clinical training and experience is supported by didactics in seminars, tutorials, and supervision. Additionally, Department of State Hospitals-Atascadero is a provider of continuing education for psychologists and thus hosts several conferences and workshops each year. Interns are eligible to attend these events free of charge and are encouraged to do so.

#### *Values and Principles*

- ◆ Training practitioners with an empirical basis. The Psychology Internship Program values training interns to become practitioners with a strong empirical basis for their practice. Applicable research provides that empirical basis. Some examples of utilizing research for practice are found in relapse prevention, recovery, skills training, behavioral assessment and treatment, risk assessment and management, and use of the Hare Psychopathy Checklist - Revised. The training involves understanding, interpreting, and applying empirically based assessment and treatment methods. This training is accomplished through seminars, tutorials, and clinical supervision with an emphasis on providing a variety of clinical experiences.
- ◆ State-of-the-art forensic training. A major emphasis of the program is state-of-the-art training in forensic psychology issues and methods. This focus includes topics such as understanding various legal commitments, risk assessment and risk management, forensic evaluation, expert testimony, interfacing with the criminal justice system, and treatment of offenders.
- ◆ Individual Differences and Diversity. The training emphasizes the use of a wide range of assessment and treatment modalities that address each individual client as unique. Throughout all training activities, interns are encouraged to pay special attention to individual and cultural differences. While all trainees are encouraged to maintain their personal and/or religious values, trainees are expected to demonstrate the competency of dynamic worldview inclusivity.
- ◆ Broad-based training. While the training has an emphasis on forensic psychology, exposure to assessment and treatment of patients with severe and persistent mental illness as well as seminars and tutorials enrich and broaden the experience.
- ◆ Critical thinking skills. Interns are encouraged to think critically in order to assess clinical situations and apply appropriate assessment and treatment methods. This skill is essential in transferring skills or competencies to various treatment environments.
- ◆ Well-rounded professionals. The program trains interns to function as complete professionals who can function effectively in a variety of job settings. The program provides training and/or experience in managing ethical issues, the

- professional as an administrator, and professional advocacy. The intern will learn about issues arising in large systems including how to work within a large bureaucracy, to work with an interdisciplinary team, and to interface with other large systems such as the judicial and correctional systems.
- ◆ Collegiality and respect. The program values professional collegiality and respect among staff and interns. The primary role of the intern is that of trainee rather than service provider.

### **Mission Statements**

The Internship Program is intended to function in accordance with the regulations and standards of the State of California, the Department of State Hospitals, Department of State Hospitals-Atascadero, and the American Psychological Association.

The mission of Department of State Hospitals-Atascadero includes providing evaluation and treatment in a safe and responsible manner, seeking innovation and excellence in hospital operations, across a continuum of care and settings.

The mission of the Psychology Internship Program at Department of State Hospitals-Atascadero is to provide:

- ◆ State-of-the-art clinical training in assessment, treatment, and consultation.
- ◆ Specialized training in forensics addressing the unique issues of forensic patients and providing interns with specialized skills or competencies in forensic evaluation and treatment.
- ◆ High quality supervision to assist interns in their development as competent and effective professional psychologists.
- ◆ Professional development to assist interns in becoming well-rounded professionals who will be able to function competently and effectively in a variety of work settings.

### **Internship Goals and Objectives**

- ◆ To provide training/experiences in working with a variety of disorders and diagnoses.
- ◆ To provide rich clinical training and experience in psychological assessment.
- ◆ To provide specialized training and experience in forensic psychology.
- ◆ To promote competency in treating and assessing patients with respect to cultural and individual differences.
- ◆ To provide training/experience in professional issues related to the practice of psychologists within a large institution.
- ◆ To promote professional collegiality and respect.
- ◆ To select qualified and diverse interns.
- ◆ To maintain a pool of highly competent supervisors.
- ◆ To maintain accreditation from APA and membership in AAPIC.

### **Expected Core Competencies**

It is expected that by the end of the internship training year, interns will develop various levels of proficiency in many, if not most, of the following areas:

- ◆ Professional Practice: Conduct, Ethics, Legal Matters, Legal Testimony
- ◆ Theories and Methods of Psychological Diagnosis and Assessment
- ◆ Theories and Methods of Effective Psychotherapeutic Intervention
- ◆ Forensic Assessment, Report Writing Skills, and Expert Testimony
- ◆ Behavior Analysis and Behavioral Treatment Planning and Intervention
- ◆ Individual and Cultural Diversity
- ◆ Professional Consultation
- ◆ Effective use of Supervision and Knowledge of Supervision Techniques
- ◆ Scholarly Inquiry and Application of Current Scientific Knowledge to Practice
- ◆ Program Evaluation

Experiences by which interns develop competencies include:

