



California Department of
State Hospitals

**DSH-METROPOLITAN
NORWALK, CALIFORNIA**

**CLINICAL PSYCHOLOGY DOCTORAL
INTERNSHIP MANUAL**

2027-2028

Revised 09/18/2026

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PSYCHOLOGY TRAINING AND INTERNSHIP PROGRAM

DSH-METROPOLITAN
NORWALK, CALIFORNIA

CLINICAL PSYCHOLOGY DOCTORAL
INTERNSHIP MANUAL

2027-2028

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**CLINICAL PSYCHOLOGY DOCTORAL
INTERNSHIP MANUAL**

**DSH-METROPOLITAN
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We appreciate your interest in the Clinical Psychology Doctoral Internship Program (Internship Program) at the California Department of State Hospitals – Metropolitan (DSH-M). This manual reflects an effort to provide clear and meaningful guidelines to interns and applicants about the Internship Program at DSH-M. This manual is subject to revision during the internship year. Interns will be informed of any such revisions in a timely manner.

DESCRIPTION OF THE HOSPITAL

DSH-M is located in the suburban community of Norwalk and is approximately 15 miles southeast of downtown Los Angeles. DSH-M is a state psychiatric facility serving approximately 800 patients and has been in operation since 1916. The fall of 2027 begins our 79th consecutive year of psychology intern training and continues our tradition of providing quality training for students interested in working with patients with severe and persistent mental illness.

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

Program Descriptions

DSH-M is organized into six treatment programs serving adult criminal commitment (forensic) patients, civilly committed patients (e.g., Murphy Conservatorship and Lanterman-Petris-Short; LPS), and patients who require a skilled nursing facility (SNF). These programs are designed to cater to a variety of age groups, levels of care, and patient needs. The treatment approach may vary based on the patient's legal status, with forensic programs primarily addressing competency to stand trial for pre-adjudication court-involved patients, while civil programs focus on civilly committed patients with severe and persistent mental

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illness. Specialized cognitive remediation programs, such as Functional Rehabilitation and Education Experience (FREE) and Social-Cognitive Treatment for Adaptive Recovery (STAR), are also offered. Additionally, as indicated above, dedicated units serve patients requiring skilled nursing services.

Treatment Model

The California Department of State Hospitals uses a Recovery philosophy of care and a Psychosocial Rehabilitation model of service delivery, both person-centered approaches. The care and treatment provided are guided by evidence-based practices and tailored to meet the unique needs and strengths of each patient. Every patient served by the hospital is encouraged to participate in identifying their own needs and goals and in selecting appropriate therapeutic and rehabilitation service interventions. These services and supports are designed to assist patients in meeting their specific recovery and wellness goals in a manner consistent with generally accepted professional standards of care.

CLINICAL PSYCHOLOGY DOCTORAL INTERNSHIP PROGRAM

The 2027-2028 Internship year at DSH-M begins on or around September 1, 2027, and is a one-year, full-time program ending on or around August 18, 2028. The Internship Program is coordinated by the DSH-M Internship Director and Training Coordinator ("Internship Director") under the leadership of the DSH-M Chief of Psychology. The Internship Director is the designated director of the Internship Program at DSH-M. Interns engage in a wide variety of services, including conducting individual and group psychotherapy and skills training; cognitive screenings; psychological testing and report writing; psychological and functional behavioral assessments; developing, implementing, and monitoring behavior plans; and consultation services to treatment teams.

APPIC Membership Status

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

Accreditation Status

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

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

Office of Program Consultation and Accreditation

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

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

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

Training Philosophy

The Clinical Psychology Doctoral Internship Program supports the overall mission and vision of DSH-M to work in partnership with patients to assist in their recovery by using rehabilitation services as our tool. The aim of the program is to provide training for interns in the provision of evidence-based, culturally mindful, cognitively-informed, and trauma-informed therapeutic and rehabilitation services. The guiding framework of our training program is that of the Local Clinical Scientist model, which places a greater emphasis on evidenced-based and scholarly informed practice. Under this framework, psychologists approach each case with openness and curiosity, and they incorporate empirical data with clinical wisdom and an awareness of the unique concerns of the population to guide the selection of interventions. Interns are expected to participate in a range of training rotations and assignments, regardless of the areas or populations they identify as their focus.

Integration of Psychology Training with Other Disciplines

An important aspect of using a person-centered approach within a multidisciplinary therapeutic and rehabilitation setting is the integration of discipline-specific assessments and services. DSH-M strives to ensure that each therapeutic and rehabilitation service plan integrates and coordinates all services, supports, and treatments for the patient in a manner specifically responsive to the patient's therapeutic and rehabilitation goals. Patients are educated regarding the purposes of their treatment, rehabilitation, and enrichment services.

Psychology interns work with interdisciplinary staff and receive didactic training from representatives of multiple disciplines. Psychology interns act as co-providers of treatment with all disciplines in the treatment teams. As part of their required rotations, psychology interns also consult with and may provide training for interdisciplinary staff.

Interns have the responsibility to complete the requirements of this internship program, their graduate programs, and their state licensing board for training, according to their professional standing. In addition, all psychologists, interns, and practicum students have a responsibility to educate themselves and maintain competency according to current acceptable standards of care in provision of psychological services.

Training Objectives

The primary objectives for the training of DSH-M psychology interns include achieving competency in the following areas:

- 1) Understanding and application of knowledge and skills in the philosophy and techniques of the Psychosocial Rehabilitation and Recovery models.
- 2) Understanding and application of knowledge and skills in psychological assessment, including diagnostic, personality, risk, forensic, and malingering assessment; cognitive screening; and functional behavioral assessment.
- 3) Analysis and evaluation of different sources of data (clinical interview, medical records, test performance, etc.) to produce comprehensive psychological reports that answer the referral question and provide guidance to the treating providers.
- 4) Understanding and application of knowledge and skills in providing evidence-based interventions for group and individual therapy.
- 5) Understanding and application of knowledge and skills in treatment planning via working with a multidisciplinary treatment team.
- 6) Understanding and application of knowledge and skills specific to working with a forensic population, including understanding of risk factors, therapeutic and assessment challenges, boundary issues, and other common issues that may present with this population.
- 7) Comfort in setting personal and professional boundaries.
- 8) Realistic appraisal of their strengths and growth areas.

Core Competencies

DSH-M's Internship Program strives to align with the required Profession-Wide Competencies in health service psychology as set forth by the APA. By the end of the internship year, each intern will be expected to demonstrate competency in the following areas:

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

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

[CoA IRs Related to the Standards of Accreditation](#)

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GENERAL INFORMATION

Address, Telephone and Fax Number

The address of the hospital is:

DSH-Metropolitan
Department of Psychology
11401 Bloomfield Avenue
Norwalk, California 90650

The Psychology Department telephone number is (562) 651-4327 and the fax number is (562) 409-7207. Interns can access the Psychology Department Roster, which includes each staff psychologist's unit and office extension, on the Psychology Department SharePoint page. Interns should provide their home address and phone number, along with emergency contact information, to the OSC Office Technician during the first week of orientation.

Orientation

Interns are required to attend DSH-M New Employee Orientation. Some of the topics covered are the following: Overview of DSH-M Policies and Procedures, Therapeutic Strategies and Interventions (TSI; de-escalation and self-defense skills), Suicide Prevention, Fire and Safety, Cultural Competence, Patients' Rights, Health and Safety Issues, Equal Employment Opportunity, Hospital Police Issues, Cardiopulmonary Resuscitation (CPR), Employee Assistance Program, Infection Control, HIPAA/Confidentiality and Health Information Management, Forensic Services, and Personnel Services. Representatives from the departments who provide the services deliver these presentations. The presentations are specific to hospital procedures and administrative directives and are attended by **all** new employees, regardless of discipline or hospital role.

Following hospital orientation, interns are oriented to the Internship Program by the Internship Director. Interns begin the first of their two rotations following orientation. The primary rotation supervisor will provide an orientation to the rotation, program, and unit (as applicable), including policies and procedures. The primary supervisor will also provide an orientation and review of standards for interns at DSH-M, as well as rotation-specific standards. The orientation will include policies regarding safety when seeing patients for assessment, consultation, or therapy. These policies may be different on each unit, and each intern should be aware of unit policies. Regardless of unit policy, interns should **always** prioritize their own safety and only do what feels safe at the time of the session. For example, a unit may allow an intern to see a patient on the unit patio.

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However, if the patient appears agitated or has exhibited dangerous behaviors, choosing to see the patient in an area with more staff presence or delaying the session until a later date may be safer choices.

