

FLORIDA DEPARTMENT OF CORRECTIONS
Office of Health Services

DOCTORAL INTERNSHIP PROGRAM IN
CLINICAL PSYCHOLOGY

TRAINING MANUAL

UPDATED BY
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INTERNSHIP TRAINING IN THE FLORIDA DEPARTMENT OF CORRECTIONS

The Florida Department of Corrections Predoctoral Internship Program in Professional Psychology was designed to meet the American Psychological Association Commission on Accreditation's Guidelines and Principles for Accreditation of Programs in Professional Psychology. Our program was accredited by the American Psychological Association (APA) as of December 3, 2009. The next accreditation site visit will be in 2016.

We are now conforming our program to the American Psychological Association's new Standards of Accreditation for Health Service Psychology that was approved in February 2015 and will go into effect in September of 2016. In-line with those changes, we have updated the name of our program from the Florida Department of Corrections Predoctoral Internship Program in Professional Psychology to the Florida Department of Corrections Doctoral Internship Program in Clinical Psychology. For further information about American Psychological Association accreditation and standards, please see the Commission on Accreditation website at <http://www.apa.org/ed/accreditation/accreditation-roadmap.aspx> or contact them at the American Psychological Association Office of Program Consultation and Accreditation 750 First Street, NE Washington, DC 20002-4242 Phone: 202-336-5979

The internship is also a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Maintaining membership in APPIC and APA accreditation are ongoing goals of our program. Since the 2013-2014 class, the internship year runs from September 1st of one year to August 31st of the following year.

Mission

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

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

Department of Corrections after graduation. Both factors provide impetus to create and maintain a high-caliber training program.

Philosophy and Training Model

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

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

Structure

The internship consists of 2,000 hours over a one year period. Of these hours, 1,900 of them are paid and must be spent working at the Department of Corrections Facilities. An additional 100 hours (12.5 days) are designated as “Professional Hours” and are hours that are not recompensed. These hours are designed to allow the intern to participate in professional activities that might occur outside of the Department. For example, they may be used for attendance or participation in conferences, for dissertation defense, for research projects, EPPP study programs, or for other professional activities. The 100 hours may include additional rotations within the Florida Department of Corrections or professional activities at locations outside of the Florida Department of Corrections. These professional activities must be approved ahead of time by the training director. The 100 hours are not intended as either vacation or sick leave time.

Benefits

Although the internship consists of 2,000 hours, it split up as 1,900 hours of paid time and 100 hours of non-paid time. The internship stipend for the 1900 hours of work is paid at the rate of \$39,083 per year or \$20.57 per hour. An additional 100 hours of non-paid approved professional experience is required to successfully complete the internship.

While the pay is competitive, the State does not fund benefits for interns such as insurance or paid leave. The 2,000 internship hours are completed over 250 (not 260) 8 hour weekdays during the year. There are 10 weekdays that the intern will not work. These 10

days include the 9 State Holidays and another day of their choosing. The 100 hours or 12.5 days are available for activities such as dissertation defense and conference attendance. Currently, the interns are paid through a private vendor. However, the benefits (salary, hours, etc.) are the same.

Intern Designation

All interns will be titled “Doctoral Psychology Intern.” Their signature on all clinical documentation shall be followed by the title, “Doctoral Psychology Intern.” The supervisor at each training site will assign patients that they are clinically responsible for to the intern. They are responsible for placement of a note in the chart of each patient they assign to an intern. The note will state that the case has been assigned to the intern under their supervision. The interns are required to introduce themselves to new patients as “Doctoral Psychology Interns” and to tell the patient the name of their supervising psychologist. The supervisor is responsible for all mental health care provided to such patients by the intern and for reviewing the patients’ care. The supervisors will also document that they are responsible for each case they assign to an intern by signing off on the patient notes, the treatment plans, the treatment reviews and all assessments while the patient is assigned to the intern.

Interns’ Information

Interns' names, academic institutions, and start date will be sent to the internship president, the director of mental health education and any 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.

Certificate of Completion

An internship certificate containing the words “Doctoral Internship Program in Clinical Psychology” will be given to each successful intern at the conclusion of the internship.

INTERNSHIP DOCUMENTATION

Weekly Activity Report

Interns will complete the Weekly Activity Report (WAR) and submit it to their supervisor each week. The supervisor will review each WAR and return it to the intern who will retain a copy for their records and give the original to the training director. The training director will retain it in the intern's file. An example of the WAR is found in Appendix B and will be provided in electronic form for the intern to complete.

Supervision Log

Each intern will complete an Internship Supervision Log (See Appendix D) on a daily basis indicating the supervisor, rotation, date, time, topics discussed and duration of supervision, including group supervision. This log will be submitted to the training director at the end of each month.

Professional Hours Log

A Professional Hours Log (Appendix E) will be completed by the intern each month. It will include the date, time and activity completed. There are 100 hours allotted to professional development, which includes activities such as attending conferences, working on dissertation, defending dissertation and interviewing. The Professional Hours Log will be given to the training director at the end of each month to provide documentation of the time.

Time and Attendance Scheduler

Interns will maintain an electronic document that tracks the number of days and hours worked as well as professional time taken. The document will be preset with the days that can be worked and state holidays marked.

Note: Specific details for completing all of the above forms will be provided during orientation.

EVALUATIONS

Intern Evaluations

Each intern will be evaluated by their supervisor(s) and provided feedback on their work on an on-going basis. This is intended to provide feedback to the intern so adjustments can be made prior to the end of the rotation. Additionally, they will be formally evaluated at least twice during the year by their supervisor using the *Florida Department of Corrections Intern Evaluation Form* (see Appendix C). These evaluations will occur at the end of each rotation with at least one occurring by midyear. Areas assessed will include Psychological Assessment, Diversity, Therapeutic Interventions, Consultation, Scholarly/Evidence Based Inquiry, Supervision and Professional/Ethical Development. The intern's academic institution may provide their own evaluation forms and request that they be completed, if necessary. They will then be completed in accordance with their school program's needs. The interns will also evaluate each rotation, their supervisors and finally the internship as a whole.

