



California Department of  
**State Hospitals**

**DSH-METROPOLITAN  
NORWALK, CALIFORNIA**

**PSYCHOLOGY DOCTORAL  
INTERNSHIP MANUAL**

**2025-2026**

DSH - Metropolitan  
**PSYCHOLOGY SERVICES**  
PSYCHOLOGY TRAINING AND INTERNSHIP PROGRAM

**DSH-METROPOLITAN  
NORWALK, CALIFORNIA**

**PSYCHOLOGY DOCTORAL  
INTERNSHIP MANUAL**

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**CLINICAL PSYCHOLOGY DOCTORAL  
INTERNSHIP MANUAL**

**DSH-METROPOLITAN  
NORWALK, CALIFORNIA**

**2025-2026**

We appreciate your interest in the Clinical Psychology Doctoral Internship program at DSH-Metropolitan (DSH-M). This manual reflects an effort to provide clear and meaningful guidelines to interns and applicants about the Clinical Psychology Doctoral Internship Program at DSH-M. In order to provide a uniform standard of quality training, the following minimum standards will be required of all psychology interns at DSH-M. 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**

DSH-M is located in the suburban community of Norwalk and is approximately 15 miles southeast of downtown Los Angeles. DSH-M is a state psychiatric facility serving approximately 800 patients and has been in operation since 1916. The fall of 2025 begins our 77<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.

DSH-M offers multidisciplinary therapeutic and rehabilitation services provided by psychologists, neuropsychologists, social workers, psychiatrists, rehabilitation therapists, psychiatric technicians, and registered nurses. Some units offer specialty services such as skilled nursing and forensic-focused treatment.

### **Program Descriptions**

DSH-M is organized into six treatment programs serving criminal commitment (forensic) patients, Lanterman-Petris-Short (LPS) conservatorship/civilly committed patients, and patients who require a skilled nursing facility (SNF). These programs are designed to cater to a variety of age groups, levels of care, and patient needs. The treatment approach may vary based on the patient's legal status, with forensic programs primarily addressing pre-adjudication court-

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involved patients, while civil programs focus on civilly committed patients with severe and persistent mental illness. Additionally, as indicated above, dedicated units serve patients requiring 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 are guided by evidence-based practices and tailored to meet the unique needs and strengths of each patient. Every patient served by the hospital is encouraged to participate in identifying their own needs and goals and in selecting appropriate therapeutic and rehabilitation service interventions. These services and supports are designed to assist 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 2025-2026 Internship year at DSH-M begins on or around September 2, 2025, and is a one-year, full-time program ending on or around August 31, 2026. The Internship Program is coordinated by the Internship Director and Training Coordinator (“Internship Director”) under the leadership of the Chief of Psychology. The Internship Director is the designated director of the psychology internship program at DSH-M. Interns engage in a wide variety of services, including conducting individual and group psychotherapy and skills training; cognitive screenings; psychological and functional behavioral assessments; developing, implementing, and monitoring behavior plans; and consultation services to treatment teams.

### **APPIC Membership Status**

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

### **Accreditation Status**

The DSH-M Doctoral Psychology Internship Program was granted accreditation by American Psychological Association’s Commission on Accreditation with an effective date of October 28, 2018.

Questions specifically related to the program’s accreditation status should be directed to the Commission on Accreditation:

#### Office of Program Consultation and Accreditation

American Psychological Association  
750 First Street, NE, Washington, DC 20002-4242  
Phone: (202) 336-5979  
Email: [apaaccred@apa.org](mailto:apaaccred@apa.org)

Questions about the DSH-M training program may be directed to the Internship Director and Training Coordinator: Anna Kafka, Psy.D.:

DSH-Metropolitan  
Psychology Doctoral Internship Program  
11401 Bloomfield Avenue  
Norwalk, CA 90650  
Phone: (562) 367-3773  
Email: [Anna.Kafka@dsh.ca.gov](mailto:Anna.Kafka@dsh.ca.gov)

### **Training Philosophy**

The Clinical Psychology Doctoral Internship Program supports the overall mission and vision of DSH-M 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.

### **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 discipline-specific assessments and services. DSH-M 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 patient'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 act as co-providers of treatment with all disciplines in the treatment teams. As part of their required rotations, psychology interns also consult with and provide training for interdisciplinary staff.