At the start of the second rotation, the primary rotation supervisor will again provide the intern an orientation to the rotation, program, and unit (as applicable), including policies and procedures. The primary supervisor will also provide a review of standards for interns at DSH-M, as well as rotation-specific standards. The orientation will include unit-specific policies regarding safety when seeing patients for assessment, consultation, or therapy.

See [Appendix A](#) for safety guidelines when providing interventions and assessments with patients.

Hours Required

Interns must accrue **a minimum of 1800 hours during the internship year**. Interns do not work on state holidays or weekends. A maximum of 44 hours per week will be credited toward meeting the Supervised Professional Experience (SPE) requirement.¹ Please note, however, no paid overtime hours are available. Although up to 4 additional hours for training purposes may be possible, interns will not be paid for any hours beyond 40 per week.

If an intern's graduate program requires more than 1800 hours, the intern must notify the Internship Director in writing at the beginning of the year so arrangements can be made to facilitate the intern meeting the school's requirements.

Similarly, if an intern is planning to apply for licensure in a state other than California, the intern must notify the Internship Director in writing at the beginning of the year so arrangements can be made to facilitate the intern meeting state-specific licensure requirements.

See additional information about hours in the [Supervised Professional Experience \(SPE\)](#) section of this manual.

Intern Schedules

Interns are employees of DSH-M, which is a 24-hour facility. However, psychology staff are on site Monday through Friday. Interns are expected to be on site Monday through Friday between the hours of 8:00 am to 4:30 pm. Interns may

¹ 16 CCR § 1387(b)(5)

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make slight adjustments to their schedules or work additional hours to meet school/state training requirements; however, any deviation from a regular schedule (Monday through Friday between the hours of 8:00 am and 4:30 pm) must have advanced written approval by the Internship Director. Interns should not work more than 10 hours per day. Interns also should not arrive at work earlier than 7:00 am or leave work later than 6:00 pm unless the Internship Director or a primary or delegated supervisor provides written pre-authorization and confirms they will be available to the intern.

Intern schedules are to be arranged at the beginning of the training year between the Internship Director and each intern. Schedules are to remain consistent throughout the entire training year. Interns receive one 30-minute lunch break and two 15-minute breaks during the day. The two breaks may be combined with the lunch break. No breaks may be taken during the first or last hour of the day. Interns must take their lunch break by the fifth hour of the day.

It is recommended that interns, in collaboration with their supervisors, complete a weekly schedule at the beginning of each rotation that lists all daily scheduled activities (e.g., rotation duties, individual and group treatment, scheduled supervision). It is recommended the schedule be reviewed regularly with the primary supervisor and amended as needed to support the intern meeting all internship requirements in a timely manner without undue stress.

Attendance

Sign In / Sign Out

Interns are required to sign in and out electronically on the Psychology Department SharePoint page. Interns are to sign in daily when they first arrive on campus and must sign out when they leave campus for the day. An intern who is unable to electronically sign out when leaving (due to emergency or technological problems) will contact the Internship Director via text to inform them of the time they are leaving campus. Each intern is responsible to personally sign in and sign out for themselves. No intern or other staff member may sign in or out for anyone but themselves.

Unplanned Absence/Tardy

In the event of illness or an emergency requiring the intern's absence for an entire day, the intern shall contact the Office of the Service Chiefs (OSC) Office Technician by phone at (562) 651-4327 before 8:00 am. The intern will leave a voicemail if there is no answer. Additionally, the intern shall contact their

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supervisors AND the Internship Director by telephone (text/call) to inform them of the absence. When contacting their supervisor, interns should notify the supervisor of any activities scheduled for that day or coverage that needs to be arranged.

If an intern is running late by 30 minutes or more, the intern shall contact the Internship Director by telephone (text/call) to inform them of the late arrival.

If an intern is delayed by any amount of time that will make them late for or unable to attend a scheduled activity, the intern is required to immediately contact their supervisor and/or the Internship Director by telephone (text/call). In some cases, such as when patients are expecting the intern at a given time, it may be necessary to contact a treatment unit, as well.

If an intern is on site but unable to attend a scheduled activity during the day, the intern is required to immediately contact their supervisor and/or the Internship Director by telephone (text/call). In some cases, such as when patients are expecting the intern at a given time, it may be necessary to contact a treatment unit, as well.

Leave Time

Interns must submit a Time Off Request form on the Psychology Department SharePoint, which will be forwarded to the Internship Director for approval, prior to the requested leave date(s). The Time Off Request form is *not* directly routed to the intern's supervisor, nor is it the Internship Director's responsibility to forward the intern's request to the supervisor. Rather, *prior* to submitting the time-off request, interns will discuss the request with their supervisors to make appropriate arrangements for coverage of duties and assignments. Interns SHOULD NOT make any travel plans until they receive official approval for the absence. Unless due to illness or emergency, interns may not take time off during the first month of internship.

Adjusted Shifts

Interns may request non-recurring schedule adjustments of 3 hours or less to a given shift only when necessary and by submitting the online Time Off Request form and securing the approval of the Internship Director. Interns should state the general reason for the request on the form and what time they are requesting to come in or leave. Whenever possible, these requests should be made with at least 2 weeks' advanced notice. Schedule adjustments of more than 3 hours will not be granted, and instead the intern may request a full day of paid leave.

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Interns may not request adjusted shifts to complete other outside work for which they will be paid.

Interns are exempt from FLSA. Exempt employees are paid on a salaried basis. Exempt employees are not authorized to receive any form of overtime compensation, nor are they allowed to receive partial payment for days on which they worked less than 8 hours. For every day worked, the intern is compensated for 8 hours.

Professional Development/Education Time

DSH-M is dedicated to supporting interns in their transition from student to professional psychologist. Interns may use up to two paid Professional Development Days and up to 40 hours of paid educational leave over the course of the internship year to attend educational trainings or conferences or participate in other professional development activities. Interns follow the time off request procedure for using this type of leave time. In addition, interns may be required to submit proof of the activity, such as a copy of their conference registration, prior to the time off request being granted.

Dissertation/Research Time

Interns are allotted up to 4 hours of “dissertation/research time” per week, which can be used to work on tasks related to their dissertation, didactic presentation, or supervisor directed research/reading. These hours may be taken on or off site and would be in addition to the 40 hours the intern is expected to work on site in order to complete rotation goals. Interns must obtain prior written approval for these hours from the Internship Director and will be expected to provide an account of how the hours were spent.

Later in the training year, interns *may* be granted permission to work up to 4 hours off site per week to work on their didactic presentation or other training activities. These hours would be in addition to the 40 hours the intern is expected to work on site in order to complete rotation goals. Interns must obtain prior written approval for these hours from the Internship Director and will be expected to provide an account of what hours were worked and how the hours were spent.

Intern Offices

Interns are assigned to the Psychology Intern Office in the Youth Administration Building (YAB) for the duration of the training year. The office comes equipped

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with basic office equipment and supplies (e.g., telephone, network-connected computers, desks, notepads, paper). Do not remove any of these items without permission. Requests for additional office supplies or furniture (e.g., desks, chairs) can be made with the OSC Office Technician. If you plan to bring any items or furniture from home, please note DSH-M is not responsible for theft or breakage of personal items. Equipment with electric cords must be checked by Plant Operations at the time they arrive. For security reasons and to safeguard confidential information, the office and building are locked after business hours. Lockable file cabinets and drawers are also available to store patient-related information.

E-mail

All interns are assigned Outlook email accounts upon arrival to the program. Instructions for setting up/accessing the account will be provided during New Employee Orientation. Email is a central method of communication throughout the hospital and often among the Internship Director, supervisors, and interns. Interns must check their email frequently throughout the day (at least three times per day) and respond to emails in a timely manner. Please note, emails are routinely deleted after six months of storage in the system.

Hospital Badges, Alarms, and Keys

Interns will obtain a hospital badge during New Employee Orientation. Badges should be **worn at all times** on the hospital campus. There is a replacement fee for lost or damaged badges (currently \$15). Badges with faded employee photographs will be replaced at no charge.

A Personal Duress Alarm System (PDAS) must be **worn at all times** while on the hospital campus. PDAS should have sufficient charge to last your entire shift when you arrive on campus at the start of your shift. The PDAS should be tested each morning upon entering the premises by pressing the red arrow on the PDAS. There is a replacement fee (currently \$159.00) for a lost or damaged PDAS.

Hospital keys are requested by the Internship Director and distributed by Plant Operations. Interns are responsible for picking up and signing for their keys. Hospital keys are taken home by the interns each day and should **always** be kept in a safe location. Hospital keys should **NEVER** be left unattended or laying within a patient's reach. Fees are imposed for any lost keys, with the specific amount depending on keys assigned.

