

GATEWAYS HOSPITAL AND
MENTAL HEALTH CENTER

Conditional Release Program
Los Angeles County

Doctoral Psychology Internship Training Manual

Forensic Clinician Psychology Intern

Gateways CONREP

Los Angeles and San Diego County CONREP

2023 - 2024

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Introduction to Internship Training Manual

This manual is intended as a guide to the structure and function of the Gateways CONREP Forensic Community Treatment Program Doctoral Internship Program as well as a formal description of basic policies and procedures. This manual seeks to summarize the pragmatic, functional elements of the training program for both intern employees and program staff. Some of the information summarized here, especially having to do with personnel issues, is covered in more detail in other policy documents, which are available for review at the agency site.

CONREP Mission and Philosophy

The Conditional Release Program (CONREP) is the California Department of State Hospitals' statewide system of community-based treatment and supervision services for judicially-committed individuals (PC 1026, Not Guilty by Reason of Insanity; PC 1370, Incompetent to Stand Trial; WIC 6316, Civilly Committed Mentally Disordered Sex Offender; and PC 2972, Civilly Committed Offender with a Mental Health Disorder), and Offenders with a Mental Health Disorder, Parolees (PC 2962). The primary mission of CONREP is the protection of the public through the reduction, if not prevention, of re-offense by specified forensic patients.

Gateways CONREP also aligns this mission with that of Gateways Hospital and Mental Health Center, which seeks to create and maintain mental health facilities and programs to serve the needs of mentally ill, emotionally disturbed, and maladjusted persons who require inpatient, outpatient, and rehabilitation services, treatment, and care, regardless of race, creed, national origin, or sex. Since 1990 Gateways Hospital and Mental Health Center has contracted with the California Department of Mental Health (now the Department of State Hospitals) to provide Conditional Release Program services to all of Los Angeles County. In 2014, Gateways Hospital expanded their contract with the Department of State Hospitals to provide Conditional Release Program services to San Diego County as well.

Gateways CONREP strives to achieve its mission by providing intensive outpatient mental health treatment, supervision, and assessment services that are consistent with the standards of practice established by the Department of State Hospital's (DSH) CONREP Policy and Procedure Manuals (Volumes I and II) and in adherence with the California Penal Code and court orders for judicially-committed individuals or Board of Prison Hearing (BPH) directives for Offenders with a Mental Health Disorder (OMD), Parolees. In addition, Gateways CONREP maintains the ability to respond to the needs of individuals in our program on a 24-hour basis. This level of supervision is attained through utilization of a variety of program resources, including on-call staff, residential care, an Emergency Handbook, and rehospitalization to the state hospital if indicated. The forensic client typically first transitions to the community through our 90-day residential program—Gateways Satellite, a Statewide Transitional Residential Program (STRP) level of care. Upon completion of this step-down program, the forensic client then transitions to either San Diego County's community outpatient treatment program (i.e., San Diego CONREP) or Los Angeles County's community outpatient treatment program—Gateways Forensic Community Treatment Program (FCTP).

Gateways CONREP provides training and ongoing supervision to all employees based on the skills they require to carry out our mission. Resources to achieve this goal include DSH Policies and Procedures, the California Penal Code, this manual, and consultation with CONREP Operations. Gateways CONREP

employees are also oriented and trained to utilize Gateways Hospital and Mental Health Center policies, procedures, and resources for hospital administration, safety, fiscal management, human resources, and employment practices. Further details of CONREP Program Philosophy are contained in the DSH CONREP Policy and Procedure Manual, Sections 1110.1-1110.2, which is readily available on site.

CONREP Application and Selection Process

As a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), we will be using the APPIC Application for Psychology Internships (AAPI) online service and plan to participate in the APPIC Match. As such, we request that all prospective doctoral Interns register for the Match in order to participate in the matching process.

We start by reviewing the prospective Intern's submitted application. Of particular interest is the Intern's cover letter, delineating why they believe our internship site is a good clinical fit for their interests and skill. In addition, we are eager to learn about the prospective Intern's clinical experiences and expertise, with a special focus on diversity (e.g., ethnicity, sexual orientation, disability). We will also review letters of reference in terms of professional and personal qualities, paying special mind to one's sense of maturity and openness to learning and feedback. The presentation and strength of the written materials are most important to the selection committee, which is comprised of supervisory staff who are invested in finding a good match between the prospective Intern's stated goals and background and Gateways CONREP's mission and available training opportunities. It bears mentioning we do not have a specific profile with which we are trying to match; however, our selection process is relatively standardized, pulling for a prospective Intern's openness to the forensic focus of our work.

The prospective Intern must be a current doctoral-level student in an APA-accredited counseling, clinical, or forensic psychology program. The student must also have all necessary coursework completed such that their university has approved them to apply for and start an internship. The practicum student must have the equivalent of 1200 hours of supervised practicum clinical experience and 400 face-to-face client/therapy contact hours. Once the prospective Intern matches with our program, they will be asked to complete a background check, including fingerprinting, and physical prior to starting the internship. Final hiring for the internship is contingent upon satisfying all HR requirements as an employee, which includes clearing the background check.

A completed application must include:

- A completed AAPI
- A cover letter describing the prospective Intern's relevant experience
- An updated Curriculum Vitae
- Transcripts (unofficial will suffice) of all graduate work
- Three letters of recommendation from persons familiar with the prospective intern's clinical, professional, and/or coursework. At least two of these letters must be from clinical supervisors.

The prospective Intern may email Dr. Nicole Paglione, Director of Training, with any questions they may have about the application. Applications must be submitted by mid-November.

Once the application materials are received, they will be reviewed carefully to determine whether an interview is warranted. This initial screening will be completed by mid-December, at which point the

Administrative Assistant to the Director of Training will reach out to those applicants who have been selected for an in-person interview. Interviews will take place in January each year, and under specific extenuating circumstances, may be offered virtually to accommodate applicants who may be out-of-state or have travel constraints. The interview process is standardized for all interviewees. Half of the interview questions are geared toward getting to know the applicant, while the second half is a set of standardized questions graded on a 5-point scale, designed to assess the prospective Intern's knowledge regarding severe mental illness, violence risk assessment, and the provision of treatment with a forensically-involved population. Upon completing the standardized interview, each applicant will end up with a numerical score. Three supervisory staff members will compare their scores to account for interrater reliability, and a final score will be decided between the three. This score, along with the supervisors' impressions with regard to goodness of fit, will be relied upon when ranking prospective Interns for the Match. The interview will last approximately 45-60 minutes, and prospective Interns will be afforded time to ask questions as well as to tour the facility.

Client Population

In addition to being a culturally and clinically diverse population, clients at Gateways CONREP/FCTP also represent a range of individuals involved within the justice system. Specifically, clients have been committed to receive mental health treatment pursuant to California Penal Code (PC) 2962, Offender with a Mental Health Disorder, Parolee; PC 2972, Offender with a Mental Health Disorder, Former Parolee; PC 1026, Guilty, but Not Guilty by Reason of Insanity; or PC 1370, Incompetent to Stand Trial.

PC 2962 (OMD, Parolee): Those found to be Offenders with a Mental Health Disorder (OMD) were previously incarcerated for a violent offense and, as a result of their severe mental illness, are still considered dangerous. After completing their prison term, the Board of Parole Hearings (BPH) ordered they receive psychiatric treatment as a special condition of parole. Said treatment can be completed at the state hospital level of care or in Gateways CONREP's community outpatient treatment program. The OMD Parolee can be ordered to receive treatment for up to three years.

PC 2972 (OMD, Former Parolee): After the PC 2962 OMD's parole expires, they can be civilly committed pursuant to PC 2972, OMD, Former Parolee, should they still pose a danger to the health and safety of others given their mental disorder. This commitment can be extended each year, indefinitely.

PC 1026 (NGI): Individuals found Guilty, but Not Guilty by Reason of Insanity (NGI), were originally found guilty of committing an offense; however, the fact finder then determined, due to their mental illness, they were not guilty. In other words, they committed the physical act, yet their mental illness prevented them from forming the mental state required to hold someone culpable under the law. As a result, instead of being sentenced to prison, those found NGI are ordered to receive psychiatric treatment until they are restored to sanity. Said treatment can be carried out in a state hospital setting or in Gateways CONREP's community outpatient treatment program.

PC 1370 (IST): Individuals found Incompetent to stand trial have yet to face their criminal allegations, as it is determined their constitutional rights to a fair trial would be violated if sent

to court, given their lack of foundational knowledge related to the court processes and personnel and/or their compromised ability to rationally assist legal counsel in developing a viable defense. These individuals are ordered by the court to Gateways CONREP's outpatient treatment program to receive restoration to competency training, so they may be returned to court to face their pending charges.

Learning Goals for Training Year

The Gateways CONREP internship ascribes to a practitioner-scholar model through the practical application of theory and knowledge. Thus, this training site's primary mode of education is experiential, supplemented with didactic seminars, modeling, clinical supervision, case consultation, and collaboration with an interdisciplinary team. The goal of this internship is to develop critical thinking, conceptualization, problem-solving, judgment, and other scientific skills that are particularly pertinent to the practice of both clinical and forensic psychology. We understand this is achieved through a variety of activities, including consultation of the professional literature and the use of empirically grounded methodologies and interventions when working with and conceptualizing clients.

The goals of the internship program wed the mission of the agency with the values of the professional psychological community—that is, the training program appreciates that clinical practice within a forensic outpatient setting requires the same core clinical skills and knowledge base as professional practice generally, but takes place within a complex legal, political, and social context. The primary learning goals of this training year include:

Developing General Proficiency in the Provision of Individual and Group Psychotherapy. At the most fundamental level, the primary goal of this internship is to provide broad and general preparation for entry level into the professional practice of psychology. Indeed, we wish to further Psychology as a science by developing and preparing well-rounded practitioners and scholars. This training year is meant to be the culmination of the intern's graduate studies, accrual of skills, and experience/attitudes acquired via practica trainings. The program emphasizes the applicability of training to a wide variety of settings and client populations.

Specialized Knowledge of Forensic Community Outpatient Issues. It is our expectation that most interns who seek a position at our training site are not only hoping for good general training, but also share a common interest in the provision of law, public policy, and social factors related to the practice of forensic psychology, particularly in an outpatient setting. Though development of specific expertise in this area requires additional training and experience after the internship year, this internship serves as a foundation for such specialization.