Interns have the responsibility to complete the 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 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, forensic assessment, malingering assessment, and functional behavioral assessment.
- 4) Skills in providing evidence-based interventions for group and individual therapy.
- 5) Treatment planning skills via 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. DSH-M's training program strives to align with the Required Profession-Wide Competencies in health service psychology as set forth by the APA. By the end of the internship year, each intern will be expected to demonstrate competencies in the following areas:

- I. Research
- II. Ethical and legal standards
- III. Individual and cultural diversity
- IV. Professional values, attitudes, and behaviors
- V. Communication and interpersonal skills
- VI. Assessment
- VII. Intervention
- VIII. Supervision
- IX. Consultation and interprofessional/interdisciplinary skills

More information regarding the APA's Implementing Regulations relating to the Standards of Accreditation can be found at:

<https://irp.cdn-website.com/a14f9462/files/uploaded/Section%20C%20041224.pdf>

## GENERAL INFORMATION

### Orientation

Interns are required to attend DSH-M New Employee Orientation. Some of the topics covered are the following: Overview of DSH-M Policies and Procedures, Therapeutic Strategies and Interventions (TSI; 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), Employee Assistance Program, Infection Control, HIPAA/Confidentiality and Health Information Management, 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 Internship Director. Interns begin the first of their two rotations following orientation. The primary rotation supervisor will provide an orientation to the rotation, program, and unit, including policies and procedures. The primary supervisor will also provide an orientation and review of standards for interns at DSH-M. 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. However, if the patient appears agitated or has exhibited dangerous behaviors, choosing not to see the patient on the unit patio would likely be the safer choice. See APPENDIX E for safety guidelines when providing interventions and assessments with patients.

### Intern Schedules

DSH-M is a 24-hour facility. Interns are employees of DSH-M. Psychology staff are on site Monday through Friday. Interns are expected to be on site Monday through Friday between the hours of 8:00 am to 5:00 pm. 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 (Monday through Friday between the hours of 8:00 am and 5:00 pm) must have advanced written approval by the Internship Director. Interns should not work more than 9 hours per day or work earlier than 7:00 am or later than 5:30 pm.

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Intern schedules are to be arranged at the beginning of the training year between the Internship Director and each intern. Schedules are to remain consistent throughout the entire training year. Interns receive one 30-minute lunch break and two 15-minute breaks during the day. The two breaks may 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, in collaboration with their supervisors, may 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 should be regularly reviewed with the primary supervisor and submitted to the Internship Director within the first month of the rotation.

### **Attendance**

According to hospital policy, interns are required to sign in and out at the Office of the Service Chiefs (OSC) located on the 3rd Floor of the Administration Building. Interns shall not sign in more than 10 minutes before the start of their shift. Interns are to sign in by their designated start time and must sign out when they leave campus for the day. Each intern is responsible to personally sign in and sign out for themselves.

In the event an intern is ill or running more than 15 minutes late, the intern shall contact the Department Office Technician by phone at (562) 651-4327. Additionally, the intern must contact the Internship Director AND their supervisors by telephone to inform them of the absence or late arrival. 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, the intern is required to immediately contact both their primary supervisor and the Internship Director by telephone. An intern who is unable to sign out at the end of the day when leaving campus will immediately contact either their primary supervisor or Internship Director by telephone about the difficulty with signing out at the OSC. The primary supervisor or Internship Director will send an email notice to the Department Office Technician and Chief of Psychology notifying them that the intern is signing out and leaving campus for the day.

## Hours Required

Interns must accrue a **minimum of 1800 hours of supervised professional experience (SPE) hours during the internship year**. Interns do not work on state holidays or weekends. According to the California Board of Psychology, interns at DSH-M 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 interns to receive at least two hours of individual supervision per week with a licensed psychologist. In 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 in writing with the Internship Director in advance. Interns accruing more than 40 hours per week of SPE must have advanced written approval from their rotation primary supervisor and Internship Director. Please note, no paid overtime hours are available. Although additional hours for training purposes (up to a maximum of 44 per week) may be possible, 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 Internship Director in writing at the beginning of the year to make necessary arrangements.

## Leave Time

Interns must submit a time-off request (online form), which will be forwarded to the Internship Director for approval, prior to the requested leave date(s). Prior to submitting the time-off request, interns will discuss the request with their supervisors to make appropriate arrangements for coverage of duties and assignments. Interns **SHOULD NOT** make any travel plans until they receive official approval for the absence. Interns may not take time off during the first month of internship or during the last two weeks of internship.