- Group and Individual treatment with mentally ill forensic patients
- Assessment and Treatment of culturally and individually diverse patients
- Behavioral analysis and treatment planning
- Psychological evaluation
- Forensic evaluation
- Expert testimony (mock trial experiences)
- Violence and Suicide Risk Assessment
- Clinical and Forensic Report writing
- Seminar on Professional Issues
- Working within a multidisciplinary team
- Working with culturally and individually diverse colleagues and patients

### **Program Resources**

- ◆ Staff: The hospital employs approximately 60 doctoral level psychologists from which preceptors, supervisors, seminar leaders and presenters and tutorial leaders are drawn. Please refer to the list of staff psychologists in the back of this brochure for a list of available supervisors and their areas of interest. The position of Psychology Internship Director is a permanent civil service position.
- ◆ Funding: Four positions are funded as Clinical Psychology Interns. The hospital's training budget provides APA and APPIC membership fees.
- ◆ Equipment: Office space, intern-assigned computers, the hospital's assessment center and professional library, and other necessary resources are provided for interns commensurate with the resources provided to staff psychologists.

## Processes

The mission of the program is accomplished in the following ways:

- ◆ Clinical training: Training experiences are provided via
  - A three-and-a-half month, full time rotation on an admissions unit which focuses on psychological assessment of mentally ill forensic patients
  - Two four-month 3-day-a-week rotations on treatment units
  - An eight-month 12-hour-a-week rotation on the Forensic Services Team
  - Three hours of seminars each week
  
- ◆ Forensic Specialization: Each of the seminars covers issues related to forensic patients. The forensic seminar focuses entirely on forensic evaluations and issues related uniquely to forensic environments. The forensic services rotation will provide an opportunity to hone forensic interviewing and forensic report writing skills as well as provide an introduction to forensic expert testimony.
  
- ◆ Supervision: Licensed psychologists who are qualified according to state licensing requirements provide supervision. Licensed professionals from other disciplines such as psychiatry and social work occasionally provide additional supervision. A minimum of four hours per week of face-to-face supervision is provided. At least two hours of supervision (frequently more) are provided on an individual basis. The remaining supervision hours are provided on a group basis. Interns generally receive more than the required four hours of supervision per week.
  
- ◆ Professional development: Beyond training and experience in treatment and assessment, interns participate in seminars, workshops and supervision to assist their development as well-rounded professionals. Interns present a one hour seminar to hospital staff members about their dissertation research or another area of clinical interest. The presence of a large staff of psychologists provides ample exposure to a variety of professionals in the field allowing the intern to develop his or her unique professional identity.

## Policy

The training mission of the internship program is accomplished with adherence to the following policies:

- ◆ APA and Guidelines and Principles for accreditation
- ◆ APPIC membership requirements
- ◆ APPIC guidelines for intern selection
- ◆ DSH-Atascadero Internship Policy
- ◆ DSH-Atascadero Hospital Operating Manual

## **Quality Control**

Quality control is maintained in several ways. It is monitored by regular and systematic evaluation of intern performance and programmatic evaluation. Supervisory staff are encouraged to provide ongoing evaluation and feedback to interns and to identify and address problems and concerns as early as possible during the internship year. Quality control components include the following:

### **Evaluation of intern performance**

- ◆ Triannual written evaluations by supervisors
- ◆ Panel reviews of intern psychological evaluations (three times a year)
- ◆ Mock trials in forensic seminar
- ◆ Evaluations of intern performance at six and twelve with written feedback to the intern and the intern's graduate program.
- ◆ Monthly supervisors meetings for all preceptors and rotation supervisors
- ◆ Ongoing evaluation in individual and group supervision sessions

### **Programmatic evaluation**

- ◆ Survey of intern alumni
- ◆ Written evaluations by interns at six and twelve months
- ◆ Annual review meeting open to all psychologists and interns
- ◆ Monthly Internship Committee meetings
- ◆ APA annual reports and periodic site visits

## **B. Intern Activities**

Interns can expect to spend approximately 25% of their time conducting group and individual psychotherapy, 35% in psychological assessment and report writing, 10% in seminars, 20% in professional activities (i.e. consulting with staff, attending professional and treatment team meetings), and 10% in supervision. The training program is structured yet allows the intern flexibility to participate in activities designed to meet individual needs and training goals. Interns are actively involved in designing their unique training experiences.

### **Orientation**

The first three weeks of training are set aside for orientation to the hospital, meeting with those psychologists who wish to be involved in the program, selecting a preceptor (mentor for the year) and first rotation supervisor, and establishing goals for the year.