Service to Diverse and Underserved Clients. The internship program seeks to help develop the intern's appreciation for providing services to a diverse client population, varying in presenting complaints, age, ethnicity, linguistic preference, socioeconomic background, and education, among other areas of variability. Indeed, Gateways CONREP services adults from 18 to 80+, who are judicially committed (e.g., PC 1026, Not Guilty by Reason of Insanity) or under the auspice of the Board of Parole Hearings (e.g., PC 2962, Offenders with a Mental Health Disorder, Parolee). The majority of these individuals discharged from a state hospital and now live under Gateways CONREP's supervision in board and care facilities within Los Angeles and San Diego Counties, though some individuals also live more independently in the surrounding community. Gateways CONREP's population represents many cultural and ethnic

backgrounds—the majority having limited financial resources and receiving government assistance, while some are undocumented immigrants who are funded by the State. Most of our clients have a severe and chronic mental illness, including both an affective and psychotic component. In addition, many of these individuals have a secondary substance abuse diagnosis as well as characterological deficits and personality disorder diagnoses. Through experiential training, it is Gateways CONREP’s goal to reinforce the importance of awareness of both self and other within the context of becoming a multiculturally competent practitioner and providing high quality services to underserved and diverse groups.

Professional Development. Consistent with the role of internship as a transition from student to practitioner, Gateways CONREP emphasizes development of attitudes and values consistent with entry into the profession. Throughout the course of internship, the intern is provided much autonomy, and it is expected that, with ample supervision, guidance, and practice, they will become increasingly more independent. Gateways CONREP also recognizes the Forensic Clinician Psychology Interns are essentially “colleagues in training,” and therefore, we strive to model the ethical and effective application of knowledge, skill, and competence.

Integration of Science and Practice. Given the forensic focus of this setting, psychologists are often tasked with justifying the methods, interventions, and procedures used to treat our clients. It is expected our interns have completed extensive coursework in their graduate studies related to the empirical and theoretical bases of applied psychological methods. Thus, this internship seeks to further reinforce the juxtaposition between practice and scholarship, paying special attention to the current literature as it applies to this setting.

Generalized Proficiency in Report Writing Skills with a Focus on Forensic Issues. Report writing is an integral aspect of the Forensic Clinician’s work, and as Gateways CONREP views the Forensic Clinician Psychology Intern as a full participant in the provision of services, honing the interns’ skills in report writing is of primary focus throughout the internship year. Indeed, clinical staff first seek to develop the interns’ ability to coherently and concisely address the topic at hand while paying special attention to the use of good grammar and sentence structure. As the intern receives and applies routine feedback, it is the goal of this internship to develop confidence and quality in the interns’ report writing skills, with a specialized focus on forensic issues.

Forensic Clinician Psychology Intern Position Overview

Overall, Gateways CONREP's internship program is a full year, offering approximately 2000 hours, though requiring 1750 hours, of supervised training. This includes at least 500 face-to-face client contact hours, though the nature of this work typically requires far more direct client services. Gateways CONREP's Doctoral Internship is a full-year commitment, beginning the last Monday in August and ending the last Friday in August the following calendar year. Interns are expected to maintain an 8:30am-5pm, Monday-Friday work schedule throughout their internship year. Because this is a full-time commitment, the completion of all formal coursework and practicum training is required prior to the Doctoral Psychology Intern beginning their internship with Gateways CONREP. Said coursework must be completed from a degree granting program in professional psychology. Of note, at least 25% of the interns' time will be spent in face-to-face direct service delivery.

The core focus of this internship is professional development and skill building, such that the intern is able to effectively, ethically, and competently work with a diverse client base in treatment for mental health, dual diagnosis, and/or forensic concerns. Additional training opportunities include refinement of clinical interviewing and report writing skills, case conceptualization and diagnosis, and a chance to obtain supervised experience with psychological testing, risk assessment, treatment planning, and risk formulation. The Doctoral Forensic Clinician Psychology Intern is responsible for scheduling and implementing the necessary (i.e., core) services to each client informed by the client's current Level of Care (LOC) and goals specified in his or her treatment plan. Through the implementation of these core services, the Doctoral Forensic Clinician Psychology Intern is expected to achieve the aforementioned training goals. An overview of the services provided by the Forensic Clinician Psychology Intern is as follows:

- Individual Therapy Sessions: typically 45-60 minutes in length and at a frequency that, at a minimum, meets core service requirements. The CONREP program follows the Risk Need Responsivity model, in which clients' services are matched to their criminogenic needs. For example, those clients who are at the Intensive Level of Care receive, at minimum, four individual therapy sessions per month, while clients at the Supportive Level of Care receive, at minimum, two individual therapy sessions per month. Therapy content and interventions are determined given the clients' treatment needs and potential violence risk as outlined in their court reports and treatment plans. Oftentimes, interventions are cognitive behavioral in nature, but other modalities are implemented as indicated and discussed in clinical supervision. The Psychology Intern will begin with a caseload of approximately 6 clients, though they may hold up to approximately 8 clients based on the clients' levels of care and Penal Code commitments.
- Group Therapy Sessions: typically one-hour sessions between a Forensic Clinician Psychology Intern and a group of up to 10 clients, who are usually at a similar level of functioning. These groups also serve to meet the clients' core service requirements. The Forensic Clinician Psychology Interns will be required to facilitate, at a minimum, 5 groups a month; though, as the internship progresses, they will have the opportunity to facilitate 8-to-10 groups monthly. The curriculum for Gateways CONREP's groups is discussed in clinical supervision and often include a compilation of handouts, workbooks, visual media, or other curriculum approved by the clinical supervisor.

- Collateral Contacts: as part of an integrated system of care, the Forensic Clinician Psychology Intern will be required to conduct collateral contacts, which are face-to-face or telephonic discussions with significant persons in the client's life and identified support network (e.g., 12-Step sponsor, family member, volunteer supervisor, board and care manager, etc.). The focus of these contacts is to gather information regarding the client's relationships; psychiatric, behavioral, and vocational functioning; and compliance with his or her terms and conditions of outpatient treatment. The discussions often are also focused on educating those people in the client's life regarding the client's clinical and risk issues. The Psychology Intern will facilitate contact with collaterals at a frequency that meets core service requirements and is indicated by the client's functioning (e.g., at the Intensive level of care the Intern will complete at least two collateral contacts per month for their client).
- Case Management: also as part of an integrated system of care, on occasion, the Forensic Clinician Psychology Intern will be required to provide case management services to their caseload. Specifically, while Gateways CONREP has an assigned Case Aide for many case management issues that arise, the Intern may be involved in the provision of light case management services as special circumstances come about. For instance, when clients are medically hospitalized while receiving outpatient supervision and care through CONREP, the treatment team must mobilize as a whole to ensure the client receives the appropriate medical and psychiatric care and that aftercare/housing is arranged for upon discharge. In other instances, the Intern might assist their clients with obtaining and operating their cellphones through the Lifeline program.

The Forensic Clinician Psychology Intern documents all individual contacts, noting at a minimum the interventions provided and the individual's response. The notes reflect a forensic focus that incorporates how the services are aimed at managing the client's level of risk. These notes are reviewed in supervision, paying attention to the clinical content while also keeping in mind the potential for legal consequences (e.g., cross examination, subpoena duces tecum, etc.), until the Intern demonstrates proficiency in note writing. Such diligent review is meant to ensure the clinical supervisor (a licensed psychologist) maintains clinical responsibility for all intern cases.

Although psychological assessment is not the predominant focus of this internship, there are certainly opportunities for the Forensic Clinician Psychology Intern to hone their assessment skills once their clinical responsibilities are complete. That said, the Psychology Intern will be trained on coding the HCR-20 version 3, a well-known and widely used Structured Professional Judgment risk assessment for violence tool, and the intern will be required to complete a supervised HCR-20v3 on each of their individual cases. However, in addition to this risk assessment tool, the Psychology Intern can also conduct a broad array of psychodiagnostic testing, including administering and scoring the RBANS, WASI, WAIS, TONI, WCST, MCMI, MMPI, PAI, TAT, and select malingering tools (e.g., ILK, DCT, TOMM, SIRS, MFAST). Psychology Interns may also have the opportunity to assess clients' competence to stand trial, pursuant to PC 1370(b)(1)/PC 1372, using tools such as the R-CAI, ECST-R, and CAST-ID. These assessment batteries and subsequent reports will be supervised closely as well as feedback sessions with the clients, in which the Psychology Intern will be tasked with reviewing the results of said assessments with the clients.

Supervision and Ongoing Risk Assessment of Clients

To facilitate ongoing risk assessment and monitoring of the client's functioning, the Forensic Clinician Psychology Intern will monitor numerous aspects of the client's exposure to the community. Specifically,

Psychology Interns will discuss with their clinical supervisors the granting of community passes, home visits, UA frequency, and telephone and internet usage, as described below:

- Passes: Upon admission, clients are on a 30-day restriction period, during which they are not permitted any passes and only visit the program and their board and care facility. The purpose of this restriction is to slowly integrate the client to the CONREP program, their new level of care, and the inherent demands. This period also allows the CONREP treatment team to closely monitor the client's initial adjustment and compliance with program terms and conditions. Upon successful completion of the 30-day restriction period, clients can earn buddy passes (beginning at 30 minutes) and work up to earning solo passes and outings. Clients' current pass allotment is detailed on their weekly schedule, which is monitored and updated by the Forensic Clinician Psychology Intern. Early in the internship, Interns are expected to bring all pass requests to their direct supervisor and/or the greater treatment team for guidance; however, as the Intern grows in their provision of forensic supervision, it is expected they will be more independent in exercising sound forensically-minded judgement with regard to pass approvals and denials, walking through their rationale for such, yet still deferring to the treatment team's final recommendations on said matters.
- Home Passes: Clients are also monitored by random home visits to their residences, conducted by Home Visit Counselors, and at times, facilitated by the Forensic Clinician Psychology Intern, particularly when a client's risk in the community appears to be elevating. Forensic Clinician Interns may join the Home Visit Counselors to shadow said visits and to learn more about their clients' living environments, potential possession of contraband, and any clinical concerns that may arise. Home visits or passes with family or friends are considered only after they have been cleared as a reliable, pro-treatment collateral contact. If deemed appropriate, the Forensic Clinician Psychology Intern will facilitate the Home Visit Counselor coordinating with the collateral contact, conducting a walkthrough of the person's home, discussing program rules and regulations, and discussing any concerns identified. The Home Visit Counselor will then check the home for destabilizers, such as drugs and/or alcohol, weapons, people with whom the client has a conflictual relationship, and signs of illegal or dangerous activity. The Home Visit Counselor will then review his or her findings with the Forensic Clinician Psychology Intern, who will, with the guidance of their clinical supervisor and outpatient treatment team's input, make a determination regarding whether the home passes will be granted. These passes will then be monitored regularly thereafter.
- School and Work Approval and Monitoring: In conjunction with the Intern's clinical supervisor and outpatient treatment team's input, the Forensic Clinician Psychology Intern will determine a client's readiness to seek out volunteer positions, schooling, and/or paid employment. Once this privilege is approved, the Psychology Intern will document the client's volunteer/school/work plan and how they will be monitored while attending such. The Forensic Clinician Psychology Intern will then monitor the client's ongoing suitability to carry these privileges through ongoing assessment of psychiatric and behavioral functioning, engagement in treatment, compliance with supervision, collateral contacts, review of school/work-related documents, and verification of enrollment and performance.
- Internet and Telephone Supervision: Prior to admission to Gateways CONREP, all clients are required to review and sign outpatient terms and conditions, which explicitly restricts the client's access to computers, internet, and all internet-capable devices (e.g., personal computer,