## Professional Development/Education Time

DSH-M is dedicated to supporting interns in their transition from student to professional psychologist. Interns may use up to 40 hours of paid educational leave over the course of the internship year to attend educational trainings or

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conferences. Interns follow the time off request procedure for using this type of leave time. In addition, interns are required to submit a copy of their registration for the training and conference prior to the time off request being granted.

### **Dissertation Time**

Interns who have not completed their dissertation may use up to four hours per week to work on their dissertations. These hours would be in addition to the 40 hours the intern is expected to work in order to complete rotation goals and may be taken on or off site. Interns must obtain written prior approval for these hours from the Internship Director.

### **Intern Offices**

Interns are assigned to the Psychology Intern Office in the YAB building for the duration of the training year. The office comes equipped with basic office equipment and supplies (e.g., telephone, network-connected computers, desks, notepads, paper). 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 Office Technician. If you plan to bring any items or furniture from home, please note that DSH-M 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. For security reasons and to safeguard confidential information, the office and building are locked after business hours. Lockable file cabinets and drawers are also available to store patient-related information.

### **E-mail**

All interns are assigned Outlook email accounts upon arrival to the program. Instructions for setting up/accessing the account will be provided during New Employee Orientation. Email is a central method of communication throughout the hospital and often among the Internship Director, 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.

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### Address, Telephone and Fax Number

The address of the hospital is:

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

### Correspondence

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

### Hospital Badges, Alarms, and Keys

Interns will obtain a hospital badge during New Employee Orientation. Badges should be **worn at all times** 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 the hospital campus. 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 Internship Director 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. Fees are subject to change.

Security of badges, alarms, and keys are critical. If a hospital badge, PDAS, or keys are lost or stolen, interns MUST IMMEDIATELY NOTIFY THE INTERNSHIP

DIRECTOR AND HOSPITAL POLICE by telephone 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, which is housed in the intern office. Additional tests, manuals, and protocols are stored in YAB room 117 (Neuropsychological Services) and in various testing hubs within the Forensic Compound. Additionally, computerized scoring programs are available on the dedicated computer that is in the Neuropsychological Services office. Testing materials beyond those stored in the intern office can be obtained by making arrangements with Neuropsychological Services.

### **Employee Attire**

Requirements for employee attire are described in DSH-M Administrative Directive No. 2112 (available on the DSH-M employee intranet). Please refer to Appendix A (Dress Code Guidelines) for additional information pertaining to appropriate attire. Among other requirements, **no** khaki or brown colored clothing may be worn.

### **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 on forensic rotations should also be familiar with the Specialty Guidelines for Forensic Psychology (2013). All interns should 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>

Moreover, interns are required to follow hospital policy.

### **Social Networks and Voicemail**

The DSH-M 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 patients, 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 social networking (e.g., TikTok, Instagram, Facebook, X, blogs) and other forms of electronic

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communication may not post information/photos related to the internship site or 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 D for specific guidelines regarding use of social networking, blogs, and webpages.

### **Financial Compensation and Benefits**

Interns are DSH-M employees and receive salaries and benefits commensurate with their employee classification and salary range. Interns in the 2025-2026 internship program are to be classified as 9851 CLINICAL PSYCHOLOGY INTERN. Salary is set at \$52,152.00. Clinical Psychology Interns begin in the lower limit of Range D (\$4,346.00). 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 California 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. The full list of benefits and specifics on items such as medical insurance and accrual rates for vacation time are covered during New Employee Orientation.

### **Intern Records and Documents**

The records and documents for the internship program are kept in locked file cabinets in the locked office of the Internship Director. The building to the office is also locked after regular business hours. Electronic copies of documents and records relevant to the interns are kept in electronic folders that are on a secure cloud-based system with regular back up to prevent data loss. Access to all electronic documents is password protected.



## INTERNSHIP REQUIREMENTS

### **Intern Rotations**

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

### **Description of Rotations**

#### *Forensic Unit Rotation (Male or Female)*

These units include patients admitted through criminal commitment codes (California Penal Code). The population is almost solely comprised of individuals found to be Incompetent to Stand Trial (IST). 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 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 group therapy, admission assessments, cognitive assessments, risk assessments, competency to stand trial assessments, and perform additional psychological testing and behavioral assessment as indicated for patients on their caseload.