End-of-rotation evaluations will be completed by the rotation supervisor who will forward all evaluations for the rotation to the internship program training director. The training director will indicate his/her concurrence or disagreement with the evaluation based on available documentation. If the rotation supervisor and training director disagree, the training director's decision takes precedence. When circumstances are serious and consensus cannot be reached, either party can appeal to the Director of Mental Health Education whose decision is final. Likewise, students may appeal their end-of-rotation evaluations to the training director. If they are dissatisfied with the training director's response, they may follow the internship's grievance procedures.

Rotation Supervisor Evaluations

At the end of each rotation, the intern will evaluate his/her rotation supervisor and submit the evaluation directly to the training director. If the intern anticipates being supervised by a given rotation supervisor in future rotations, the intern may place the evaluation in a sealed envelope and give it to the training director to be opened after the intern graduates. This option is intended to relieve the intern of any fear that future interactions with the supervisor will be strained, and thus allow freedom of expression to the intern. The training director is to use the supervisors' evaluations to provide constructive feedback to the rotation supervisors.

GUIDE OF INTERN EXPECTATIONS

Policy

Interns are expected to be familiar with and comply with all Florida Department of Corrections' rules, regulations, and policies at all times during the internship year. The intern will become familiar with the Florida Department of Corrections' Chapter 33, and its Mission Statement, will abide by its Code of Conduct and be willing to take its Oath of Allegiance (which can be found at <http://www.dc.state.fl.us/vision.html>). They also must adhere to the American Psychology Association *Ethical Principles of Psychologists and Code of Conduct* (2002) at all times. (It can be found at <http://www2.apa.org/ethics/code2002.doc>).

Training

A variety of formal training opportunities will be afforded interns. Interns are expected to actively participate in their training as demonstrated by joining in the discussion, asking questions, bringing current evidence based and other research material, and reading assigned materials. An outline of typical training activities from can be found in Appendix G. Training is provided to supplement the interns' education and assist them in reaching an adequate level of competency in all of the areas listed in the *Florida Department of Corrections Intern Evaluation Form* (Appendix C) by the end of the year.

Liability Insurance

Proof of Professional Liability insurance must be provided for the entire year. If the Professional Liability insurance ends during the internship year, the intern will need to provide a new and current Proof of Professional Liability insurance.

Transportation

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

Presentations

Interns will be required to do four formal scholarly presentations for Grand Rounds:

- Research
- Group Module
- Case Presentation
- Assessment Presentation

The presentations will be developed with the guidance of the intern's supervisor in order to assist the intern in meeting the requirements of the presentation. They should demonstrate a reflective integration and discussion of the current research, theory and practice of psychological assessment and/or treatment within a correctional setting. At least a week prior to the presentation the intern should provide their power point presentation to the training director or faculty member supervising it. The presentations will be video recorded in order for the intern and his/her supervisor to review and make note of things that went well and things that could be improved. A minimum of one presentation should be made each quarter of the internship, although an intern may do

more than one per quarter in order to complete the requirement early. The group presentation must be completed by January 30th in order for the intern to have sufficient time to run the group twice before the end of the internship. All four presentations must be completed by August 1st.

The Research Presentation is often based on the intern's dissertation or research paper. It may be a presentation on any area of psychological research that is related to the practice of psychology in a correctional setting. It should critically assess the literature in the area and inform treatment and/or assessment.

The Evidence Based Group Module is a group that the intern develops based on current theory and research. Development of the Group Module includes creating a manual that will allow another provider to run the group. It will include a session by session plan and include any materials to be used for each session, such as group rules, contract, homework and handouts. The presentation should reflect evidence based support for the application of the treatment to the chosen population. A pre- and post- treatment assessment of the efficacy of the group should be included. The intern will run the group twice. The first time the intern will run the group in order to assess the module and determine if any modification need to be made. The second time the intern will mentor a clinician (usually a master level clinician) in running the group in order to learn to supervise and apply their module in a clinical setting. The first group must begin no later than the first week of February, in order to allow sufficient time to run the group twice. A copy of the final group module manual including instructions and handouts will be given to the training director upon completion of the second group.

The Case Presentation will be based on one of the inmates assigned to the intern. The presentation must include three case conceptualizations and plans for treatment of the patient based on three different theories. For example, a Cognitive-Behavioral case conceptualization, a Psychodynamic case conceptualization, and a Humanistic case conceptualization.

The Assessment Presentation will be based on one of the assessment cases assigned to the intern. The presentation will include the referral question, patient, background, history, current treatment, a summary of the testing data, a diagnosis, research that supports the diagnosis, and a treatment plan. The intern will demonstrate how the assessment data supports the diagnosis and treatment plan.

Psychological Assessment

The intern will complete a minimum of six psychological assessments over the course of the internship year. One assessment is expected to be completed during the first quarter of the internship, two assessments during the second quarter, two assessments during the third quarter, and one during the last quarter. The intern may choose to finish all of their assessments early or may choose to do more than six assessments. Once an assessment has been assigned to an intern, the administration of assessments, scoring, and written report must be completed within two weeks of the assignment of the assessment. The assessments

are expected to become more concise over the course of the year. All six of the required assessments must be completed, including feedback to the inmate, by August 1st.

