



North Carolina Department of Public Safety Division of Adult Correction - Prisons

Doctoral Internship in Health Service Psychology

**Internship Year
8/01/21 – 7/31/22**

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Match Code: 214211

Introduction

The North Carolina Department of Public Safety (NCDPS), Adult Correction - Prisons offers four doctoral psychology internship positions. The Doctoral Internship Program is a full-time, 12-month internship with training experiences across three unique settings within our department (Central Prison, the North Carolina Correctional Institution for Women, and the Post-Release and Parole Commission). Our internship maintains membership in the Association of Psychology Postdoctoral and Internship Centers (APPIC); our APPIC member number is #2142. We offer our internship positions through the APPIC Internship Matching Program operated by the National Matching Services, Inc. Our Internship Match Code is #214211.

Brief Overview of the Department's Organizational Structure

Our Doctoral Internship Program is part of a much larger departmental structure. The complexity of the overarching structure can be confusing to new staff and interns alike. The Department of Public Safety is a cabinet level department within North Carolina's state government. The Secretary of NCDPS is appointed by the Governor. The department is comprised of multiple divisions that include Law Enforcement, Adult Correction, Juvenile Justice, Emergency Management, the National Guard, and Homeland Security. The Division of Adult Correction similarly has multiple sections focused on Prisons, Community Corrections, and other areas addressing specialized activities related to training, re-entry services, special operations, and intelligence services. The Division of Adult Correction – Prisons is the North Carolina Prison System. It is comprised of minimum, medium, and close custody prison facilities (currently 55 prisons) across the state of North Carolina, but does not include the county jails typically operated by each individual county Sheriff offices.

The Doctoral Internship Program exists directly within the Behavioral Health Services section of the larger Health and Wellness Services section of the prison system. Behavioral Health Services includes the clinical services provided by our licensed psychologists and LCSWs, the Alcoholism and Chemical Dependency Program, and the Social Work Services provided to incarcerated persons needing aftercare services during transition to the community at release.

Additional information about the department is available from the NCDPS website:
<https://www.ncdps.gov/our-organization>

Behavioral Health Services

The NCDPS has the responsibility of delivering comprehensive behavioral health services which provide for the care and treatment of incarcerated people with mental disorders. Treatment programs contain multi-disciplinary services designed to prevent, control, reduce or eliminate those conditions which contribute to the person's mental impairment and enhance those aspects of the person that contribute to health and wellness. These services include, but are not limited to: (1) patient identification and diagnosis, (2) services for the acutely ill, (3) outpatient services, (4) residential services, (5) special programs for selected diagnostic categories, and (6) preventive services.

Behavioral Health Services are an integral part of the agency's mission to assist offenders in rejoining the broader social context as productive citizens. Correctional populations are traditionally an underserved population and frequently enter the prison system having received the least from other service systems. Significant medical and mental health comorbidities create a challenging prospect for rehabilitation while incarcerated as well as during re-entry to the community at release. Behavioral Health is well positioned to support offenders in navigating a stressful period of life (incarceration) and can provide critical diagnostic and treatment services ensuring the correct plan of care is in place for the offender's ultimate success.

Our internship provides broad and generalist training for entry into the professional practice of psychology. The internship is the capstone experience to the intern's graduate training in the foundational knowledge, skills, and attitudes of the psychology profession. The internship program is a central part of our department's mission to train and retain competent staff who can provide effective services that significantly impact the health of the incarcerated population and conversely the broader community.

Internship Model of Training

The NCDPS Doctoral Internship in Health Service Psychology espouses a philosophy and model of training that places the intern into the role of a practitioner-scholar trained to develop experiential skills within a scholarly framework. The internship program strives to reinforce the dynamic interchange between practice and scholarship. The substantive area of professional psychology represented is that of applied psychology in the criminal-justice system. Correctional settings operate within a legal and political landscape in which psychology professionals are frequently called upon to account for their methods and procedures. Psychology staff must and do value the importance of remaining current in empirical and scientific knowledge relevant to this setting. Interns have already received extensive training during graduate school in the empirical and theoretical bases of applied psychological procedures. The internship builds upon the interns' bases as they learn to deliver psychological services that account for the individual, cultural, socioeconomic, and societal considerations of a target population of underserved clients with a broad range of mental health needs.

Mission and Aims

The main mission of the North Carolina Department of Public Safety (NCDPS) is to improve the quality of life for North Carolinians by reducing crime and enhancing public safety. North Carolina's general statutes direct the Division of Adult Correction to provide custodial care, educational opportunities and medical and psychological treatment services to all incarcerated persons while at the same time providing community-based supervision and needed social services to individuals on probation, parole or post-release supervision. The Health Services Section of Adult Correction upholds the mission and goals of the division by approaching correctional facilities as public health stations that significantly impact the health status of the larger community, managing the patient care of incarcerated persons so as to improve the health status of the person and the citizens of North Carolina. The aim of the department is to provide care consistent with community standards, focus on the internal and external customers served by Adult Correction, and to hire, retain, and train competent healthcare professionals, while assuring the best value is obtained for the tax dollars spent.

The NCDPS has intentionally focused on building training opportunities to enhance career pathways into the correctional profession. The doctoral internship program extends the training and service mission of the NCDPS by offering a training program that is informed by the profession-wide core competencies necessary to be a competent professional psychologist with a broad generalist foundation, while also having the specialized skills and ability to effectively apply those competencies within a correctional environment. In so doing, the internship program recognizes that clinical practice within a correctional setting requires the same core clinical competencies as general professional practice, but takes place within the complex legal, political, and social context of a prison. Thus, the goal of the program is to train entry-level professional psychologists who can also function competently in a correctional environment.