#### *LPS Unit Rotation (Male or Co-Ed)*

These units include patients admitted through civil commitment codes (California Welfare and Institutions Code). The population is typically comprised of individuals presenting with treatment resistant schizophrenic spectrum and mood disorders, severe personality disorders, dual diagnosis, cognitive disorders, and/or intellectual impairment. Some patients also exhibit persistent dangerous and/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 group therapy, admission assessments, cognitive assessments, risk assessments, develop behavior plans, and perform psychological testing and behavioral assessment as indicated for patients on their caseload or on other treatment units.

### *Neuropsychological Assessment Rotation*

Interns assigned to a neuropsychological assessment rotation will primarily be responsible for completing neuropsychological assessments throughout the hospital, which may include patients on LPS, Forensic, or Skilled Nursing Facility (SNF) units. In addition to neuropsychological assessments, interns will have the opportunity to perform admission assessments, which include suicide risk assessments and violence risk screening, and may have the opportunity to perform 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. Neuropsychological assessment interns are required to attend seminars on neuropsychological research and theory.

### **Intern Responsibilities**

#### *Individual Therapy*

Individual therapy cases are assigned by the intern's primary supervisor or the Internship Director. 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. Interns will have a minimum of 3 therapy cases during training year.

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Once the intern receives a referral, the intern 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, patient homework), 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 "Psychology Intern." Interns are responsible for ensuring their notes are cosigned by the supervising psychologist.

*Group Therapy*

Interns will be the primary or co-facilitator for at least five psychosocial rehabilitation groups each rotation, based upon the interns' training needs and the needs of the patients. Group topics may include social skills training, coping skills training, anger treatment, mindfulness, cognitive rehabilitation, court competency, relapse prevention, and several others.

*Admission Assessments*

Interns will conduct a minimum of 12 Admission Psychological Assessments (APAs) during the year. 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 various online systems.

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 an electronic copy to the patient's treating psychologist.

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*Comprehensive Psychological Assessments*

Interns will conduct a minimum of 12 comprehensive psychological assessments during the year. Interns will be provided with information from the referring treatment team, which includes the patient's name, MET number, date of admission, as well as the referral question(s) to be addressed. Additional information can be obtained through various online systems. Interns will meet with their primary or delegated supervisor prior to meeting with the patient to review the data and compile hypotheses.

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 again with their primary or delegated supervisor to review the data and evaluate their existing hypotheses. A draft of the report is written and submitted to the supervisor. The supervisor provides feedback, and the report undergoes revisions by the intern, in collaboration with the supervisor, until the supervisor deems it complete. At that point, the report is finalized, and the intern places a signed hard copy in the patient's chart and sends an electronic copy to the patient's treating psychologist. If clinically appropriate, the intern meets with the patient and/or treatment team to provide feedback.

*Special Project*

Psychology interns are required to develop a special project during their internship year. There are a number of needs that the patients at DSH-M have, and interns can develop a project to meet those needs with the approval of their Internship Director. 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.

## 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 their supervisor, the Internship Director must be informed in person or over the phone.
3. If the Internship Director cannot be reached, the intern must inform another Senior Psychologist Supervisor or the 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 that may include completing incident reports.

### **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 Internship Director must be informed in person or over the phone.
3. If the Internship Director cannot be reached, the intern must inform another Senior Psychologist Supervisor or the Chief of Psychology in person or over the phone.
4. Interns should inform the treatment team of the intern's knowledge or suspicion and provide any relevant information.
5. Specific agency procedures for abuse reporting (e.g., APS; CPS) must be followed.

## INTERN SUPERVISION

Supervision of Psychology Interns at DSH-M 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 and/or delegated rotation supervisor(s) provide a minimum of two hours of individual supervision per week. Each primary supervisor has a delegated supervisor in case of illness or vacation. 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 a **minimum of 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. Most of these training experiences will be in the form of weekly didactic trainings. Interns should work with their supervisor to ensure they maintain the minimum requirements. If interns are experiencing difficulty meeting the minimum 25% direct service hours requirements, the intern and supervisor will immediately contact the Internship Director and rotation supervisor via email for consultation and/or assistance in ensuring the intern meets their 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 Internship Director. If it is not possible to resolve the problem in this way, the primary supervisor will contact the Internship Director to set up a meeting between the intern, supervisor, and Internship Director. There is a formal due process procedure in place (see Appendix B).