Supervision

One hour of supervision will be provided by each rotation supervisor on a weekly basis. The intern is expected to schedule one hour of recurring supervision with each rotation supervisor they are assigned. At the beginning of a rotation, the intern should arrange for their supervisor to sit in on their therapy sessions for observation and/or participation. Interns are expected to bring either a tape or video recording of a session to supervision. The tape or video should be queued to the spot that the intern wishes to discuss. In addition, interns are expected to spend time reviewing/studying recordings of their sessions. Similarly, interns are expected to be prepared for group supervision by bringing an audio tape (with transcript) or video recording or assessment data to be discussed. Interns are expected to bring related literature (theoretical or research) to individual and group supervision. Interns are to read materials provided or specified by their supervisor. Interns are expected to make arrangements with their supervisor to make up any missed supervisions. The required number of individual supervision hours for successful completion of the internship is 100. Another 100 hours of supervision is required and generally consists of group supervision; however, it may include some individual as well as group supervision. Active participation is expected during supervision. Interns are advised to be familiar with the Intern Evaluation Form so that they can demonstrate their knowledge of these skills during supervision.

Offices and Equipment

The internship maintains a variety of assessment instruments as well as reading materials (books). Interns are expected to check out equipment and check the equipment in when finished. Each intern is assigned their own cassette recorder at the beginning of the year. The two video recorders are each assigned to a pair of interns. All assigned equipment is returned at the end of the year.

Office space will be provided for the interns. Each intern will have their own computer, desk, two-drawer filing cabinet, bookcase and access to a shared phone. Materials and equipment necessary for completion of the internship will be provided.

Florida Department of Corrections Policy

If an intern becomes aware he/she is related to any inmate, or has personal knowledge of an inmate incarcerated in The Florida Department of Corrections, the relationship shall immediately be conveyed to the training director. The training director is to inform the Warden so that proper action may be taken. Failure to report such a relationship is a serious security violation and may lead to dismissal.

Interns will not provide any information about the Florida Department of Corrections or about inmates to parties not employed by the Florida Department of Corrections, except as appropriate to their academic institution, as required by law or ethical standards or at the request of the training director. Inquiries regarding the Florida Department of Corrections as an entity or concerning inmate/patients will be forwarded to the training director.

Interns will comply with all Florida Department of Corrections' rules, regulations, and policies at all times. The intern will become familiar with the Florida Department of Corrections' Chapter 33, and its Mission Statement and will abide by its Code of Conduct. They also must adhere to the American Psychology Association *Ethical Principles of Psychologists and Code of Conduct* (2002) at all times. (It can be found at <http://www2.apa.org/ethics/code2002.doc>). Failure to do so may lead to dismissal.

Interns are to maintain professional liability insurance throughout their internship and be sure that the training director has current copies of proof of insurance. Failure to do so may result in dismissal.

In addition to the aforementioned circumstances, interns may be dismissed for the following:

- Endangering the lives of inmate/patients, being deliberately indifferent, or insubordination involving clinical care.
- Discontinuing their doctoral program.
- Inability to competently function at the predoctoral intern level despite repeated supervisor effort to assist the intern in her/his performance.

Training Committee

The internship training committee will meet at least quarterly to review the progress of each intern, to assist in evaluating the quality of the internship program, to suggest and evaluate alterations to the internship program, to assist in the selection of new interns and to participate in due process and grievance procedures.

The training committee will consist of 5 voting members including the

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

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

DUE PROCESS AND GRIEVANCE PROCEDURES

Due Process Procedures

Due process helps to ensure that decisions made by the internship about interns and their training experience are not arbitrary or personally based and that their rights are upheld. Due process also requires the internship to identify specific evaluation procedures which are applied to all interns, rights of the interns and to have relevant appeal procedures available to the intern in cases where the intern may challenge the internship program's action(s).

The Internship Due Process is a procedure that is to be used when a doctoral intern's behavior is problematic. Problematic behaviors will, generally, first be made known to the intern informally as part of their on-going supervision, during which efforts will be made to assist the intern in remediating the concerns.

Step One: When problematic behaviors do not appear to be improving through an informal supervision process the intern must be provided with a written formal evaluation using the *FDOC Psychology Intern Evaluation Form (see Appendix C)* that states that the intern needs to make improvements or may be at risk of not successfully completing the internship. This may be done at any time during the year that the Supervisor feels that there are issues that need particular attention, but should be done sooner rather than later in the year. This is not to be considered a disciplinary action and is aimed solely at clearly identifying and addressing possible impediments to the intern's successful completion of the internship.

The evaluation form will be discussed by and signed by both the supervisor and the intern and then given to the training director for review and signature. The intern will be invited to discuss the evaluation and issues surrounding it with the training director in an effort to find additional means of assisting the intern. The training director will then provide the intern with a written training plan describing the problems and issues as well as a method for and timeframe for remediation of the issues. The intern will sign the training plan and it will be shared with appropriate supervisors so that they can provide support to the intern's efforts.

Step Two: If the goals of the training plan are not met within the agreed upon timeframe the issue will be presented to the training committee by the training director. The training committee will provide the intern and the intern's doctoral program director of clinical training each with a written statement of the problematic issues or concerns and invite the their written response, which must be provided within 10 working days.

After consideration of the intern's response, if any, the training committee may make an appropriate remediation plan or other recommendation (e.g., to extend the training plan timeframe). In contrast to a training plan or other recommendation, a remediation plan is a clear statement to the intern that their successful completion of the internship is in question. It will state specific problems, goals, methods of improving performance as well as time frames within which the goals must be met. Methods of improvement may include, but are not limited to, additional supervision hours, specific training activities within the internship program, self-study/readings outside of the internship hours, participation in educational or therapeutic programs outside of the internship (possibly at the expense of the intern.) If the training committee prepares a remediation plan, the internship's president must review and approve it in writing. After this approval, the training committee will provide the remediation plan in writing to the intern with a copy to the intern's doctoral program director of clinical training. The remediation plan must make it clear to the intern that if the goals of the remediation plan are not met within its timeframes, the intern may be terminated from the internship program.