cell phone, smart phone, computer tablet, etc.). Subsequent use of such an appliance or internet access is determined by assessing its impact on risk of violence, re-offense, psychiatric stability, compliance with program requirements, and evaluating the client's expressed needs and intent for internet usage. Areas to explore include (but are not limited to) email, social networking, work, study, entertainment, financial management, and retail purchases. Clients who are permitted to use a cell phone must first agree to routine and random searches of their cell phone, browser history, and any social media accounts. This applies to internet usage as well. Over time, with the guidance of their direct supervisor, the Psychology Intern will learn to establish firm boundaries and expectations surrounding these privileges, holding clients accountable for the rules of the program and exercising their assertive communication skills in maintaining these supervision requirements.

The Forensic Clinician Psychology Intern will typically rely heavily on their clinical supervisor and the outpatient treatment team for guidance and input regarding the accrual of client privileges toward the beginning of their training year. However, as the intern becomes more skilled at risk assessment and independent with their judgement and decision making as it relates to their caseload, it is expected the Forensic Clinician Psychology Intern will present to their clinical supervisor and/or the treatment team their position on whether a client privilege should be granted and the rationale supporting such. The Intern is then expected, over time, to independently (though under supervision) implement the treatment teams recommendations and feedback.

Annual and Quarterly Court Reports

As required by Gateways CONREP's contract with the Department of State Hospitals, as well as in line with the Penal Code, on a quarterly, annual, and as needed basis, Gateways CONREP provides the court with a written report explaining the client's progress in treatment during the respective reporting period. These court reports are specific to the client and include the data required in the CONREP Policy and Procedure Manual, which is available to the intern on site. Also in accordance with Department of State Hospital mandates, Gateways CONREP has a system in place to ensure the quality of court reports as well as the timely submission of said reports to the court.

The Forensic Clinician Psychology Intern will be responsible for generating the required court reports for each client on their caseload. The intern will use the appropriate report template, which is made available on the network server. The Forensic Clinician Psychology Intern is required to address all areas outlined in the template with an emphasis on issues of risk management and dangerousness. The court report will be submitted to and reviewed by the intern's clinical supervisor within an agreed upon timeframe. The clinical supervisor will review and edit the report, sending it back to the intern, sometimes repeatedly, for revisions. Once all necessary changes have been made, the Forensic Clinician Psychology Intern and his or her clinical supervisor will sign the report, after which the intern will send the completed document to the Administrative Secretary, who will then send the report to the court (with a copy sent to the Deputy District Attorney and the Deputy Public Defender or Private Defense Counsel). A copy of said report is also provided to the client, the state hospital from which the client was discharged, and a copy is then placed in the client's electronic record.

The court report due dates are tracked on the network server and reviewed by Administrative Secretary on a regular basis to ensure compliance. The intern's clinical supervisor will also monitor the flow of court reports and ensure the timely submission of said reports. If exigent circumstances exist, making submission of a court report within the required timeframe unlikely, the clinical supervisor will review the circumstances with the Community Program Director prior to requesting a continuance from the

court. It bears mentioning there will be a series of didactic trainings supplied to assist the Intern in developing their forensic court report writing skills as well as individual and group note writing skills.

Crisis Intervention, Rehospitalizations, and Necessary Paperwork

Forensic Clinician Psychology Interns continuously monitor and assess their clients for changes in functioning and increases in risk for violence. When appropriate, Forensic Clinician Psychology Interns will provide crisis intervention and assessment and facilitate rehospitalizations and all necessary paperwork accordingly. These procedures are outlined in the Emergency Handbook as well as the network server; however, should such circumstances arise, the direct supervisor, as well as other supervisors, will closely monitor and assist in these instances to ensure client and staff safety as well as to assist the Interns in developing and honing their crisis intervention skills.

On-Call

Gateways CONREP Forensic Clinicians rotate as the Officer on Duty on a weekly basis. Forensic Clinicians arrange with the answering services to receive both urgent and non-urgent pages, and collaborate with the clinical supervisory staff to respond to all requests and concerns in a timely manner. Of note, Forensic Clinician Psychology Interns are exempt from participating in On-Call services.

Intern Benefits/Time Off

Gateways CONREP allows the intern two weeks' vacation and five sick days, as well as holidays on which the office is closed to all employees; however, we ask that interns refrain from taking vacation in the first six weeks or the last four weeks of their training year in order to best avoid disrupting our clients' continuity of care, as well as to ensure the completion and timely filing of necessary paperwork. Vacation days can be used for personal, educational, or professional leave purposes. For instances of pre-planned time-off request, interns must submit these requests in writing to the Director of Training for approval, when possible, at least two weeks prior to the scheduled time off. The Director of Training reserves the right to determine if the requested time off is approved based on agency needs and the timeliness of said request. Should the intern have an unforeseen absence (e.g., due to sickness), they must notify the Director of Training and/or their clinical supervisor by phone or email. In instances involving extended medical leave or significant illness, a note from an appropriate medical professional may be requested, as well as clearance to return to clinical training duties. Although Gateways CONREP's Doctoral Internship does not currently include a health benefit, it does offer a stipend of \$31,000 to its interns.

Training Locations

Los Angeles County CONREP FCTP: The majority of the Doctoral Forensic Clinician Psychology Intern's training will be received at the FCTP main office, located at 621 S. Virgil Avenue, Suite 300, in Los Angeles, CA 90005. The FCTP building is a strictly outpatient facility, in that it is a large office suite with a number of therapy offices as well as a large Day Room and lobby; however, it is open only between the hours of 8:30am and 5:30pm, and the majority of clients all live within an approximately 2-to-10-mile radius of this office building. At the FCTP building, Interns will conduct their individual and group therapy sessions, case management duties, team meetings, case conferences, and the shadowing of other activities and clinical interactions.

That said, some of the interns' training might also occur at local board and care facilities where the FCTP clients reside in the community. One such facility is Gateways Satellite North, located at 440 N. Hoover Street, in Los Angeles. Gateways Satellite North is a Gateways-owned licensed board and care facility which houses approximately 20 male clients. This board and care facility shares a campus with the Statewide Transitional Residential Program (STRP), Gateways Satellite. At the Satellite facility, clients receive medication management, meals and snacks, occupational therapy services, life skills groups, case management services, and other organized activities. Thus, it is not uncommon for the Forensic Clinician Psychology Interns to receive some training at this site, which might include shadowing home visits, delivering therapeutic services at the clients' residence, and observing their clients in the greater milieu.

In addition to Gateways Satellite North, the Interns might receive training at the largest board and care facility utilized by the FCTP program, Oxford Villa, which is located at 223 N. Oxford Avenue, in Los Angeles. Oxford Villa is a 65-bed facility, and the FCTP program occupies approximately 45 of said beds. This board and care facility provides clients with meals, medication administration, light housekeeping services, a furnished room, and supervision in the form of sign-in sheets and a curfew. Interns might visit clients at this residence to see how the clients maintain their living space or to take the clients for a "walking therapy" session, as we have found this to be a helpful way to connect with this population. Interns will also regularly connect with the board and care manager to gather collateral information with regard to how their clients are functioning in the community and abiding by the rules of the facility.

Similar to Oxford Villa, some clients are housed at Commonwealth Royale Guest Homes, which is located at 150 S. Commonwealth Avenue, located in Los Angeles. This is a 99-bed licensed board and care facility which houses approximately 20 FCTP clients. Commonwealth Royale is unique in that it is licensed to house clients over the age of 64 years old and who are more medically compromised (e.g., requiring assisted walking devices). This is also the only facility we use with an elevator. Commonwealth Royale provides all of the same services as Oxford Villa, but also provides the residents with laundering and cleaning services. This facility is also willing to work with in-home health/supportive services, which the Intern might coordinate for their clients depending on the clients needs.

Last, the Intern might train at a Skilled Nursing Facility, Manchester Manor, located at 837 W. Manchester Avenue, in Los Angeles. This facility houses the aging and medically fragile population who require a higher level of medical intervention and support, such as clients with dementia diagnoses, ambulatory concerns, renal failure, severe COPD, and hospice care. At this facility, the Intern will have

the chance to closely liaison with nursing staff and line staff to ensure their clients are receiving optimal medical and psychiatric care.

San Diego County CONREP: The majority of the Doctoral Forensic Clinician Psychology Intern's training will be received at the San Diego CONREP main office, located at 450 A Street, Suite 500, in San Diego, CA 92101. The San Diego CONREP building is a strictly outpatient facility, in that it is an office suite with a number of therapy offices, which is open only between the hours of 8:30am and 5:30pm, and the majority of clients all live within an approximately 2-to-17-mile radius of this office building. At the San Diego CONREP building, Interns will conduct their individual and group therapy sessions, case management duties, team meetings, case conferences, and the shadowing of other activities and clinical interactions.

That said, some of the interns' training might also occur at local board and care facilities where the San Diego CONREP clients reside in the community. One such facility is Nelson Haven, located at 1268 22nd Street, in San Diego. This is a licensed board and care facility owned by an outside company (not Gateways), which houses approximately 49 female and male clients, of which approximately 6 are CONREP clients. At Nelson Haven, clients receive medication management, meals and snacks, laundry services, and supervision. Thus, it is not uncommon for the Forensic Clinician Psychology Interns to receive some training at this site, which might include shadowing home visits, delivering therapeutic services at the clients' residence, and observing their clients in the greater milieu. Similarly, approximately 6 CONREP clients reside at Rosies' Board and Care, another local licensed board and care facility which houses approximately 15 clients in total. They offer similar services as noted above.