### Group Supervision

In addition to individual supervision, interns attend two hours of group supervision per week. The purpose of the group supervision is to discuss issues and concerns that the interns might have regarding clinical, supervisory or administrative processes. Additionally, it serves as a forum for the interns to build

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trust and camaraderie and provide support for one another. Group supervision is typically led by the Internship Director and scheduled for Wednesday afternoons from 2:30 pm to 4:30 pm in the Internship Director's office. Throughout the year, interns are also expected to present a therapy case, testing cases, and provide a didactic training. Details for content and presentation format will be discussed in group supervision.

## DIDACTIC TRAININGS

Interns attend two hours of didactic training each week. Interns will also be expected to provide one presentation 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 Tuesdays from 2:30 pm to 4:30 pm 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, Behavioral Interventions, Severe Mental Illness and Differential Diagnosis, Learning Disabilities, Social Skills Training, Group Therapy Techniques, Behavioral Treatment Planning, Cognitive Behavioral Therapy and Psychosis, Mental Status Exams, Personality Assessment, Cognitive Testing, Effort Measures, Neuropsychological Screening, Cultural Diversity, Research Instruments, Forensic Assessment, Forensic Report Writing, Expert Witness Testimony, Criminal Responsibility evaluations, Competency evaluations, Competency Restoration, Violent Offenders, Ethics and LPS Laws, Malingering, Positive Psychology, Motivational Interviewing, Gender-Related Issues, Trauma Informed Care, and Assessment of Dangerousness and Suicidality.

### **Hospital Trainings and Continuing Education**

Interns may attend DSH-M 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 DSH-M psychologists. Also available to interns are multidisciplinary training activities (satellite broadcasts, multidisciplinary case conferences, program specific training, and guest speaker presentations) presented at DSH-M throughout the year.



## TRAINING FORMS

### Training Agreement

As of January 1, 2005, the California 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 Internship Director. (<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 Internship Director in the first two weeks of the rotation.

### Intern Hours Log

The Intern Hours Log is required by both the DSH-M 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 C. Interns may use an alternative hours log provided by their schools with advanced written approval from the Internship Director.

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 Internship Director on a weekly basis. Interns will submit electronic copies of the hours log on a weekly basis to the Internship Director. Interns will retain the original signed 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 Evaluation of Intern Competency form. Primary supervisors are responsible for completing the formal evaluations for each intern under their supervision. Interns are required to obtain a rating of "3" on 80% of the competencies by mid-year and at least a rating of "3" on 100% of competencies at the end of the training year. Copies of the mid-year and final evaluations and/or any other required progress reports are sent to the Training Director of each intern's graduate programs at the midpoint and end of the training year.

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 provides 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 Internship Director. Interns must submit the original evaluation to the Internship Director upon completion and keep a copy for their own records.

### **Supervisor and Program Evaluations**

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

### **Ongoing 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 individuals from diverse backgrounds, 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
- 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 Internship Director, along with the Chief of Psychology and/or members of the Training Advisory Committee, review the materials in order to determine whether the applicant meets selection criteria. Those who meet qualifications will be contacted, and a video interview will be arranged. The interviews will be attended by the Internship Director, the Chief of Psychology, and members of the DSH-M Psychology Department. Interviews will be scheduled in January. 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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Applicants must also complete the Clinical Psychology Intern Exam ([exam link here](#)). Applicants will be prompted to create a CalCareer account if they do not have one. The exam is submitted online; there is no need to mail or e-mail another copy.

After completing the exam, applicants must apply for the Clinical Psychology Intern position on the CalCareers website ([application link here](#)). Applicants will first be taken to a page that says, "Can I apply for this job?" Applicants who have completed the exam will click "I have eligibility," followed by "Apply For This Job." The application is also submitted online; there is no need to mail or e-mail another copy.

Completed APPIC applications and all supporting material must be received electronically according to APPIC on-line instructions by the Internship Director (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.

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.

### **Eligibility for Employment**

Although acknowledgement of the APPIC Match results are provided consistent with the APPIC Match Policies, the appointment of applicants to internship positions will be contingent upon the applicants satisfying the eligibility requirements for employment at DSH-M that include successful completion of the required health and drug screenings and security clearance.

Medical determination of an individual'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 No. 916).

All applicants are required to complete and pass a pre-employment drug screening, which checks for illegal and unauthorized substances. Illegal substances include marijuana, heroin, cocaine, amphetamines, opiates, PCP, barbiturates and methaqualone. Substances that are legal but used other than prescribed may be considered unauthorized substances (Administrative Directive 916.1).