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Security of badges, alarms, and keys are critical. Do NOT leave your keys, badge, or PDAS in a vehicle overnight, even in a locked garage. If a hospital badge, PDAS, or keys are lost or stolen, interns MUST IMMEDIATELY NOTIFY THE INTERNSHIP DIRECTOR AND HOSPITAL POLICE by telephone as soon as the discovery is made. There are **no** exceptions to this policy.

Testing Equipment

Interns share a core battery of psychological tests, which is housed in the intern office. Additional tests, manuals, and protocols are stored in YAB Room 117 (Neuropsychological Services) and in various testing hubs within the Forensic Compound and can be checked out for intern use. Additionally, computerized scoring programs are available on the dedicated computer in the STAR office suite (Unit 103). Online computer scoring is also available through Q-Global.

Employee Attire

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

Professional Conduct

Guidelines for professional conduct come from several sources. Interns should adhere to APA's [Ethical Principles of Psychologists and Code of Conduct](#) (2017) and be familiar with the [Specialty Guidelines for Forensic Psychology](#) (2013). All interns should be familiar with laws (e.g., mandatory reporting requirements) and regulations relating to the practice of psychology. Interns should also be familiar with the document [Therapy Never Includes Sexual Behavior](#).

Moreover, interns are required to follow hospital policy.

Social Networks and Voicemail

The DSH-M Psychology Program encourages interns to approach the use of social networks and voicemail used for professional purposes with caution and responsibility. Interns should be cognizant of how their social communication may be perceived by patients, colleagues, faculty, and others. Interns are encouraged to use privacy settings and should minimize material that may be deemed inappropriate for a psychologist-in-training. Interns who use social networking

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(e.g., TikTok, Instagram, Facebook, X, blogs) and other forms of electronic communication may not post information/photos related to the internship site or the patients served and should avoid using any language that could impact their professional image. Interns may not include any information on these sites that might lead to the identification of the patients served or compromise confidentiality in any way. Similarly, greetings and messages on voicemail services used for professional purposes should be constructed in a mindful manner. See [Appendix C](#) for specific guidelines regarding use of social networking, blogs, and webpages.

Financial Compensation and Benefits

Interns are DSH-M employees and receive salaries and benefits commensurate with their employee classification and salary range. Interns in the 2027-2028 Internship Program are to be classified as 9851 CLINICAL PSYCHOLOGY INTERN. Salary is set at \$55,068.00. Clinical Psychology Interns begin in the lower limit of Range D (\$4,589.00 per month). Note: Range D is assigned when the intern provides evidence of successful completion of three academic years of graduate work and the comprehensive examinations, language requirements, and 500 hours' professional experience toward the Doctoral Degree in Psychology. As a California State employee, interns also receive paid vacation/sick time and medical benefits. Compensation may vary year by year depending on the level of training and experience of the intern and the State budget. The full list of benefits and specifics on items such as medical insurance and accrual rates for vacation time are covered during New Employee Orientation.

Intern Records and Documents

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

Correspondence

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

INTERNSHIP REQUIREMENTS

Supervised Professional Experience (SPE)

Per Title 16 of the California Code of Regulations Section 1387 (16 CCR § 1387):

- SPE is defined as an organized program that consists of a planned, structured and administered sequence of professionally supervised comprehensive clinical training experiences. SPE shall have a logical training sequence that builds upon the skills and competencies of trainees to prepare them for the independent practice of psychology once they become licensed.
- SPE shall include socialization into the profession of psychology and shall be augmented by integrated modalities including mentoring, didactic exposure, role-modeling, enactment, observational/vicarious learning, and consultative guidance.
- SPE shall include activities which address the integration of psychological concepts and current and evolving scientific knowledge, principles, and theories to the professional delivery of psychological services to the consumer public.
- SPE shall include *only the time spent by the trainee engaged in psychological activities that directly serve to prepare the trainee for the independent practice of psychology once licensed*. SPE shall not include custodial tasks such as filing, transcribing or other clerical duties.

SPE hours differ from regular work hours. As noted above, SPE hours include *“only the time spent by the trainee engaged in psychological activities that directly serve to prepare the trainee for the independent practice of psychology once licensed.”* Regular work hours may include clerical duties, such as filing, or time spent walking to and from a unit. A typical 8-hour work day may begin at 8:30 am and end at 5:00 pm, which allows for a 30-minute lunch break. However, it is not uncommon for fewer than 8 hours to qualify as SPE in a given day.

Per Title 16 of the California Code of Regulations Section 1387 (16 CCR § 1387(a)(1)), up to 1500 hours of SPE may be accrued predoctorally. However, as mentioned earlier in this document ([Hours Required](#)), the minimum total number of hours (both SPE and non-SPE) to successfully complete the internship program at DSH-M is 1800. Furthermore, because APA requires internships to be year-long, interns may not elect to “leave internship early” once they earn their 1800 hours.

If an intern’s graduate program requires more than 1800 total hours, the intern must notify the Internship Director in writing at the beginning of the year so

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arrangements can be made to facilitate the intern meeting the school's requirements.

Similarly, if an intern is planning to apply for licensure in a state other than California, the intern must notify the Internship Director in writing at the beginning of the year so arrangements can be made to facilitate the intern meeting state-specific licensure requirements.

Interns at DSH-M can accrue up to 44 SPE hours each week,² provided they receive supervision for 10% of the total time worked each week³ (but no fewer than 4 hours each week).^{4,5} Both interns and supervisors are responsible for ensuring that interns obtain the necessary number of supervisory hours to cover their requirement for the year. Additional information about supervisory requirements can be found in the [Intern Supervision](#) section of this manual.

Interns are responsible for making sure the hours/SPE hours requirements for both their graduate program and their intended state for licensure are met. Additional training hours must be discussed and agreed upon in writing with the Internship Director in advance. Interns accruing more than 40 hours per week must have advanced written approval from their rotation primary supervisor and the Internship Director.

Intern Rotations

Interns will take part in two 6-month rotations at DSH-M. The rotation options include:

- Forensic Unit rotation (male or female)
- LPS Unit rotation
- Neuropsychological Assessment rotation (off-unit)
- Advanced Cognitive Assessment rotation (off-unit)

Forensic Unit Rotation (Male or Female)

Forensic units include patients admitted to DSH via criminal commitment codes (California Penal Code). The population is comprised of individuals found Incompetent to Stand Trial (IST) or Guilty but Not Guilty by Reason of Insanity (NGI). The focus of treatment for patients admitted as IST is to help restore their

² 16 CCR § 1387(b)(5)

³ 16 CCR § 1387(b)(4)

⁴ Standards of Accreditation for Programs in Health Service Psychology, Doctoral Internship § II.C.3

⁵ Per e-mail communication from the APA Office of Program Consultation and Accreditation on 07/24/2025, each internship program may decide how to appropriately amend the 4-hour minimum in "unique situations."

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capacity to proceed with their criminal case and discharge them to jail to resolve their legal situation. The focus of treatment for patients admitted as NGI is to help them transition safely to the community under the auspices of the conditional release program (CONREP).

Patients on these units may suffer from schizophrenic spectrum disorders, substance induced psychotic disorders, mood disorders, personality disorders, and/or cognitive disorders/intellectual disabilities. Some patients also exhibit behaviors that are dangerous to self and/or others.

Interns assigned to a forensic unit rotation will carry a patient caseload and be fully involved in all aspects of treatment for those patients. Interns will attend Treatment Planning Conferences and be a member of the interdisciplinary team involved in their patients' treatment. They may also attend morning report on their unit, which provides interns the opportunity to learn how the unit functions and to stay informed of unit and patient reports. Interns will provide individual and group therapy and conduct admission assessments, cognitive screening assessments, suicide risk assessments, violence risk screenings, and competency to stand trial assessments.

Interns assigned to forensic units will also conduct comprehensive psychological assessments (5-6 assessments per rotation) of patients on their unit or other units. Assessment referral questions may relate to diagnostic clarification, personality assessment, malingering assessment, and/or cognitive functioning. Interns will be responsible for administering, scoring, and interpreting psychological tests, addressing referral questions, and developing appropriate recommendations based on the assessment findings. Interns also will receive training in presenting these findings and recommendations to members of the multidisciplinary Treatment Planning Team and in working with staff on incorporating those recommendations into the services the patient receives. See additional information in the *Comprehensive Psychological Assessments* section, below.

LPS Unit Rotation

LPS units include patients admitted through civil commitment codes (California Welfare and Institutions Code). The population is typically comprised of individuals presenting with treatment resistant schizophrenic spectrum and mood disorders, severe personality disorders, and/or cognitive disorders/intellectual disabilities. Some patients also exhibit persistent dangerous and/or self-injurious behavior.