Additionally, some clients are housed at Barbara's Independent Living Facility (ILF), which is located at 447 I Street, located in Chula Vista. This is a nine-bed ILF, which houses approximately five CONREP clients. Unlike the board and care facilities, there is not staff at the ILF 24/7; rather, ILF staff visit the residence approximately once per week to deliver groceries or complete maintenance requests. As such, clients are required to have more independent living skills, such as managing their own medication, laundering services, and cooking. Similar to the board and care facilities, the Forensic Clinician Psychology Interns may receive some training at this site, which might include shadowing home visits, delivering therapeutic services at the clients' residence, and observing their clients in their home environment.

Because San Diego CONREP Forensic Clinician Psychology Interns will also be conducting forensic evaluations as part of their training year, it is possible the Interns might travel to a state hospital facility (i.e., DSH-Patton, located in San Bernardino, California) or to local jail facilities to conduct evaluations of inmates deemed Incompetent to Stand Trial. The Psychology Intern might also travel to the local mental health court to shadow court testimony.

Training Resources

In order to carry out their day-to-day responsibilities, the Doctoral Forensic Clinician Psychology Intern is afforded a number of training resources to assist them in making their work and learning experience easier. For instance, all Interns are provided with parking passes the day they first arrive to this training facility, such that they will have free parking in the garage when they come to the office. Interns are also given a key to the office suite as well as a specific key for their individual office space, the latter of which they can use to conduct therapy sessions, other clinical activities, assessments, and where they can complete their documentation. With regard to documentation, Interns are provided Gateways laptops, which are encrypted and connected to the network drives to allow for the use and storage of protected healthcare information. This laptop will include access to the clients' Electronic Health Record (EHR), Medication Administration Record (MAR), Outlook profile, and all previous legal records for each CONREP client. The laptop will also connect the intern to their own personal network drive, where they can store documents, such that the documents are accessible by every Gateways computer and backed up accordingly. The Intern will also have IT support with regard to the operation of their laptops, their office phone lines and voicemails, as well as the use of our EHR system (i.e., Carelogic). In addition, given the forensic and high-risk nature of the population we serve, each office, including the interns' offices, have personalized "panic alarms," which the interns can use to alert the greater office suite of any emergency that might occur. These alarms are routinely tested and trainings are held early in the interns' orientation to ensure understanding of the processes surrounding the use of these alarms. Each office is supplied with an updated California Penal Code book as well as a DSM-5-TR manual. In the front office, each intern will have their own personal mailbox where staff can provide them with important documentation. Moreover, there are a number of assessment tools Interns can check out and use to bolster their assessment skills.

Supervision

Clinical supervision will come from a variety of individual staff members (all licensed psychologists) in the Gateways CONREP program. Interns will consistently receive a minimum of two hours per week of regularly scheduled, face-to-face, individual supervision from clinical supervisors (licensed psychologists). This will include a review of each client on the intern's caseload, with a detailed review of the intern's relevant documentation (e.g., court report, individual session notes, group session notes, etc.). The supervisor, a licensed psychologist, will sign all court reports, noting, "Reviewed and approved by:" and individual therapy sessions will note, "Supervised by:" to ensure the reader is aware the intern's clinical work is overseen by a licensed psychologist. The intern will also participate in at least 2.5 hours of group supervision per week, in addition to grand rounds with the entire interdisciplinary treatment team, all of which is facilitated by a licensed psychologist. The intern will be afforded at least four hours of formal supervision with a licensed psychologist per week, although there will be many opportunities for additional informal supervision by licensed staff and other mental health professionals when appropriate.

The Director of Training is ultimately responsible for ensuring all interns receive the appropriate amount and type of supervision overall. Each intern will be required to maintain a weekly log of supervision and educational activities using the format provided at the beginning of the year. This log must be turned into the Director of Training at the end of each month and will be reviewed with the intern at each formal performance evaluation. Any problems or deficiencies in the provision of supervision should be reported to the Director of Training.

At the core, clinical supervision is structured to address the following areas of growth (though this is not an exhaustive list): self-care concerns; theoretical approach(es) to treatment; treatment planning based on the clients' cognitive capacities, needs, risk, etc; chosen intervention(s) and rationale(s) for such; presenting problem(s) and client attributes; transference and counter-transference issues; multicultural aspects of treatment; forensic issues and implications; professional development; quality and timeliness of documentation; clinical acumen; professionalism and boundaries; and progress toward individualized training goals.

Although clinical supervisors come to the table with greater experience, Gateways CONREP identifies interns as "colleagues in training" and, as such, emphasizes the importance of a collaborative approach to supervision. In addition, the effective, open exchange of information is essential in upholding the mission statement and goals of this agency; thus, interns are encouraged to engage in frequent, informal conversations with clinical supervisors, not only to further the interns' socialization into the profession, but also to ensure the safe and effective supervision of our clientele. Given the far-reaching consequences of this work, we prefer to take a direct approach to supervision, challenging interns to take ownership of their decisions, clinical judgment, and at times, mistakes/oversights, which will undoubtedly occur within the training year. While criticism is sometimes uncomfortable both for the giver and the receiver, it is viewed as a necessary step in fostering professional development, as the intern is not well-served when only provided feedback regarding one's strengths. Of note, feedback on formal evaluations will not come as a surprise to the intern, as we believe it is the clinical supervisor's responsibility to identify, discuss, and remediate any difficulties or needs in a timely manner.

Supervision Considerations for License Eligibility

The intern is directed to the Board of Psychology website, where they must obtain a blank Supervised Professional Experience form to be signed on the first day of internship:

- ❖ http://www.psychology.ca.gov/forms_pubs/sup_agreement.pdf

In addition, at the close of the internship year, the intern is again directed to the Board of Psychology website, where they must obtain a blank Verification of Experience form to be signed upon the intern's successful completion of the internship.

- ❖ http://www.psychology.ca.gov/forms_pubs/prior_verofexp.pdf

Doctoral Forensic Clinician Psychology Intern Sample Weekly Schedule

Gateways FCTP Intern Schedule 2023-2024

TIME	MON	TUE	WED	THU	FRI	SAT	SUN
		START TIME:	8:30 AM	TIME INTERVAL:	30		
8:30 AM	Case Management	Case Management	Case Management	Case Management	Case Management		
9:00 AM	Individual Therapy Session	Individual Therapy Session	Individual Therapy Session	Individual Therapy Session	Trainee Group Supervision		
9:30 AM							
10:00 AM	Group Therapy	Note and Court Report Writing	Note and Court Report Writing	Group Therapy			
10:30 AM							
11:00 AM	15-minute Break	15-minute Break	15-minute Break	15-minute Break	Didactic Training		
11:30 AM	Note and Court Report Writing	Individual Supervision	Individual Therapy Session	Individual Therapy Session			
12:00 PM							
12:30 PM	Lunch	Lunch	Lunch	Lunch	Lunch		
1:00 PM	Collateral Phone Calls	Individual Supervision	Shadow Home Visit Counselor	Note and Court Report Writing	Open Office Hours		
1:30 PM							
2:00 PM	Case Management	Annual Staffing/Case Conceptualization	Collateral Phone Calls	Annual Staffing/Case Conceptualization	Individual Supervision		
2:30 PM	15-minute Break		15-minute Break		Collateral Phone Calls		
3:00 PM							
3:30 PM		15-minute Break		Annual Staffing/Case Conceptualization	15-minute Break		
4:00 PM	All Staff Meeting/Grand Rounds	Annual Staffing/Case Conceptualization					
4:30 PM		Case Management	Clinical Group Supervision	15-minute Break	Note and Court Report Writing		
5:00 PM				Note and Court Report Writing	Note and Court Report Writing		
5:30 PM							

Didactics Schedule

Didactic trainings will be provided weekly throughout the internship year, averaging two hours per week, which will be delivered in a lecture-based format. Overall, didactics are aimed at complimenting the Psychology Intern's clinical work, supervision as well as the program's training goals. To ensure integration of current scientific literature and standards of practice, didactic seminars are often supplemented with additional readings. Didactics will be facilitated by the Director of Training, incorporating other CONREP staff and supervisors, as well as outside guest lecturers, from psychology and other disciplines (e.g., nursing, occupational therapy, police department, court personnel, the Department of State Hospitals, etc.).

The following broad topics will be covered:

1. Introduction to CONREP: Covering the history of the CONREP program as well as the Penal Codes which guide our work, including discussions of relevant case law and other topics specific to the CONREP program.
2. Theory and Methods of Diagnosis: Focused on empirically validated methods for diagnosing individuals including the use of structured interviews and validated assessment tools.
3. Developing Effective Treatment Plans and Interventions: Covering individual and group treatment employed at this site, as well as current literature regarding empirically-validated treatments and issues relevant for clinical forensic practice.
4. Conducting Forensic Evaluations: Discussing theory and methods used when conducting forensic evaluations, both specific to the population served and more broadly.
5. Risk Assessment: Covering general approaches to risk assessment, as well as the use of specific empirically-validated risk assessment tools (e.g., HCR-20-V3, PCL-R, LS/CMI).
6. Cultural and Individual Diversity: Focused on increasing intern awareness and skills in the provision of culturally competent psychological services.
7. Supervision Theory and Strategies: Covering ways to most effectively utilize supervision as well as methods of providing supervision to others.
8. Professional Consultation: Covering when to seek out such consultation and with whom (e.g., psychiatry, nursing, etc).
9. Professional Conduct, Ethics, and Legal Matters: Covering both general ethical and legal issues that arise as well as those specific to working within a forensic population.
10. Professional Development: Covering topics such as post-doctoral fellowships, licensure, and transitioning from student to practitioner.

11. Special Topics in Forensic Community Based Treatment and Supervision: Assisting the intern in navigating the fine line between client advocate and supervision geared toward ensuring community safety.
12. Report Writing: Developing the intern's skills regarding drafting a concise, yet comprehensive psychosocial history, robust and meaningful mental status examination, and overall conceptualization, tying together the record, one's own clinical observations, and theory, with a focus on risk assessment, management, and other forensic issues.
13. Assessment Tutorial: Introduction to psychodiagnostic, malingering, personality, and risk assessment, with the use of empirically-validated assessment tools.