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There is a requirement for all applicants to undergo fingerprinting and pass a criminal background check prior to employment. The policy of DSH-M guiding such determinations can be found at the following website:

<http://dshinsite.ca.gov/StateHospitals/docs/SpecialOrders/Spor407.03.pdf>

The Official Examination Bulletin, which includes instructions:

<https://www.calcareers.ca.gov/JOBSGEN/9MJ96.PDF>

### **Appointments**

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

### **Statement of Diversity and Nondiscrimination**

The Clinical Psychology Doctoral Internship program at DSH-M does not discriminate in selection, training, retention, or evaluation on the basis of 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.

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**PATIENTS SERVED AT DSH-M**

*Welfare and Institutions Code Sections*

- 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 and still considered dangerous. Renewable annually.

*Penal Code Sections*

- 1370: Felony Incompetent to Stand Trial; maximum commitment of three years.

*Excluded Crimes for DSH-M Penal Code Units (Current or Pending Charges)*

- Murder
- Rape
- Child Molestation
- Other Sex Crimes

*Also Excluded from Placement at DSH-M*

- Patients deemed high risk for escape

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**ADDITIONAL RESOURCES**

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)

Association of Psychology Postdoctoral and  
Internship Centers (APPIC)  
17225 El Camino Real Onyx One, Suite #170, Houston, TX 77058-2748  
Telephone: 832-284-4080  
Email: [appic@appic.org](mailto:appic@appic.org)

Office of Program Consultation and Accreditation  
American Psychological Association  
750 First Street, NE, Washington, DC 20002-4242  
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:

**Anna Kafka, Psy.D.**  
Internship Director and Training Coordinator  
DSH-Metropolitan  
11401 S. Bloomfield Ave.  
Norwalk, CA 90650  
Office: (562) 367-3773  
Email: [MSH.PsychologyInternship@dsh.ca.gov](mailto:MSH.PsychologyInternship@dsh.ca.gov)

### DSH-M PSYCHOLOGY STAFF/SUPERVISORS

There are currently over 45 psychologists on staff at DSH-M. Although there are typically 10 psychologists supervising interns at any given time, all DSH-M psychologists who have met the prerequisites can serve as supervisors. Over the course of the internship year, interns will typically interact with many Psychology Department staff members. Sometimes this comes in the form of a didactic training, consultation on a case, or delegated supervision. The following is a list of staff members who have been and/or will be involved in one or more aspects of the internship program at DSH-M.

**Meline Arzoumanian, Ph.D.**

*Graduate Institution: Alliant International University, California School of Professional Psychology, San Diego*

*Interests: malingering; forensic evaluation, including competency to stand trial and sanity evaluations; and research (mostly in the areas of PTSD, trauma, and dissociation)*

**Anna Arzuyan, Ph.D.**

*Graduate Institution: California School of Professional Psychology, Los Angeles*

*Interests: cultural neuropsychology, neuropsychological assessments, neuropsychiatric and neurocognitive disorders.*

**Arthur Asatoorian, Psy.D.**

*Graduate Institution: Pepperdine University*

*Interests: forensic assessment, posttraumatic stress disorder, neuropsychology*

**Joanne Barba, Psy.D.**

*Graduate Institution: Alliant International University, California School of Professional Psychology, Los Angeles*

*Interests: forensic psychology, risk assessments, substance abuse*

**Mallory Behar, Psy.D.**

*Graduate Institution: Chicago School of Professional Psychology*

*Interests: crisis intervention, suicide and homicide prevention, sex and sexuality therapy, substance use, relational/psychodynamic therapy*

**Catherine Cao, Psy.D.**

*Graduate Institution: Roosevelt University*

*Interests: forensic assessment, cognitive behavioral therapy, mindfulness*

**Heather Grim, Psy.D.**

*Graduate Institution: Alliant International University, California School of Professional Psychology, San Francisco*



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*Interests: forensic assessment, suicide & violence risk assessment, cognitive behavioral therapy, psychodynamic therapy*

**Mina Guirguis, Psy.D.**

*Graduate Institution: California School of Professional Psychology, Los Angeles  
Interests: cognitive behavior therapy, metaphor therapy, behavioral medicine*

**Brian Hough, Ph.D.**

*Graduate Institution: California School of Professional Psychology, Los Angeles  
Interests: forensic psychology, machine/human interactions (human factors)*

**Alisha Johnson, Psy.D.**

*Graduate Institution: Pepperdine University  
Interests: neuropsychology, cognitive behavioral therapy*

