

FLORIDA DEPARTMENT OF CORRECTIONS
Office of Health Services

**APA ACCREDITED POSTDOCTORAL
RESIDENCY PROGRAM IN
CLINICAL PSYCHOLOGY**

TRAINING MANUAL

**UPDATED BY
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Florida Department of Corrections
Postdoctoral Residency Program in Clinical Psychology

TRAINING MANUAL

Mission

The residency's mission is to provide training and educational experiences that promote the development of advanced clinical competencies and prepares residents to successfully work as licensed psychologists in correctional settings. We provide residents with an organized, planned program of sequential learning experiences designed to provide advanced training that will prepare them to successfully work as psychologists in those settings.

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

The residency is designed and systemically supported to meet the requirements for Association of Psychology Postdoctoral and Internship Centers membership and the accreditation standards of the American Psychological Association. Our residency program secured initial accredited by the American Psychological Association (APA) in October 2018 for the maximum period of 10 years. The next APA site visit will be in 2027. For further information about APA accreditation and standards, please see the APA's Commission on Accreditation website at <http://www.apa.org/ed/accreditation/accreditation-roadmap.aspx> or contact them at the American Psychological Association Office of Program Consultation and Accreditation 750 First Street, NE Washington, DC 20002-4242 Phone: 202-336-5979

Philosophy and Training Model

The Florida Department of Corrections Postdoctoral Residency adheres to a philosophy of experiential learning to train and prepare residents with the advanced competency, knowledge, and skills for a career as a licensed clinical psychologist in a correctional setting. Opportunities are provided to learn through concrete clinical experiences, abstract conceptualization, reflective observation, and active experimentation. Experiential learning produces awareness, knowledge, skills, and the ability to apply these different types of learning to future experiences.

The residency is organized around a Practitioner-Scholar Model where scientific training is integrated into the practice training component (Stoltenberg et al., 2000). We view science and practice as interlocking skills that form the foundation of psychological knowledge and

its application. Residents build on the entry level competencies developed through graduate training and internship to critically evaluate, interpret, and apply empirically supported best practice models. Research is not a requirement of the residency. Residents research topics and train others in the application of evidence-based practice, and interventions that are supported by research.

Structure

The residency program funds four full-time residents each year. The training year consists of 2,000 hours over a one-year period beginning September 1st and concluding August 31st of the following year. Of these hours, 1,900 of them are paid and spent in Department of Corrections Facilities or in assigned training activities (i.e., off-site trainings). An additional 100 hours are designated as “Professional Development” and are hours that are not required to be recompensed. These hours are designed to allow the resident to participate in professional activities that might occur outside of the Department. For example, they may be used for attendance or participation in conferences, research projects, EPPP study programs, or other professional activities. The 100 hours may include additional professional activities at locations outside of the Florida Department of Corrections. The use of professional development time must be approved ahead of time by the training director. The 100 hours are not intended as either vacation or sick leave time.

Administration and Leadership

The president of the residency program is the chief of mental health services for the FDC and is a psychologist licensed in the State of Florida. That person is responsible for securing ongoing funding and logistical systemic support for the program. The residency benefits from having a centralized leader and their support team that works directly with department leaders to ensure the program remains supported and is established as a priority within the FDC. The residency president is also responsible for recruiting the residency’s training director (TD) and serves as their direct supervisor. The residency president helps to develop and maintain the overall direction and vision of the program and its training goals. The residency president is also the individual with the final decision-making authority in due process and grievance procedures.

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

organization of the program require training committee approval and advisory to the APA CoA per accreditation standards.

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

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

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

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

Benefits

The residency stipend is based on the 1900 hours of work completed in directed training activities and is paid at the rate of \$72,010 over the course of the year or \$37.90 per hour. Residents are paid by direct deposit on a bi-weekly basis. Florida has no state income tax.

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

Resident Designation

Residents will use the working title of “Psychology Resident” on all of their clinical work so that their status as a trainee is clear. Residents are required to introduce themselves to new patients as “Psychology Resident” or “Doctoral Psychology Resident” and to inform patients the name of their supervising psychologist and discuss how confidentiality is impacted by

supervisory disclosures. The supervisor is responsible for all services provided by residents to patients and has the vested authority and responsibility to direct care provided to patients by residents under their supervision.

Resident Information

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

Certificate of Completion

A residency certificate containing the words "APA Accredited Doctoral Residency Program in Clinical Psychology" the dates attended and the total hours completed will be given to each resident upon successful conclusion of the residency (Appendix D).

Resident Records

The program maintains records of resident training throughout the course of the year. These records will include work samples and work product (redacted) generated by residents, as well as evaluations of resident performance completed by supervisors, hours logs, supervision agreements, seminar and annual task checklists, any formal complaints brought, in writing to the program's attention, any remediation processes set in place by the program, and a certificate on residency completion. These files will also include a copy of employment applications, CVs, Transcripts, and letters of recommendation. These files are maintained in locked file cabinets in secure (locked) rooms with restricted access limited to need to know staff involved in the training program. These records are maintained indefinitely in order to allow for accreditation reviews by APA CoA as requested.

RESIDENCY DOCUMENTATION

Daily Activity Tracker

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

Detailed Supervision Tracker

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

Professional Hours Log

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

Checklist of Requirements for Completion of Internship

This checklist will be reviewed with residents at the outset of training and tracked throughout supervision. All items of this checklist must be completed to satisfactorily complete residency training. The resident will bring the completed checklist of items to the Training Director, who, after review and verification of task completion will sign off and retain the checklist in the resident's file.

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

Training Activities

Supervision

Residents enter into a supervision agreement (Appendix E) which delineates responsibilities for supervisors and supervisees. Residents are provided with at least two hours per week of regularly scheduled, face-to-face individual supervision focused on the psychological services rendered directly by the resident to patients. This supervision is provided by faculty supervisors who carry professional practice responsibility for the cases being supervised. Faculty supervisors will be clinically responsible for patients treated by residents and will co-sign treatment plans, patient reports and treatment summaries. At least 100 hours of individual face-to-face supervision must be provided during the residency year.

Professional Psychological Services

At least 25% of the resident's time (500 hours) will be spent in the provision of professional psychological services to patients, consultees, and/or agencies. This will consist of at least 350 hours of face-to-face patient contact and 150 hours which includes: consultation; provision of supervision; program organization, management, administration, and evaluation; training; and clinically relevant research. At least 900 hours of the resident's time will be spent in activities related to direct patient contact. This is inclusive of the 500 hours and extends to all patient directed services to include individual and group therapy, patient assessment, report writing, supervision, case presentations, unit rounds, patient staffing and any other activities related to patient care and contact.

Psychological Assessment

Residents incorporate assessment skills throughout the training year in various ways. At the beginning of the year, residents complete a check-out assessment with predoctoral trainees to ensure the intern's proficiency. During the outpatient rotation, as needed, residents complete FDC specific evaluations including marriage evaluations, sex-offender, and gender dysphoria screening. While on the inpatient rotation residents will demonstrate proficiency with violence risk assessments incorporating the HCR-20 to inform treatment team decisions and work to assess and develop treatment plans for individuals engaging in serious self-injurious behavior. Finally, residents will complete a complex assessment battery culminating in an integrative report.