### **Rotations**

Interns complete an initial three-and-a-half month full time rotation on an admissions unit, where they will be involved in conducting standardized admissions evaluations on patients new to the facility and follow up focused psychological evaluations as indicated. Interns

then participate in two four-month rotations on selected treatment units, during which the intern spends three days per week on the unit to which he or she is assigned, and participates in most of the activities taking place. The psychology intern plays a significant role in diagnosis, treatment, and disposition recommendations as they work with the treatment team. In group therapy, the intern works with a co-therapist and has exposure to various therapeutic modalities. Although the intern rotates through treatment units, it is expected that they will carry at least one long-term therapy case over the course of the year as well as other short-term cases. The intern spends a portion of time consulting with unit staff and assists in varied facets of patient treatment and evaluation. While completing the two treatment unit rotations, interns participate in a concurrent 12-hour-per-week Forensic Services Rotation in which they conduct forensic interviews and write shadow forensic reports, and can observe board of parole hearings, involuntary medication hearings, and court trials for hospitalized patients.

### ***Psychological Evaluations***

Psychologists at the hospital evaluate patients to clarify diagnoses, make treatment recommendations, assess change, and make dispositional recommendations. During the year, the intern will complete a minimum of 15 written evaluations as follows:

- ◆ Six integrated psychological assessments involving psychological testing
- ◆ One Psychopathy Checklist-Revised report
- ◆ One behavioral analysis and written behavioral treatment plan
- ◆ Three Mentally Disordered Offender forensic reports
- ◆ One Competency to Stand Trial forensic report
- ◆ One Not Guilty by Reason of Insanity related evaluation
- ◆ Two additional forensic evaluations of the intern's choice

Interns are supervised by various psychologists, exposing them to a variety of individual orientations and styles. It is expected that by the completion of the internship, the intern will be facile with a number of psychodiagnostic instruments and will be able to effectively communicate findings and recommendations to other professionals as well as the patient.

### ***Seminars***

Interns are required to participate in seminars. The seminars are didactic and experiential and include:

- ◆ Individual Differences and Diversity: This seminar is designed to further develop awareness and skills in the provision of culturally competent psychological services.
- ◆ Psychopathy Checklist Revised (PCL-R)/Risk Assessment: Interns are trained in the administration and scoring of the PCL-R with exposure to other risk assessment measures (e.g., HCR20 V3).
- ◆ Forensic: The forensic seminar addresses a broad range of psycho-legal issues encountered at DSH-Atascadero. The relevant empirical research, ethical principles, statutory and case laws, and evaluation procedures will be reviewed. Interns will learn

clinical techniques to increase their effectiveness in communicating psychological evaluation results to the legal system.

- ◆ Ethics and Scientific Practice: This seminar is designed to review ethical standards in the context of work in a forensic setting and to explore current literature regarding empirically validated treatments and issues relevant for clinical and forensic practice.
- ◆ Professional Issues: This seminar is designed to cover topics to help prepare the intern for working in a variety of job settings. Selected topics include: thriving in an administrative bureaucracy, employment opportunities for forensic psychologists, developing a private practice, ABPP certification, and licensing requirements/exam preparation.

### **Tutorials**

In addition to the seminars, the intern is required to participate in a minimum of two tutorials. A tutorial involves independent study on the part of the intern with a professional staff member on a selected topic. This structured learning experience allows the intern to explore a wider range or depth of topics in which s/he is interested and may not encounter in his or her other training experiences. Tutorials are jointly designed by the intern, preceptor, and tutorial leader. Some of the possible topics include (but are not limited to) the following:

- ◆ Malingering assessment
- ◆ Motivational Interviewing
- ◆ Behavioral analysis and intervention
- ◆ Psychopharmacology
- ◆ Substance Abuse Treatment
- ◆ Treatment of sexual offenders

### **Training in Individual Differences and Diversity**

Training in understanding cultural and individual differences is considered an integral part of the internship program. The patient population consists of patients who differ in age, ethnicity, culture, sexual orientation, diagnosis, religious preference, etc. Psychologists and interns are encouraged to consider individual differences in all aspects of their work.

### **Program Evaluation**

Interns have the opportunity to follow one high risk patient throughout the course of the year to gain a behind-the-scenes look at how administration and clinicians work to treat and manage these patients. As part of the Clinical and Administrative Risk Management Analysis (CARMA) program, interns review the patient's progress from a distance and meet with a Senior Supervising Psychologist on a quarterly basis to discuss risk management practices and systemic issues that affect the patient's care.

## **Supervision**

Interns benefit from having a number of supervisors. At the outset of training, the intern, in conjunction with the internship director, selects a preceptor from among the list of interested psychologists. The preceptor serves as a mentor who meets weekly with the intern for the entire year. The intern plays an active role in selecting his/her unit rotation supervisors. Rotation supervisors are responsible for the intern's clinical activities on the unit. Interns are also assigned an individual therapy supervisor, who specifically supervises long-term individual therapy case(s), and can utilize digital audio recordings of therapy sessions to provide feedback to interns. Additional supervision is provided as part of the intern's participation in the forensic rotation, seminars, and tutorials.