The internship is the capstone experience to the intern's graduate training in the foundational knowledge, skills, and attitudes of the psychology profession. The program emphasizes the applicability of training to a wide variety of patient populations and settings.

Aims of the Training Program

1. **Development of a Professional Identity:** The internship year serves as a transition from student to practitioner while becoming an entry-level professional colleague in psychology. The internship program recognizes that interns may initially experience some aspects of an “imposter syndrome” as they grow their confidence while progressively demonstrating competencies throughout the training year. By emphasizing the development of attitudes and values consistent with entry into the profession, the program faculty and supervisors not only help develop the professional identities of the interns, but also build the foundation for the continued development of competency consistent with the APA Code of

Ethics.

2. **Integration of Science and Practice (Practitioner-Scholar):** Interns enter the internship year with an extensive foundation in the empirical and theoretical bases of applied psychological methods, but in the correctional setting, psychologists are often called to account for the methods and procedures they employ. In this context, training faculty, supervisors, and other clinical staff model the value of remaining current in best practices and the empirical literature within this setting. Interns also practice the integration of empirical, theoretical, and scientific knowledge during case discussions, individual and group supervision, formal case and didactic presentations, and on-going self-study.
3. **Working with Diverse and Under-served Populations:** The incarcerated population in the United States disproportionately affects disenfranchised groups. Federal data (Bureau of Prisons, 2019) demonstrates this pattern in a snapshot of the demography of federal incarceration rates: (a) 6.0% youth and young adults; (b) 19.5% immigrant status, (c) 37.6% Black or African American, and (d) 3.8% other minority status. North Carolina's incarcerated population mirrors these patterns. Recent NC DPS data (2019) demonstrated (a) 16% youth and young adult; (b) 3.8% immigrant status, (c) 51.2% Black or African American, and (d) 7.6% other racial minority status. In total, the NC DPS population represents historically and currently marginalized populations. While many trainees may later choose to practice in non-correctional settings, the program strives to develop an appreciation for the provision of service to patient populations that exhibit diversity in presenting complaints, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. Given the extraordinary range of individual circumstances our population demonstrates, psychologists and interns in this setting provide services to groups that are traditionally under-served.
4. **Developing Knowledge and Skills in Correctional Psychology:** Building upon the recognition that many interns seek internships in settings that match their career interests, our internship also strives to develop a foundational knowledge base in the law, public policy, and social factors related to the practice of psychology in a correctional environment. The development of specific expertise as a correctional psychologist during the internship year can serve as a foundation for specialization in this unique practice area.

Profession-Wide Competencies

We expect our interns to acquire knowledge and develop nine specific competencies within the internship year. The section that follows outlines the professional competency expectations for all interns.

1. Research

- a. Intern demonstrates knowledge of essential scientific basis for psychological assessment and intervention.
- b. Intern engages in program evaluation, empirical research, or program development.
- c. Intern demonstrates the use of readings or self-study to influence interventions, enhance the delivery of psychological services, and/or independently shares knowledge with other staff or relevant parties.
- d. Intern demonstrates the ability to teach or present scholarly information. The intern provides scholarly information in a clear and informative format and responds professionally to questions regarding shared information.

2. Ethical & Legal Standards

- a. Intern demonstrates knowledge of the current version of the APA Ethical Principles of Psychologists and Code of Conduct.
- b. Intern demonstrates knowledge of the relevant laws, regulations, rules, policies, and professional standards & guidelines governing the practice of psychology at all levels.
- c. Intern is able to recognize ethical dilemmas and apply an ethical decision-making process for a resolution.
- d. Intern conducts her/himself in an ethical manner in all professional activities.

3. Individual & Cultural Diversity

- a. Intern demonstrates awareness of how her/his own personal and cultural history, attitudes, and biases may impact how s/he understands and interact with people different from themselves.
- b. Intern demonstrates knowledge of the current theoretical and empirical knowledge base in addressing diversity in clinical training activities.
- c. Intern considers cultural, individual, and contextual variables in her/his understanding of case formulation, psychopathology, and DSM diagnosis.
- d. Intern demonstrates ability apply relevant knowledge related to working effectively with diverse individuals and groups.
- e. Intern demonstrates ability to work with individuals whose group membership, demographic characteristic, or world-views are different from or create conflict with her/his own.

4. Professional Values, Attitudes, & Behaviors

- a. Intern demonstrates behaviors reflecting the values and attitudes of psychology (e.g. integrity, deportment, professionalism, accountability, lifelong learning, and concern for the welfare of others).
- b. Intern demonstrates self-reflection regarding her/his own personal and professional functioning.
- c. Intern engages in activities to maintain and improve performance, well-being, and professional effectiveness.

- d. Intern seeks out, and demonstrates openness and responsiveness to feedback and supervision.
- e. Intern responds professionally and with an appropriate level of independence in increasingly complex situations.

5. Communications & Interpersonal Skills

- a. Intern develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, and clients/patients.
- b. Intern is able to communicate verbally in an appropriately clear, informed, integrated, and effective manner.
- c. Intern's written communication is appropriately clear, informed, integrated, and effective.
- d. Intern demonstrates an appropriate grasp of professional language and concepts.
- e. Intern demonstrates effective interpersonal skills and the appropriate skill in managing difficult communications.

6. Assessment

- a. Intern demonstrates knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- b. Intern demonstrates awareness and understanding of human behavior within its context (e.g., family, social, societal and cultural).
- c. Intern applies knowledge of functional and dysfunctional behaviors, cultural, individual, and contextual variables to the assessment and diagnostic process.
- d. Intern selects and applies appropriate assessment methods, using multiple sources and methods appropriate to the referral question and characteristics of the client/patient.
- e. Intern demonstrates the ability to accurately administer and score psychological measures.
- f. Intern interprets assessment results accurately while guarding against decision making biases.
- g. Intern accurately and effectively communicates the findings and implications of assessments, both verbally and in writing.