Other Training Activities

At least 100 hours per year (typically two hours per week) of regularly scheduled, clinically focused, learning activities will be provided, in addition to (over and above) the required 100 hours of individual supervision mentioned above. The other training activities will include group supervision, didactic seminars dealing with clinical issues, grand rounds, and may include additional individual supervision, or co-therapy with a faculty supervisor. Group supervision will generally comprise 50 of those hours. The total hours of individual supervision plus other training activities must be at least 200 hours over the residency year, with at least 100 of those hours consisting of individual supervision. For a complete list of all requirements to complete the residency, please refer to the Checklist of Requirements for Completion of Residency form in Appendix A.

Group Supervision: Residents will generally present individual therapy patients or assessment cases for consideration during group supervision. Cases may also be brought by faculty supervisors, interns and occasionally by other professionals for consultation or demonstration purposes. As assigned by supervisors and as part of ongoing scholarly inquiry, relevant research and or theoretical readings are brought to group supervision and serve to augment the learning experience. At the beginning of the year, group supervision will include role playing, patient vignettes, and prospective scenarios. Audio recordings of patients along with presentation of and discussion of critical points in therapy or other clinical issues are also addressed. The residents serve as supervisors of master level staff during their rotations. and residents are generally familiar with the patients assigned to our pre-doctoral interns. Residents often participate in intern group supervision to provide opportunities for case consultation and modeling of supervision and supervisory styles.

Didactic Seminars: Seminars are an integral part of the residency and are scheduled routinely throughout the year. Typical topics include: evidence based treatment modalities such as DBT, CBT, group therapy, crisis intervention, management of self-injury, supervision techniques, psychopharmacology, legal and ethical issues, expert witness testimony, competency, civil commitment, risk assessment, individual/cultural diversity awareness and sensitivity, program organization, management, administration and evaluation, treatment planning, competency evaluations, and sex offender assessment and treatment. Seminars are most often presented by psychologists, but may be led by psychiatrists or others with expertise in the area (e.g. neurologists, pharmacists). When available, outside entities (APA, FPA, NCCHC, ACA) provide correctionally focused trainings germane to psychologists work in corrections which supplement our didactic curriculum.

Grand Rounds: Attendance of and participation in formal case presentations are an important part of the residents' training as they require their reflective integration and discussion of the research, theory and practice of psychological assessment and treatment as well as the evaluations of service provision, consideration and awareness of individual diversity, quality management, and program development. Formal case presentations serve as one of the formats for improving the residents' professional communication and presentation skills.

Resident's Grand Rounds Presentations: During the year, residents complete four Grand Rounds presentations. Presentation dates are flexible with Training Director approval with the expectation that one presentation should be completed each quarter. Prior to the presentation date, residents will forward their proposed presentation to the Training Director for review. The first presentation will be on an assessment instrument appropriate for use in the correctional setting including research data to support its application to our diverse correctional population, recommendations for its use, limitations, consideration of individual and cultural diversity issues, and training for staff in its use. The completion date of this presentation is expected by the mid-point of the resident's first rotation. Residents will also prepare a professional 1-hour training suitable for improving staff interactions with and management of difficult patients or the clinical knowledge and skill of mental health supervisees and interns. The completion date of this presentation is expected by the end of

the resident's first rotation. A third presentation will be an audit review and corrective action plan (CAP) development. Residents will complete a Continuous Quality Improvement (CQI) Audit using FDC/OHS approved audit tools as this is an essential function of psychologists in our system. Residents present their findings and develop CAPs for each audit finding. Residents demonstrate how they would, communicate, educate, and train their staff to address and monitor each CAP, ultimately, "closing," each item. The completion date of this presentation is expected by the mid-point of the resident's second rotation. During each rotation, residents identify an area for systemic improvement and devise a plan to implement, monitor, and quantify the effectiveness of their plan. The final presentation will be a review of one of those two systemic improvement plan projects. The completion date of this presentation is expected by the end of the resident's second rotation. Expectations for these presentations are located in Appendix F, Residency Grand Rounds Evaluation Form.

Evaluation

Residents are expected to demonstrate an advanced level of competence in the areas of Psychological Assessment, Individual and Cultural Diversity, Therapeutic Interventions, Research/Scholarly/Evidence Based Inquiry, Communication and Interpersonal Skills, Consultation and Inter-professional/Interdisciplinary Skills, Supervision, Professional Values, Attitudes and Behaviors, Ethical and Legal Standards. and Program Organization, Management, Administration and Evaluation. See Appendix B for a complete list of Residency Program Goals and Objectives.

Residents receive feedback from supervisors throughout their training year in individual and group supervision settings. They receive direct observation supervision throughout the year and the incorporation of audio recordings and resident report of therapy sessions help to inform individual and group supervision. Residents are formally evaluated using the Psychology Resident Evaluation Form (see Appendix C). Formal evaluations are done at least at mid-year and at the end of the year and ideally on a quarterly basis. Residents are expected to achieve ratings of 3/5 or higher on all items and an average rating of at least 3.5/5.5 across each profession wide competency (PWC) at the mid-point/end-of-year evaluation respectively as completed by the TD.

Residents are asked to provide feedback and input about the residency program to the training director on an ongoing basis. This can take place informally via email or in conversations as part of individual or group supervision activities. Formally, residents will be asked to complete a survey of the program and of their supervisors. These surveys focus on the extent to which the resident feels the program met its training goals during their training year. This feedback is important in assisting the TD and the training committee engage in meaningful self-study and improve the quality of the program. We ask residents to participate in follow up evaluations typically 1-5 years post completion regarding career outcomes, licensure status, board certification, and employment settings This information assists the training committee in evaluating the extent to which the program is meeting its established training goals and provides insights for program improvement.

Training Committee: The residency training committee meets quarterly to review the progress of residents, to assist in evaluating the quality of the residency program, to suggest and evaluate alterations to the residency program, to assist in the selection of new residents and to participate in due process and grievance procedures as needed.

The training committee consists of,

- 1) Residency training director, an FDC employee, who will chair the committee
- 2) Residency president or their designee, an FDC employee
- 3) Faculty training supervisor employed by the healthcare vendor
- 4) Adjunct faculty member employed by the FDC
- 5) Adjunct faculty member or faculty supervisor employed by the healthcare vendor

A quorum of 3 is required for meetings. A current resident may be invited to participate as a non-voting member of the committee. However, the invited resident may not be present during discussion specific to any resident's performance (other than their own), progress, due process or grievance procedures.

Resident Due Process and Grievance Procedures: Residency Due Process procedures are established by Departmental policy and implemented when a Psychology Resident's behavior raises concerns, is deemed problematic, or is determined to be unprofessional. The Residency Grievance Procedure is also established by Departmental policy to provide specific direction to address violations of residents' rights including but not limited to: exploitation, sexual harassment, discriminatory treatment, unfair evaluation practices, inadequate or inappropriate supervision or training, and violation of due process. This policy is attached in its entirety below as Appendix H. In accord with this policy, any problematic, concerning, or unprofessional behaviors as well as concerns regarding resident grievances will first be addressed informally as part of on-going supervision and collaborative consultation, during which efforts will be made to assist the resident in remediating the concerns.