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Interns assigned to an LPS unit rotation will carry a patient caseload and be fully involved in all aspects of the treatment for those patients. Interns will attend morning report on their unit, which provides interns the opportunity to learn how the unit functions and to stay informed of unit and patient reports. Interns will also attend Treatment Planning Conferences and be a member of the interdisciplinary team involved in their patients' treatment. They will also provide individual and group therapy; conduct admission assessments, cognitive screening assessments, suicide risk assessments, violence risk screenings; and may develop behavior plans for patients on their unit.

Interns assigned to LPS units will also conduct comprehensive psychological assessments (5-6 assessments per rotation) of patients on their unit or other units. Assessment referral questions may relate to diagnostic clarification, personality assessment, malingering assessment, and/or cognitive functioning. Interns will be responsible for administering, scoring, and interpreting psychological tests, addressing referral questions, and developing appropriate recommendations based on the assessment findings. Interns also will receive training in presenting these findings and recommendations to members of the multidisciplinary Treatment Planning Team and in working with staff on incorporating those recommendations into the services the patient receives. See additional information in the *Comprehensive Psychological Assessments* section, below.

Neuropsychological Assessment Rotation

Interns assigned to a neuropsychological assessment rotation will primarily be responsible for completing neuropsychological assessments throughout the hospital (6 assessments in Rotation 1, with a 7th assessment at the end of Rotation 2), which may include patients on LPS, Forensic, or Skilled Nursing Facility (SNF) units. Interns will be responsible for administering, scoring, and interpreting psychological and neuropsychological tests, addressing referral questions, and developing appropriate recommendations based on the assessment findings. Interns also will receive training in presenting these findings and recommendations to members of the multidisciplinary Treatment Planning Team and in working with staff on incorporating those recommendations into the services the patient receives. Neuropsychological assessment interns are required to attend weekly seminars on neuropsychological research and theory.

In addition to neuropsychological assessments, interns will have the opportunity to perform admission assessments, which include suicide risk assessments and violence risk screenings, provide individual therapy on a forensic or LPS unit, and conduct cognitive remediation group therapy in the Functional Rehabilitation and Education Experience (FREE) program.

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The neuropsychological assessment rotation is offered during the first half of the internship year and is intended for interns with significant neuropsychological assessment experience who intend to apply for a formal postdoctoral placement in neuropsychology. It is offered as part of a separate Neuropsychology Track (Program Code 114412), and those interested should rank it separately from the General Track (Program Code 114411).

Advanced Cognitive Assessment Rotation

Interns assigned to an advanced cognitive assessment rotation will primarily be responsible for completing cognitive assessments throughout the hospital (6 assessments per rotation), which may include patients on LPS, Forensic, or Skilled Nursing Facility (SNF) units. Interns will be responsible for administering, scoring, and interpreting psychological tests, addressing referral questions, and developing appropriate recommendations based on the assessment findings. Interns also will receive training in presenting these findings and recommendations to members of the multidisciplinary Treatment Planning Team and in working with staff on incorporating those recommendations into the services the patient receives. Advanced cognitive assessment interns are required to attend weekly seminars on neuropsychological research and theory.

In addition to cognitive assessments, interns will have the opportunity to perform admission assessments, which include suicide risk assessments and violence risk screenings, provide individual therapy on a forensic or LPS unit, and conduct cognitive remediation group therapy in the FREE program.

The advanced cognitive assessment rotation is offered during the second half of the internship year (rotation 2) and is intended for interns who are interested in growing their cognitive assessment abilities and learning to consider cognitive assessment cases through a neuropsychological lens but who do not have significant neuropsychological assessment experience.

Training Tracks

DSH-M offers two training tracks:

- General Track (Program Code 114411)
- Neuropsychology Track (Program Code 114412)

Applicants should rank these programs separately in the APPIC Match and may choose to rank one or both programs.

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Interns matched with the General Track will complete their first rotation on either an LPS or Forensic unit and their second rotation on an LPS unit, a Forensic unit, or off-unit with a focus on Advanced Cognitive Assessment.

Interns matched with the Neuropsychology Track will complete their first rotation with the Neuropsychological Services office, with the aim of preparing for a formal postdoctoral placement in neuropsychology. These interns will complete their second rotation on either an LPS or Forensic unit.

Intern Responsibilities

Interns are required to spend at least **25% of their time providing face-to-face psychological services to patients**.⁶ Face-to-face psychological services include, but are not limited to, individual and group therapy, treatment planning with the patient, clinical interview, psychological assessment administration, and milieu therapy. Please note: No more than 75 hours per year should be spent providing milieu therapy. Interns should work with their supervisors to ensure they maintain the minimum requirements. If interns are experiencing difficulty meeting the minimum 25% direct service hours requirement, the intern and supervisor will immediately contact the Internship Director via email for consultation and/or assistance in ensuring the intern meets their training requirements.

Whenever meeting with a patient for the first time, whether it be for individual or group therapy, assessment, or some other reason, interns will clarify their status as an intern, disclose they are being supervised, provide the name of their supervisor, and review the limits of confidentiality with the patient. This information, along with notation of verbal consent attained from the patient, is to be documented in a progress note.

Please note: To ensure all required training activities are completed by the end of internship, interns are expected to aim for completion no later than two (2) weeks before their final day of internship. In the case of comprehensive psychological assessment reports and other written documents, this means submitting their *final* draft to their supervisor by that date.

Individual Therapy

Interns will carry an average minimum caseload of 3 patients throughout the training year. Individual therapy cases are assigned to the intern by the supervisor

⁶ APPIC Membership Criterion #6

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responsible for overseeing the intern's duties on a treatment unit. The supervisor is also responsible for cosigning the patient progress notes.

As stated above, initial disclosures and patient assent during the first meeting with the patient should be documented in a progress note. Subsequently, all treatment sessions with patients, including "court competency tutoring" sessions, must be documented in a progress note. In each note, the following should be indicated: date of service, name and hospital identification number (MET #) of the patient, type of service, time spent with patient, mental status observations, treatment goal addressed, summary of discussion with patient, assessment of patient in general terms, plan (e.g., meet next week, patient homework), and any consultations made or referrals completed. Patient refusals for therapy should also be documented, including direct quotes from patients when possible. Interns will sign their name after their entry with the identifier "Psychology Intern." Interns are responsible for ensuring their notes are cosigned by the supervising psychologist, placed in the patient's chart, and uploaded to any required electronic databases.

In addition to providing individual therapy and submitting timely progress notes, interns are responsible for fulfilling the applicable duties of a unit psychologist for their caseload, including but not limited to conducting the admission assessment and conducting competency to stand trial evaluations.

Group Therapy

Interns will be the primary or co-facilitator for two to five psychosocial rehabilitation groups each week, based upon the interns' training needs and the needs of the patients. Group topics may include social skills, coping skills, anger management, mindfulness, cognitive rehabilitation, court competency, relapse prevention, or other topics.

Admission Assessments

Interns will conduct 8 Admission Psychological Assessments (APAs) during the year. Interns will be provided with a referral by their supervisor, which will include the patient's name, MET #, and date of admission. Additional information can be obtained through various online systems. APAs must be uploaded to the appropriate DSH-M online systems within 7 calendar days of admission.

As stated above, initial disclosures and patient assent during the first meeting with the patient should be documented in a progress note. Likewise, patient refusals for assessment should also be documented, including direct quotes from patients when possible.

Once the clinical interview and testing are completed, the intern meets with the referring supervisor to review the data and compile hypotheses. A draft of the report is written and submitted to the supervisor within 4 days of the patient's admission date, with the final draft of the report due to the supervisor within 6 days of the patient's admission date. When the report is finalized, the intern places a signed hard copy in the patient's chart and uploads the report to any required electronic databases.

Comprehensive Psychological Assessments

Interns will conduct a minimum of 11 comprehensive psychological assessments during the year. Psychological assessments are assigned by the Internship Director in collaboration with the intern's assessment supervisor. Neuropsychological assessments are assigned to interns on the neurological assessment rotation by their primary supervisor. Interns will be provided with information from the referring treatment team, which includes the patient's name, MET #, date of admission, as well as the referral question(s) to be addressed. Additional information can be obtained through various online systems and through consultation with the referring treatment team. Interns will meet with their primary or delegated supervisor prior to meeting with the patient to review the data and compile hypotheses.