In addition to these two-hour traditional didactic seminars, Interns will have other, more interactive-based training opportunities, averaging about two additional hours of didactic activities each week:

1. Participate in weekly grand rounds aimed at discussing clinical and forensic/violence risk concerns with individual clients as well as among the greater milieu. This will occur with the multidisciplinary treatment team to ensure all staff are well-informed and working collaboratively.
2. Participate in weekly group supervision aimed at addressing ongoing clinical and supervisory concerns with individual clients.
3. Conduct formal case presentations to the Gateways CONREP treatment team. These will occur during their clients' annual treatment staffings or when the intern has a challenging clinical case.
4. Shadow a Forensic Evaluator conducting evaluations of individual(s) within the state hospital. This could include visiting the state hospital, attending subsequent meetings with the Evaluation Unit team, writing a shadow-report, and observing related expert testimony.
5. Present their dissertation to Gateways CONREP staff.
6. Shadow expert testimony and participate in mock trials to allow for the development of verbal testimony skills and the communication of violence risk in a courtroom, or mock courtroom, setting.

Interns will also be encouraged to attend and, perhaps volunteer at, the Forensic Mental Health Association of California's (FMHAC) annual conference, which is held in late-March, over the course of three days, and typically includes an additional two-day CONREP training put on by the Department of State Hospitals—CONREP Operations.

To ensure we are implementing effective training methods, the format and content of each didactic session will be evaluated and amended accordingly. Interns will have the opportunity to complete written feedback forms as well as provide verbal feedback during routine performance reviews.

2023-2024 Didactic Schedule

Formal didactic trainings will be held every Friday from 10AM to 12PM

Week 1 & 2 (9/8/23-9/15/23): CONREP Academy – learning the history and structure of CONREP, relevant Penal Codes that guide CONREP’s work, and some case examples with regard to treatment and supervision

- Nicole Paglione, Psy.D.

Week 3 (9/22/23): Carelogic Training – learning the Electronic Health Record program Gateways CONREP uses to document all clinical transactions

- Cynthia Lermond, Psy.D.

Week 4 & 5 (9/29/23-10/6/23): Court Report and Forensic Note Writing – learning basic templates, expectations, and organization of 90-Day and Annual Court Reports, paying special mind to cross-examination tactics; learning what belongs in the “assessment” portion of the Forensic Individual Therapy Note.

- Nicole Paglione, Psy.D.

Week 6-10 (10/13/23-11/10/23): Violence Risk Assessment and HCR-20 version 3 Training – this training is designed to enhance the intern’s ability to identify risk factors of violent behavior, specifically utilizing the HCR-20 Version 3, in order to not only assess for violence risk, but also to aid in treatment planning and supervision through the practice of relevance rating and scenario planning. This training will educate interns on the development of the HCR-20 as a well-respected and highly researched risk assessment tool, the research that guides the use of said tool, and the practical application of said tool on cases indicative of escalating risk.

- Nicole Paglione, Psy.D.

Week 11 (11/17/23): AWOL and Rehospitalization Procedures – teach the procedures surrounding crisis intervention and the determination of returning clients to a higher level of care/custody, as guided by the policy and procedure manual set forth by the Department of State Hospitals and CONREP Operations.

- Nicole Paglione, Psy.D. and Cynthia Lermond, Psy.D.

Week 12 & 13 (12/1/23-12/8/23): Forensic Treatment & Supervision Tactics – this training will review the forensic treatment and supervision tactics exercised in Gateways CONREP and why they are necessary in mitigating risk. We will look at specific case examples of those who have succeeded in CONREP as well as those who have failed.

- Nicole Paglione, Psy.D.; Johnee Elhaoui, LCSW; and Diana Avalue, Psy.D.

Week 14-18 (12/15/23-1/19/24): Working with Forensically-Involved and Court-Mandated Clients – teaching different techniques and modalities supported by the literature when working with justice-involved, involuntary clientele, discussing specific topics related to oppression, resistance, and trauma-informed care.

- Nicole Paglione, Psy.D.

Week 19 (1/26/24): The Dance of Therapy – learning motivational interviewing and how to engage clients in therapy in a forensic setting

- Johnee Elhaouli, LCSW

Week 20-24 (2/2/24-3/1/24): Law and Ethics with a Forensic Focus and Addressing Cultural Biases

- Melinda Wolbransky, J.D., Ph.D.

Week 25-28 (3/8/24-3/29/24): Court Testimony – learning both the Federal Rules of Evidence and Evidence Codes that guide expert testimony, learning how to communicate violence risk assessment results in writing and in court, and basic tips on fact/expert witness testimony

- Nicole Paglione, Psy.D.

Week 29 (4/5/24): Mock Trial – One intern will participate in a mock trial

Week 30 (4/12/24): Mock Trial – One intern will participate in a mock trial

Week 31 (4/19/24): Group Facilitation – reviewing tactics and techniques to keep groups interesting as well as reviewing different curriculum based on different group topics

- Johnee Elhaouli, LCSW

Week 32 & 33 (4/26/24 & 5/3/24): Threat Assessment Training

- Nicole Paglione, Psy.D.

Week 34 (5/10/24): Threat Assessment Case Study

- Nicole Paglione, Psy.D.

Week 35 (5/17/24): Malingering Training

- Melinda Wolbransky, J.D., Ph.D.

Week 36-38 (5/24/24-6/7/24): PCL-R – learning about the construct of psychopathy and the use of the PCL-R to measure psychopathy

- Nicole Paglione, Psy.D.

Week 39 (6/14/24): Threat Management Unit of LAPD Presentation – Stalking the Stalker

- Detective Marc Madero, Threat Management Unit

Week 40 (6/21/24): Probation Style versus Clinical Approach with Court-Mandated Clients – learning to strike the balance between exercising authority in treatment while still remaining an advocate for your clients all while maintaining community safety

- Johnee Elhaouli, LCSW

Week 41 (6/28/24): Case Management Decision Making – following a decision tree to determine when pass and privilege requests made by forensic clients are appropriate or elevate violence risk; similarly, looking at medical assessment and when it is appropriate to refer for advanced medical care; etc.

- Johnee Elhaouli, LCSW

Week 42 (7/5/24): Organizational Skills – as the interns prepare for their post-doctoral years, we will discuss time management techniques and organizational skills used to maintain clinical services, documentation, and ethical practices pre- and post-licensure

- Johnee Elhaouli, LCSW

Week 43 (7/12/24): Mental Status Examination – learning the art of a mental status examination, namely when conducting a forensic evaluation.

- Nicole Paglione, Psy.D.

Week 44 (7/19/24): Forensic Evaluations – reviewing a video of a faux client interview and working together to conduct a forensic evaluation addressing whether the clients are suitable for step down to Gateways CONREP's forensic community outpatient treatment program

- Nicole Paglione, Psy.D. & Melinda Wolbransky, J.D., Ph.D.

Week 45 (7/26/24): Tour of Metropolitan State Hospital – conducted by the Metropolitan State Hospital Training Director

Week 46 (8/2/24): Termination – learning how to appropriately terminate with one's clients and what to expect from termination, paying special mind to countertransference and transference issues.

- Nicole Paglione, Psy.D.

Week 47 (8/9/24): Professional Development and What's Next – looking toward shedding the student persona and stepping into one's role as a psychologist, this training seeks to teach interns about all things related to professional development and comporting oneself in a professional manner, paying special mind to staff relationships and conduct

- Cynthia Lermond, Psy.D.

Week 48 (8/16/24): Personality Disorders – reviewing the DSM-5 as it pertains to personality disorders and how said disorders manifest in our forensic population

- Nicole Paglione, Psy.D., & Cynthia Lermond, Psy.D.

Week 49 (8/23/24): Differential Diagnosis – this training builds upon the prior training looking at psychotic spectrum illness and major mood disorders and differentiating features. This training will also focus on comorbid substance use disorders.

- Nicole Paglione, Psy.D., & Cynthia Lermond, Psy.D.

Due Process Procedures

The following guidelines describe Forensic Clinician Psychology Intern performance concerns that would be cause for formal review, informal action, formal remediation, and which could potentially result in termination of the employment and training of the intern if not corrected to satisfaction.

When the intern's performance is determined to be insufficient and/or other noteworthy problematic behaviors transpire, a performance improvement/remediation plan may be implemented. While this may occur at the time of the intern's formal performance review, Due Process Procedures may also be enacted at any point in the intern's training year. These procedures are not meant to be punitive; rather, an informal action plan or performance improvement/remediation plan is meant to address an Intern's performance deficiencies or other problematic behaviors that are non-egregious and appear amenable to timely and adequate change. These Due Process Procedures are thus meant to protect an Intern's rights and are implemented to afford the Intern a reasonable opportunity to correct specific concerns while provided support and assistance to do so. Interns have the right to appeal performance improvement/remediation decisions.

Intern Expectations

Gateways CONREP does not expect their Interns to be perfect. Indeed, even the most well-prepared and well-intentioned Interns are likely to lack experience and knowledge in some areas. Thus, should a supervisor perceive an Intern as having a deficiency in skills or performance, the supervisor will first recommend remedial actions. Often, said deficiencies are minor matters easily and informally addressed through regular supervision, extra reading or practice, or other training. Some examples of insufficient performance include, but are not limited to, the following:

- The Intern does not acknowledge, understand, address, or correct a problem when it has been identified
- The problematic behavior has not changed regardless of feedback, remediation efforts, and/or experience
- An Intern presents with a skill deficit which negatively impacts the Intern's clinical work and the quality of other services rendered, reflecting competency below that which is expected at the point of the internship year
- The Intern demonstrates an inability and/or unwillingness to learn and appropriately integrate professional ethical standards into their professional work
- The Intern demonstrates an inability to effectively manage personal stress, emotional reactions, etc., which then impede the Intern's professional functioning
- The problematic behavior has potential legal or ethical ramifications if not addressed
- The Intern's behavior negatively impacts other Interns, treatment team members, clients, and/or Gateways Hospital and Mental Health Center
- The Intern requires a disproportionate amount of attention from the Administration

Problematic behaviors include, but are not limited to, the following:

- Sexual harassment
- Insubordination
- Exploitative or abusive behavior
- Violation of professional code of conduct for ethical professional practice (i.e., APA Ethical Principles of Psychologists & Code of Conduct, APA Professional Practice Guidelines, APA Specialty Guidelines for Forensic Psychology)

- Any behavior that infringes upon the rights, privileges, and responsibilities of other Interns, professionals, employees, community members, and/or CONREP clients
- Egregious behavior, including illegal and/or unethical behavior, as well as behavior which demonstrates poor judgment

Egregious behaviors may result in notification of the Intern's graduate program and may lead to the Intern's termination from employment and the training site.