Rights and Privileges

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

Policy

Residents are expected to be familiar with and comply with all Florida Department of Corrections' rules, regulations, and policies at all times during the residency year. The resident will become familiar with the Florida Department of Corrections' Chapter 33, and its Mission Statement, will abide by its Code of Conduct as well as the HR and personnel policies of the contracted healthcare vendor, Centurion of Florida, LLC. Residents are also

expected to adhere to the American Psychology Association *Ethical Principles of Psychologists and Code of Conduct* (2017). <http://www.apa.org/ethics/code/ethics-code-2017.pdf>

Notifications to Training Director

Residents are required to report to the training director any arrest, charges or conviction for misdemeanor or felony violations of State or Federal law within 24 hours of their notification. This includes traffic citations in excess of \$200. They are also required to notify the training director if at any time they become aware of a prior or current personal or business relationship with any inmates in the care and custody of the Florida Department of Corrections who is housed or treated at an institution where the resident is working. These disclosures are the policy of the Florida Department of Corrections and it should not be assumed that any such report will necessarily result in negative consequences.

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APPENDIX A Checklist of Requirements for Completion of Residency

Checklist of Requirements for Completion of Residency

Resident's Name: _____ Residency Year _____

Check off each of these Requirements for Residency as they are accomplished:

1. ___ 1900 hours of work within the Dept. of Corrections (paid time)
2. ___ 100 additional hours of Professional Work (PHL)
3. ___ 500 hours of Professional Psychological Services (350 face-to-face patient contact and 150 hours including: ___ Consultation, ___ Prov. of Superv., ___ Prog. Org. Man. Admin. Eval., & ___ Research (DAT))
4. ___ 100 hours of individual supervision (DAT and DST)
5. ___ 100 hours of training activity (DAT and DST)
6. ___ 900 hours of your activities must be related to direct patient contact (e.g., superv., therapy, assessment, report writing, case presentations, rounds, staffing, etc. (DAT and DST))
7. ___ Obtain direct observation supervision of Professional Psychological Services. (DAT)
8. ___ Satisfactorily Complete a 6-month Outpatient Rotation including demonstration of advanced competency in the performance of the duties of a Psychologist in that setting. (Evals, Appendix C.)
9. ___ Satisfactorily Complete a 6-month Inpatient Rotation including demonstration of advanced competency in the performance of the duties of a Psychologist in that setting. (Evals, Appendix C)
10. ___ Provide appropriate weekly supervision of a master level clinician for 3 months in inpatient and 3 months in outpatient service and obtain satisfactory weekly supervision of your supervision style, goals and effectiveness. (DAT & DST)
11. ___ Identify at least 2 problematic issues related to program organization, management, administration and evaluation of psychological services delivery, practice, training, and/or research within the correctional setting, discuss them in supervision, identify a plan to address and successfully implement the plan using outcome measures to document success. (Resident Program, Organization, Management, Administration and Evaluation Project Form Appendix G & DST)

12. ___ A.) Co-facilitate at minimum 4 group sessions with a doctoral psychology intern and provide useful, appropriate feedback to the intern during the joint/group supervision. (DST)

13. ___ Complete Four Satisfactory Grand Rounds Presentations:

A. ___ A presentation of an assessment instrument appropriate for use in the correctional setting including research data to support its application to our diverse correctional population, recommendations for its use and training for staff in its use.

Date _____

Title, _____

B. ___ A presentation of audit data with the identification of service delivery deficiencies. Included in this presentation will be the development of corrective action plans (CAPs) and a proposed plan for education and training of staff in monitoring and closing the identified deficiencies.

Date _____

Title, _____

C. ___ A presentation addressing the improvement of a problematic issue related to program organization, management, administration and evaluation of psychological services delivery, practice, training, and/or research within the inpatient correctional setting. (This is a formal presentation to item #11 above)

Date _____

Title, _____

D. ___ A professional 1-hour training presentation suitable for improving masters level mental health supervisees' and/or interns' knowledge and skill as clinicians.

Date _____

Title, _____

(Resident Grand Rounds Presentation Evaluation Form in Appendix F)

14. ___ Demonstrate Advanced Level Performance of Formal Testing/Assessment and Diagnosis by:

A. ___ Satisfactorily complete a minimum of 3 HCR-20 evaluations with necessary accompanying paperwork.

B. ___ Provide competency check-outs (WAIS-IV and Rorschach) to one intern assigned by the TD.

C. ___ Complete at least 1 complex assessment battery incorporating at minimum 4 assessment instruments including instruments focused on the assessment of malingering

D. ___ Oversee and guide an intern in their provision of at least one psychological evaluation while discussing this process in your supervision.

E. ___ Increasing the number of Assessment Tools you can competently use

F. ___ Complete correctional specific assessments including ___(1) marriage evaluation; ___ (1) sex-offender screening ___ (1) SIRP.

15. ___ Present and discuss in group supervision at least four research articles relevant to patients treatment or assessment and at least two that are relevant to the organization, evaluation, management and administration of psychological service delivery and practice.

16. ___ Actively and appropriately participate in the supervision of your therapeutic skills by at least 2 different supervisors incorporating initially live supervision, then and self-report of sessions. (DST)
17. ___ Attend and actively participate in the Training Activities provided throughout the year. (DAT)
18. ___ Spend a minimum of 30 hours in preparation for the EPPP by participating in weekly study sessions. (DAT)
19. ___ Provide ethical, evidence based therapeutic interventions at an advanced level of competence in a variety of settings including Outpatient Services, Infirmiry Care, TCU and CSU to a wide variety of patients (including at least patients with symptoms of depression, psychosis, anxiety, personality disorders, and PTSD). (DAT & Evals., Appendix C)
20. ___ Conceptualize and treat patients at an advanced level of competence using at least three different theory and evidence based therapeutic approaches with sensitivity to issues of diversity. (DST)
21. ___ Demonstrate on-going scholarly/evidence-based inquiry in individual and group supervision, therapeutic activities, training activities and consultation. (Evals., Appendix C)
22. ___ Treat patients with diverse backgrounds at an advanced level of competence and demonstrate sensitivity and treatment consideration of these issues. (DAT & Evals., Appendix C)
23. ___ Attend a meeting/conference of the American Psychological Association, Florida Psychological Association, a Chapter of the Florida Psychological Association, or a similar professional membership association (e.g., NCCHC, ACA)
24. ___ Demonstrate ethical behavior including adherence to the American Psychology Association *Ethical Principles of Psychologists and Code of Conduct* (2017). (It can be found at <http://www.apa.org/ethics/code/ethics-code-2017.pdf>) (Evals., Appendix C)
25. ___ A rating of 3/5 or higher on every item and an average score of 3.5/5.5 or higher in each Profession Wide Competency (PWC) listed on the *FDOC Psychology Resident Evaluation Form* by the mid-year/end-of-year evaluation respectively as rated by the TD (Evals., Appendix C)
26. ___ Do not endanger the lives of inmate/patients, be deliberately indifferent or insubordinate, involving clinical care.
27. ___ Do not give out any information about the FDOC, its inmates or staff to individuals outside of the FDOC, except as indicated in your Training Manual or directed by your supervisors.

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

29. ___ Comply with all Florida Department of Corrections' rules, regulations, and policies at all times, be familiar with the FDOC's Chapter 33 and its Mission Statement, abide by the FDOC's Code of Conduct and its Oath of Allegiance (see <http://www.dc.state.fl.us/vision.html.23>)

30. ___ Attend Graduation and Receive your Certificate of Completion.

CONGRATULATIONS!!

By signing below, we agree that items 1-30 are complete and the resident will attend graduation.