## **Research**

All interns present a one hour seminar to hospital staff on their dissertation or another area of clinical research. Interns may participate in research or ongoing program evaluation, as available. Opportunities for interns to conduct research at the hospital are extremely limited.

## **C. Facility Resources**

Interns have a shared office in the hospital and typically share office space on the unit, during unit rotations, with their supervisor or other professional staff. Office space within the secure area is limited and thus varies from unit to unit. Interns have access to computers for report writing and other work in their office and also access to other computers within the secure areas of the hospital. Interns have use of the hospital voicemail system. The hospital's Professional Library is a valuable resource for interns. If the library does not carry the desired material, at times, they can be obtained by the library through the interlibrary loan system. The Administrative professional assigned to the department arranges for computer permissions and processes intern's pay. The hospital's personnel department manages all employee benefits for interns as well as psychologists.

## **D. Psychology Department**

The intern is a member of the Psychology Department which is part of the Medical Staff. The Chief of Psychology and an elected Chair lead the Department. Peer review, credentialing, and privileging are all operational to assure that high quality psychology services are provided to hospital patients. The intern attends Psychology Department meetings. Psychologists serve on Medical Staff and other hospital committees which are vital to patient care. Such committees include Professional Education, Credentials, Health Information Management, Wellness, Bylaws, Mortality Review, and Research.

## **E. Training and Professional Development**

Department of State Hospitals-Atascadero also serves as a clinical training facility for nursing, social work, and rehabilitation therapy students. The School of Psychiatric Technology prepares Psychiatric Technicians in a one-year training program. The hospital also operates a Police Academy to train its security personnel. The hospital provides continuing education for psychologists as well as other disciplines in the medical staff.

Several full and half day workshops are sponsored each year by the Psychology Department. Regular colloquia and case conferences provide lectures on a range of forensic and mental health topics. Webinars from our sister hospitals are also available. Interns are encouraged to take part in training and learning opportunities offered in the community and the state, and attendance at regional and national psychology conferences held in California are encouraged. Field trips to other forensic facilities are available as well. In recent years, interns have toured the California Men's Colony (a lower security prison), Corcoran State Prison (a high security prison) and Coalinga State Hospital (the primary sex offender treatment facility in California).

#### IV. APPLICATION AND SELECTION

##### **A. Admission Criteria**

Pre-doctoral internships are offered for fourth and fifth year students enrolled in accredited doctoral programs in clinical or counseling psychology who have completed course work and doctoral level clinical practica in intervention (minimum 500 doctoral level hours) and assessment (minimum 150 doctoral level hours). Intern applicants are required to have their qualifying examinations complete and dissertation proposals approved prior to application. Preference is given for candidates who will have their dissertations completed prior to the start of internship. Enrollment in an APA accredited program is strongly preferred; while the DSH- Atascadero internship program may consider very exemplary applicants from graduate programs that are not APA-accredited, the hospital does not hire psychologists from programs lacking APA accreditation.

The internship is designed for the student seeking forensic training within a program that provides a broad-based clinical training experience. Some experience in forensic psychology is necessary.

##### **B. Applications and Intern Selection**

All application information included in this brochure can also be found on the hospital's web site: <http://www.dsh.ca.gov/Atascadero>  
Questions may be directed to the Internship Director by phone or e-mail.

Applications must include:

- 1) The APPI online application which can be found at: [www.appic.org](http://www.appic.org)
- 2) Three letters of recommendation
- 3) Supplemental materials including:
  - A sample de-identified integrated evaluation report including psychological testing and interpretation.
  - **Per rules set by the California State Personnel Board, all applicants must submit a standard State of California application (Std 678) available at : <http://jobs.ca.gov/pdf/std678.pdf>**

- This application should be completed online and sent to [Phylissa.Kwartner@dsh.ca.gov](mailto:Phylissa.Kwartner@dsh.ca.gov) by the November 1 application deadline. Std 678 is not to be uploaded with the APPI. APPIC has approved the use of the Std 678 as an additional document for California Department of State Hospital internships. *(Apple Computer users should note that you may need to complete, print and then scan the form to submit. Some Apple users have found that even though the form appears complete on their computer, when e-mailed the completed form is sent blank.)*

Completed applications must be received by the Internship Director by November 1st of the year prior to the year the internship is to begin. Department of State Hospitals-Atascadero is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). As an APPIC member, the training program observes the guidelines regarding timing of internship offers and acceptance adopted by APPIC. 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. The APPIC application for Psychology Internship and the APPIC Match Program Policies and Procedures can be found on the internet at [www.appic.org](http://www.appic.org). **Incomplete applications and applications that do not document the minimum hours of assessment (150 hours) and intervention (500 hours) experience, or that the dissertation proposal has been approved, will not be reviewed.**

In recent years, approximately 100 applications have been received for the internship positions. Approximately twenty of those applicants are invited to interview. All efforts will be made to notify applicants regarding their interview status via e-mail in early December. Applicants may select one of three interview dates scheduled on Fridays in January. While a personal interview is preferred, it is possible to arrange a telephone/Skype interview.