7. Intervention

- a. Intern establishes and maintains effective working relationships with clients/patients.
- b. Intern's case conceptualizations are informed by the relevant theoretical and empirical knowledge-base and clinical data (e.g. history, self-report, assessment measures, clinical records, etc.).
- c. Intern develops evidence-based treatment plans that address service delivery goals.

- d. Intern demonstrates ability to implement interventions that are informed by current scientific literature and assessment findings.
- e. Intern demonstrates ability to implement interventions that are informed by the client's/patient's needs, expectations, goals, and progress, as well as cultural, individual, and contextual variables.
- f. Intern evaluates intervention effectiveness and adapts intervention goals/methods based on outcomes.

8. Supervision

- a. Intern demonstrates awareness of supervision models and practices.
- b. Intern is prepared for and makes appropriate use of supervision.
- c. Intern develops and maintains positive working relationship with supervisor(s).
- d. Intern applies knowledge of supervision in direct or simulated supervisory practice with peers or other health professionals (if applicable).

9. Consultation & Interprofessional/Interdisciplinary Skills

- a. Intern demonstrates understanding and respect for the roles and perspectives of other professionals.
- b. Intern demonstrates awareness of consultation models and practices.
- c. Intern makes appropriate use of consultation to increase knowledge and to improve effectiveness in provision of clinical activities.
- d. Intern provides effective consultation to individuals, groups, systems, or other health care professionals related to health and behavior (if applicable).

Overview of the Training Program

The internship program includes three training sites within 6 miles of each other within downtown Raleigh, NC that collectively offer a wide-range of generalist clinical experiences. The internship program is directed by the Behavioral Health Training Director. The Training Director leads the Training Committee, which meets regularly to conduct reviews of the internship program, attend to administrative matters, and organize and plan the didactic experiences and clinical training activities available in the program.

Internship Training Sites

The internship training sites (Central Prison, NC Correctional Institution for Women, and the Post-Release Supervision and Parole Commission) provide a broad and representative crosssection of the prison population allowing intern training experiences and case assignments from a variety of individual and clinical presentations. As noted earlier, the clientele is highly diverse. The prison population also demonstrates a growing number of incarcerated individuals who identify as transgender and are in various stages of gender-affirmation transition. Approximately 19-20% of the prison

population requires on-going treatment for diagnosed mental disorders related to anxiety, depression, bipolar disorder, trauma, and psychosis. Other individuals in the prison system may experience subclinical levels of mental health symptoms related to environmental or life stressors and require brief interventions. Across the three training sites of the internship program, interns are exposed to a broad range of presenting concerns, individual/cultural characteristics, and level of service needs. Interns are expected to spend at least 25% of their time providing direct, face-to-face psychological services to clients.

Post-Release Supervision and Parole Commission

The North Carolina Post-Release Supervision and Parole Commission (the Parole Commission) is an independent agency responsible for approving and establishing conditions for the release of incarcerated individuals. The Commission is comprised of four citizens appointed by the Governor; three must agree for an incarcerated individual to be offered release programs. The Commission may work with prison officials and the individual under consideration regarding the development of a Mutual Agreement for Parole Program (MAPP) to provide gradual access to the community for a structured transition out of incarceration. The Commission is supported by a team of parole analysts who compile information to the Commissioners and interact with incarcerated individuals and their agents. Psychological evaluations are completed upon referral to provide additional information regarding individual risk factors and psychological needs, with a goal of increasing the likelihood that those who are released are successful in their re-entry to the community at large.

The Parole Commission training site provides opportunities for the interns to experience and participate in a unique aspect of the transition from incarceration to community supervision. Interns participate in psychological evaluations for the Parole Commission to assist in developing recommendations regarding appropriate release from incarceration. The interns will evaluate risk and develop recommendations for individuals in need of mental health treatment in the community under post-release supervision and have the opportunity to participate in evaluations to determine competency to participate in probation/parole revocation hearings, as needed.

Site Supervisor: Ronni Margolin, Ph.D.

Central Prison

Central Prison is a male prison that offers outpatient psychological and psychiatric services within five distinct populations (Death Row, Restrictive Housing, Pre-Trial Detainees, Assessment/Diagnostic Center, and Regular Population). Attached to the prison is the Central Prison Healthcare Complex (CPHC). The CPHC is the main hub for the department to address both the acute mental health and intensive medical needs of the entire male correctional population of North Carolina.

CPHC is comprised of two separate facilities; the Regional Medical Center and the Inpatient Mental Health Facility. The Regional Medical Center includes Urgent Care, Dental, Physical Therapy, and Oncology sections and holds a capacity for 122 beds designed to meet the community standards across a broad range of medical needs for this population. The Inpatient Mental Health Center has a capacity of 212 beds and is designed to address the severe mental health needs of this population through acute inpatient, chronic residential, and Therapeutic Diversion Units (serving offenders with co-occurring mental illness and behavior management problems). Built around a treatment team model, the facility offers a wide range of psychopharmacology, rehabilitation groups, assessment, intensive individual therapy, and aftercare planning.

Site Supervisors: Patricia Hahn, M.S.P.H., Ph.D., L.P.
Lori Inman-Conrad, Ph.D.