Assessment cases will be carefully selected for interns such that interns will conduct, *at a minimum*, the following measures throughout the training year:

- One (1) WAIS-IV or WAIS-5
- One (1) RBANS
- One (1) measure of adaptive functioning (e.g., TFLS)
- One (1) MMPI-3
- One (1) measure of emotional functioning (e.g., BDI, BAI)
- One (1) measure of psychiatric functioning (e.g., PANSS-6, BSI)
- Two (2) measures of performance validity (e.g., DCT, TOMM)
- Two (2) measures of symptom validity (e.g., M-FAST, SIRS)
- One (1) forensic assessment measure (e.g., R-CAI, FIT-R)
- One (1) HCR-20^{V3} (more information below)

Interns on a neuropsychological assessment rotation or advanced cognitive assessment rotation will conduct, at a minimum, the following measures throughout the rotation:

- One (1) performance validity measure (e.g., ACS Word Choice; TOMM; DCT; RDS)
- One (1) measure of premorbid functioning (e.g., WRAT-5; TOPF)

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- One (1) measure of intellectual functioning (e.g., WAIS-5; C-TONI)
- One (1) measure of global cognition (e.g., RBANS; DRS-2)
- One (1) measure of adaptive functioning (e.g., TFLS)
- One (1) measure of memory (e.g., CLVT-3; BMVT; HVLIT; COMT)
- One (1) measure of executive functioning (e.g., subtests of D-KEFS; NAB Executive Functioning module)
- One (1) measure of language (e.g., NAB language module; BNT)
- One (1) measure of visuospatial/construction (e.g., Rey-O Figure; JLO)
- One (1) measure of processing speed (e.g., WAIS subtests; TMT)
- One (1) measure of motor functioning (e.g., grooved pegboard; finger tapping)

Additionally, at least one (1) neuropsychology case must be with a non-English speaking patient (through an interpreter, if necessary).

As stated above, initial disclosures and patient assent during the first meeting with the patient should be documented in a progress note. Likewise, patient refusals for testing or assessment should also be documented, including direct quotes from patients when possible.

Once the clinical interview and testing are completed, the intern meets again with their primary or delegated supervisor to review the data and evaluate their existing hypotheses. A draft of the report is written and submitted to the supervisor. The supervisor provides feedback, and the report undergoes revisions by the intern, in collaboration with the supervisor and possibly the Internship Director, until the supervisor deems it complete. At that point, the report is finalized, and the intern places a signed hard copy in the patient's chart, uploads the report to any required electronic databases, and sends an electronic copy to the patient's treating psychologist. The intern then schedules a time to meet with the patient and/or treatment team to provide feedback and discuss recommendations.

Other Training Requirements

Peer Supervision

Psychology interns will conduct peer supervision of their fellow interns. This requirement will ensure interns have the opportunity to demonstrate competency in the profession-wide competency area of *supervision*, as required by the APA.

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Behavioral Plan

Interns will create a minimum of one Behavioral Plan for a patient. It is highly recommended this requirement be completed during the first rotation if the intern is considering continuing employment with DSH after internship. (A didactic training on this topic will be provided in the early part of the training year.)

Fact-Finding Exercises

Interns will participate in two fact-finding exercises during group supervision (once per rotation) on cases presented by the Internship Director. (Additional fact-finding exercises will be required for interns on a neuropsychological assessment rotation or advanced cognitive assessment rotation.)

Violence Risk Assessment Utilizing the HCR-20^{V3}

Using the HCR-20^{V3}, interns will conduct a violence risk assessment of a DSH-M patient and write a summary of their findings. This report will count as 1 of the 11 required comprehensive assessment reports and may be supervised by the Internship Director. (A didactic training on this topic will be provided during the training year.)

Mock Not Guilty by Reason of Insanity Assessment (optional)

Interns may elect to conduct a mock assessment of legal insanity and write a full report, using a court report style (rather than a state hospital template). For interns choosing this option, this report will count as 1 of the 11 required comprehensive assessment reports and will be supervised by the Internship Director. Interns will receive a didactic training and/or individualized training on this topic during the internship year.

Mock Testimony

Interns will participate in mock direct examination and cross-examination by the Internship Director. (A didactic training on this topic will be provided during the training year.)

Research

Psychology interns are required to evaluate and disseminate research or conduct other scholarly activities at least once per quarter in order to demonstrate

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competency in the profession-wide competency area of *research*, as required by the APA. To meet this requirement, interns will complete each of the following:

- Interns will cite at least two scholarly articles in an assessment report.
- Interns will present one “book report” during group supervision on a book pre-approved by the Internship Director.
- Interns will present one therapy case conceptualization in group supervision, citing at least two scholarly articles relevant to the case.
- Interns will give one 2-hour didactic presentation to their peers, supervisors, and other DSH-M staff on one of the following topics:
 - A special project completed by the intern (pre-approved by the Internship Director).
 - The project must address a need of DSH-M patients and should result in a tangible or theoretical product that can be utilized by future staff or patients for the benefit of DSH-M patients. Projects that have been developed in the past include visual aids to assist non-verbal patients in participating in their treatment team meetings, a unit-wide behavioral plan, and a DBT/ACT-informed relapse prevention group. Interns must explain the need for the project, how the project was developed, how their project addresses the need, and any results of efforts to utilize the project at DSH-M to date.
 - Another topic of interest to the intern (pre-approved by the Internship Director), citing at least five scholarly articles. Topics presented in the past include schema therapy, traumatic brain injury among unhoused individuals, and healthcare provider assessment of sexual orientation.

In addition to the above, interns may be assigned to read scholarly articles by their supervisors or the Internship Director for discussion during individual or group supervision.

Additional research opportunities leading to possible professional publications or presentations may be available to interested interns who complete all other internship requirements by the end of June.

Reasonable Accommodations

It is the policy of DSH-M to make reasonable accommodation to the known physical and/or mental limitations of an otherwise qualified applicant or

employee with a disability, unless doing so would impose a direct threat or undue hardship on the operations of the hospital. There is no requirement to alter essential job functions, change the basic nature of any job, or create new positions.⁷

In an effort to make certain that requests are properly evaluated, all employee and applicant requests for reasonable accommodation must go through the formal request for the accommodation process. “Informal” accommodations are prohibited.

Requests for reasonable accommodation must be clearly stated and submitted by the individual in writing on form DSH3357, “Request for Reasonable Accommodation,” along with a letter from a physician.

Use of Interpretive Reports and Artificial Intelligence

Although some scoring programs (e.g., Q-Global programs) provide reports with interpretive statements, interns are not permitted to copy/paste those interpretive statements directly into their reports. Additionally, interns are prohibited from using artificial intelligence (AI) platforms such as ChatGPT or others to write reports. This prohibition includes platforms purported to be HIPAA compliant. The use of these programs/platforms is prohibited for many reasons including the following partial list of concerns:

- Patient Protected Health Information (PHI) is not permitted to be entered into any database/platform/program that is not a part of our closed hospital information technology system. Interns are not permitted to email PHI outside of our system or transfer it out of the system via any other means. Transmittal of PHI outside of our secure information technology system is grounds for disciplinary action.
- AI and pre-packaged interpretive reports reduce the intern’s use of critical thinking when integrating different data sources. Critical thinking and data integration are two of the most important skills for interns to develop during their clinical training.
- Statements from these sources often do not include references, so their use can lead to inclusion of statements and conclusions in report that are not supported by evidence and/or statements for which the intern is unaware of supporting evidence. Some pre-packaged interpretive programs provide citations for interpretive statements. These can be used to help the intern to seek out and review relevant literature so they can make their own determination of how best to integrate that literature into their interpretations.

⁷ DSH-M A.D. No. 2157.1

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- We are a forensic setting. When data are being presented in courts and when other important decisions are made about our patients based on assessment reports, the patients have a right to transparency in the methods that were used to arrive at conclusions that will greatly impact their lives. Noncritical use of AI and pre-packaged interpretive statements will result in reports for which the report author may not be able to explain how they came to their conclusions. This can result in unjust decisions that are not supported by evidence.
- There is little quality control in large language model AI programs. They often produce information that is inaccurate and sometimes cite sources that do not exist.
- Use of AI and pre-packaged interpretive reports reduces the intern's opportunity to improve their communication skills. Writing is one of the most important communication skills for a psychologist.
- Use of these programs without appropriate citation is a form of plagiarism.
- Noncritical use of these programs creates vicarious liability for supervisors.

CRISIS INTERVENTION

Danger to Self / Danger to Others

In the event that an intern is informed, either directly or indirectly, of any concerns about a patient's potential to harm themselves or others, the intern is required to:

1. IMMEDIATELY inform the unit staff (shift lead, unit supervisor, nurse, whoever is designated to be in charge, etc.) AND the intern's supervisor in person or over the phone (email is insufficient).
NOTE: Patients may recant information or deny the veracity of their original claim; however, interns are still required to notify their supervisors immediately and give a full account of the situation.
2. If the intern is unable to reach their supervisor, the Internship Director must be informed in person or over the phone.
3. If the Internship Director cannot be reached, the intern must inform another Senior Psychologist Supervisor or the Chief of Psychology in person or over the phone.
4. Interns inform the treatment team (in person or via email) of the situation so appropriate interventions can be developed.
5. Interns will follow appropriate documentation procedures with their supervisor/unit staff that may include completing incident reports.