Department of State Hospitals-Atascadero is an equal opportunity employer. The hospital is seeking psychologists and interns with the education, training, and background to work with a culturally diverse patient population.

#### **C. Appointments**

At the present time, four funded pre-doctoral intern positions exist with the stipend of \$40,740 (\$3395 monthly gross, approximately \$2400 monthly net) for the year. Appointments are made to the Civil Service classification of Clinical Psychology Intern. The internship typically begins the first Monday in August. Benefits include holidays, sick leave, vacation, Employee Assistance Program benefits and health insurance.

#### **D. Employment Eligibility**

Interns must successfully complete/pass the required health and drug screenings, and security clearance prior to being employed.

Medical determination of a person's suitability for hire shall be based on an appraisal of the applicant's ability to safely and efficiently perform the essential functions of the position for which the applicant has applied (Administrative Directive 916).

All applicants are required to complete and pass a pre-employment drug test, which screens for Illegal and Unauthorized substances. Illegal substances include marijuana, heroin, cocaine, amphetamines, opiates, PCP, barbiturates and methaqualone. Unauthorized substances are legal, but used other than prescribed (for example: Valium used more often or in greater quantities than prescribed) (Administrative Directive 916.1).

Interns must undergo fingerprinting and pass a criminal background check prior to being employed. The hospital policy guiding such determinations can be found here: <http://dshinsite.ca.gov/StateHospitals/docs/SpecialOrders/Spor407.03.pdf>

## V. GEOGRAPHICAL INFORMATION

Department of State Hospitals-Atascadero is situated on the Central Coast of California in a semi-mountainous area just a few miles east of the coastal range. A wide variety of scenic, sporting, and entertainment activities are within easy reach. San Francisco and Los Angeles are each about 225 miles away. San Luis Obispo, 16 miles south, is a community of 45,000 and is the major shopping area and the location of many musical and cultural events. Ten miles south of San Luis Obispo are Avila Beach and Pismo Beach, which offer the best swimming beaches on the Central Coast. Twenty miles west of Atascadero are Morro Bay and Hearst Castle at San Simeon. Continuing northward is the beautiful Highway 1 "Big Sur" coastal route to Carmel-Monterey, which has some of the most scenic vistas in California.

## VI. CONTACT INFORMATION

For further information please contact:

Phylissa Kwartner, Ph.D.  
Psychology Internship Director  
Department of State Hospitals-Atascadero  
10333 El Camino Real  
Atascadero, CA 93423  
Phone: (805) 468-3663  
Fax: (805) 468-2918  
E-mail: [Phylissa.Kwartner@dsh.ca.gov](mailto:Phylissa.Kwartner@dsh.ca.gov)

Department of State Hospitals-Atascadero web site: <http://www.dsh.ca.gov/Atascadero>

To request an Applicant Agreement Package for the APPIC matching program contact: [www.natmatch.com/psychint](http://www.natmatch.com/psychint)

To request an APPIC Application for Psychology Internship contact: [www.appic.org](http://www.appic.org)

APPIC Internship Matching Program code number for DSH--Atascadero: 1113

## **VII. CURRENT and PRIOR INTERNS**

### **2016-2017 PSYCHOLOGY INTERNS**

Rebecca Aponte  
Travis McGee  
Christopher Webb  
Hayley Wechsler

Colorado State University  
Pacific Graduate School of Psychology, California  
Mississippi State University  
Sam Houston State University, Texas

### **2015-2016 PSYCHOLOGY INTERNS**

Ryan Ly  
Amy Plewinski  
Katherine Price  
Caroline Stroud

University of LaVerne, California  
Florida Institute of Technology  
Pacific Graduate School of Psychology, California  
Sam Houston State University, Texas

### **2014-2015 PSYCHOLOGY INTERNS**

Meghan Brannick  
Joshua Eblin  
David Rosenblatt  
Amy Percosky

University of Denver, Colorado  
University of Toledo, Ohio  
Loma Linda University, California  
Sam Houston State University, Texas

### **2013-2014 PSYCHOLOGY INTERNS**

Jacqueline King  
Sarah Kopelovich  
Roxanne Rassti  
Carol Woods

Kean University, New Jersey  
John Jay College of Criminal Justice, New York  
Colorado State University  
Sam Houston State University, Texas