The North Carolina Correctional Institution for Women (NCCIW)

The North Carolina Correctional Institution for Women (NCCIW) is the state's primary correctional facility for women. NCCIW houses over 1,600 female offenders of all custody levels and control statuses including death row, close, medium, minimum, and safekeepers (pre-trial detainees). It houses the largest offender population in the state and serves as the support facility for the state's other female prisons. The campus-style facility sits on 30 acres of a 190-acre tract of state land in southeast Raleigh. Behavioral Health is located within NCCIW's Medical Complex, a 101,000 square foot, three-floor facility which opened in 2012. The Medical Complex employs over 300 full-time staff that assist in providing ambulatory care, long-term care, and behavioral health care for the female offender population. The complex has 150 dedicated patient beds (39 inpatient medical, 70 behavioral/mental health, and 42 assisted living). Urgent care, disease clinics, dentistry, dietary, physical therapy, podiatry, optometry, and OBGYN are just a handful of the many health services available on-site. The Behavioral Health department at NCCIW provides a wide range of services from aftercare planning to acute inpatient services. On average, over half the female offender population is engaged in some type of mental health treatment. Outpatient services include crisis intervention, as well as individual and group psychotherapy. Self-esteem, art therapy, medication non-compliance, and stress management are a few of the outpatient groups offered. The Medical Complex houses a Residential program, as well as a Therapeutic Diversion Unit. The second floor of the Medical Complex houses the 24-bed Acute and Chronic mental health inpatient units for offenders in need of intensive mental health treatment and stabilization. In conjunction with NCCIW's Diagnostic Center, behavioral health providers also conduct mental health screenings, assessments, and testing for new and returning offenders who may require Behavioral Health services.

Site Supervisor: Heidi Hawkins, Ph.D.

Educational and Training Activities

The 12-month internship program is organized around four, three-month rotations at of the three training sites. The rotations include Central Prison-Inpatient; Central Prison-Outpatient; NCCIW; and Post Release. Each rotation is comprised of clinical training experiences unique to the facility that enhance the foundational training experiences (e.g., therapy, assessment, crisis intervention). Collectively, the sites offer a wide-range of generalist clinical experiences that form the foundation of a culturally-competent, ethical, and professional psychologist. Each intern goes through all four rotations at the three training sites during the training year.

A typical week for an intern involves working four days at Central Prison, NCCIW, or the Parole Commission, and one day focused on shared training activities with the other interns at the Randall Building (Central Office). Although when the interns will rotate through each site will vary, the following sample schedule may be useful in illustrating what a typical week looks like.

Daily Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30	Rotation	Rotation	Administrative	Rotation	Rotation
8:00	↓	↓	Seminar	↓	↓
8:30					
9:00					
9:30			↓		
10:00			Group Supervision		
10:30			↓		
11:00			↓		
11:30			↓		
12:00					
12:30			Self-directed study/research/CE's		
1:00			↓		
1:30					
2:00			<u>Monthly Discussion Groups*</u> :		
2:30			Leadership/Supervision (1 st , 3 rd)		
3:00			Multiculturalism (2 nd)		
3:30	↓	↓	Ethics, Policy, and Law (4 th)	↓	↓
4:00	--	--	--	--	--

*If there is a 5th Wednesday of the month, interns will engage in further Self-Study/research from 2:00-4:00pm.

At each clinical setting there is the opportunity to engage with staff in other healthcare disciplines including psychiatry, nursing, social work, physical therapy, primary care, and dental. The following activities take place at the two prison sites: individual and group therapy in outpatient, inpatient, residential, and Therapeutic Diversion settings; crisis intervention and Suicide Risk Assessment; psychological evaluations for diagnostic clarification and treatment planning; and diagnosing with targeted treatment planning. Each site provides a unique training experience in terms of offender population characteristics and overall facility layout.

Interns also participate in staff meetings, individual supervision, shadowing, and other hands-on experiences at their clinical rotation sites. Staff meeting examples include:

- Outpatient staff meetings (case presentations, case reviews, and discussion of pertinent information);
- Inpatient staff meetings (review of weekend inpatient admissions and rounds);
- Multidisciplinary meetings with Facility Administration (pertinent information from Facility Warden, discussion or identified significant cases at the facility);
- Facility Transgender Accommodation Committee (FTARC) meetings (as needed to discuss facility's accommodation of individual offender's gender transition support);
- Alcoholism and Chemical Dependency Program (ACDP, multidisciplinary meeting to review substance abuse treatment issues and comorbid cases);
- Health Services meetings (led by Health Services CEO for facility, includes health service disciplines, review of pertinent information and critical cases);
- Continuous Quality Improvement (CQI) committee meetings (review key performance indicators related to CQI projects).

Built into the weekly schedule is a dedicated day to focus on common training activities, including didactics (2 hrs/week), group supervision (2 hrs/week), independent study and research, and monthly discussion groups. The seminar didactics are taught by licensed psychologists and other mental health professionals, and typically include well-designed Powerpoint Presentations, handouts, and recommended readings to supplement the topic. Group supervision is led by the Training Director and focuses on professional identify and development. A variety of subjects are addressed, such as social and racial justice, current events that impact clinical practice, complex case reviews, being an expert witness, and preparing for licensure and independent practice.

Interns are encouraged to engage in ongoing research and self-directed study. Time is allotted each week for interns to continue working on their dissertation, collaborate with ongoing staff projects, or initiate a new research endeavor. Interns can also use this time to attend Continuing Education seminars and workshops. Several opportunities are available throughout the year. For example, during the past year interns attended workshops on such topics as violence risk assessment, clinical supervision, and personal health and wellness.