Resident Signature _____

Date _____

Training Director Signature _____

Date _____

APPENDIX B Residency Program AIMS

Residency Program Goals and Objectives

- I. **Scholarly/Evidence Based Inquiry:** To provide progressive training, clinical experiences and supervision that prepare our residents to incorporate strategies of scholarly/evidence-based inquiry that is sensitive to individual and cultural diversity into their provision of psychological services including treatment, assessment and supervision as licensed psychologists within general and/or correctional clinical settings.
 - a. Residents will demonstrate an advanced level of competence in the provision of evidence-based individual therapy that is sensitive to individual and cultural diversity.
 - b. Residents will demonstrate an advanced level of competence in the provision of scholarly/evidence-based psychological assessments and diagnosis that are appropriately sensitive to individual and cultural diversity.
 - c. Residents will demonstrate an advanced level of competence in the provision of evidence-based group therapy that is appropriately sensitive to individual and cultural diversity.
 - d. Demonstrate at least an intermediate level of competence in the presentation of scholarly/evidenced based knowledge in the field of psychology that is appropriately sensitive to individual and cultural diversity.
- II. **Ethical and Legal Standards:** To provide progressive training, clinical experiences and supervision that produce licensed psychologists working in general and/or correctional clinical settings, who adhere to ethical and legal standards of practice in their work, including attending to issues of cultural and individual diversity.
 - a. Residents will verbalize an understanding of and demonstrate an Advanced level of competence in the application of and adherence to the American Psychological Association Ethical Principles of Psychologists and Code of Conduct including attention to issues of cultural and individual diversity that pertain to them.
 - b. Residents will verbalize an understanding of and demonstrate an Advanced level of competence in the application of and adherence to the Federal and State laws governing the practice of health service psychology including attention to issues of cultural and individual diversity that pertain to them.
 - c. Residents will verbalize an understanding of and demonstrate an Advanced level of competence in the application of and compliance with all Florida Department of Corrections' rules, regulations, and policies at all times and be familiar with the FDOC's Chapter 33 and its Mission Statement, abide by the FDOC' Code of Conduct and its Oath of Allegiance including attention to issues of cultural and individual diversity that pertain to them.
 - d. Residents will verbalize an understanding of and demonstrate at least an Advanced level of competence in maintaining ethical behavior and deportment befitting their role in all professional activities.
- III. **Diversity:** To provide training, modeling, clinical experiences and supervision that adequately prepares our residents to demonstrate Advanced levels of competence in

the provision of psychological services that are sensitive to diversity and individual differences as licensed psychologists working in general or correctional settings.

- a. Residents will demonstrate Advanced competence in the provision of individual and group psychotherapy that is sensitive to cultural and individual differences.
- b. Residents will demonstrate Advanced competence in the provision of psychological assessment and diagnosis that is sensitive to cultural and individual differences.
- c. Residents will demonstrate Advanced competence in the understanding of how their own thoughts and feelings (countertransference) impacts their interactions with others in professional, clinical, and supervisory settings.

IV. **Professional Values, Attitudes and Behaviors:** To provide progressive training, clinical experiences and supervision to produce residents able to succeed as licensed psychologist in general or correctional settings, who are professional in their work, including attending to issues of cultural and individual diversity.

- a. Residents will demonstrate Advanced competence in meeting the professional standards of deportment for psychologists in general and/or correctional clinical settings.
- b. Residents will demonstrate Advanced competence in their ability to voice understanding of and engagement in self-care
- c. Residents will demonstrate Advanced competence in their ability to identify, evaluate and assess the degree to which their personal values and attitudes impact their clinical work

V. **Communication and Interpersonal Skills:** To provide progressive training, clinical experiences and supervision that produce residents able to succeed as licensed psychologists communicating with a wide range of individuals, producing and comprehending oral, nonverbal, and written communication and managing difficult communication well while attending to issues of cultural and individual diversity.

- a. Residents will demonstrate Advanced competence in verbal communication with patients, supervisors, as well as staff from all disciplines to include clinical and non-clinical staff
- b. Residents will demonstrate Advanced competence in written communication with staff from all disciplines.
- c. Residents will demonstrate Advanced competence in communicating effectively and appropriately in interpersonal settings to include meetings, presentations, group supervision, and organizational functions

VI. **Psychological Assessment and Diagnosis:** To provide progressive training, clinical experiences and supervision that adequately prepare our residents to succeed as licensed psychologists in general and/or correctional clinical settings in the provision of evidence-based psychological assessment and diagnosis, using intellectual, objective and subjective personality assessment instruments, as well as patient interviews, historic and collateral information with appropriate consideration of relevant issues of cultural and individual differences.

- a. Residents will demonstrate an advanced level of competence in the provision of evidence-based psychological assessment and report writing using intellectual, and both objective and subjective personality assessment

instruments including appropriate consideration of relevant issues of cultural and individual differences.

- b. Residents will demonstrate an advanced level of competence in evaluating and diagnosing patients using patient interviews, historic and collateral information, as well as intellectual, objective and subjective personality assessment instruments with appropriate consideration of relevant issues of cultural and individual differences.

VII. **Therapeutic Intervention:** To provide progressive training, clinical experiences and supervision that adequately prepare our residents to reach an advanced level of competency in therapeutic interventions such that they may enter licensed psychologist positions in general and/or correctional settings and succeed at providing evidence-based individual therapy, group therapy and crisis intervention to individuals with a broad spectrum of mental disorders in either inpatient or outpatient settings with both respect and sensitivity to cultural and individual differences.

- a. Residents will demonstrate an advanced level of competence in the provision of evidence-based individual therapy that is well-informed, respectful and sensitive to individual differences to inmate patients of diverse backgrounds with a wide range of mental disorders.
- b. Residents will demonstrate an advanced level of competence in the organization, provision and supervision of evidence-based group therapy to inmate patients that is well-informed, respectful and sensitive to cultural and individual differences.
- c. Residents will demonstrate an advanced level of competence in the provision of evidence-based crisis intervention services to inmate patients that are well-informed and sensitive to cultural and individual differences.

VIII. **Supervision:** To provide progressive training, clinical experiences and supervision that adequately prepares our residents to effectively utilize supervision experiences and to succeed in training and supervising other mental health staff with both respect and sensitivity to individual and cultural diversity in their work as licensed psychologists in general and/or correctional clinical settings.

- a. Residents will demonstrate an advanced level of competence in the use of peer and faculty supervision experiences.
- b. Residents will demonstrate an advanced level of competence in the provision of training and supervision to other mental health staff with both respect and sensitivity to individual and cultural diversity.

IX. **Consultation:** To provide training that adequately prepares our residents to succeed in providing and obtaining consultation at an advanced level of competence, with sensitivity to individual and cultural diversity, as licensed psychologists in general and/or correctional clinical settings.

- a. Residents will demonstrate Advanced competence in their verbal and written communications to professionals from other disciplines within the Department while demonstrating sensitivity to individual and cultural diversity.