### **2012-2013 PSYCHOLOGY INTERNS**

Leonardo Caraballo  
Andrea Dinsmore

LaSalle University, Pennsylvania  
Massachusetts School of Professional Psychology

### **2011-2012 PSYCHOLOGY INTERNS**

Marsha Brown  
Amanda Ferguson  
Danielle Rynczak  
Melinda Wolbransky

John Jay College of Criminal Justice, New York  
Pacific Graduate School of Psychology  
Chicago School of Professional Psychology  
Drexel University, Pennsylvania

### **2010-2011 PSYCHOLOGY INTERNS**

Elizabeth Arias  
Nicole Cooper  
Ruhama Hendel  
Kerri Schutz

John Jay College of Criminal Justice, New York  
Azusa Pacific University, California  
Nova Southeastern University, Florida  
Pepperdine University, California

## VIII. PSYCHOLOGY STAFF AND AREAS OF INTEREST

California Licensed Psychologists, who are thus qualified by law to provide supervision are identified with an asterisk. Psychologists have noted areas of interest, each psychologist does not necessarily practice all areas listed as a part of their position at the hospital.

\*Henry Ahlstrom, Ph.D.

Alliant International University- San Diego, 1994.

Maharishi University of Management, 1991.

Individual and Experiential Psychotherapy, Trauma, Spirituality, Stress Management.

\*Brad T. Barcklay, Psy.D.

American School of Professional Psychology at Argosy University - Washington, D.C., 2009

Cognitive and Personality Assessment, Risk Assessment, Cognitive-Behavioral Therapy, Crisis Intervention, MDO Law

\*Jaynann Juhasz Barcklay, Psy.D.

American School of Professional Psychology-Argosy, Washington D.C., 2012

Integrative psychotherapy, mindfulness/relaxation interventions, marital therapy, factors of divorce, psychological assessments

\*Leslie Bolin, Ph.D., Senior Psychologist, Neuropsychologist

University of Nevada-Reno, 1995

Neuropsychology, Geropsychology

\*Kathleen Bono, Psy.D.

Azusa Pacific University, 2014

Systemic Intervention/Treatment, Psychological/Cognitive Assessment, Spiritual/Cultural Integration

\*Meghan E. Brannick, Psy.D.

University of Denver, 2015

Forensic evaluation, expert witness testimony, risk assessment, psychopathy, general cognitive and personality assessment, behavioral modification and treatment, childhood assessment (giftedness; pediatric neuropsychology)

\*Ismael Calderon, Ph.D.

California School of Professional Psychology – Fresno, 2001

Cognitive–Behavioral Therapy, Bio-Social Integrative Model, Forensic Psychology, Multicultural Diversity/Assessment, Developmental Disability, Group Psychotherapy, LPS-Conservatorship Assessments, Bilingual – Spanish.

\*Tzu-Chen Cheng, Psy.D.

Phillips Graduate Institute, 2009

Supervision, Trial competency and malingering assessment, dynamically oriented therapy, diversity issues

\*Kavita Kishore Chowdhary, Ph.D.

University of Massachusetts - Amherst, Postdoctoral Respecialization, 2010  
Psychological Assessment, Violence Risk Assessment, Cognitive Rehabilitation, Gender Identity Development.

\*Monty Clouse, Ph.D., Senior Psychologist Supervisor

Wright Institute Los Angeles, 1983

Object Relations Theory and Psychotherapy, Sociotechnical Analysis of Organizational Design and Development, Adaptation to Traumatic Physical Injury/Illness, Personality Disorders, Therapeutic Design of Psychiatric Hospitals, Disaster/Emergency Mental Health, Comprehensive Psychosocial Emergency Management.

\*Wesley Cook, Psy.D., MAC

Loma Linda University 2012

Master Addiction Counselor, Inpatient Group Therapy, Integrative Approach

\*Karen Cooper, Ph.D.,

Carlos Albizu University, Miami, Florida, 2002

Correctional Psychology, Female Offender Issues

\*Arlene Cruz, Psy.D.

Pepperdine University, 2009

Analytic psychotherapy, Substance Abuse Treatment, multicultural issues, learning disorders and mindfulness-based techniques.

\*Sona Davenport , Ph.D. RYT

Pacific Graduate School of Psychology, 2000

Treatment of severely mentally ill inmates; individual and group therapy; Stress Management; Yoga for emotional balance.

\*Arron Dehod, Ph.D.

California School of Professional Psychology-Fresno, 2005

Brief Cognitive Behavioral Therapy with College population, Integrative approaches to the treatment of mental illness.

\*Leslie Dobson, Psy.D.

University of London - 2006, Loma Linda University – 2009, 2012

Gestalt, psychoanalysis, general group therapy, schizophrenia, forensic treatment, sex offender treatment certified

Shirin Ghannadi, Psy.D.