Monthly discussion groups and meetings further compliment the education and training of interns. Twice a month a senior faculty member leads a 2-hour group discussion on leadership and supervision. This is designed to prepare interns for future supervision and training roles. Monthly group discussion surrounding multiculturalism and diversity focuses on how cultures and subcultures intersect and impact our lives and the lives of our clientele. Finally, once a month faculty lead discussion on ethics, policy, and the law. Attention is paid to applicable standards (e.g., APA, ACA, NC Practice Act, NC DPS policy), relevant statues, mental health case law, the Standards for Educational Testing, and other guidelines. Interns also participate in state-wide Behavioral Health meetings (2 hrs/quarterly).

The common training day (typically each Wednesday) occurs at the central office (the Randall Building) and is completely separate from the training sites. This protected day also ensures that the full training cohort engages in shared training experiences. Didactics and group supervision sessions are for interns only, but other staff participate in the state-wide Behavioral Health meetings and may participate in select discussion groups.

Description of Clinical Experiences

- Outpatient – Outpatient services involve initial assessments of offenders requiring or seeking services at any point during their incarceration. Interns conduct individual therapy with assigned offenders as well as group therapy. Opportunities are also available to provide treatment to offenders on death row. Training exposure to outpatient services is offered at Central Prison (males) and the North Carolina Correctional Institution for Women in Raleigh, NC.
- Diagnostics/Processing - Diagnostic services involve a multi-disciplinary screening and assessment of individual offenders as they enter the prison system. Each offender typically spends 2 - 6 weeks in a processing center before being transferred to a more permanent facility or housing location. Behavioral health services in processing include what is considered outpatient services, but in a focused, time-limited process. For instance, in processing, the intern would screen and evaluate an offender for potential mental health treatment needs and if treatment is required, develop an outpatient treatment plan which would then be enacted by the primary therapist at the receiving facility when the offender transfers. This services is offered primarily at the North Carolina Correctional Institution for Women in Raleigh, NC.
- Residential Mental Health – Residential services include a program of activities designed to assess, stabilize, treat, and transition seriously mentally ill offenders to their greatest level of independence. Participation on a multidisciplinary team within the defined program is required. Residential services are offered at Central Prison (males) and the North Carolina Correctional Institution for Women in Raleigh, NC.
- Inpatient Mental Health – Inpatient services are provided in the Raleigh area at Central Prison for males and the North Carolina Correctional Institution for Women. Crisis admissions, stabilization and transfer, and long term management of the most seriously disturbed offenders are provided at this level of care. Participation in treatment teams is a key element.
- Therapeutic Diversion Units - The purpose of Therapeutic Diversion is multifaceted, including goals of decreasing time spent in Restrictive Housing by

seriously and persistently mentally ill offenders and selected offenders currently receiving behavioral health services; decreasing offender violent, self-injurious/suicidal, or otherwise disruptive behavior; providing evidence-based and multidisciplinary behavioral health-oriented therapeutic programming to offenders; and preparing offenders for successful transition from more to less restrictive environments within NC DPS prisons or to the community at large. Use of Therapeutic Diversion units is intended to decrease the population of mentally ill offenders in restrictive housing settings as well as decrease the rate of releasing such offenders directly from incarceration to the community at large. These goals are accomplished through combinations of structured evidence-based group and individual therapeutic interventions, unit-based leisure and recreation activities, psychiatric medication management, structured behavior-oriented incentive opportunities, systematic introduction of privileges and controlled socialization opportunities, ancillary programming, and multidisciplinary staff involvement. These services are offered at Central Prison (males) and the North Carolina Correctional Institution for Women in Raleigh, NC.

- Post-Release Supervision Evaluations -The North Carolina Post-Release Supervision and Parole Commission is an independent agency responsible for approving and establishing conditions for the release of incarcerated individuals. Psychological evaluations are completed upon referral to provide additional information regarding individual risk factors and psychological needs, with a goal of increasing the likelihood that those who are released are successful in their re-entry to the community at large.

Supervision

All doctoral psychology interns receive a minimum of 4 hours of weekly supervision from licensed doctoral psychologists. Each intern receives supervision from at least 3 different supervisors during the internship training year. Individual supervision is provided at a minimum of 2 hours per week and a total of 2 hours of weekly group supervision is provided for a total of 4 hours per week.

Following the intern's orientation to supervision, each supervisor will review the Supervision Contract with the intern; each will sign and date the form once any questions and/or concerns are resolved. The supervisor will keep a copy, give a copy to the intern, and send a copy to the Internship Training Director.

Supervisors are ethically and legally responsible for the work and professional conduct of their intern-supervisees. Supervisors uphold and model standards and practices consistent with the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association, as well as other applicable standards (e.g., from the North Carolina Psychology Practice Act; Title 21, Chapter 54 of the North Carolina

Administrative Code (21 NCAC 54). In addition, they and the intern will abide by the NC DPS's applicable policies and directives. The intern supervisor will provide supervision within the framework of these recognized professional and ethical licensing standards and guidelines for psychologists, as well as the policies of the NC DPS. These standards include, but are not exclusive to, due process, informed consent, documentation, avoiding dual relationships, harassment, sexual exploitation or abuse, competence, consultation, confidentiality, duty to warn, and program and intern evaluation.

The intern supervisors are North Carolina-licensed, doctoral-level psychologists in good standing and in compliance with current licensing standards. Supervisors are qualified to provide the supervisory oversight in the specific areas in which they provide supervision. If an intern has a training need outside the individual supervisor's areas of competence, other arrangements will be made with additional qualified on-site psychology staff. Training records are maintained by both the supervisor and the Training Director.