Abuse, Abandonment, or Neglect

Interns are mandated reporters of any suspected abuse, abandonment, or neglect. If any suspicion arises, either through direct report, observation, or inference, the intern is required to:

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

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INTERN SUPERVISION

Supervision of Psychology Interns at DSH-M follows the requirements of APPIC, APA, and the California Board of Psychology (via Title 16 of the California Code of Regulations; CCR). The intern's work is supervised exclusively by members of the psychology faculty of DSH-M. Licensed psychologists provide all supervision.⁸ Interns are required to attend all scheduled supervision.

Individual Supervision

Interns at DSH-M shall be provided with 4 hours of supervision per week or 10% of the total time worked each week, whichever is greater.⁹ ¹⁰ At least 2 hours of total supervision time each week shall be face-to-face individual supervision,¹¹ with at least 1 of those hours being provided by the primary supervisor.¹² Both interns and supervisors are responsible for ensuring that interns obtain the necessary number of supervisory hours to cover their SPE requirement for the year.

Primary supervisors must be available to their assigned intern 100% of the time the intern is accruing SPE. This availability may be in person, by telephone, via email, or by other appropriate technology.¹³ In the case of intern or supervisor illness or vacations, interns and supervisors should both make every effort to re-schedule missed supervisory meetings during the same week. When that is not possible, supervisors are responsible for securing supervision by a delegated supervisor. Each primary supervisor has a delegated supervisor. The Internship Director also acts as delegated supervisor and may provide individual supervision in the absence of the primary or delegated supervisor.

Supervision shall be "regularly scheduled,"¹⁴ meaning occurring on the same day and time each week, unless extenuating circumstances require schedule adjustment. Supervision may not take place over lunch, over the phone, in a parking lot, etc.

⁸ Standards of Accreditation for Programs in Health Service Psychology, Doctoral Internship § II.C.3.c

⁹ Standards of Accreditation for Programs in Health Service Psychology, Doctoral Internship § II.C.3.b; [16 CCR § 1387](#)

¹⁰ Per e-mail communication from the APA Office of Program Consultation and Accreditation on 07/24/2025, each internship program may decide how to "appropriately" amend the 4-hour minimum in "unique situations."

¹¹ Standards of Accreditation for Programs in Health Service Psychology, Doctoral Internship § II.C.3.c; APPIC Membership Criterion #4

¹² [16 CCR § 1387](#)

¹³ [16 CCR § 1387](#)

¹⁴ Standards of Accreditation for Programs in Health Service Psychology, Doctoral Internship § II.C.3.a; APPIC Membership Criterion #4

Supervision should offer a learning experience that enhances the intern's understanding and professional effectiveness. Supervision should focus on the activity for which the intern is being supervised, and supervisors must have primary professional clinical responsibility for the cases on which they provide supervision.¹⁵ Appropriate clinical supervision does not consist of "small talk" or of only administrative matters. Supervision is not psychotherapy.

Supervision must include "direct observation" of the intern.¹⁶ To meet this criterion, it is recommended each supervisor observe their intern at least once at the beginning, middle, and end of each rotation while the intern conducts activities the supervisor is responsible for evaluating.

Supervisors make clear to interns that the supervisory relationship is not confidential. Specifically, supervisors document each supervision session and provide weekly written summaries to the Internship Director. Supervisors also discuss information pertinent to the intern's conduct or development with the Internship Director as needed. All primary and delegated supervisors meet monthly with the Internship Director as a group with the aim of improving their supervision skills, facilitating interns' growth, and improving the Internship Program as a whole.

If any problem arises involving an intern, the primary supervisor should attempt to resolve the problem directly with the intern and notify the Internship Director. If it is not possible to resolve the problem in this way, the primary supervisor will contact the Internship Director to arrange a meeting with the intern, supervisor, and Internship Director.

Similarly, if an intern experiences a problem with their supervisor, the intern is encouraged to first attempt to resolve the problem directly with the supervisor and notify the Internship Director. If it is not possible to resolve the problem in this way, either the supervisor or the intern may request the assistance of the Internship Director in resolving the issue, which may involve a meeting between the intern, supervisor, and Internship Director. In such unresolved situations, the Internship Director can also elect to intervene if necessary to protect the intern, provide needed guidance to the intern or supervisor, or ensure Internship Program policies and procedures are followed.

Additional details about conflict resolution procedures, including a formal due process procedure, can be found in [Appendix D](#).

¹⁵ APA [Implementing Regulations Related to the Standards of Accreditation](#), C-14.I

¹⁶ Standards of Accreditation for Programs in Health Service Psychology, Doctoral Internship § II.D.1.iv

Group Supervision

In addition to individual supervision, interns attend two hours of group supervision per week. The purpose of group supervision is to discuss issues and concerns that the interns may have regarding clinical, supervisory, or administrative processes. Additionally, it serves as a forum for the interns to share learning experiences, build trust and camaraderie, and provide support for one another. Group supervision will also be the venue in which interns participate in fact-finding exercises and discuss research relevant to the practice of psychology.

Group supervision is typically led by the Internship Director and scheduled for Wednesday afternoons from 2:00 pm to 4:00 pm in the Internship Director's office.

DIDACTIC TRAININGS

Interns are offered an average of two hours of didactic training each week (no less than 8 hours per month).¹⁷ Interns will also be expected to provide one didactic presentation during the year. Details for topic selection and presentation format will be discussed during intern orientation.

Core Didactics

The core didactics seminar is held weekly on Tuesdays from 2:30 pm to 4:30 pm in the Administration Building. Seminars cover a variety of professional, ethical, and social issues, and are presented by hospital staff and community professionals. Past trainings include (but are not limited to) the following topics: clinical interviewing, forensic report writing, competency evaluations, malingering assessment, criminal responsibility evaluations, behavioral plans, somatic experiencing therapy, violence risk assessment, suicide risk assessment, cognitive screening tools, traumatic brain injury, expert witness testimony, personality assessment, sex offender risk assessment, transitioning from internship to career, conducting culturally informed assessments, and trauma informed care.

Hospital Trainings and Continuing Education

Interns may attend DSH-M in-service trainings throughout the year as part of the Continuing Professional Development Program for the Department of Psychology. Interns may also attend off-site or online trainings open to DSH-M psychologists. Also available to interns are multidisciplinary training activities (multidisciplinary case conferences, program specific training, and guest speaker presentations) presented at DSH-M throughout the year.

¹⁷ APPIC Membership Criterion #7

TRAINING FORMS

Training Agreement

As of January 1, 2005, the California Board of Psychology put into effect a mandated supervision agreement. The [Supervision Agreement for Supervised Professional Experience](#) (SPE Agreement) must be completed and signed by the supervisor and intern **before** the commencement of any supervised clinical experience.

The Internship Director will arrange a meeting between the intern, their primary and delegated supervisors, and the Internship Director at the outset of each rotation to sign the SPE Agreement. The Internship Director will keep the original copy for later submission to the California Board of Psychology and will provide digital copies to the intern and supervisors.

In addition to completing the SPE Agreement, the intern and primary supervisor will sign a Rotation Agreement and an acknowledgment of the Year-Long Internship Requirements. The Rotation Agreement will include rotation goals and objectives and the types of clinical activities the intern will be expected to complete during the rotation. The Rotation Agreement should be viewed as a guideline for supervision and ongoing evaluation of the intern. The Rotation Agreement and acknowledgment of the Year-Long Internship Requirements must be signed and submitted to the Internship Director within the first two weeks of the rotation.

Intern Hours Log

The Intern Hours Log is required by both the DSH-M Internship Program and the State of California as documentation of the student's activities during internship and the SPE hours accrued. A [sample log](#) can be found in Appendix E. Interns may use an alternative hours log provided by their schools with advanced written approval from the Internship Director.

The hours log is completed each week by the intern. Logs must be signed and dated by the intern, the intern's primary and delegated supervisors, and the Internship Director on a weekly basis.¹⁸ The Internship Director shall maintain the original signed documents in a secure file, with electronic copies being provided to interns for their own files.