Due Process

Due Process is integrated within the formal review and performance improvement/remediation process. Due Process ensures Interns are treated justly and afforded a reasonable opportunity to hear about, respond to, and correct identified problems. It also ensures Interns receive support and assistance throughout the remediation process and, should the Intern have concerns regarding the problems raised and/or performance/remediation process, Due Process protects the Intern's right to appeal. This process is intended to ensure all Intern expectations are clear and known and evaluation policies and procedures for remediation are effective, timely, and fair. Due Process is upheld by the following:

- Program Expectations. The Director of Training will provide Interns with the training program expectations in writing at the beginning of the internship training year. These expectations will then be reviewed in detail during the Intern's orientation.
- Procedures for Evaluation. The Director of Training will inform the Intern about the evaluation procedures, including when, how, and by whom the Intern will be evaluated.
- Procedures for Evaluation of Performance and Problematic Behavior. The Director of Training will inform Interns when their performance and/or problematic behaviors become significant and, therefore, how they will be addressed.
- Data for Performance Evaluation. The Director of Training will seek out collateral data from multiple professional sources to the extent feasible when making decisions and/or recommendations regarding the Intern's performance.
- Communication with Graduate Program. Should the Intern present with clinical deficiencies or deficits in other skills or behaviors, the Director of Training will communicate clearly, early, and often with the Intern as well as the Intern's graduate program to address the concerns raised/identified.
- Remediation Plan. If warranted, the Director of Training will develop and provide a performance improvement/remediation plan for Interns to address skill deficits or problematic behaviors. The Intern will be given a clear timeline as to when they must complete the requirements for remediation as well as the consequences should they neglect or fail to meet said requirements by the end of the proposed timeline.
- Appeal. The Director of Training will provide Interns with a written statement of the appeal policy and procedures highlighting the steps that will occur should they choose to exercise their right to an appeal.
- Timely Process. The Director of Training will ensure that a sufficient amount of time will be provided for interns to respond to any actions taken by the program.
- Documentation. The Director of Training will document in writing the actions to be taken if an intern has deficiencies in skills and/or problematic behaviors. The Director of Training will also document the rationale for said actions as well as the criteria the Intern must meet to successfully resolve their performance improvement/remediation plan. The documentation will be provided to all relevant parties, and it will be kept in the Intern's file in case of formal remediation.

Informal Review

When a supervisor or other staff member believes that an Intern's behavior is becoming problematic, or when said Intern consistently performs below the expected level of competence, the first step in addressing the identified issue is to speak openly and directly with the Intern about the issue as soon as feasible in an effort to informally and expeditiously resolve the problem. This may include requiring the Intern to participate in increased supervision, didactic training, and/or structured reading. The supervisor and/or staff member who raised the concern should monitor the outcome. This process will be documented in writing in supervision notes and discussed with the Director of Training as well as other supervisory staff; however, said documentation will not become a part of the Intern's professional file.

Formal Review

If the Intern's problematic behavior or performance deficiencies persist beyond the informal review and resolution phase, if it is found that the intern is performing below expectations per the six-month evaluation, or if the problem behavior is so egregious an informal review would be insufficient, the following process is initiated:

- The Intern will be notified in writing (Notice of Formal Review) that the issues has been raised to a formal review level and a formal hearing will be held withing 14 calendar days
- The Director of Training will hold a hearing with the Intern's supervisor, the supervisory staff member who raised the concern, and the Intern within 14 calendar days of when the Notice of Formal Review was issued. If the Director of Training is the person raising the issue, another supervisory staff member will be present at the hearing. At the hearing, the intern will be afforded the opportunity to present their perspective and/or to provide a written response to the identified problem outlined in the Notice of Formal Review document.
- Outcomes and next steps will be determined at the close of the hearing by the Director of Training and the other supervisory staff member present. This outcome will then be communicated in writing to the Intern within 5 working days of the hearing. Potential outcomes include:
 1. Issue a "Verbal Written Warning," which formally acknowledges the Director of Training and other supervisory staff are aware of and concerned with the problem; calls the issues to the direct attention of the Intern; provides the Intern with specific steps necessary to remediate the problematic behavior or skill deficit(s) identified; and determines that the problem is not significant enough to warrant further remedial action at this time.
 2. The Intern can be placed on a "Performance Improvement Plan," which clearly defines the problematic behavior(s) and/or skill deficiencies that will be monitored by a specific supervisory staff member (e.g., the Director of Training) for a predetermined period of time (i.e., 30, 60, or 90 days, depending upon the nature of the problem, and which will be decided by the Director of Training in conjunction with the involved supervisory staff) to ensure the Intern is improving upon and/or changing the identified areas of concern. This Performance Improvement Plan will represent a probationary period for the Intern, and the written plan will be provided to the Intern as well as the Director of Clinical Training at the Intern's graduate program. Of note, the length of this probationary period can be extended should it be indicated and should all involved parties agree. At the end of the Performance Improvement Plan, the Director of Training will provide a written statement indicating whether the Intern sufficiently remediated the identified problematic area(s). This written statement will become part of the Intern's professional

file and will also be forwarded to the appropriate parties at the Intern's graduate program.

3. If the problems identified are not rectified through the above processes, or if the problem represents an egregious act which stands in contrast to our ethical code, the Intern may be terminated from this training site. The decision to terminate an Intern's placement will be made by the Director of Training, the related supervisory staff member, and a representative from Human Resources. This decision will be made during a meeting held within 10 working days of the previous step completed in this process (or of learning about the egregious behavior). Until a final decision is made, the Director of Training may suspend the Intern's clinical privileges while awaiting a formal decision. Immediately upon reaching a final decision, the Director of Training will notify the Association of Psychology Postdoctoral and Internship Centers (APPIC) as well as the Intern's graduate program (e.g., Director of Clinical Training) of said decision.

Appeal

In the event the Intern disagrees with and wishes to challenge a decision made at any step in the Due Process procedures, the Intern may appeal that decision, by requesting an Appeals Hearing in front of the Director of Training, involved supervisory staff, and the Community Program Director (i.e., Executive Director of Gateways CONREP). At least three supervisory staff will be present at the hearing, and the Intern may request the presence of one specific member of the supervisory staff in addition to or in lieu of those already directly tied to the raised concern. Said request of appeal must be submitted in writing, clearly and specifically outlining the rationale for the appeal and any proposed alternative actions. This must be submitted within seven calendar days of the date of the decision which the Intern wishes to challenge or with which the Intern was dissatisfied. The Appeals Hearing will occur within 10 working days of the Intern's written appeal. The Review Panel (i.e., the supervisory staff comprising of the Appeals Hearing panel) will review all written materials related to the appeal. They will also have the opportunity to interview any involved parties or other individuals with relevant information. The review panel will reply in writing within the ensuing five working days, either upholding the previous decision made or modifying said decision. A copy of the review panel's response/decision will be provided to both the Intern and sent to the Intern's graduate institution. This decision is final.

Grievance Procedures

The Psychology Doctoral Internship year is a pivotal time in the Intern's growth and professional development, as they transition from their roles as students to increasingly independent, competent professionals. The evaluation and feedback process is critical in ensuring this growth process, not only for Interns, but also for the supervisory staff and training program as a whole. In most cases, evaluation and feedback serves to create a growth mindset among supervisors and supervisees, fostering excitement, motivation, confidence, and competence, which hopefully increases throughout the internship experience. However, there are times in which serious circumstances may arise, calling for additional action. Gateways CONREP's Grievance Procedure is intended to empower the Intern to effectively and professionally address situations through direct communication with supervisors, whenever possible.

The Intern can make their concerns and requests known at any time during their internship year in three ways:

- ❖ Informal Review: Interns may make requests or complaints to relevant staff at any point in their training year. Interns meet with clinical supervisors several times per week and may raise issues directly with these people. Interns also meet with the Director of Training regularly, which also provides the opportunity to voice concerns or complaints. In general, the Intern should raise the issue as soon as feasible with the involved supervisor, staff member, other trainee, or Director of Training in an effort to resolve the problem informally. This step should be taken first, if possible, prior to requesting intervention from other staff, though it is also recognized this is not always an option.
- ❖ Formal Concern/Complaint via Evaluation: As a routine aspect of the Intern's internship year, the Intern will be asked to complete an evaluation of the supervision they receive and the program as a whole on a bi-annual basis (i.e., mid-year and final evaluation). This is a formal and documented way the Intern may raise concerns and make requests. These evaluations will be reviewed by the Director of Training as well as the Community Program Director. They will also be made available for review by Program Review officials, Graduate Program Directors of Clinical Training, and visitors from other sanctioning agencies. The Director of Training will maintain these records for a period of 7 years.
- ❖ Formal, Established Grievance Procedure: The agency reserves the right to first attempt to resolve problems informally. However, if the issue raised has not or cannot be resolved informally, then the Intern is encouraged to pursue the formal grievance procedure. In such a case, it is recommended the Intern maintain clear documentation of their pursuit.
 - The first step is to submit a written request to the Director of Training, stating clearly, specifically, and factually the nature of the problem as well as the proposed resolution. If the Director of Training is the object of the grievance, then the grievance should be submitted to another supervisory staff member (e.g., the Community Program Director).
 - Upon receiving the formal grievance, the individual being grieved will be asked to submit a response in writing within 10 working days.
 - The Director of Training (or alternative supervisory staff member) will meet with the Intern and individual being grieved within 10 working days of receiving the grieved individual's written response. Depending on the situation, this meeting may occur separately or with both parties involved (i.e., the Intern and the individual being grieved). The aim of this/these meeting(s) is to identify a plan of action to resolve the matter.

- Should the grievance be more about the internship program rather than an individual, the Director of Training and another supervisory staff member will meet with the Intern jointly to develop a plan of action aimed at resolving the grievance.
- This plan of action developed between the Intern and the Director of Training and/or other supervisory staff will include:
 1. Identification of the behavior/concern associated with the grievance
 2. The specific steps that will be taken to remediate the problem
 3. Procedures designed to ascertain whether the problem has been sufficiently remediated
- The Intern and the person being grieved will be asked to report back to the Director of Training (or other supervisory staff member) in 10 working days to discuss whether the issue has been sufficiently addressed/resolved.
- If it is determined, however, the issue was not resolved in a satisfactory/timely manner, the Intern should present copies of the documentation accumulated to the Director of Clinical Training of their graduate program in order to facilitate an inter-agency discussion regarding the grievance. This discussion should occur within 10 working days of determining the issue has not been resolved to the Intern's satisfaction. This discussion will include the Community Program Director of Gateways CONREP. The graduate program and Community Program Director will have the opportunity to interview the parties involved or any other individuals with relevant information. Based on the internship program's collaboration with the graduate program, the Community Program Director will submit a written response to the grievance to the Intern within 5 working days of the meeting.
- If it is determined, still, that the grievance against a staff member cannot be or is not appropriate to resolve internally, Interns are afforded the right to pursue all remedies generally available to Gateways Hospital and Mental Health employees, including escalating their complaint to Gateways' Human Resource department.