Primary group supervision is provided by the Training Director once a week for two hours, which serves several functions. It provides weekly contact with the Training Director who can address general administrative concerns and keep a finger on the pulse of what is happening with interns and the internship process. It provides a meeting forum where interns can exchange views and experiences and build their peer relationships. It also serves as a group experience that can foster individual and professional development. Each intern also has an additional hour of individual supervision per month with the Training Director.

Intern and Program Evaluation Procedures

Within the Department of Public Safety, interns are acculturated into the roles of professional psychologists who work in a public sector, correctional setting. Successful completion of the internship requires 2080 hours of supervised experience (40 hours per week for 52 weeks, excluding sick, vacation, and holiday time - see *Work hours and Leave*) and a rating of "4" (Competent) or higher for each competency element on the final quarterly evaluations.

Interns' readiness for entry-level practice is formally evaluated at the end of each three-month rotation using the Intern Evaluation form. The evaluation form includes a 5-point rating scale for each competency with behaviorally-anchored benchmarks. Interns are given timely and written notification of any problems that occur as well as opportunities to discuss problems with the Site Supervisor and the Training Director.

Interns are evaluated across each competency area using the rating scale below:

5= Proficient: The intern has a well-established competence in the element being evaluated.

The use of the element is consistently incorporated into the intern's work as an emerging psychologist and is evident in their daily professional practice. Intern is able to reflect on their experience of the element and knows when to consult. The intern functions in this element at a level that could allow them to work independently. This level characterizes the competency of an experienced post-doctoral resident.

4= Competent: The intern is aware of the element and frequently applies it in their work without need for assistance.

The intern seeks greater learning about and understanding of the element as a form of ongoing development. Supervision focuses on further refining and developing advanced performance of this element. Intern is ready for post-internship supervised experience.

3= Maturing Competence: The intern is aware of the element and can utilize this awareness to inform their work in the internship setting, though the intern may still need assistance to regularly use the element.

Ongoing supervision and monitoring is focused on continued advancement, integration, and consistency. Intern is nearing readiness for post-doctoral supervised experience and will need further attention on this element to be able to function completely independently.

2= Emerging Competence: The intern has a basic foundation in the element and moves toward acquiring competence in it.

The intern may have cognitive understanding or experiential skill with the element, but those may not be well integrated. Significant supervision and monitoring are required to support the skill. While a formal remediation plan is not necessary, steps will be taken to provide additional assistance in developing skill in this element.

1= Insufficient Competence: The intern does not understand or is unable to effectively demonstrate the element.

The intern does not understand the element, is unable to effectively demonstrate the element, or the intern exhibits behaviors indicating lack of readiness for the work that will be required in the internship setting. A doctoral intern evaluated at this level will require immediate augmented supervision or structured training opportunities. No confidence in ability to function independently at this time. This level of competency prompts the development of a formal remediation plan.

N/O= Not Observable/Applicable

The individual Site Supervisors complete the evaluations. The Internship Training Director provides feedback that may be incorporated into the evaluation. The

evaluations are reviewed and signed by both supervisor and the intern. These are provided to the Training Director, who also discusses with the interns their progress and areas of continued growth. Communication between the Site Supervisors and Training Director is ongoing, but also takes place at this time. Copies of interns' progress (i.e., their supervisor evaluations) are shared with their doctoral programs at the mid-year point and at the end of internship. Any additional evaluation requirements requested by the intern's school are completed upon request.

Successful completion of the internship program requires that the intern obtain a rating of 4 or better by the final evaluation for each competency element. If an intern receives a score of less than 3 on any training element during any of the first three quarterly evaluations, or if supervisors have reason to be concerned about the student's performance or progress, the program's Due Process procedures will be initiated, as described in the internship's Due Process and Grievance Procedure policy.

Each intern completes written evaluations of the internship program, their individual supervisors, and the didactic trainings at the end of each trimester. Interns are encouraged to be candid with their input regarding areas where supervisors might need to enhance their skills or adjust their supervision style. The evaluations are submitted to the Training Director and this information is taken into account in evaluating the functioning of the internship program. Significant concerns about supervision within a specific program area or with a specific supervisor would be addressed to the relevant staff on an individual basis by the Training Director.

In addition to completing scheduled evaluations of the program and supervision, the intern is also encouraged to discuss any issues and concerns with the individual Site Supervisor or the Training Director as they emerge. Attempts will be made to negotiate and work out differences and conflicts so that the intern can focus on learning and developing proficiency as a professional psychologist. As described in the Due Process and Grievance Procedure policy, the intern also has a formal grievance process available.

Interns' evaluations of didactic trainings occur after each seminar. The information gathered from these reviews are summated by the Training Director and forwarded to the presenters. The feedback is also used in planning for future didactic offerings.

At the end of the training year, interns also engage in a group feedback session with the Training Director, providing an additional opportunity for them to share their thoughts for improving the program. Feedback is solicited about all aspects of the training program, such as the general work environment, supervision and didactic activities, training program coordination and leadership, etc.

Six months following completion of the internship, interns are sent a post-internship survey to complete. This allows interns an additional opportunity to provide feedback

about the training and supervision they received. This information is used to make continued improvements to the training program.

Training Resources

NCDPS has a wide range of training resources available to meet the needs of interns. We have a wealth of printed and digital educational information and videos pertinent to issues common to the various populations that are treated. Interns have access to computer facilities for scoring psychological tests and report writing. Time off for relevant training may be granted by the intern's Site Supervisor and Training Director. Clerical staff assist with scheduling and also provide other support functions. Interns have office and computer access with e-mail and internet services.