¹⁸ [16 CCR § 1387.5](#)

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EVALUATIONS

Intern Evaluations

Interns undergo a minimum of four (4) formal evaluations throughout the internship year. Evaluations of interns take place at the middle point and end point of each rotation using the Evaluation of Intern Competency form. Primary supervisors are responsible for completing the formal evaluations for each intern under their supervision and shall rely on data gleaned from direct and indirect observation of the intern, conversations with the intern, input from delegated supervisors and the Internship Director, and any other information deemed relevant by the primary supervisor. Primary supervisors must submit the original signed evaluation to the Internship Director upon completion, and the Internship Director will distribute copies to the primary supervisor and intern for their own records. Copies of the mid-year and final evaluations and/or any other required progress reports are also sent to the faculty liaison of each intern's graduate program.¹⁹ Interns are rated based on the following scale:

1 = Significant Development Needed	Intern requires direct or close observation or support while performing the task or requires basic instruction before engaging in the task. This is the level that would be expected of a practicum student.
2 = Beginning of Internship Level	Intern requires supervision, though direct observation is not required. The supervisor needs to monitor the process for competence and accuracy and provide guidance, feedback, and information regarding the intern's practice. This is the level that would be expected at the beginning of internship.
3 = Mid-Internship Level	Intern needs significantly less supervision, and the supervisor can rely on summary reports by the trainee. Supervision is provided to enhance and develop basic clinical skills already acquired. This is the level that would be expected by the end of Rotation 1 for tasks introduced during the rotation.
4 = End of Internship Level	The intern can perform the task independently (though supervision may be required under state licensing laws) but is also able to identify areas in which supervision or consultation is needed to assure quality work. This rating is the required average rating for each Profession-Wide Competency area in order to complete the internship successfully.
5 = Postdoctoral Level	The intern demonstrates advanced knowledge and competency in the task. The intern is competent to provide supervision to unlicensed trainees on the task (though supervision by a licensed psychologist may be required under state licensing laws). This is the level expected of trainees who have completed some postdoctoral training.
U = Unsatisfactory	The intern's quality or quantity of work is below standard, or behavioral problems have been identified.

¹⁹ Standards of Accreditation for Programs in Health Service Psychology, Doctoral Internship § V.A.3.b

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As noted above, **interns are required obtain an *average* rating of at least 4 (“End of Internship Level”) on each profession-wide competency area on their final evaluation in order to successfully complete internship.** Furthermore, per the California Board of Psychology, supervised professional experience will not count toward licensure requirements if the intern did not demonstrate an overall performance at or above the expected level of performance.²⁰

With the exception of the intern’s final (end of internship) evaluation, the following circumstances warrant a formal remediation plan and will trigger the DSH-M Due Process Procedure (see [Appendix D](#)): 1) a rating of 1 or U on any individual item, 2) an average rating below the expected level for the evaluation period on any profession-wide competency area, 3) an average rating below the expected level for all profession-wide competency areas combined. Additionally, any rating below the expected level on any individual item will result in close monitoring of the competency by the supervisor and additional support to the intern as deemed appropriate by the supervisor.

Interns receiving an average rating below the expected level for the evaluation period on three or more profession-wide competency areas by mid-year (second evaluation) are at risk of being dismissed from the program if remediation attempts are not successful.

In addition to assessment of the profession-wide competencies, intern evaluations should discuss the intern’s progress on the DSH-M training objectives identified at the outset of this manual, review the goals outlined in the Rotation Agreement at the beginning of the rotation, and include an evaluation of the intern’s strengths and areas for growth.

The intern and primary supervisor meet to discuss the evaluation, and the intern is given an opportunity to provide a written response if they so choose. This meeting provides an opportunity for the supervisors and interns to discuss the intern’s strengths and areas of improvement and outline a plan for working on identified growth areas. This is also a time to review the Rotation Agreement and make changes if necessary. If changes are made, an updated copy must be sent to the Internship Director, who will confirm the changes align with the overall goals of the Internship Program and are consistent with APA, APPIC, and California Board of Psychology policies, as well as the California Code of Regulations.

²⁰ [Supervision Agreement/Verification of Experience Form - California Board of Psychology](#)

Supervisor and Program Evaluations²¹

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

At the end of the internship year, the Internship Director solicits formal feedback from interns and supervisors regarding the value of various training activities and the effectiveness of the Internship Program as a whole.

Ongoing Feedback from Staff and Interns²²

Program evaluation is a continuous process. The Internship Director solicits feedback on an ongoing basis from the interns about the value of various training activities and the effectiveness of various supervisors and seminar leaders, as well as from supervisors regarding the value of various training activities and the effectiveness of the Internship Program as a whole.

The DSH-M Chief of Psychology oversees the overall progress and management of the Internship Program.

²¹ Standards of Accreditation for Programs in Health Service Psychology, Doctoral Internship § II.D.2.a

²² Standards of Accreditation for Programs in Health Service Psychology, Doctoral Internship § II.D.2.a

INTERN SELECTION PROCEDURES

Requirements

Interns are selected on a competitive basis determined by their educational and training experiences. Internship applicants must be currently enrolled in a clinical psychology doctoral program accredited by an accrediting body recognized by the U.S. Secretary of Education or by the Canadian Psychological Association, must be recommended by the Training Director of their graduate program, and must meet our prerequisites. Doctoral internships are only offered to students who have completed core graduate course work in clinical psychology and a minimum of 200 hours of psychotherapy experience (at least 100 of which must be with adults) and 100 hours of assessment experience (at least 50 of which must be with adults).

The following areas are considered in evaluating an applicant: experience and interest in working with individuals with a serious mental illness, individuals from diverse backgrounds, an inpatient psychiatric population, and/or a forensic psychiatric population; experience and interest in conducting individual and group psychotherapy; experience and interest in conducting psychological assessment; report writing skills; knowledge of psychopathology; and evidence of initiative, critical thinking skills, eagerness to learn, professionalism, ability to integrate new learning and feedback, and ability to work cooperatively on a multidisciplinary team.

Applications

DSH-M selects interns via the APPIC matching process.

Applicants must submit the following electronically through the AAPI online service:

- APPIC application
- Cover letter
- Most recent Curriculum Vita
- Graduate transcripts
- Three letters of recommendation (preferably one from current or recent practicum placement supervisor)
- De-identified sample psychological assessment report

Completed APPIC applications and all supporting materials must be received electronically according to APPIC online instructions (refer to APPIC application schedule for details) to be considered for the following year's intern class.

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Upon receipt, the Psychology Internship Director, along with the Chief of Psychology and/or members of the Training Advisory Committee, review the materials in order to determine whether the applicant meets selection criteria. Those who meet qualifications will be contacted, and a video interview will be arranged. State of California laws and regulations regarding hiring requirements and hiring practices are followed. As such, those selected for interview must also complete the Clinical Psychology Intern Exam and formally apply for the Clinical Psychology Intern position (STD 678 form) at <https://calcareers.ca.gov>.

The video interviews will be scheduled for January and attended by the Internship Director, as well as the Chief of Psychology and/or other members of the DSH-M Psychology Department. After the interview, all information is compiled and evaluated, and then the applicants are rank ordered, consistent with the APPIC matching process.

This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. This training program observes the APPIC guidelines and deadlines regarding notification of internship offers.

Eligibility for Employment

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

Medical determination of an individual's suitability for hire shall be based on an appraisal of the applicant's ability to safely and efficiently perform the essential functions of the position for which the applicant has applied.

All applicants are required to complete and pass a pre-employment drug screening, which checks for illegal and unauthorized substances. Illegal substances include amphetamines and methamphetamines, cocaine, opiates, and PCP. Substances that are legal but used other than prescribed may be considered unauthorized substances.

All applicants are also required to undergo fingerprinting and pass a criminal background check prior to employment.

The Official Examination Bulletin, which includes instructions, can be found [here](#).

Appointments

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

Statement of Diversity and Nondiscrimination

The Clinical Psychology Doctoral Internship program at DSH-M does not discriminate in selection, training, retention, or evaluation on the basis of any individual characteristics which are not relevant to professional training such as age, ethnicity, race, sex, gender, sexual orientation, religious or philosophical affiliation, class, disability, nationality, citizenship, or language. The Internship Program values diversity amongst staff and interns and seeks to promote a high level of cultural mindfulness in all training and service activities.

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PATIENTS SERVED AT DSH-M

Welfare and Institutions Code Sections

- 5358: Full Conservatorship for Grave Disability; annual renewal.
- 6000: Voluntary admission.
- 5008(h)(1)(b): Murphy Conservatorship. Patients previously committed under PC 1370 with felony criminal charges and still considered dangerous. Renewable annually.

Penal Code Sections

- 1370: Felony Incompetent to Stand Trial; maximum commitment of two years.
- 1026: Guilty but Not Guilty by Reason of Insanity
- 2962/2972: Offenders with Mental Health Disorders

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

- Murder
- Rape
- Child Molestation
- Other Sex Crimes

Patients deemed high risk for elopement from a locked facility are also excluded from placement at DSH-M.

The California Department of State Hospitals may, at any point, decide to transfer all patients committed under a given code from DSH-M to another California state hospital.