- b. Residents will demonstrate an advanced level of competence in their provision of consultation to other professionals with sensitivity to individual and cultural diversity.
 - c. Residents will demonstrate an advanced level of competence in knowing when and how to obtain consultation from other professionals with sensitivity to individual and cultural diversity.
- X. **Program Organization, Management, Administration and Evaluation pertinent to the provision of professional psychological service:** To provide training that adequately prepares our residents to succeed in the organization, management, administration and evaluation of psychological services, practice, training programs and research with sensitivity to individual and cultural diversity as needed while working as licensed psychologists in general and/or correctional clinical settings.
 - a. Residents will demonstrate an advanced level of competence in organizing, managing, administering and evaluating psychological services, practice, training programs and research with sensitivity to individual and cultural diversity as they are relevant to work as a psychologist in general and/or correctional clinical settings.
- XI. **Maintain Professional Standard of Training:** Assure that our program continues to provide residents with quality training experiences that are sensitive to and respectful of individual and cultural differences.
 - a. Maintain Association of Psychology Postdoctoral and Internship Centers membership
 - b. Obtain and maintain American Psychological Association accreditation. Annually review the postdoctoral residency training program's outcome measures and make appropriate changes as needed.

APPENDIX C Psychology Resident Evaluation Form

Florida Department of Corrections
Postdoctoral Residency Program in Clinical Psychology

Psychology Resident Evaluation Form

Resident's Name: _____

Rotation: _____

Applicable Dates: _____

Training Director: _____ Lic. # _____

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

Total hours of group supervision during this rotation: _____ hours

Total hours of other Training Activities during this rotation: _____ hours

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

____ Live Observation ____ Audio/video tapes ____ Co-therapy/facilitation

____ Review of Test Data ____ Review of Written Work

____ Chart Review ____ Comments from Other Staff

____ Role Play ____ Resident Presentations

____ Group Supervision ____ Discussion of Resident's Report of Clinical Work

____ Other (explain) _____

Competency Rating Scale

Use these Likert Scale ratings (1-7 or N/A) to rate each of the competencies/behaviors listed on the FDOC *Psychology Resident Evaluation Form*. Rating should be applicable to only this rotation/supervisory period:

7 - Performs this activity with great skill and demonstrates exceptionally advanced competence for a professional at any point in training, (typical of independent licensed psychologists in established practice).

6 - Is able to independently perform this activity and demonstrates advanced competence at all times, seeking out supervision for consultative purposes, (typical of licensed psychologists in practice)

5 - Is able to demonstrate advanced competency in nearly all situations while benefitting from supervision and consultation (Typical of licensed prepared psychologists)

4 - Can demonstrate advanced competency in this activity with the benefit of supervision (typical of established residents during the training year)

3 - Can demonstrate intermediate competency in all situations and is able to benefit from supervision (typical of well-prepared residents)

2 - Can demonstrate intermediate competency to perform this activity with significant support and redirection from their supervisor (typical of new residents in training)

1 - Is not able to demonstrate competency with this activity satisfactorily (performing below typical developmental resident level; not acceptable at completion of residency.)

N/A- Not observed or applicable

I. Scholarly/Evidence Based Inquiry

1. Appropriately applies current literature to their practice in assessment, diagnosis and individual and group therapy as well as other work with consideration of relevant issues of cultural and individual differences (e.g., as evidenced in formal presentations)	7	6	5	4	3	2	1	N/A
2. Demonstrates incorporation of strategies of scholarly/evidence based inquiry in supervision with consideration of relevant issues of cultural and individual differences (e.g., reads and presents relevant literature to supervisors and supervisees and in seminar presentations)	7	6	5	4	3	2	1	N/A

Comments: _____

II. Ethics and Law

3. Knowledgeable of and consistently applies appropriately the American Psychological Association Ethical Principles of Psychologists and Code of Conduct including attention to issues of cultural and individual diversity that pertain to them.	7	6	5	4	3	2	1	N/A
4. Understands, applies and adheres to Federal and State laws that govern the practice of psychology	7	6	5	4	3	2	1	N/A
5. Demonstrates compliance with all FDC rules, regulations and policies at all times and maintains the professional standards of department for psychologists.	7	6	5	4	3	2	1	N/A
6. Appreciative of the level of influence inherent in one's position relative to both patients, staff and supervisees.	7	6	5	4	3	2	1	N/A
7. Works to improve general knowledge of psychology and shows evidence of preparation to pass the EPPP and become licensed.	7	6	5	4	3	2	1	N/A
8. Able to define own role in ambiguous situations.	7	6	5	4	3	2	1	N/A

Comments: _____

III. Professional Conduct

9. Displays professional interaction with supervisors, security, consultees, peers, supervisees and other staff while remaining attentive and sensitive to issues related to diversity.	7	6	5	4	3	2	1	N/A
10. Dresses and presents themselves professionally and appropriately in correctional and other professional settings.	7	6	5	4	3	2	1	N/A

11. Professional deportment including punctuality at work and able to manage time (e.g., timeliness of documentation, proactive management of workload, ending sessions in a timely manner, attendance of activities, etc.)	7	6	5	4	3	2	1	N/A
12. Demonstrates positive coping strategies when dealing with both personal and professional challenges and stressors (can maintain professional functioning and quality patient care.)	7	6	5	4	3	2	1	N/A
13. Demonstrates awareness of one's personal and professional strengths and limitations.	7	6	5	4	3	2	1	N/A

Comments: _____

IV. Therapeutic Interventions

14. Generates useful theoretically based case formulations and treatment plans with appropriate consideration of relevant issues of cultural and individual differences.	7	6	5	4	3	2	1	N/A
15. Responsible for key client care tasks, autonomously ensuring that tasks are completed promptly (BPSA's, Treatment Plans and notes).	7	6	5	4	3	2	1	N/A
16. Conducts individual therapy, including use of well-informed, effective and appropriate interventions based on evidenced based treatment modalities with appropriate consideration of relevant issues of cultural and individual differences.	7	6	5	4	3	2	1	N/A
17. Establishes clear and appropriate goals and identifies hidden agendas. Continues to work with patients in reevaluating patients' goals throughout the course of therapy.	7	6	5	4	3	2	1	N/A
18. Forms connecting relationships with patients, and knows how to attend to the relationship for therapeutic change or when relational issues arise with appropriate consideration of relevant issues of cultural and individual differences.	7	6	5	4	3	2	1	N/A
19. Addresses trainee status, and termination issues with the client.	7	6	5	4	3	2	1	N/A
20. Provides individual therapy that is well informed, respectful and sensitive to the individual and cultural differences of their patients and themselves.	7	6	5	4	3	2	1	N/A
21. Perceives and responds to non-verbal cues to gain in depth understanding of verbal message with	7	6	5	4	3	2	1	N/A

appropriate consideration of relevant issues of cultural and individual differences.								
22. Facilitates the experience & expression of affect in session with appropriate consideration of relevant issues of cultural and individual differences.	7	6	5	4	3	2	1	N/A
23. Has an integrated knowledge of theories, expresses this clearly and uses therapeutic interventions that are consistent with theories.	7	6	5	4	3	2	1	N/A
24. Able to organize & provide evidence based group therapy.	7	6	5	4	3	2	1	N/A
25. Conducts group therapy, including use of well-timed, effective & appropriate interventions (e.g., uses a balance of appropriately worded questions, reflection, confrontation, and interpretation of responses to facilitate progress).	7	6	5	4	3	2	1	N/A
26. Provides group therapy to patients of diverse backgrounds with a wide range of mental disorders with sensitivity to their own and their patients' cultural and individual differences.	7	6	5	4	3	2	1	N/A
27. Able to evaluate group modules in terms of scholarly/evidence basis and applicability to our patient populations.	7	6	5	4	3	2	1	N/A
28. Appropriately supervises master level staff in the organization and provision of evidence-based group therapy to inmate patients that is well-informed, respectful and sensitive to cultural and individual differences.	7	6	5	4	3	2	1	N/A
29. Provides evidence-based <u>crisis intervention</u> services that are well-informed and sensitive to cultural and individual differences.	7	6	5	4	3	2	1	N/A