Internship Eligibility, Stipend, and Benefits

Applications are accepted from students in regionally or nationally accredited doctoral programs in clinical or counseling psychology. A minimum of 1,000 practicum hours are expected to have been completed prior to the ranking deadline. All formal doctoral coursework, comprehensive exams, practicum training requirements, and dissertation proposal should be completed prior to beginning the internship. A completed and acceptable criminal background check is required (completed by our internal departmental security services at no expense to the intern candidate) prior to the ranking deadline. Also, interns must have earned a master's degree in psychology in accordance with the NC Psychology Practice Act (G.S. 90270) to meet the minimum requirements of the masters-level Staff Psychologist position our interns are hired into.

Required minimum criteria used to screen applicants:

- Three years or more of pre-internship training in a regionally or nationally accredited doctoral program in psychology.
- Completion of at least 1,000 practicum hours
- Advancement to candidacy for doctoral degree (i.e., completion of comprehensive exams, completion of all doctoral program course requirements).
- Masters degree in psychology (per NC Psychology Practice Act; G.S. 90270) by ranking deadline

Stipend and Benefits

- \$48,051 annual salary, paid monthly
- State Health insurance
- State Retirement Plan
- 14 days Personal Leave per year
- 12 days Sick Leave per year
- 12 State Holidays (per official state schedule)

Full State Employment

Interns with the North Carolina Department of Public Safety, Adult Correction - Prisons, Behavioral Health Services are fulltime employees with the state of North Carolina in time-limited positions. Each intern is in a fully salaried state position with full state benefits. This means that each intern receives the full benefits package afforded to state employees including earning creditable service time within the State Retirement pension plan. See <https://oshr.nc.gov/state-employee-resources/benefits> for full details

Health Insurance

Interns are eligible for the same benefits as fulltime state employees. As part of the New Hire process, interns will have the opportunity to select the Health Plan they prefer. See <https://oshr.nc.gov/state-employee-resources/benefits/state-health-plan> and <https://www.shpnc.org/> for additional details.

Work Hours and Leave

Each intern is expected to complete a fulltime 12-month internship experience corresponding to an approximate 2,000 hour training year. This means that the expected schedule for each intern includes a 40-hour work week for 52 consecutive weeks. Our internship program does not allow interns to work on-site during state holidays as the immediate availability of supervisors is limited on those days. The state typically has 12 holidays per year.

Interns are also allowed up to 26 days of leave (personal, vacation, sick) during the internship year for a total allotment of 304 hours of leave/holidays (12 holidays and 26 days leave). Interns seeking to use leave should request time off in advance by emailing the site-supervisor responsible for the impacted training site/clinical setting and copying the Training Director (as well as any other impacted staff or ancillary supervisor). Interns experiencing unanticipated illnesses should send notifications as soon as possible, but always prior to the start of the work day. Also, interns who match with our site are encouraged to review the leave policies as they relate to which types of leave are eligible to be paid-out at the completion of employment (end of internship unless hired into a permanent position with us post-internship).

Interns requiring extended leaves of absence due to maternity/paternity needs or extended illnesses should consult with the Training Director and the Site Supervisor; certain situations may require an extension of the training year to accommodate the absence.

INTERNSHIP PROGRAM TABLES

Date Program Tables are updated: **last updated 9/14/2020**

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

Applications will be accepted from students in a regionally or nationally accredited doctoral program in clinical or counseling psychology. A minimum of 1,000 practicum hours are expected to have been completed prior to the ranking deadline. All formal doctoral coursework, comprehensive exams, practicum training requirements, and dissertation proposal should be completed prior to beginning the internship. A completed and acceptable criminal background check is required (completed by our internal departmental security services at no expense to the intern candidate) prior to the ranking deadline. Also, interns must have earned a master's degree in psychology in accordance with the NC Psychology Practice Act (G.S. 90270) to meet the minimum requirements of the masters-level Staff Psychologist position our interns are hired into.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours	N	<input checked="" type="radio"/> Y	Amount	400
Total Direct Contact Assessment Hours	N	<input checked="" type="radio"/> Y	Amount	100

Describe any other required minimum criteria used to screen applicants:

1. Three years or more of pre-internship training in a regionally or nationally accredited doctoral program in psychology.
2. Completion of at least 1,000 practicum hours
3. Advancement to candidacy for doctoral degree (i.e., completion of Comprehensive exams, completion of all doctoral program course requirements).
4. Master's degree in psychology (per NC Psychology Practice Act; G.S. 90270) by ranking deadline

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$48,051
Annual Stipend/Salary for Half-time Interns	N/A
Program provides access to medical insurance for intern?	<input checked="" type="radio"/> Yes No
If access to medical insurance is provided	
Trainee contribution to cost required?	<input checked="" type="radio"/> Yes No

Coverage of family member(s) available?	Yes	No
Coverage of legally married partner available?	<input checked="" type="radio"/> Yes	No
Coverage of domestic partner available?	Yes	<input checked="" type="radio"/> No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	14 days per year	
Hours of Annual Paid Sick Leave	12 days per year	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	<input checked="" type="radio"/> Yes	No
Other Benefits: 12 state holidays per year; additional consideration for off-site training release time per administrative approval		

* Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

Initial Post-Internship Positions (Provide an Aggregated Tally for the Preceding 3 Cohorts)		2017-2020	
Total # of interns who were in the 3 cohorts		5*	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree		1	
		PD	EP
Community mental health center			
Federally qualified health center			
Independent primary care facility/clinic			
University counseling center			
Veterans Affairs medical center			
Military health center			
Academic health center			
Other medical center or hospital			
Psychiatric hospital			
Academic university/department			
Community college or other teaching setting			
Independent research institution			
Correctional facility			3
School district/system			
Independent practice setting			1
Not currently employed			
Changed to another field			
Other			
Unknown			

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

*Note, the above referenced cohort years included 1 year (2019-2020) with no interns