American School of Professional Psychology Southern California, 2015  
Forensic Assessment and Treatment, Crisis Intervention, Severe Mental Illness, Trauma, Object Relations, Forgiveness Therapy

\*Beth Gier, Ph.D.

Purdue University, 1999  
Cognitive-behavioral therapy; client-centered focus; treatment issues with severe mental illness; MDO law and competency issues

\*Lee Carter Glancey, Psy.D., MBA

Widener University Institute for Graduate Clinical Psychology, 2011  
Humanistic Psychology; Integrative Psychotherapy; Substance Abuse Treatment and the Relapse Prevention Model; Motivational Interviewing; EMDR; Personality and Diagnostic Assessment; Recovery Model for SMI; the Mind-Body Connection

\*Pilar Gonzales, Ph.D., Senior Psychologist Supervisor

Temple University, 2008  
Crisis intervention, sexual trauma, couples and family therapy, adherence to treatment, career counseling and corrections

\*Dia Gunnarsson, Psy.D., J.D.

Widener University, Widener University, School of Law, 2012  
Forensic Evaluations, Psychological/Cognitive Assessment, Personality and Psychopathy, Differential Diagnosis, Expert Testimony, Risk Assessment, Threat Assessment and Management, Malingering Determinations, Psychopathy and Personality Disorders

\*Stephanie Hamm, Psy.D.

Chicago School of Professional Psychology, 2006  
Forensic evaluation and treatment, severe mental illness, group psychotherapy, crisis intervention, mindfulness techniques

\*Ashley Hart, Psy.D.

Hawaii School of Professional Psychology at Argosy University – Honolulu, Hawaii, 2013  
Diversity issues, Humanistic Individual and Group Psychotherapy, Crisis Intervention, Supervision and Training

\*Michaela Heinze, Ph.D.

Ohio University, 1994  
Forensic and neuropsychological assessment; trial competency; behavioral medicine & health psychology

\*Matthew Hennessy, Psy.D.; Chief, Department of Psychology

University of Denver, Graduate School of Professional Psychology, 1999

Sex offender assessment and treatment; relapse prevention; Cognitive-Behavioral Therapy, Psychiatric Rehabilitation and the Recovery Model

\*Deborah Hewitt, Ph.D., Senior Psychologist Supervisor  
Fuller School of Psychology, 1990  
Behavioral Medicine, Positive Behavioral Support, Bereavement, DBT

\*Don Johnson, Ph.D.  
University of Oklahoma, 1993  
Dialectical Behavior Therapy, Motivational Interviewing, Cognitive Behavioral Therapy, brief therapy, statistics and research design

\*Lindsay Josvai, Ph.D.  
Alliant International University, 2008  
Adolescent Forensic Evaluations, Malingering and Personality Assessment, Forensic Assessment and Expert Testimony, expert testimony research, general statistics and research design

\*Jacqueline King, Psy.D.  
Kean University, 2014  
Psychological Testing, Evaluation of Competency, Malingering Assessment, and Acceptance & Commitment Therapy.

\*Ana Kodzic, Ph.D.  
California School of Professional Psychology, Alliant University-San Francisco, 2009  
Severe Mental Illness, Recidivism, Cultural Competence

\*Phylissa Kwartner, Ph.D., Psychology Internship Director, Chief of Professional Education  
Sam Houston State University, 2007  
Violence Risk Assessment and communication to legal decision makers, Detection of Malingering, Expert Witness Testimony, and Cognitive-Behavioral Therapy

Alyson Madigan, Psy.D.  
The Wright Institute, 2014  
Alzheimer's disease (various forms of dementia), neuroscience, late life grief/loss/regret, trauma

\* Benny R. Martin, Ph.D.  
University of California, Santa Barbara, 2004  
Dialectical Behavior Therapy, Cognitive Behavioral Therapy, Multicultural Supervision and Training, Personality Disorders, Motivational Interviewing, Post-traumatic Stress disorder and Substance Abuse Treatment utilizing Seeking Safety Protocol

\*Brandi Mathews, Psy.D.

Forest Institute of Professional Psychology, 2006

Detection of Malingering; Personality Assessment; Mental Health Law; Mentally Disordered Offender Forensic Evaluations; Expert Testimony

\*Christine Mathiesen, Psy.D., ABPP(CN); Director, Centralized Psychological Assessment  
University of Hartford, 2000

Clinical neuropsychology; cognitive training/rehabilitation; meditation.

\*Vicki McWain, Ph.D.

UCLA-BA Psychology

Fuller Theological Seminary; MA. Theology-1990; Ph.D. Clinical Psychology-1993

Psychological Assessment/Wellness; Music/Nature

Matt Milburn, Psy.D.

Azusa Pacific University, 2015

Violence risk assessment, psychopathy, cognitive-behavioral therapy, assessment of malingering

\*Cindy Mitchell, Ph.D.