Forensic Clinician Psychology Intern Performance Standards

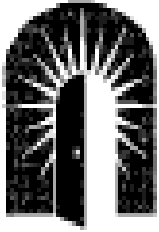
The intern Performance Standards are outlined in the Forensic Clinician Psychology Intern performance evaluation form below, and will be measured routinely by observation, demonstration, verbal interactions, written interactions, and via in-service training. This will be accomplished via individual and group supervision, as well as through additional quality assurance measures, including the monitoring of the intern's ability to meet the core service requirements for each of their clients, dictated by the client's Level of Care and the production and timely submission of Quarterly and Annual court reports in addition to other relevant client documentation.

Forensic Clinician Psychology Intern Evaluation Procedure

Evaluation of both intern performance and training program operations is an ongoing process which depends on feedback from both supervisors and interns and involves both informal verbal communication and formal written evaluations. Interns and clinical supervisors are asked to provide one another with feedback each time they meet for scheduled supervision as well as during other less formal discussions. It is expected this will be the most frequent way information about Intern performance and the efficacy of supervision is communicated. Clinical supervisors must ensure any constructive criticism is given as the need arises rather than waiting until formal performance evaluations. Relatedly, to the extent they feel comfortable, interns are encouraged to voice requests or concerns as they arise, not only to ensure a healthy, positive work environment, but also as part of their professional development.

The Forensic Clinician Psychology Intern will receive at least two formal evaluations within the training year. Specifically, the intern will receive a mid-year evaluation in approximately January or February of the training year. The final performance evaluation will be completed at the close of the training year in approximately July or August. The assigned clinical supervisor will complete the performance reviews, incorporating feedback gathered and provided by the Director of Training as well as other relevant staff, based upon the Intern's performance within the reporting period (i.e., 6 months, 12 months). This will include an evaluation of the Intern's job duties (as outlined in the Forensic Clinician Psychology Intern job description provided below), general competencies, core competencies, and progress toward achieving the goals of this training site (as outlined in the Learning Goals for Training Year section above). Individualized feedback will be provided both in writing and in person to each Intern. The Intern will also have the opportunity to respond to all feedback provided either orally or in writing. Copies of these evaluations will be sent to the intern's graduate program.

After the Intern's performance evaluation is completed, each Intern will be asked to complete a separate form rating various aspects of the internship and supervision. These forms will be returned to the Director of Training, and this information will be taken into account in evaluating the functioning and effectiveness of the Internship program. Significant concerns about supervision within a specific program area or with a specific supervisor will be addressed with the relevant staff on an individual basis by the Director of Training.



**GATEWAYS HOSPITAL AND
MENTAL HEALTH CENTER**
Conditional Release Program
Los Angeles & San Diego County

<u>PLEASE CHECK ONE:</u>	
<input type="checkbox"/>	Mid-Year Evaluation
<input type="checkbox"/>	Annual Performance Evaluation _____(year)

**FORENSIC CLINICIAN PSYCHOLOGY INTERN
POSITION DESCRIPTION & PERFORMANCE EVALUATION**

Title of Position	Forensic Clinician (AKA: Primary Therapist)
Location	Gateways CONREP Los Angeles CONREP/ San Diego CONREP
Compensation	Annual Stipend
Work Week / Hours	Monday – Friday / 40 Hours
Supervisor	Training Director
Summary	The Forensic Clinician intern must be enrolled in a doctoral level psychology program and possess a master’s degree in psychology from an accredited university. The responsibilities of the position include providing forensically focused individual and group therapy, crisis intervention, and case management services to an adult forensic population. In addition, reports for each client are submitted to the courts on a 90-day cycle. Documentation on all services provided must be submitted within 24-hours of service delivery. Clinical trainee participates in all meetings and supervision activities. Assists with any other project as indicated by the Training Director, Program Directors, or Program Coordinator as needed. Must maintain a clear criminal record for continued training/employment eligibility.

PART 1: POSITION QUALIFICATIONS

Minimum Experience Required	Working knowledge of current diagnostic manual. Clinical experience in provision of individual or group treatment and training with multi-racial (ethnic) populations.
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	Working knowledge of or clinical experience in provision of treatment to individuals with substance use disorders.
Desired Experience	<p>Clinical treatment of both acute and chronic mentally ill population.</p> <p>Crisis intervention experience.</p> <p>Experience with family therapy.</p> <p>Familiarity with correctional/forensic systems.</p> <p>Treatment and discharge planning.</p> <p>Working knowledge of community resources.</p> <p>Experience with preparation of written client evaluations.</p> <p>Courtroom Testimony</p>
Minimum Education Required	Master's Degree in Psychology or related area from an accredited university.
Desired Education	Graduate education/training in personality assessment, forensic mental health, law, psychology, and/or criminal justice.
Essential Skills	<p>Working knowledge of mental status examinations and current diagnostic manual.</p> <p>Knowledge of psychiatric mental health theories and practices.</p> <p>Individual and group treatment with clients who present a variety of psychopathologies.</p> <p>Ability to function as both the primary therapist and member of multi-disciplinary treatment team.</p> <p>Ability to accurately observe and document client's behaviors and treatment sessions.</p> <p>Ability to accurately assess statements and behaviors of clients for evidence of antisocial behavior.</p> <p>Ability to handle encounters with clients who may be unstable, angry, hostile, agitated, or intoxicated, by alcohol or street drugs, in an appropriate, effective, and sage manner.</p> <p>Crisis intervention for assessing and de-escalating aggressive/assaultive behavior.</p> <p>Knowledge and understanding of human relationships.</p> <p>Ability to work and relate effectively with visitors, police, court personnel, and other community members.</p> <p>Ability to communicate effectively, both verbally and in writing.</p> <p>Good writing skills.</p> <p>Ability to utilize feedback effectively.</p> <p>Computer skills (Ability to learn Electronic Records Program, Outlook, and other company computer programs)</p> <p>Computer skills in word process for creating and typing court reports or other related documents.</p>

PART II: JOB DUTIES

METHOD:	O = Observation	RATING:	4 = Exceeds / Train Others
	D = Demonstration		3 = Meets
	V = Verbal		2 = Needs Improvement
	W = Written		1 = Does Not Meet
	IS = In-Service		N/A = Not Applicable

	Assessment Criteria	METHOD	RATING
1)	Maintains accurate and up-to-date clinical charts with appropriate and timely completion of all required documentation, including but not limited to, assessments, progress notes, treatment and discharge plans, and court reports.		
2)	Will make in the field/site visits on cases, as appropriate.		
3)	Provides full services to an assigned caseload, including individual, group, couples, family psychotherapy, case recording and management, re-hospitalization / re-institutionalization, preparation of court reports and court testimony as needed or assigned. Meets all contracted monthly service requirements.		
4)	Implements and is responsible for the treatment planning needs of assigned client caseload.		
5)	Makes and implements client disciplinary recommendations, as needed.		
7)	Participates in assigned program, treatment planning, and in-service training meetings as scheduled.		
8)	Productively participates in weekly individual and group supervision. Maintains and improves clinical skills, through supervision, training seminars and classes. Follows supervisor's directives.		
9)	Maintains an objective and professional relationship with clients at all times.		
10)	Maintains job interest and technical skills.		
11)	Works collaboratively with the multi-disciplinary treatment team, including timely and effective communications.		
12)	Effectively presents clinical case material as needed.		
13)	Communicates effectively with clients as well as their family members and significant others.		
14)	Maintains active and effective liaison with relevant community agencies and initiates collateral contact with family, friends, board and care operators referring agencies and professionals as needed for the client's continuity of care.		
15)	Exercises good judgment by objectively and unemotionally analyzing facts, weighing evidence, utilizing clinical skills and reaching sound conclusions.		
16)	Responds appropriately under difficult or stressful circumstances.		
17)	Performs other additional related tasks as assigned.		

PART III: GENERAL COMPETENCIES

METHOD:	O = Observation	RATING:	4 = Exceeds / Train Others
	D = Demonstration		3 = Meets
	V = Verbal		2 = Needs Improvement
	W = Written		1 = Does Not Meet
	IS = In-Service		N/A = Not Applicable

	Competency Category	Assessment Criteria	METHOD	RATING
A.	Leadership			
	Mission, Vision, Values	Demonstrates through work performance the meaning of Gateways' mission, vision and values		
	Confidentiality	Demonstrates respect for patients, employees and others' right to confidentiality on a daily basis		
		Access and shares information on a need-to-know basis		
	Relationships	Interacts with patients, visitors, employees and physicians in a caring, dignified and professional manner.		
	Work Habits	Arrives at work and leaves from work as scheduled		
		Observes all hospital and departmental policies, including those governing conduct while at work (telephone usage, smoking regulations, parking, breaks and other related regulations)		
		Adheres to the dress code (including wearing a name badge)		
		Establishes priorities; organizes work and time to meet them		
	Attendance	Properly notifies supervisor of absences or tardiness		
		Requests time off per department policy		
	Flexibility	Performs other duties as assigned		
	Conduct	Demonstrates knowledge of Employee Rules of Conduct and Code of Conduct		
B.	Performance			
	Team Participation	Submits concerns to supervisor that cannot be handled on a person-to-person basis		
		Assists co-workers and other departments when appropriate		
		Knows where and how to make suggestions for improvement		
		Is flexible in times of high or low workload		
		Takes responsibility for his/her mistakes or poor performance		
		Contributes information in a constructive manner		
		Initiates or participates in continuous performance improvement training and activities for the department		

C.	Information Management			
	Security	Protects information from unauthorized access, abiding by Gateways' Code of Confidentiality, HIPAA regulations and other regulatory agencies		

PART IV: CORE COMPETENCIES

METHOD:	O = Observation	RATING:	4 = Exceeds / Train Others
	D = Demonstration		3 = Meets
	V = Verbal		2 = Needs Improvement
	W = Written		1 = Does Not Meet
	IS = In-Service		N/A = Not Applicable