**For more information, e-mail the Internship Training Director, Robert Cochrane, Psy.D., ABPP at robert.cochrane@ncdps.gov

**NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY
DIDACTIC SCHEDULE
8/01/2021 – 7/31/2022**

**Unless otherwise noted, each scheduled didactic will occur in the Randall Building, Small
Conference Room,
Wednesday from 10AM – 12PM**

	Date	Didactics/Training Events	Presenter(s)
Orientation and Foundational Trainings	8/2 Through 8/14	<ul style="list-style-type: none"> • Program Orientation (8/2-8/4) • Meet supervisors (8/4) • Facility tours and orientation (8/5) • ID badges, paperwork, intern handbook DPS New Hire Orientation: mission, values, organizational structure, and DPS/AC-Prisons policies including due process, grievance (8/6, 8/9-8/11) • Short Term Assessment of Risk and Treatability (START) Training (8/12) • Basic Life Support (8/13) • Electronic Medical Record Documentation (HERO training) (8/16–8/17) 	
	8/18	Professional Ethics	Robert Cochrane, Psy.D., ABPP
	8/25	Duty to Warn and Mandated Reporting	Tricia Hahn, Ph.D.
	9/1	Interdisciplinary model overview: Social Work Services in the Prison System	Jamila Little, MSW
	9/8	Interdisciplinary model overview: Security and Special Operations within Prisons	Ken Smith, Chief of Security
	9/15	Interdisciplinary model overview: Medical and Nursing Services	Dr. Amos/Ms. Crouell
	9/22	Clinical Standards Review	Jon Peiper, Ph.D.
	9/29	Quality Care Indicators and Professional Documentation	Jon Peiper, Ph.D.
Clinical Practice Skills	10/6	Violence Risk Assessment Training (full day)	Charles Messer, M.S.
	10/13	Dual-Diagnosis Treatment in Corrections	Cates, MA, LCAS
	10/20	Self-Injury Risk Assessment and Suicide Prevention	Jon Peiper, Ph.D.
	10/27	Multicultural Assessment and Treatment	Marvella Bowman, Ph.D.
	11/3	Interdisciplinary Communication	Lori Conrad, Ph.D.
	11/10	Psychosis Webinar series, part 1	Jon Peiper, Ph.D.
	11/17	Psychosis Webinar series, part 2	Jon Peiper, Ph.D.
	11/24	Thanksgiving Holiday Week	
12/1	Psychopharmacology: The role of the psychologist &	(Hawkins &	

	psychiatrist	Sneed, MD)
12/8	Neuropsychological Assessment	Tracy O'Connor Pennuto, Ph.D., J.D.
12/15	Gender Identity Assessment, Supportive Treatment Scvs, System Response to Accommodations	Tricia Hahn, Ph.D.
12/22	Psychosis Webinar series, parts 3 and 4	Jon Peiper, Ph.D.
12/29	Winter Holiday	
1/5	MMPI-3: Administration, Scoring, Interpretation	Robert Cochrane, Psy.D., ABPP
1/12	PAI Part I: Overview, practice administration and scoring	Jon Peiper, Ph.D.
1/19	PAI Part II: Interpretation and treatment planning	Jon Peiper, Ph.D.
1/26	Behavioral Health Statewide Meeting	
2/2	Involuntary Treatment and Due Process	Marcia Brumbaugh, Ph.D.
2/9	Providing Clinical Supervision	Robert Cochrane, Psy.D., ABPP
2/16	Bias and Models of Malingering	Jon Peiper, Ph.D.
2/23	The SIMS, MFAST, and SIRS2: An Overview	Jon Peiper, Ph.D.
3/2	The SIMS, MFAST, and SIRS2: Practical Applications and Supervised Administration	Jon Peiper, Ph.D.
3/9	Intern Malingering Case Presentations	Interns
3/16	Brief CBT for Depression and Anxiety	Ken Yearik, Ph.D.
3/23	Intern Presentation: TBD	Intern
3/30	Criminal Competencies (stand trial, waive Miranda, be executed)	Robert Cochrane, Psy.D., ABPP
4/6	Civil Competencies (consent to treatment, guardianship, testamentary)	Robert Cochrane, Psy.D., ABPP
4/13	Intern Presentation: TBD	Intern
4/15	Treatment of Sexual Offenders	Alyssa Owens, Psy.D.
4/27	Behavioral Health Statewide Meeting	
5/4	Intern Presentation: TBD	Intern
5/11	Treating Combat and Military Trauma	Jay Gregg, Ph.D.
5/18	Off-site Retreat - Professional Health and Wellness	
5/25	Intern Case Presentation (Scholar Practitioner)	Intern
6/1	Assisting Offenders in Managing Chronic Pain	Heidi Hawkins,

		Ph.D.
6/8	Psychopathology & Gangs	Steve Jones, M.A.
6/15	Topics in Police and Public Safety Psychology (Teleconf. 10-11:30)	Susan Hurt, Ph.D.
6/22	Intern Presentation: TBD	Intern
6/29	Antisocial Personality Disorder: Forensic and Correctional Implications (Teleconf. 10-11:30)	Evan Dubois, Psy.D.
7/6	Professional Issues in Psychology	Martha Turner- Quest, Exec. Director of NC Psych. Association
7/13	EPPP, Licensure Preparation, Licensure Standards, Professional Records, and Credential Banks	Lindsay Allotey, Psy.D.; Stephanie Mannino, Psy.D.
7/20	Death Penalty Issues (Teleconf. 10-11:30)	Kris Lloyd, Psy.D., ABPP
7/27	Behavioral Health Statewide Meeting	