**Anna Kafka, Psy.D.**

*Graduate Institution: Alliant International University, Los Angeles; Forensic Psychology Program  
Interests: expert witness evaluations and testimony in criminal cases, mentorship and training of early career forensic psychologists*

**Narae Lee, Ph.D.**

*Graduate Institution: Fuller Seminary  
Interests: neuropsychological assessments; cognition of neuropsychiatric disorders; cognitive rehabilitation*

**Christian Meyer, Psy.D.**

*Graduate Institution: Alliant International University, California School of Forensic Studies  
Interests: forensic psychology and assessment, cognitive behavioral therapy, psychodynamic psychotherapy, mindfulness*

**Kimberly Miller, Psy.D.**

*Graduate Institution: Pepperdine University  
Interests: psychological assessment, group psychotherapy*

**Sharonda Quezada, Psy.D.**

*Graduate Institution: Alliant International University, California School of Forensic Studies, San Diego  
Interests: forensic assessment, personality disorders*

**Britney Ranker, Psy.D.**

*Graduate Institution: Azusa Pacific University*

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*Interests: psychological assessment, forensic psychology*

**Cory Rizutto, Psy.D.**

*Graduate Institution Chicago School of Professional Psychology, Clinical/Forensic Program*

*Interests: personality disorders, sexually violent predator treatment programs, forensic assessments, expert witness*

**Parnian Ross, J.D., Psy.D.**

*Graduate Institution: Palo Alto University (formerly PGSP)*

*Interests: clinical and forensic neuropsychology*

**Kajal Sakhrani, Psy.D.**

*Graduate Institution: Chicago School of Professional Psychology, Los Angeles*

*Interests: attachment/psychodynamic therapy, correctional psychology, trauma-informed care*

**Kimberly Smith, Psy.D.**

*Graduate Institution: Pepperdine University*

*Interests: neuropsychological assessments, cognitive behavioral therapy, Acceptance and Commitment Therapy (ACT)*

**Jeanna Syn, Ph.D.**

*Graduate Institution: Rosemead School of Professional Psychology*

*Interests: forensic psychology, attachment-oriented psychodynamic therapy, cognitive behavioral therapy, mindfulness, spirituality/faith-based therapy*

**Tamika Torres, Psy.D.**

*Graduate Institution: Chicago School of Professional Psychology*

*Interests: BIPOC maternal mental health, Perinatal or Postpartum Mood and Anxiety Disorders (PMAD), birth trauma, IVF/surrogacy, cognitive behavioral therapy, business coaching, high functioning anxiety, burnout*

**Janel Wheeler, Ph.D.**

*Graduate Institution: Palo Alto University*

*Interests: cognitive rehabilitation, mentorship/training of early career psychologists*

## APPENDIX A: DRESS CODE GUIDELINES

### Overview

Interns should dress in a manner that 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 safety of the interns and patients
- Allow for full performance of all duties

### Dress Standards

- Name badges provided by DSH-M 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 DSH-M 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 be closed-toe and not have high heels or built up soles such that it could endanger interns 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 and 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 permitted, 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 B: 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 the training, evaluation, and supervision designated in their training contract. They have the right to receive training appropriate to their level of skills, education, 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 to which they are assigned to the attention of the Psychology Internship Director 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 Evaluation of Intern Competency form for DSH-M (and graduate school evaluation form, when necessary) at the specified intervals.
3. The intern's primary supervisor will provide ongoing feedback and evaluation

of the intern's progress.

4. On a monthly basis, supervisors meet to discuss the progress of interns at the internship supervisors' meeting facilitated by the Internship Director, and the Training Advisory Committee oversees the overall progress and management of the internship program. Appropriate feedback is given to interns via their primary supervisors and/or the Internship Director.

### **Problematic Intern Behavior and Performance Deficits**

In rare circumstances, an intern's performance becomes recognized as problematic. As described in the Internship Manual, interns undergo formal evaluations at mid-rotation and the end of each rotation using the Evaluation of Intern Competency form. Ratings of at least "3" in the competency areas demonstrate an expected level of performance. However, as noted on the Evaluation of Intern Competency form, any average score that falls below a "3" on a Profession-Wide Competency area will trigger the formal DSH-M Due Process Procedures. At the earliest point, efforts are made to determine and address the cause(s) of the problem(s). Problematic behavior is defined as any behavior that 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 behavior is identified, the intern's primary supervisor will first discuss the concerns with the intern, work with the intern on formulating plans for remediation, and inform the Internship Director 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 Internship Director 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. Following completion of the initial plan for remediation, the intern's primary supervisor will document in writing the extent to which each of the goals and objectives outlined in the plan were or were not met. The primary supervisor will meet with the intern in order to review a copy of the written feedback and discuss the next steps.