Comments: _____

V. Psychological Assessment and Diagnosis

30. Administers, scores, and interprets intellectual/cognitive assessment instruments, including WAIS-IV and WASI with appropriate consideration of relevant issues of cultural and individual differences.	7	6	5	4	3	2	1	N/A
31. Administers, scores, and interprets personality assessment instruments including MMPI-II and PAI with appropriate consideration of relevant issues of cultural and individual differences.	7	6	5	4	3	2	1	N/A
32. Administers, scores, and interprets forensic tests, such as the SIRS, M-FAST, HPCL with	7	6	5	4	3	2	1	N/A

appropriate consideration of relevant issues of cultural and individual differences.								
33. Administers, scores and interprets projective personality assessment instruments including Rorschach-Exner Scoring with appropriate consideration of relevant issues of cultural and individual differences.	7	6	5	4	3	2	1	N/A
34. Writes well organized psychological evaluations, answering referral questions clearly, providing specific recommendations for client care with appropriate consideration of relevant issues of cultural and individual differences.	7	6	5	4	3	2	1	N/A
35. Provides appropriate scholarly/evidence-based evaluations using psychological assessments with our patients while demonstrating sensitivity to their individual and cultural diversity.	7	6	5	4	3	2	1	N/A
36. Provides useful, accurate, and ethical feedback to patients and referring staff with appropriate consideration of relevant issues of cultural and individual differences.	7	6	5	4	3	2	1	N/A
37. Understands the mental status and diagnostic components of disorders and uses them to properly formulate diagnoses based on the current DSM/ICD with appropriate consideration of relevant issues of cultural and individual differences.	7	6	5	4	3	2	1	N/A
38. Evaluates and appropriately diagnoses patients using patient interviews, historic and collateral information including consideration of relevant issues of cultural and individual differences.	7	6	5	4	3	2	1	N/A

Comments: _____

VI. Supervision

39. Understands when to seek supervisory consultation and when to act autonomously.	7	6	5	4	3	2	1	N/A
40. Able to accept and incorporate peer and faculty supervision experiences into their practice.	7	6	5	4	3	2	1	N/A
41. Demonstrates a willingness to address in supervision personal issues that may affect professional work including an appreciation of their own cultural and individual differences and how they may interact with those of patients and other professionals.	7	6	5	4	3	2	1	N/A
42. Prepares for and is able to articulate goals for supervision.	7	6	5	4	3	2	1	N/A

43. Maintains up-to-date, supervisor-signed paperwork such as treatment plans, reports and weekly activity reports.	7	6	5	4	3	2	1	N/A
44. Demonstrates appropriate assertiveness with supervisor.	7	6	5	4	3	2	1	N/A
45. Has the skills, knowledge and self-confidence necessary to appropriately supervise psychology trainees in their work with patients.	7	6	5	4	3	2	1	N/A
46. Able to effectively provide supervision to master level staff in inpatient and outpatient correctional setting.	7	6	5	4	3	2	1	N/A
47. Intern supervision: Able to provide useful, feedback to interns on their group modules, and to appropriately guide interns in the clarification of assessment referral questions, selection of instruments, scoring, interpretation and writing of psychological assessments.	7	6	5	4	3	2	1	N/A
48. Able to provide truthful, straight forward, respectful and helpful supervision to masters level supervisees, interns and peers that is both respectful and sensitive to individual and cultural diversity.	7	6	5	4	3	2	1	N/A
49. Able to provide appropriate training for masters level staff suitable for improving their clinical knowledge and skills with both respect and sensitivity to individual and cultural diversity	7	6	5	4	3	2	1	N/A
50. (IV.C. III.C.) Ability to reflect upon their own reactions in clinical work (i.e. transference)	7	6	5	4	3	2	1	N/A

Comments: _____

VII. Communication and Interpersonal Skills

51. Engages in appropriate and professional verbal and written communication across all training settings with appropriate consideration of relevant issues of cultural and individual differences.	7	6	5	4	3	2	1	N/A
52. Provides clear clinical communications in the form of therapy notes, treatment plans, psychological evaluations and any other documentation intended to convey patient progress	7	6	5	4	3	2	1	N/A
53. Actively participates in meetings, supervision, and organizational functions in a professional and appropriate manner with appropriate consideration of relevant issues of cultural and individual differences.	7	6	5	4	3	2	1	N/A

54. Generates evidenced based and scholarly didactic presentations with appropriate consideration of relevant issues of cultural and individual differences and effectively communicates the contents of these presentations to the larger training cohort	7	6	5	4	3	2	1	N/A
55. Communicates ideas, concerns, and suggestions with appropriate confidence and effectiveness commensurate with their level of influence and position within the training environment	7	6	5	4	3	2	1	N/A

Comments: _____

VIII. Consultation

56. Demonstrates ability to provide consultation to other professionals with sensitivity to individual and cultural diversity.	7	6	5	4	3	2	1	N/A
57. Demonstrates familiarity with the practices of other professions (esp. physicians, psychiatrists, nursing staff and security staff, etc.) & a corresponding ability to frame the relevant psychological issues in ways that meets the needs of those professionals.	7	6	5	4	3	2	1	N/A
58. Demonstrates a working knowledge of psychopharmacology that allows professional consultation.	7	6	5	4	3	2	1	N/A
59. Communicates effectively with referral sources, including eliciting relevant information & explaining psychological issues.	7	6	5	4	3	2	1	N/A
60. Demonstrates understanding of when and how to obtain consultation from other professionals with sensitivity to individual and cultural diversity.	7	6	5	4	3	2	1	N/A

Comments: _____

IX. Program Organization, Management, Administration and Evaluation

61. Demonstrates understanding of how to organize, manage, administer and evaluate psychological services, practice, training programs and research with sensitivity to individual and cultural diversity as they are relevant to work in general and correctional clinical settings.	7	6	5	4	3	2	1	N/A
62. Demonstrates familiarity with the organization of at least 2 mental health programs, can articulate reasons for that structure and organization as well as suggest and justify at least 2 ways to improve their structure or function.	7	6	5	4	3	2	1	N/A

63. Able to effectively manage and administer psychological services provided in 2 different correctional settings (i.e., inpatient and outpatients).	7	6	5	4	3	2	1	N/A
64. Able to appropriately evaluate the psychological services provided in 2 different correctional settings.	7	6	5	4	3	2	1	N/A
65. Able to provide effective training to staff in a correctional mental health service setting with sensitivity to individual and cultural diversity.	7	6	5	4	3	2	1	N/A

Comments: _____

General Comments: _____

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

Supervisor Signature

Date

Resident's Comments:

My supervisor has reviewed and discussed this evaluation with me.