The intern will have 10 workdays to reply in writing to a training committee's recommendation or remediation plan with a statement of intent to comply with the recommendation or remediation plan, a statement of intent to not comply with the recommendation or remediation plan and resign from the internship and employment, or a written appeal to the training committee to alter their recommendation or remediation plan. In the case of an appeal, the training committee, will then have 10 workdays to consider the appeal and respond in writing to the intern with a copy to the intern's doctoral program director of clinical training (after obtaining the approval of the internship president) with either an amendment to their original recommendation or remediation plan, or a refusal to alter their original recommendation or remediation plan. The intern will then have 10 days to either agree to the recommendation or remediation plan, resign from the program or appeal in writing directly to the internship president for alteration of the recommendation or remediation plan. The internship president will have 10 workdays to consider the appeal and respond in writing to the intern and training committee with a decision. The decision may be to amend the training committee's recommendation or remediation plan or to refuse to alter the training committee's recommendation or remediation plan. The intern will then have 5 days to agree in writing to the president's decision or submit a resignation from the internship and employment. Failure to do either will result in the intern's termination from the internship and employment.

Step Three: If the goals of a remediation plan are not met within the agreed upon timeframe the intern's lack of satisfactory progress will be presented to the training committee by the training director. The training committee will provide the intern with a written statement of their concerns, including the possibility of termination from the internship, and invite the intern's written response, which the intern must provide within 10 working days.

After consideration of the intern's response, if any, the training committee will make a decision. The decision may include but is not limited to, extending or altering the

remediation plan, or recommending termination of the intern. The internship's president must review and approve the training committee's decision in writing. After this approval, the training committee will provide the decision in writing to the intern.

The intern will have 10 workdays to reply in writing to the training committee's decision with a statement of intent to comply with their decision, or a resignation from the internship and employment, or a written appeal to the internship president (copied to the training committee) for alteration of the training committee's decision. The internship president will have 10 workdays to consider the appeal and respond in writing to the intern and the training committee with a decision. The decision may be to amend the training committee's decision, or to refuse to alter the training committee's decision or to terminate the intern from the internship program and employment. The intern will then have 5 days to agree in writing to the president's decision, if it was other than termination. Failure to agree to the president's decision will result in the intern's termination from the internship and employment. The president's decision is final.

Egregious Ethical or Legal Violations: In the case of apparent egregious ethical or legal violation (usually a solitary event, such as engaging in sexual activity with a patient, introduction of illegal contraband into the institution or assault of a patient or other staff member) that precludes progressive intervention, the training director must notify the intern in writing of the concerns. This written notice must note the serious nature of the concern and the possibility of resulting termination from the internship and employment. Additionally, the training director may at any time during this process determine that an altered work assignment of the intern (such as mandated use of professional hours to work at home, or suspension from duties and pay) is necessary while information is gathered and the training committee and internship president have time to carefully consider the issues, including possible appeal. The training director will notify the intern in writing of any altered work assignment they are to follow.

The intern will have 5 workdays to provide, in writing, their comments and/or other information regarding the training director's stated concerns. The training committee will have 5 workdays to consider the information provided by the intern and make a recommendation. Recommendations may include, but are not limited to, a remediation plan, or termination. These recommendations must be approved by the internship president before being presented in writing to the intern. If the training committee makes a recommendation such as a remediation plan, procedures noted in Step Two above will be followed. In contrast, if the training committee determines that the identified concerns merit termination, the committee must notify the intern in writing of the specific concerns and their recommendation and intent to terminate the intern. The intern will then have 5 workdays to reply in writing to the training committee with a resignation from the internship and employment, or to copy them on a written appeal to the internship president for reconsideration of the training committee's decision to terminate them. The internship president will reply to the intern in writing within 10 workdays with either an altered recommendation or with support of the recommendation to terminate the intern.

If the president's decision is to terminate the intern, the intern will be terminated from the internship and from employment. The internship president's decision is final.

Written Notice: Generally, due process notices (e.g., notices of concerns, of information from interns, of decisions, of appeals and of appeal decisions) will be signed hard copy paper notices. However, emailed notices with receipts are acceptable. The receiving parties should provide an email response indicating that they received the notice. Additionally, interns involved in due process procedures should be available to receive notices (even if they are assigned to work at home or are suspended from working). If during a due process procedure a intern cannot be contacted in person or through their work email, efforts will be made to reach them by phone or email at their personal phone and personal email address provided to the training director as their contact information. If they cannot be contacted in this manner for 2 working days, notices will be sent to both the intern's personal email address and to their physical address on record through USPS or other delivery service. Delivery to that physical address, in conjunction with attempted email delivery to their personal email address, will be considered notice, even if the intern does not sign for it at their physical address or acknowledge receipt through email. Due process procedures will then proceed within stated timeframes.

Grievance Procedures for Violation of Intern Rights

Violations of interns' rights include, but are not limited to: exploitation, sexual harassment, discriminatory treatment, unfair evaluation practices, inadequate or inappropriate supervision or training, and violation of due process.

Interns should first make every effort to resolve their complaints directly with the person who is the subject of the complaint. When such resolution is not practical due to power and authority differences, the severity of the issue or other factors, interns are encouraged to seek consultation from the training director and to explore ways of reaching resolution.

Step One: If resolution is not possible directly with the person who is the subject of the complaint, interns are then expected to discuss the situation with the training director (or the director of mental health education, if the training director is the subject of the complaint) who will attempt to resolve the problem informally.

Step Two: If a problem is not resolved informally to the intern's satisfaction or is not appropriate for informal resolution (e.g., grossly inappropriate behavior by a supervisor) the intern will document their concerns in writing. Their written complaint should be sent to the training director (or the director of mental health education, if the training director is the subject of the complaint).