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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 intern's graduate program will be requested. A meeting will be arranged with the intern, primary supervisor, and the Internship Director. The graduate program liaison will also be informed and invited to the 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 will be discussed.

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, 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. The primary supervisor and the Internship Director will evaluate the extent to which the intern achieved the specific goals and objectives following the specified date of completion. The primary supervisor and Internship Director will document the intern's progress towards the identified goals and objectives of the new plan in writing and then meet with the intern in order to review the written feedback and discuss the next steps.
  - 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 their training program to assume less stressful duties in the department, or take a leave of absence from the program while they seek appropriate treatment. If the intern takes a leave of absence from the program, the intern may reapply for reinstatement when the personal issues have been resolved.
3. An intern who disagrees with any decision regarding their status in the program (recommended remediation, probation, etc.) may appeal 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 Internship Director they are challenging the action.

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- 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 within the prescribed parameters, the following steps will be taken:
  - i. The Internship Director 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 the intern's behavior.
  - ii. Within 10 working days, the Internship Director and Chief of Psychology will prepare a report on their decision and recommendations and will inform the intern of the decision and recommendations.
  - 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, the intern may pursue any and all available grievances procedures available, including (but not limited to) the DSH-M 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 Internship Director. The Internship Director 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 Internship Director, 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 Internship Director 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 hospital policy and are as follows:

1. The intern reports the concern directly to the Internship Director.
2. The Internship Director 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 Internship Director 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 Equal Employment Opportunity Coordinator as well as consultation with the California Board of Psychology.
5. The Equal Employment Opportunity Coordinator will review the allegation to



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determine whether it requires further investigation.

**Complaint and/or Grievance by Intern against Internship Director, Supervisor, Staff Member, Trainee, or the Internship Program**

In the event an intern has a complaint or grievance against the Internship Director, Supervisor, Staff Member, Trainee, and/or the Internship Program, the following steps may be taken:

1. Discuss the matter directly with the individual(s) involved in order to facilitate an informal resolution.
2. If the issue is not amenable to an informal solution, the intern should discuss the matter with the Internship Director.
3. In the event that the Internship Director is unable to resolve the issue, the matter will be brought to the attention of the Chief of Psychology.
4. Interns have the right to formally challenge the final decision made by the Chief of Psychology by:
  - a. Filing a formal complaint in writing with the Internship Director, providing all supporting documents. If the subject of the complaint is a decision regarding their status in the program, the intern must submit the challenge within the prescribed parameters as described above.

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**APPENDIX C: INTERN WEEKLY HOURS LOG (SAMPLE)**

WEEKLY HOURS LOG

<b>Psychology Intern:</b>	<b>Year:</b>
<b>Primary Rotation Supervisor:</b>	<b>CA License:</b>
<b>Delegated Supervisor:</b>	<b>CA License:</b>
<b>Internship Director:</b>	<b>CA License:</b>

Week of:	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	<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:</b>								

## APPENDIX D: 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 TikTok, Instagram, X, and Facebook may not be accessed on DSH-M computers.
2. If you do not represent yourself as an DSH-M intern or employee, do not speak about DSH-M, or cannot be reasonably identifiable as affiliated with DSH-M, 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

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- hundreds or thousands of people on a listserv, discussion board, or on a website that will “live” electronically online for years.
5. If you use your DSH-M Outlook email address to send messages outside of DSH-M, 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 identify you by the year of your affiliation with DSH-M. 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 DSH-M psychology internship training program or employed by DSH-M, 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 California Board of Psychology and the American Psychological Association. Your website/blog must be professional in its content and must not contain objectionable material. If DSH-M becomes aware of a page or blog that identifies you as a psychology intern at DSH-M or affiliated with DSH-M, and that page or blog is considered by the Internship 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 Internship 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 E: 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 be seen.
4. Interns must be aware of the environment in which they are meeting with the patient (e.g., contraband items that 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:

1. Interns should request an escort or an observer when leading a patient down a stairwell, through the courtyard, or through any other unstaffed areas.
2. 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.
3. 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:

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