Resident's Signature

Date

Reviewed by Training Director, _____ **on** _____, 2

APPENDIX D Certificate of Completion

Certificate of Completion

*THE FLORIDA DEPARTMENT OF
CORRECTIONS*

OFFICE OF HEALTH SERVICES

HEREBY CERTIFIES THAT

OUR RESIDENT'S NAME

HAS SUCCESSFULLY COMPLETED THE 2000 HOURS OF TRAINING REQUIRED FOR
OUR

APA Accredited
POSTDOCTORAL RESIDENCY PROGRAM
IN CLINICAL PSYCHOLOGY

September 1, 2023 – August 31, 2024



Dean Aufderheide, Ph.D.
Residency President

Thomas G. Culbreath, Psy.D.
Residency Training Director

APPENDIX E Psychology Residency Supervision Agreement

PSYCHOLOGY RESIDENCY SUPERVISION AGREEMENT

2023-2024

Introduction

The Florida Department of Corrections Postdoctoral Residency Program in Clinical Psychology views supervision as essential to your professional growth and development. As you enter into this supervisory relationship, we request that you work with your supervisor to develop and commit to this supervision agreement. This process is founded on the professional expectation of providing quality training and supervision and the importance of providing informed consent to residents about the supervision experience. The purpose of the supervision agreement is:

- 1) to clarify expectations of supervisors and residents in regards to their responsibilities, roles and duties for the duration of this supervision relationship, and
- 2) to identify mutually agreed upon training goals for each resident.

The residency provides two six month rotations and requires that you be supervised by at least 2 psychologists. The training director is the supervisor designated as your primary supervisor and maintains responsibility for integrating your clinical training and supervisory experiences.

Purpose of the Supervision Relationship

1. To monitor professional services offered by the resident and to assure that they are consistent with the Department of Corrections' policy, procedure, and directives and to promote the welfare of clients seen by the resident.
2. To promote the resident's clinical and professional growth.
3. To fulfill supervision requirements as stipulated by the American Psychological Association Committee on Accreditation and by the Florida Board of Psychology.

Responsibilities of Supervisor

1. The supervisor is expected to practice within the bounds of the laws and regulations of the State of Florida, the policies and professional standards of the Florida Department of Corrections, the Florida Department of Corrections Postdoctoral Residency Program, and the Ethical Principles of Psychologists and Code of Conduct set forth by the American Psychological Association.
2. The supervisor will articulate her/his theoretical orientation and supervision philosophy to the resident at the outset of the supervision relationship.
3. Your supervisors will provide an average of 2 hours of weekly individual supervision for

each resident. If the supervisor misses a session, effort will be made to re-schedule in a timely manner. If the supervisor will be absent for an extended period of time, she/he will arrange for back-up supervision to be provided by another supervisor. Additionally, 2 hours of other training activities, such as: case conferences involving cases in which residents are actively involved; seminars dealing with clinical issues; co-therapy with a supervisor, including discussion; group supervision; or additional individual supervision, or training will be provided each week.

4. The supervisor will oversee the ongoing acquisition of clients for residents and will approve case assignments to the resident. A supervisor will sign a case assignment note in the chart of each patient assigned to the resident.
5. The supervisor will maintain professional competence to supervise the clinical practice of the resident. If, at anytime, the supervisor feels that she/he lacks sufficient knowledge to assist with client treatment or if the resident needs additional supervision, a consult will be made with another professional on staff.
6. The supervisor will review and co-sign residents' BPSA's, ISP reviews, psychological evaluations, discharge and transfer summaries for patients assigned to the resident for therapy or assessment. The supervisor is expected to provide evaluative feedback about the quality of written clinical work and may require any editing which will improve the documentation as written by the resident.
7. The supervisor will oversee the resident's supervision and management of the inpatient or outpatient unit they are assigned to including supervision of master's level clinical staff when they are assigned to the residents. This will include discussion of the management of services and supervision of clinical work during the resident's supervision time as well as the auditing of staff's clinical work by the supervisor and notation of this review in the patients' charts. Supervisor will provide consultation to the resident on all high risk patients such as those declaring mental health emergencies or expressing suicidal plan or intention. This consultation will be noted in the chart by the Resident.
8. The supervisor will routinely discuss training goals established by the resident and assist her/him in identifying experiences and opportunities that seem likely to promote professional growth. The supervisor may refer the resident to professional readings or other resources related to clinical work and professional goals.
9. The supervisor will maintain an ongoing awareness of all clients who comprise a resident's caseload.
10. The supervisor will monitor the resident's understanding of, and compliance with, Florida Department of Corrections policies on such matters as crisis management, confidentiality, external communications, release of information, program management and record keeping.

11. The supervisor is responsible for providing ongoing, timely, and accurate feedback to the resident regarding her/his progress, including strengths and areas needing improvement. The supervisor will provide written feedback on progress using the *FDOC Psychology Resident Evaluation Form* at least every 6 months (twice during the year). The written evaluation must be reviewed, signed and dated by both parties and the training director.
12. The supervisor will make every effort to handle personal information shared by a resident with sensitivity and where appropriate, with confidentiality. Possible exceptions to confidentiality may be communication with the Training Director, Director of Mental Health, or other Florida Department of Corrections staff as needed to ensure that Florida Department of Corrections administrative and clinical standards are being met, as well as client welfare.

Responsibilities of Resident

1. The resident will identify her/his professional goals and seek input and experiences likely to promote progress toward these goals.
2. The resident is expected to make appropriate use of supervision. This includes being on time, maintaining openness to learning, willingness to show relevant audio/video tapes of clinical work, openly and directly communicating with the supervisor, and being able to accept and use constructive feedback.
3. The resident will regularly provide an updated list of her/his ongoing clients to the supervisor. When presenting cases to supervisors, residents will bring to supervision the client's clinical file, testing protocols and/or other relevant materials to be discussed.
4. The resident will provide the supervisor with completed BPSA's, ISP reviews, psychological evaluations, discharge and transfer summaries, and other clinical documentation related to patients assigned to the resident in a timely manner for review and co-signature.
5. The resident will actively participate in the evaluation process by assessing her/his own strengths and weaknesses, professional goals and needs, and areas requiring focused attention.
6. The resident is expected to give feedback to the supervisor regarding supervision. If at any time the resident is dissatisfied with supervision or the evaluation process, they should discuss it with the supervisor. If the supervisor is unable to resolve the concerns, the resident is urged to speak with the Training Director.
7. The resident will abide by the American Psychological Association's Ethical Principles and Code of Conduct. In adhering to these, the resident is expected to: a) ensure that clients review and sign an informed consent form prior to treatment or to being audio/video taped; b) provide informed consent to clients about resident's training status

and the name and credentials of their primary supervisor; c) discuss with her/his supervisor any informed consent and confidentiality concerns which arise with clients; d) inform her/his supervisor of requests for release of information to/from other agencies or professionals and discuss the appropriate release of information and boundaries regarding contacts with third parties.

8. The resident will inform her/his supervisor if and when personal issues arise which seem to interfere with her/his ability to work with certain clients or perform other duties of the residency. In such instances, she/he will work with the supervisor and/or the Training Director to make any necessary adjustments in assigned work.
9. The resident will inform the supervisor about any cases of theirs or their supervisees that present significant risk, including clients who exhibit potential harm to themselves or to others.

Final Agreement

This agreement is subject to revision at any time, upon the request of resident or supervisor and by mutual agreement. Both parties agree to bring up a perceived failure by one or the other to fulfill the expectations and responsibilities outlined in this agreement.

The supervisor and resident agree that there is no conflict of interest created by agreeing to this supervision and that no relationship shall exist between them other than this supervisory association.