The training director will take the complaint before the training committee and notify the director of mental health education and the intern's academic training program's training director of the complaint. The training committee will notify any supervisors or staff involved and then allow them 10 days to provide written information about the problem. The training committee will meet for a hearing to read and consider the statements provided to them. The training committee will make a determination that may include

one of the following: determination that the complaint is not severe enough to warrant formal action, or determine that the complaint is significant requiring a formal intervention plan, which they will develop within 10 more days. An intervention plan may include altering an intern's assigned rotations, altering an intern's assigned supervisors, recommending supervision hours, specific training activities, self-study/readings, participation in educational or therapeutic programs (possibly at the expense of involved staff or intern), reconsideration of evaluations by another supervisor or other appropriate action. The training committee will notify the intern, the intern's academic training program's training director, the director of mental health education and other appropriate involved parties involved, in writing, of its determination and of the intervention plan (if one is recommended). If the training director is the subject of the intern's complaint, the director of mental health education will act in the training director's behalf in this process, including taking the training director's place on the training committee and chairing the training committee when training committee meetings are called to address this particular issue.)

Step Three. The intern may appeal the training committee's decision, by submitting a letter to the internship president within 10 days of notification of the training committee's decision. The internship president will then invite the intern's academic program training director to meet and review the case with relevant internship site supervisors, the intern, the director of mental health education, and/or the training director, as appropriate. After due consideration of the evidence, the internship president will determine appropriate action. This decision is final.

Rights and Privileges: The Florida Department of Corrections Doctoral Internship Program in Clinical Psychology interns, faculty and staff have the right to be treated with respect and dignity at all times. The Florida Department of Corrections Doctoral Internship Program in Clinical Psychology, its staff and interns will not discriminate against any person on the basis of race, color, national origin, religion, marital status, familial status, disability, sex, age or sexual orientation in admission, treatment, or participation in its programs, services and activities.

Notifications: Interns 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 anytime 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 intern is working.

Appendix A TRAINING ACTIVITIES

- 1. To provide our interns with progressive training and experiences in assessing and treating patients with a variety of treatment modalities and supervisors:**
 - Interns will begin the year working with patients at less severe levels of pathology (Outpatient Service and Transitional Care Unit) and will progress toward working with the most severe and complex patients.
 - The interns' therapy and interventions will be done with direct observation by their supervisor at the beginning of the year and will progress to audio/video and then intern reporting over the year.
 - At the beginning of the year the interns' group therapy will be provided with direct observation by their supervisor and will progress to more independent work. By the end of the year they will have prepared their own scholarly/evidence based group, implemented it and supervised a masters level co-therapist in the use of their module.

The Interns will be assigned, on average, at least 6 individual therapy cases at any given time during the year and have at least 10 hours of face to face patient contact each week on average and must accumulate 500 hours by the end of the year.

- Interns will have individual cases assigned to them by, and be supervised by, at least 3 different psychologists during the year.
 - Interns will formally present at least two individual therapy cases at Grand Rounds. One must include formal assessment data. These presentations must include diagnoses, conceptualizations and possible treatment plans using at least three differing theoretical perspectives.
- 2. To provide clinical training and experience in psychological assessment and diagnosis using intellectual and both objective and projective instruments.**
 - Interns will begin by demonstrating competency at administration of psychological assessments and progress from simple batteries (e.g., IQ assessments) to complex diagnostic assessments and reports.
 - Interns will demonstrate competence in administration, scoring and interpretation of at least the following: MMPI-II, PAI, Rorschach Exner Scoring, WAIS-IV, WASI, SIRS and M-FAST.
 - Interns will complete at least six formal psychological assessments and present at least one of these at Grand Rounds.
 - Interns will increase the number of assessment tools that they use and their skill in using them over the year.

3. **To provide training that will prepare the interns for successful practice clinical psychology in general and/or correctional settings:**
 - **Didactic training and clinical experiences will be provided in clinical psychology within a correctional setting.**
 - **Interns will have experience working with a wide range of psychiatric disorders during the year including mood disorders, psychotic disorders, personality disorders, etc.**

4. **To promote competency in treating and assessing patients/clients with respect and sensitivity to issues of cultural and individual diversity:**
 - **Didactic training in issues of diversity will be by specific topic and by global incorporation of diversity into general topics.**
 - **Clinical experiences with male and female patients with a wide range of age, sexual orientation, disabilities and religious, social and cultural backgrounds will be provided.**
 - **Supervision will be provided that is attentive to and sensitive to the issues of cultural diversity with awareness of issues such as those reviewed in the American Psychological Association's article, Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists (May 2003).**

5. **To provide training and experience in professional issues and ethical issues related to the practice of psychology:**
 - **Didactic training in professional and ethical issues will be provided.**
 - **Supervision will address professional issues and ethical issues including American Psychological Association's Ethical Principles of Psychologists and Code of Conduct (2002).**

6. **To incorporate scholarly/evidence based inquiry into the intern's development as psychologists:**
 - **Supervision will include the review, interpretation and application of evidence based assessment, diagnosis and treatment methods.**
 - **Interns will be required to do four formal presentations: One will be on an area of research interest, one will be on a group module that they have prepared based on current theory and research and the other two will be case presentations at Grand Rounds that will incorporate interpretations, conceptualizations, diagnoses and treatment plans based on current research and theory.**
 - _____