Fielding Graduate University, 2012

Forensics, Sex Offender Treatment, Psychopathy, Personality Disorders, CBT, Mindfulness, Mind-Body Connection, Assessment and Treatment of Violence, Attachment Disorders

\*Joseph Morrow, Psy.D.

Loma Linda University, 2010

Attachment Theory, Individual therapy aimed at violence reduction, and trauma.

\*Jessica Mosich, Ph.D., Senior Psychologist Supervisor

California School of Professional Psychology- San Diego, 2006

Health Psychology, Cognitive Rehabilitation after Spinal Cord and Traumatic Brain Injuries

\*Amy B. Percosky, Ph.D.

Sam Houston State University, 2015

Assessment: admissions, diagnostic clarification, malingering; Brain Fitness group

\*Kevin Perry, Ph.D.

Sam Houston State University, 2008

Forensic assessment; expert testimony ; existential psychology; empirically supported treatments

\*David Peters, Psy.D.

School of Professional Psychology, Pacific University, Oregon, 2006

Psychological assessment, group psychotherapy, competency to stand trial

Katherine Price, Ph.D.  
Pacific Graduate School of Psychology at Palo Alto University, 2016  
Suicide, Gender Studies, Substance Use, and Trauma

\*Roxanne Rassti, Ph.D.  
Colorado State University, 2014  
Assessment, Forensic Psychology, Malingering, Multicultural Issues and Diversity,  
Competency to Stand Trial

\*Killorin Riddell, Ph.D.  
California School of Professional Psychology-Los Angeles, 1990  
Object Relations, Psychoanalytic Therapy, American Red Cross Disaster Mental Health  
Responder

\*David Rosenblatt, Psy.D.  
Loma Linda University, 2015  
Gestalt Therapy, Music listening as therapy, Trauma treatment, Mindfulness, Positive  
psychology, and Collaborative medicine

\*Holly Schneider, Psy.D.  
The Wright Institute, 2009  
Psychoanalytic Psychotherapy, Geropsychology

Angie Shenouda, Psy.D.  
American School of Professional Psychology at Argosy University Southern California, 2014  
Suicide Prevention & Postvention (Coping with Aftereffects of a Completed Suicide),  
Aggression Reduction, Cognitive-Behavioral Therapy, Forensic Psychology, Crisis  
Intervention

\*Babak Tehrani, Ph.D.  
American School of Professional Psychology-Orange, 2009  
ADHD Testing and Treatment; Psychological Assessment; Neuropsychology, Diversity and  
Multicultural Competence; Detection of Malingering; Group and Individual Psychotherapy;  
Supervision and Consultation.

\*Jennifer Vacovsky, Psy.D.  
Loyola College, 2008  
Psychological and Risk Assessment, Malingering Evaluation, Competency to Stand Trial

\*Helen Wood Vinkurov, Psy.D.  
Alliant International University, 2009  
Group and Individual Psychotherapy, Risk Assessment, Grief, Substance Abuse, Trauma,  
Health Psychology, Behavioral Interventions

\*Dianne Walker, Ph.D.

Brigham Young University, 1982

Psychodynamic psychotherapy; group psychotherapy; personality assessment; adult survivors of dysfunctional families and abuse

\*Dyan Yacovelli, Psy.D.

California School of Professional Psychology, 1998

Rutgers University and Chapman University 1994

Developmental Disabilities; Individual, Couple, Family, and Group Therapy; Cognitive/Behavioral, Family Systems, and Humanistic Psychotherapy

\*Brandon Yakush, Psy.D.

Loma Linda University, 2006

Forensic evaluations, including Mentally Disordered Offenders, Competency to Stand Trial/Restoration of Competency, and Mental Status at the Time of the Offense, and Personality/Psychodiagnostic Testing

#### **IX. DEPARTMENT OF STATE HOSPITALS-ATASCADERO SELECTED RECENT WORKSHOPS AND COLLOQUIA**

LEGAL AND ETHICAL CHALLENGES IN USING THE DSM-5

Pamela Harmell, Ph.D

EFFECTIVE AND INEFFECTIVE ELEMENTS OF CLINICAL SUPERVISION

Nicholas Ladany, Ph.D.

ETHICS AND LAW

Bruce Ebert, Ph.D., J.D., LL.M., ABPP

SUICIDE RISK ASSESSMENT AND TREATMENT PLANNING

Joseph Morrow, Psy.D.

ASSESSING AND MANAGING VIOLENCE RISK USING THE HCR-20 V3

Laura S. Guy, Ph.D., ABPP

MOTIVATIONAL INTERVIEWING: INCREASING INTRINSIC MOTIVATION FOR CHANGE

Lee Glancey, Psy.D.