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

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

Resident's Signature _____
Resident's Name _____

Date _____

Supervisor's Signature _____
Supervisor's Name _____

Date _____

Training Director's Signature _____

Date _____

RESIDENT'S TRAINING GOALS

Supervisee has established the following training goals for the _____ rotation. Supervisor and resident agree to review resident's progress toward meeting these goals periodically throughout the rotation. Modification and/or addition of goals may occur throughout the year. These should be notes with appropriate dates and initials. These goals should be referenced on the Supervision Form.

1. _____

2. _____

3. _____

Resident Signature _____ Date _____
Resident Printed Name _____

Supervisor Signature _____ Date _____
Supervisor Printed Name _____

APPENDIX F Resident Grand Rounds Presentation Evaluation Form

Resident Grand Rounds Presentation Evaluation Form

Resident's Name: _____

Assessment Instrument Presentation

Title: _____

Date: _____

1. ___ **Appropriateness for use in the correctional setting.**
2. ___ **Research data presented that adequately supports recommendation for its useful application in our setting.**
3. ___ **Research reviewed that addresses consideration of its use across the broad spectrum of diversity in our correctional population.**
4. ___ **Relevant Issues of diversity and appropriate application/ administration to our diverse correctional population.**
5. ___ **Training provided for master's level staff in its proper administration, scoring and interpretation.**
6. ___ **Presentation Material (e.g., PP slides, handouts) were useful, appropriate and professional.**
7. ___ **Verbal Presentation was fluid, audible and coherent.**
8. ___ **Demeanor, dress and presence were professional and well received.**
9. ___ **Successfully Completed.** _____

Supervisor's Signature

Audit Data Presentation

Title: _____

Date: _____

1. ___ **Proper use of the FDC/OHS/Centurion audit monitoring tool.**
2. ___ **Proper sample size and statistics are utilized to convey audit performance.**
3. ___ **Etiology of deficiencies explained.**
4. ___ **Incorporates appropriate aspects of policy in defining deficiencies and the applications/implications for patient care.**
5. ___ **As needed, demonstrates collaboration with other disciplines (i.e. nursing, psychiatry) to address areas for improvement.**
6. ___ **Defines the needed improvement in both quantitative and qualitative terms, establishing a clear direction for service delivery improvement utilizing a corrective action plan (CAP).**
7. ___ **Addresses staff training and education to ensure all staff understand the processes and policies related to any noted deficiencies while remaining mindful of issues related to individual diversity.**
8. ___ **Addresses future monitoring including discussions of accountability, tracking, and performance reporting.**
9. ___ **Successfully Completed.** _____

Supervisor's Signature

Management/Improvement Presentation

Title: _____

Date: _____

1. ___ Area of improvement identified and operationalized.
2. ___ Evidence, (utilizing scholarly research where possible), is presented establishing the basis of relevance for the identified issue.
3. ___ A plan is developed and articulated to bring about the desired systemic improvements.
4. ___ The plan is developed with an eye towards diversity topics and demonstrates consideration for the individual and unique cultural and background implications for our diverse population.
5. ___ The plan will demonstrate qualitative as well and quantitative improvements to service delivery and those results are described.
6. ___ As needed, appropriate consultative and interdepartmental communication is demonstrated.
7. ___ The plan, either hypothetically or in-vivo is implemented in the needed setting and the outcome results are tracked.
8. ___ The impact and relative effectiveness of this plan is presented with qualitative and quantitative factors explored.
9. ___ A discussion of limits and potential improvements upon this approach are addressed.
10. ___ Successfully Completed. _____

Supervisor's Signature

Training Presentation

Title: _____

Date: _____

1. ___ Suitable for improving masters level mental health supervisees' and/or interns' knowledge and skill as clinicians.
2. ___ Appropriate for use in the correctional setting.
3. ___ Research data presented that adequately supports recommendation for its useful application in our setting.
4. ___ Research reviewed that addresses consideration of its use across the broad spectrum of diversity.
5. ___ Relevant issues of diversity and appropriate application/ administration to our diverse population.
6. ___ Training provided for master's level staff in its proper application or incorporation or administration, scoring and interpretation.
7. ___ Presentation Material (e.g., PP slides, handouts) were useful, appropriate and professional.
8. ___ Verbal Presentation was fluid, audible and coherent.
9. ___ Demeanor, dress and presence were professional and well received.
10. ___ Successfully Completed. _____

Supervisor's Signature

APPENDIX G Resident Program Organization, Management, Administration and Evaluation Project Form

Resident Program Organization, Management, Administration and Evaluation Project Form

RESIDENT NAME: _____ DATE SUBMITTED: _____
__ Inpatient Service or __ Outpatient Service

Task: Identify a problematic issue related to program organization, management, administration and evaluation of psychological services delivery, practice, training, and/or research within the mental health correctional service that you are rotating through. Discuss them in supervision, identify a plan to address and successfully implement the plan using outcome measures to document success.

Problem (Identify the quantitative or qualitative measures used to assess initial status and attainment of goal(s) you set): .

Solution to Problem (Indicate the measures/actions, evaluations, training, research needed, organization modifications, administrative actions needed to meet your goal(s): .

Interventions (Describe what you did to reach your goal(s) including consultation, supervision, training, evaluations, feedback, etc.):

1-

Pre-measure:

Post-measure:

____ Approved _____
Training Director

APPENDIX H Psychology Student Trainee Problems, Due Process, and Grievance Procedures

PSYCHOLOGY INTERN PROBLEMS, DUE PROCESS, AND GRIEVANCE PROCEDURES

A. DEFINITIONS

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

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

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

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

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

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

C. PSYCHOLOGY INTERN GRIEVANCE PROCEDURE

1. If an intern has a disagreement, dispute, or conflict with a supervisor, the PITD, another intern, or any other department employee, or if an intern is treated in a way that the intern believes is inappropriate, the first course of action taken by the intern will be to raise the matter directly with the person involved in the disagreement, dispute, or conflict. It is expected that most problems can be resolved at this level.
2. In most situations, the person with whom the intern has a disagreement should always be approached first. If a training supervisor, unit supervisor, the PITD, or anyone else is consulted prior to the intern discussing the problem with the person involved in the disagreement, the intern will be reminded to first discuss the concerns with the person directly involved unless it is determined by the supervisor or PITD that it would be inappropriate to require the intern to first discuss the situation with the involved person.
3. If, in the intern's opinion, a joint discussion with the involved person does not satisfactorily resolve the matter, the following procedure should take place. If the person involved is a training supervisor, unit supervisor, another intern, or other employee of the department, the PITD should be the first person notified. If the PITD is the person involved, the intern should contact the MHSD. In any of the above cases, the person notified will discuss the issue with the person involved in the dispute prior to suggesting a course of action to the intern.
4. If the action(s) suggested by the PITD or the MHSD is not agreeable to the intern, or if this action is not successful in resolving the issue, the following course should be taken. If the person involved is not the PITD, the intern should notify the PITD. If the person involved is the PITD, the intern should notify the MHSD. In any of these circumstances, a three-way meeting will be one option considered. The PITD and MHSD may elect to consult with all training supervisors and/or the RMHD at this point in the process for advice in assisting with problem resolution.
5. Should the above courses of action fail to resolve the matter, the intern will present her/his grievance in writing to the MHSD who, with consultation as the MHSD deems appropriate, determine a final course of action. Grievances shall be filed within 14

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

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