Appendix B
WEEKLY ACTIVITY REPORT

Intern: _____

Dates: Beginning _____ **to** _____ **Ending** _____

Primary Supervisor: _____

Current Secondary Rotation: _____

	<u>No. Hours</u>	<u>No. Patients Served</u>	
		Inpatient	Outpatient
<u>Therapy:</u>			
Individual	_____	_____	_____
Assessment	_____	_____	_____
Group (_____)	_____	_____	_____
Crisis Intervention	_____	_____	_____
<u>Consultation</u> (Psychiatry, Nursing, Security)	_____	_____	_____
<u>Assessment and Therapy Planning:</u>			
Clinical Interviews	_____	_____	_____
Bio-psychosocial Assessments	_____	_____	_____
Sex Offender Screening	_____	_____	_____
Case Management	_____	_____	_____
Confinement Evals.	_____	_____	_____
Individual Treatment Plans	_____	_____	_____
Intelligence Testing			
WAIS-IV	_____	_____	_____
WASI	_____	_____	_____
Personality Tests			
MMPI-II, -RF	_____	_____	_____
PAI	_____	_____	_____
Rorschach	_____	_____	_____
M-FAST	_____	_____	_____
SIRS	_____	_____	_____
_____	_____	_____	_____
Neuropsychological Tests			
_____	_____	_____	_____
_____	_____	_____	_____
Treatment Planning	_____	_____	_____
Rounds	_____	_____	_____
Staffing (ISP Review w Team)	_____	_____	_____
Court Paperwork	_____	_____	_____
Court Hearings	_____	_____	_____

	<u>No. Hours</u>	<u>No. Patients Served</u>	
		Inpatient	Outpatient
<u>Supervision Recieved:</u>			
Individual	_____	_____	_____
Ind. Direct Observation	_____	_____	_____
Group	_____	_____	_____
Supervision Provided			
Individual	_____	_____	_____
Group	_____	_____	_____
<u>Learning Activities:</u>			
Seminars, Lectures	_____	_____	_____
In-service Training	_____	_____	_____
Case Conferences/Grand Rounds	_____	_____	_____
Observation	_____	_____	_____
Other _____	_____	_____	_____
<u>Professional Development</u>			
Teaching, Presentations	_____	_____	_____
Service Delivery Evaluations (Q.M., ACA, etc)	_____	_____	_____
EPPP Study	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Number of Patient Contact Hours for the week _____

Total Number of Patient Contact Hours for the year _____

Make a list of diagnoses that will include the diagnoses of every patient you saw this week.

Describe the diversity of the patients you saw this week.

Intern

Date

Appendix C
FLORIDA DEPARTMENT OF CORRECTIONS
DOCTORAL INTERNSHIP PROGRAM IN CLINICAL PSYCHOLOGY

Intern Evaluation Form

Intern's Name: _____
Rotation Site: _____
Applicable Dates: _____
Supervisor: _____ Lic. # _____

Total hours of individual face to face supervision provided during this rotation: ____ hours
Total hours of group supervision provided during this rotation: ____ hours

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

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

Competency Rating Scale

Use these Likert Scale ratings (1-4 or N/A) to rate each of the competencies/behaviors listed on the Intern Evaluation Form. Rating should be applicable to only this rotation/supervisory period:

4 – performs this activity independently and with advanced competence

3 – performs this activity well with intermediate competence

2 – can perform this activity, but requires supervision and assistance (typical of interns early in training)

1 – is not able to perform this activity satisfactorily (performing below typical developmental intern level; not acceptable at completion of internship.)

N/A – not observed or applicable

2015-2016

I. Therapeutic Interventions

I.A.1. Able to generate a useful theoretically based case formulation and treatment plan.	4	3	2	1	N/A
I.A.2. Responsible for key client care tasks, autonomously ensuring that tasks are completed promptly (BPSA's, Treatment Plans and notes).	4	3	2	1	N/A
I.A.3. Able to competently conduct individual therapy, including use of well-timed effective and appropriate interventions (use a balance of appropriately worded questions, reflection, confrontation, and interpretation responses to facilitate insight).	4	3	2	1	N/A
I.A.4. Establishes clear and appropriate goals and identifies hidden agendas. Continues to work with patients in reevaluating patients' goals throughout the course of therapy.	4	3	2	1	N/A
I.A.5. Forms connecting relationships with patient, and knows how to attend to the relationship for therapeutic change or when relational issues arise.	4	3	2	1	N/A
I.B.1. Competently conducts group therapy, including use of well-timed, effective & appropriate interventions (use a balance of appropriately worded questions, reflection, confrontation, and interpretation responses to facilitate insight).	4	3	2	1	N/A
I.B.2., III.B.1. Able to develop a scholarly/evidence based group module and implement it appropriately.	4	3	2	1	N/A
I.A.6. Able to reinforce client progress.	4	3	2	1	N/A
I.C.1. Able to perform crisis interventions with clients having a variety of psychosocial problems.	4	3	2	1	N/A
I.A.7. Perceives and responds to non-verbal cues to gain in depth understanding of verbal message.	4	3	2	1	N/A
I.A.8., III.A.1. Has an integrated knowledge of theories. Can express this knowledge clearly and uses evidence based therapeutic interventions that are consistent with theories.	4	3	2	1	N/A
I.A.9. Facilitates the experience & expression of affect in session.	4	3	2	1	N/A
I.A.10. Addresses termination issues with the client.	4	3	2	1	N/A
I.A.11. Addresses "therapy interfering behaviors": silence, not completing "assignments", avoidance of meaningful topics.	4	3	2	1	N/A
I.A.12. Helps men and women using a gender role sensitivity model and discusses with the patient the impact of gender role in session and in patient's life.	4	3	2	1	N/A
I.A.13. Works comfortably with patients from many cultures incorporating a multicultural sensitive model. Is aware of impact of own culture on counseling process.	4	3	2	1	N/A