	Competency Category	Assessment Criteria	METHOD	RATING
A.	Job Knowledge			
		Understands DSM nomenclature and can use in evaluating clients.		
		Understands and has ability to use psychotherapeutic techniques with adult and older adult population.		
		Understands the service needs of adult clients age 18-58.		
		Ability to resolve conflicts in a calm, reasonable manner		
		Knowledge and skill in Bio-Psycho-Social Assessment		
		Knows core services for caseload and provides all required core services		
		Properly utilizes the computer and email to document services provided, communicate with staff, and manage work load and any other aspect of the job		
		Understands a forensic focus of treatment and demonstrates knowledge during staffing and development of treatment plans etc		
		Uses the HCR-20 in conceptualizing client and assessing risk		
B.	Communication Skills			
		Ability to resolve conflicts in a calm, reasonable manner.		
		Ability to effectively communicate client dynamics, treatment issues, and goals to the treatment team.		
		Ability to recognize high risk situations.		
		Ability to engage in supervision/consultation.		
C.	Documentation			
		Completes all documentation in a timely manner (within 24 hrs of providing service)		

		Written- appropriate use of language, grammar and punctuation		
		Spoken-appropriate use of language and grammar		
		Consistent/proactive Communication		
D.	Screening			
		Understands how to screen/assess for dangerousness and risk		
		Understands how to screen for nutritional problems.		
		Understands how to screen for physical functioning difficulties.		
		Demonstrates knowledge and skill in assessing and providing education resources to clients at their level of understanding.		
E.	Age Specific- Adult and Older			
		Knowledgeable about assessing adults and older adults in accordance with polices and procedures		
		Knowledgeable of psychosocial and cognitive stages associated with adult and older adult populations.		
		Understands the importance of social support in the care of adults and older adults.		
F.	Ethics			
		Adherence to professional ethical codes		
		Knowledgeable of professional ethical codes		
		Identifying ethical issues that arise in treatment and ability to seek out consultation accordingly		
G.	Cultural Diversity			
		Recognizes differences in value systems		
		Recognizes spiritual needs		
		Recognizes barriers to treatment		
		Language resources		
		a) Written Materials		
		b) Translators		
		Religion		
		Trust and privacy needs		
		Socio-economic environment		
		Family community relationships		
		Healthcare attitudes and understanding		
Total Rating				
Rating Percentage (Total Rating Divided by # of Categories)				

This job description has been developed to identify some of the duties and responsibilities of this position. It is not intended to limit or encompass all duties and responsibilities of the position.

Gateways Hospital and Mental Health Centers, at its sole and absolute discretion, expressly reserves the right to modify, supplement, delete or augment the duties and responsibilities specified in this and all job descriptions.

PERFORMANCE EVALUATION REVIEWED AND APPROVED BY:

Doctoral Intern Forensic Clinician
(Please Print)

Date

Doctoral Intern Forensic Clinician

Date

Training Director (Please Print)

Date

Training Director's Signature

Date

SUPERVISOR'S COMMENTS:

TRAINEE COMMENTS:

PERFORMANCE EVALUATION COMPLETED AND PRESENTED BY:

Supervisor

Date

PERFORMANCE EVALUATION REVIEWED AND RECEIVED BY:

Doctoral Intern Forensic Clinician Signature

Date

Note:

Doctoral Intern Forensic Clinician's signature indicates that (s)he has reviewed this evaluation and does not necessarily indicate agreement. Doctoral Intern Forensic Clinicians who dispute rating are encouraged to use the grievance procedure. The undersigned acknowledges that all changes, cross outs and additions after signature must be initialed and dated by the trainee and Supervisor. No white out maybe used on this document.

Original: Personnel File
CC: Supervisee
 Supervisor

SUPERVISION EVALUATION FORM

Supervisor Name: [Click here to enter text.](#)

intern Name (optional*): [Click here to enter text.](#)

Period Begins: [Click here to enter text.](#)

Period Ends: [Click here to enter text.](#)

Directions: This form is to be used to evaluate the intern’s supervisor as well as the overall quality of the training program’s supervision. Enter pertinent remarks for each rating period in the space provided on the next page. Examples of supervisory strengths or suggestions about how to improve supervision can be noted.

Key to Rating Symbols

5 – Strongly Agree

4 – Agree

3 – Neutral

2 – Disagree

1 – Strongly Disagree

90-Day <input type="checkbox"/> 6-Month <input type="checkbox"/> Annual <input type="checkbox"/> Follow-Up <input type="checkbox"/>	RATING	Abbreviated Comments
	1-5	
1. Supervision time is sufficient		
2. Supervisor is available when needed		
3. Supervisor is punctual and reliable		
4. Supervisor demonstrates command of the field		
5. I have grown professionally and as a forensic clinician due, in part, to supervision		
6. Supervisor is supportive and respectful		
7. Supervisor provides direct, constructive feedback		
8. Supervisor’s suggestions are useful and facilitate learning		
9. Supervisor encourages self-reflection, critical thinking, and new ideas		
10. Supervisor is flexible when needed		
11. Supervisor handles disagreements by being open to feedback and alternative perspectives		
12. Supervisor enjoys supervision		
13. Supervisor is professional and models appropriate and ethical practices		
14. Supervisor has appropriate boundaries		
15. Supervisor mentors and encourages open, engaged, and positive problem-solving		
16. Supervisor provides valuable written		

feedback when reviewing court reports			
17. Supervisor is			
TOTAL			
OVERALL RATING: (circle one)	Excellent	Satisfactory	Unsatisfactory

1. Please list some strengths of your supervisor(s) and the supervision you have been receiving:
Click here to enter text.

2. Please list some ways in which your supervisor(s) could improve supervision and/or the experiences that have detracted from your supervision:
Click here to enter text.

3. Please share any additional complaints, concerns, or comments you believe may help to improve Gateways CONREP's supervision quality and experience:
Click here to enter text.

GOALS (optional):

1. Click here to enter text.

2. Click here to enter text.

3. Click here to enter text.

SUPERVISOR'S SIGNATURE:	TRAINEE'S SIGNATURE:	DATE:

**These forms can be submitted anonymously, if desired. If so, please fill out this form; place it in an unmarked, sealed envelope; and place the envelope in the Community Program Director's box.

Weekly Activity Log Template

Internship Supervisee Weekly Log of Activities					
Supervisee's Name:					
Work setting in which supervision took place:					
Supervised hours for the week of:					
Supervision & Training					
<i>Face-to-face individual supervision with primary supervisor</i>					
<i>Group supervision with primary supervisor</i>					
<i>Face-to-face individual supervision with delegated supervisor</i>					
<i>Group supervision with delegated supervisor</i>					
<i>Training activities (e.g., didactics, case conferences, etc.)</i>					
Professional Services Performed					
<i>Individual psychotherapy</i>					
<i>Couples, children, &/or family psychotherapy</i>					
<i>Testing & assessment (administration, scoring, interpretation, report)</i>					
<i>Intakes</i>					
<i>Consultations</i>					
<i>Court Testimony</i>					
Other Work Performed					
<i>Staff meetings</i>					
<i>Administrative duties (e.g. paperwork)</i>					
<i>Other professional activities (describe: Chart Review)</i>					
<i>Other professional activities (describe: _____)</i>					
TOTALS					
Total hours of supervised experience per day	0	0	0	0	0
Total hours of supervised experience per week	0	Total supervision hours/ week			0
Primary supervisor's printed name and psychology license #:	<p>I certify that the information accurately represents the training activities of [intern Name] at Gateways CONREP Los Angeles/San Diego County.</p> <p>Date:</p>				
Primary supervisor's signature and date:					
Delegated supervisor's printed name, license type, and #:	Primary Supervisor:				
Delegated supervisor's signature and date:	Supervisee's signature and date:				

Post Internship Considerations

Following completion of the internship program, former Psychology Interns are encouraged to maintain contact with the Director of Training. This is often a pragmatic necessity, as issues such as licensing often require certification of internship training and potential employers may require to vouch for candidates. Aside from these needs, however, Gateways CONREP staff would simply like to know about former interns and are gratified to hear about their successes. In addition, as part of our program evaluation and quality assurance efforts, the Director of Training has designed a Post-Internship Survey which will be sent approximately one year after the intern has completed their internship. Acknowledging that interns are our main "consumers" of training services, this survey aims to assess satisfaction after the intern has had some time away from our site, have hopefully conquered the hurdles of beginning their practice, and at which time the intern may have a fuller basis to judge the adequacy of their doctoral training experience.

Doctoral Internship Forensic Clinician Reading List

Borum, R. (1996). Improving the clinical practice of violence risk assessment: Technology, guidelines, and training. *American Psychologist*, 51(9), 945-956.

Douglas, K. S., Ogloff, J. R. P., Nicholls, T. L., & Grant, I. (1999). Assessing risk for violence among psychiatric patients: The HCR-20 violence risk assessment scheme and the Psychopathy Checklist: Screening Version. *Journal of Consulting and Clinical Psychology*, 67(6), 917-930.

Douglas, K. S. & Skeem, J. L. (2005). Violence risk assessment: Getting specific about being dynamic. *Psychology, Public Policy, and Law*, 11(3), 347-383.

Elbogen, E. B., Huss, M. T., Tomkins, A. J., & Scalora, M. J. (2005). Clinical decision making about psychopathy and violence risk assessment in public sector mental health settings. *Psychological Services*, 2(2), 133-141.

Gray, N. S., Hill, C., McGleish, A., Timmons, D., MacCulloch, M. J., & Snowden, R. J. (2003). Prediction of violence and self-harm in Mentally Disordered Offenders: A prospective study of the efficacy of HCR-20, PCL-R, and psychiatric symptomatology. *Journal of Consulting and Clinical Psychology*, 71(3), 443-451.

Grisso, Thomas & Tomkins, A.J. (1996). Communicating violence risk assessments. *American Psychologist*, 51(9), 928-930.

Monahan, J. & Steadman, H. J. (1996). Violent storms and violent people: How meteorology can inform risk communication in mental health law. *American Psychologist*, 51(9), 931-938.

Schopp, R. F. (1996). Communicating risk assessments: Accuracy, efficacy, and responsibility. *American Psychologist*, 51(9), 939-944.

Skeem, J. L. & Mulvey, E. P. (2001). Psychopathy and community violence among civil psychiatric patients: Results from the MacArthur violence risk assessment study. *Journal of Consulting and Clinical Psychology*, 69(3), 358-374.

Kiehl, K. A. (2014). *The psychopath whisperer : inside the minds of those without a conscience*. Crown Publishers.

**These articles are optional and can be provided to the intern upon request