Comments: _____

II. Psychological Assessment

II.B.1 Able to elicit relevant history, from interview, medical record review, staff consultation and appropriate use of collateral information.	4	3	2	1	N/A
II.B.2. Understands the mental status and diagnostic components of disorders and uses it properly in diagnosis and monitoring patient progress.	4	3	2	1	N/A
II.B.3. Competent in formulating diagnoses with ICD-10 and DSM-5.	4	3	2	1	N/A
II.A.1. Able to administer, score, and interpret intellectual/cognitive assessment instruments, including WAIS-IV	4	3	2	1	N/A
II.A.2. Able to administer objective, score, and interpret personality assessment instruments including MMPI-II and PAI.	4	3	2	1	N/A
II.A.3. Able to administer, score, and interpret forensic tests including SIRS and M-FAST.	4	3	2	1	N/A
II.A.4. Able to administer, score and interpret projective personality assessment instruments including Rorschach-Exner.	4	3	2	1	N/A
II.A.5. Able to write a well-organized psychological evaluation, answering referral questions clearly, providing specific recommendations for client care.	4	3	2	1	N/A
II.A.6. Aware of and sensitive to individual differences such as cultural, social, and ethnic background and their impact on assessments.	4	3	2	1	N/A
II.A.7. Able to provide useful, accurate, and ethical feedback to patients and referring staff.	4	3	2	1	N/A
II.A.8. Has a reasonable understanding of developmental issues and avoids over-pathologizing.	4	3	2	1	N/A

Comments: _____

III. Scholarly/Evidence Based Inquiry

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

IV. Professional/Ethical Development

IV.A.1. Knowledgeable of APA ethical principles and consistently applies them appropriately, seeking consultation as needed.	4	3	2	1	N/A
IV.B.1. Displays professional interaction with staff and peers.	4	3	2	1	N/A
IV.B.2. Dresses and presents themselves professionally and appropriately.	4	3	2	1	N/A
IV.B.3. Is punctual and able to manage time (e.g., timeliness of documentation, proactive management of workload, ending sessions in a timely manner, attendance of activities, etc.)	4	3	2	1	N/A
IV.B.4. Has an awareness of one's personal and professional strengths and limitations.	4	3	2	1	N/A
IV.B.5. Appreciative of the level of influence inherent in one's position relative to both patients and staff.	4	3	2	1	N/A
IV.B.6. Demonstrates positive coping strategies when dealing with both personal and professional challenges and stressors (can maintain professional functioning and quality patient care.)	4	3	2	1	N/A
IV.B.7. Able to define own role in ambiguous situations.	4	3	2	1	N/A

Comments: _____

V. Supervision

V.A.1., VI.B.1. Understands when to seek consultation and when to act autonomously.	4	3	2	1	N/A
V.A.2. Able to use supervision effectively, including an awareness and acknowledgement of potential problem areas, conflicts, skill deficits, counter-transference reactions, etc.	4	3	2	1	N/A
V.A.3. Demonstrates a willingness to address personal issues which affect professional work.	4	3	2	1	N/A
V.A.4. Prepares for and is able to articulate goals for supervision.	4	3	2	1	N/A
V.A.5. Open to supervisory feedback and is able to integrate feedback into practice.	4	3	2	1	N/A
V.A.6. Clarifies theoretically-based client conceptualization and treatment plans in supervision.	4	3	2	1	N/A
V.A.7. Maintains up-to-date, supervisor-signed paperwork such as case notes and weekly activity reports.	4	3	2	1	N/A
Demonstrates appropriate assertiveness when communicating with supervisor.	4	3	2	1	N/A
V.B.1. Has the skills, knowledge and self-confidence necessary to supervise psychology trainees in their work	4	3	2	1	N/A

with patients.					
V.B.2. Able to provide truthful, straight forward and respectful supervision. (e.g. peer supervision)	4	3	2	1	N/A

Comments: _____

VI. Consultation

VI.A.1. Has a general familiarity with the practices of other professions (esp. physicians, psychiatrists, social workers, etc.) & a corresponding ability to frame the relevant psychological issues in ways that meet with their needs.	4	3	2	1	N/A
VI.A.2. Demonstrates a working knowledge of psychopharmacology that allows professional consultation.	4	3	2	1	N/A
VI.B.2. Has an awareness of when to consult with other professionals in the treatment or management of a client.	4	3	2	1	N/A
VI.A.3. Communicates effectively with referral sources, including eliciting relevant information & explaining psychological issues.	4	3	2	1	N/A

Comments: _____

VII. Diversity

VII.A.1. Sensitive to the influences of individual differences on patient care.	4	3	2	1	N/A
VII.A.2., VII.B.1. Sensitive to the influence of cultural differences in patient care and diagnosis.	4	3	2	1	N/A
VII.A.3. Able to attend appropriately to disability.	4	3	2	1	N/A
VII.A.4., VII.B.2. Able to attend appropriately to religious beliefs.	4	3	2	1	N/A
VII.A.5. Able to attend appropriately to gender issues.	4	3	2	1	N/A
VII.A.6.	4	3	2	1	N/A
VII.A.7. Challenges one's premises and biases, to expand one's awareness, and address issues of diversity.	4	3	2	1	N/A

Comments: _____

Overall

Comments: _____

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

Supervisor Signature

Date

My supervisor has reviewed and discussed this evaluation with me. My signature does not necessarily constitute agreement. I understand that this evaluation may be shared with members of my graduate training program.

Intern comments: _____

Intern's Signature

Date

Reviewed by Training Director, _____ on _____, 2 _____

Appendix F
FLORIDA DEPARTMENT OF CORRECTIONS
DOCTORAL INTERNSHIP PROGRAM IN CLINICAL PSYCHOLOGY

Checklist of Requirements for Completion of Internship

Intern's Name: _____ Internship Year _____

Check off each of these Requirements for Internship as they are accomplished

- ___ 1900 hours of work within the Dept. of Corrections (paid)
- ___ 100 additional hours of Professional Work (non paid)
- ___ 500 hours of face-to-face patient contact
- ___ 100 hours of individual supervision and 100 hours of group supervision
- ___ Obtain direct observation supervision of Individual and Group Therapy at the beginning of the year
- ___ Preparation of a topical 8 session or more Group Module that you have based on current theory and research: Including Goals and Objectives, Criteria for Group Member selection, Outline of the Sessions, Instructions and explanations of each session appropriate for a Masters Level staff to follow, Handouts, Assignments and Homework as appropriate
- ___ Group Module competently applied to patients.
- ___ Group Module used successfully to allow another clinician (e.g., masters level) to run the group with your supervision.
- ___ Four Satisfactory Grand Rounds Presentations:
 - ___ One on an area of research interest relating to treatment in corrections
 - ___ One on your Group Module that has been prepared based on current theory and research
 - ___ A case presentation that incorporates interpretations, conceptualizations and treatment plans from the perspective of 3 different theories citing current research and theory
 - ___ A second case presentation that incorporates interpretations of formal assessment, diagnosis, case conceptualizations and treatment plans based on current research and theory

- ___ Demonstrate Satisfactory Formal Testing/Assessment and Diagnostic skills by:
 - ___ 1. Satisfactory completion of at least 6 Psychological Evaluations
 - ___ 2. Increasing the number of Assessment Tools you can competently use
 - ___ 3. Including in some of your Psychological Evaluation competent use of, at least, the MMPI-II, PAI, Rorschach (Exner Scoring), WAIS-IV, WASI, and SIRS and M-FAST.

- ___ Actively and appropriately participate in supervision of therapeutic skills from at least 3 different supervisors incorporating initially live supervision, then review of audio or video taped therapy sessions and self-report of sessions.

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

- ___ Provide competent therapeutic interventions to a wide variety of patients (including at least patients with depressive, psychotic, anxiety and personality disorders) in a variety of settings including Outpatient Services, TCU, CSU and SHOS

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

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

- ___ Treat patients with diverse backgrounds including at least 3 different racial backgrounds, 2 different disabilities, 3 religious beliefs, both males and females, 2 different sexual orientation or preference issues and 2 different socio-economic backgrounds and demonstrate sensitivity and treatment consideration of these issues.

- ___ Demonstrate ethical behavior including adherence to the American Psychology Association *Ethical Principles of Psychologists and Code of Conduct* (2002). (It can be found at <http://www2.apa.org/ethics/code2002.doc>)

- ___ Achieve a rating of 3 or better on every competency/behavior listed on the Florida Department of Corrections Doctoral Internship Program in Clinical Psychology's *Intern Evaluation Form*.

- ___ Do not endanger the lives of inmate/patients, be deliberately indifferent or insubordinate, involving clinical care.

- ___ 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.

- ___ Notify the training director immediately if you become aware that you are related to or

have personal knowledge of any inmate in the FDOC

- ___ Comply 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. These can be found at <http://www.dc.state.fl.us/vision.html> .
- ___ Maintain Professional Liability Insurance and provide the training director with evidence of such all year.
- ___ Remain in good standing with your doctoral program.
- ___ Attend Graduation and Receive your Certificate of Completion.

Congratulations!

Appendix G

TRAINING SEMINAR EXAMPLES

Suicide and Self-Injury Prevention	Seminar
Internship Expectations: Training Manual and Checklist Review	Seminar
APA Ethics & Florida Law	Seminar
Mental Status Exams and SOAP Notes	Seminar
FDOC and Medical Abbreviations	Seminar
Rorschach Review and Assessment	Seminar
WAIS-IV Review and Assessment	Seminar
Cultural Aspects of the Therapist: Part I	Seminar
Recognizing and Describing the Side Effects of Antipsychotics	Video Tape Seminar
The Role of a FDOC Mental Health Clinician	Seminar
Cultural Aspects of the Therapist: Part II	Seminar
Female Staff in Corrections	Seminar
Rorschach Scoring (Exner): Part I	Seminar
Dementia in Correctional Settings	Seminar
Research Topic Presentation	Grand Rounds
Schizophrenia and Malingering	Seminar
Research Topic Presentation	Grand Rounds
Cultural Aspects of the Therapist: Part III	Seminar
Research Topic Presentation	Grand Rounds
Aftercare: Helping Mentally Ill Reintegrate into Society	Seminar
Research Topic Presentation	Grand Rounds
Antipsychotic Medications	Seminar

Hostage Negotiation	Seminar
Antidepressant Medications	Seminar
Assessment and Management of Dementia Within The Prison Population	Seminar
J-Dorm: Elderly, Chronic Illness, and Palliative Care in Corrections	Seminar
Serious Self Injurious Behavior Management and Treatment in Corrections	Seminar
Borderline PD Splitting and Inpatient Management	Seminar
Job Interviewing Techniques	Seminar
Catatonia	Seminar
Living with Loss Group Module	Grand Rounds
Relaxation Group Module	Grand Rounds
Private Practice	Seminar
Meaning-Breaking, Meaning-Making: Therapy as Narrative Reconstruction	Seminar, FPA
Commitment Law and Procedures for MHTF and Civil Commitments/Baker Act	Seminar
Group Module	Grand Rounds
Implementing Spirituality into the Therapeutic and Supervisory Relationship	Seminar
Group Module	Grand Rounds
Clinical Case Presentation	Grand Rounds
Career Planning: Where to Next?	Seminar
Assessment and Treatment of PTSD	Seminar
Career Planning – The CV	Seminar
Clinical Case Presentation	Grand Rounds
Florida State Prison Tour	Field Trip
Clinical Case Presentation	Grand Rounds

Assessment Case Presentation	Grand Rounds
DBT Treatment in a Correctional Setting	2 Day Workshop
Assessment Case Presentation	Grand Rounds
Clinical Case Presentation	Grand Rounds
Psychologist's Toolkit: Integrative and Empirically-Based Strategies to Build Therapeutic Success	FPA Convention Workshop
An Advanced Interpretation of the WISC-V	FPA Convention Workshop
Assessing and Evaluating Effort and Motivation in Clinical Evaluations	FPA Convention Workshop
Ethics & Risk Management in the Age of Affordable Care Act- PART 1	FPA Convention Workshop
Assessment Case Presentation	Grand Rounds
Assessment Case Presentation	Grand Rounds
Transitioning from Intern to Psychologist	Seminar