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ADDITIONAL RESOURCES

California Board of Psychology (BOP)
2005 Evergreen Street
Suite 1400
Sacramento, CA 95815
Telephone: 916-263-2699
Email: bopmail@dca.ca.gov

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

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE, Washington, DC 20002-4242
Phone: (202) 336-5979
Email: apaaccred@apa.org

If you have any questions or comments regarding the Internship Program, please contact:

Anna Kafka, Psy.D.
Internship Director and Training Coordinator
Senior Psychologist Supervisor
DSH-Metropolitan
11401 S. Bloomfield Ave.
Norwalk, CA 90650
Office: (562) 367-3773
Email: Anna.Kafka@dsh.ca.gov

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DSH-M PSYCHOLOGY STAFF/SUPERVISORS

There are currently over 50 psychologists on staff within the Department of Psychology at DSH-M. Although there are typically 10 psychologists supervising interns at any given time (2 assigned per intern), all DSH-M psychologists who have met the prerequisites can serve as supervisors. Over the course of the internship year, interns will typically interact with many Psychology Department staff members, usually as a result of didactic trainings, consultation on a case, or delegated supervision. The following is a list of current staff members who have been and/or will be involved in one or more aspects of the Internship Program at DSH-M.

Anna Kafka, Psy.D.

DSH-M Psychology Internship Director and Training Coordinator

Graduate Institution: Alliant International University, Los Angeles; Forensic Psychology Program

Professional Interests: expert witness evaluations and testimony in criminal cases, mentorship and training of early career forensic psychologists, attorney consultation

Christian Trausch, Psy.D.

Chief Psychologist, DSH-M

Graduate Institution: Alliant International University, California School of Forensic Studies, Irvine

Professional Interests: suicide risk assessment and prevention, schema therapy for the treatment of personality disorders, professional mentoring

Jaydina Amaker, Psy.D.

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

Professional Interests: forensic and correctional psychology, psychological and cognitive assessment, training and professional development, trauma-informed and culturally responsive care

Meline Arzoumanian, Ph.D.

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

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

Anna Arzuyan, Ph.D.

Graduate Institution: California School of Professional Psychology, Los Angeles

Post-Doctoral Fellowship in Neuropsychology: New Mexico VA Healthcare System

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Professional Interests: cultural neuropsychology, neuropsychological assessments, neuropsychiatric and neurocognitive disorders

Arthur Asatoorian, Psy.D.

Former DSH-M Psychology Internship Director and Training Coordinator

Graduate Institution: Pepperdine University

Professional Interests: forensic assessment, posttraumatic stress disorder, neuropsychology

Joanne Barba, Psy.D.

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

Professional Interests: forensic psychology, risk assessments, substance abuse

Jesús O. Barreto Abrams, Ph.D.

Graduate Institution: Gallaudet University, Washington, D.C.

Post-Doctoral Fellowship in Neuropsychology: UCLA Semel Institute for Neuroscience and Human Behavior

Professional Interests: cultural neuropsychology, d/Deaf and hard of hearing communities, consultation and clinical supervision, intersection of neurodevelopmental disorders and the law

Stacey Bayan, Psy.D.

Graduate Institution: Virginia Consortium Program in Clinical Psychology

Post-Doctoral Fellowship in Neuropsychology: Department of State Hospitals - Patton

Professional Interests: neuropsychological assessment, dementia, cognitive rehabilitation

Mallory Behar, Psy.D.

Graduate Institution: The Chicago School of Professional Psychology

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

Catherine Cao, Psy.D.

Graduate Institution: Roosevelt University

Professional Interests: forensic assessment, cognitive behavioral therapy, mindfulness

Cordelia Chou, Ph.D.

Graduate Institution: Fairleigh Dickinson University

Professional Interests: forensic evaluation and report writing, risk communication, child sexual grooming

Rosaleen Dhaliwal, Psy.D.

Graduate Institution: University of La Verne

Professional Interests: forensic assessments, motivational interviewing, third-wave behavioral therapies, cultural sensitivity & humility in treatment

Heather Grim, Psy.D.

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

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

Mina Guirguis, Psy.D.

Graduate Institution: California School of Professional Psychology, Los Angeles

Professional Interests: cognitive behavior therapy, metaphor therapy, behavioral medicine

Alisha Johnson, Psy.D.

Graduate Institution: Pepperdine University

Professional Interests: neuropsychology, cognitive behavioral therapy

Narae Lee, Ph.D.

Graduate Institution: Fuller Seminary

Post-Doctoral Fellowship in Neuropsychology: Department of State Hospitals - Patton

Professional Interests: neuropsychological assessments; cognition of neuropsychiatric disorders; cognitive rehabilitation

Melissa Mares, Psy.D.

Graduate Institution: Pepperdine University, Graduate School of Education and Psychology

Professional Interests: crisis intervention, cultural sensitivity & humility in treatment, existential and humanistic modalities

Christian Meyer, Psy.D.

Graduate Institution: Alliant International University, California School of Forensic Studies

Professional Interests: forensic psychology and assessment, cognitive behavioral therapy, psychodynamic psychotherapy, mindfulness

Kimberly Miller, Psy.D.

Graduate Institution: Pepperdine University

Professional Interests: psychological assessment, group psychotherapy

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Sarah Morad, Psy.D., Ed.D.

Graduate Institution: Pepperdine University

Professional Interests: forensic assessment/evaluations, suicide and violence risk assessments, and solution-focused brief therapy

Wendy Ng, Psy.D.

Graduate Institution: University of La Verne

Professional Interests: adult and juvenile delinquency forensic evaluations, immigration evaluations

Cathy Nguyen, Psy.D.

Graduate Institution: Alliant International University, California School of Forensic Studies, San Diego

Professional Interests: cognitive behavioral therapy for psychosis, acceptance and commitment therapy, forensic evaluation

Gayane Nurijanyan, Psy.D.

Graduate Institution: Azusa Pacific University

Professional Interests: forensic assessment, cognitive behavioral therapy, diagnostic testing

Britney Ranker, Psy.D.

Graduate Institution: Azusa Pacific University

Professional Interests: psychological assessment, forensic psychology

Cory Rizzuto, Psy.D.

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

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

Haley Rodriguez, Psy.D.

Graduate Institution: Florida Institute of Technology, Melbourne, Florida

Professional Interests: forensic psychology, risk assessments, and malingering

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

Graduate Institution: Palo Alto University (formerly PGSP)

Post-Doctoral Fellowship in Neuropsychology: Department of State Hospitals – Patton; Loma Linda University Medical Center

Professional Interests: clinical and forensic neuropsychology

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Kimberly Smith, Psy.D.

Graduate Institution: Pepperdine University

Post-Doctoral Fellowship in Neuropsychology: Cedars-Sinai Medical Center

Professional Interests: neuropsychological assessments, cognitive behavioral therapy, acceptance and commitment therapy

Jeanna Syn, Ph.D.

Graduate Institution: Rosemead School of Professional Psychology

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

Stacey Waters, Psy.D.

Graduate Institution: Azusa Pacific University

Professional Interests: cognitive remediation, intersectionality of disability rights and competency restoration treatment/evaluation, program development and evaluation, Metacognitive Training (MCT) for psychosis as a competency restoration treatment

Janel Wheeler, Ph.D.

Graduate Institution: Palo Alto University

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

APPENDIX A: SAFETY GUIDELINES FOR PATIENT INTERVENTIONS

To ensure the safety of the intern, staff, and patients, interns should always determine a patient's level of safety and appropriateness for interventions prior to providing interventions. Interns should always comply with the following guidelines and consult with their supervisors.

1. The intern and supervisor must determine the best area to meet with the patient, whether it is on or off the unit.
2. Interns should review chart notes to determine the patient's pattern of behavior.
3. Interns should check with the unit Shift Lead, Unit Supervisor, and/or other unit staff regarding the patient's behavior in the past 24 hours and in the past week. Based on the information received, interns should use clinical judgment to determine if the patient is safe enough to be seen.
4. Interns must be aware of the environment in which they are meeting with the patient (e.g., contraband items that may have been left out, other patients in the area, weather, etc.)

When meeting with patients outside a patient's home unit or accompanying a patient off the unit, the following additional precautions should be followed:

1. Interns should request an escort or an observer when leading a patient down a stairwell, through the courtyard, or through any other unstaffed areas.
2. Interns should notify the Shift Lead that the patient will be removed from the unit and indicate where the patient and intern will be located and how long the intern expects to meet with the patient.
3. Interns should not meet with patients in areas where staff cannot respond quickly in the event of an emergency.

Before entering/working on a unit to which the intern is not assigned:

1. Interns should meet with the supervisor and/or unit psychologist to gather any necessary information about working on that specific unit.

Interns should consult with the supervisor and/or unit psychologist to determine unit schedule and available areas to meet with patients.

APPENDIX B: DRESS CODE GUIDELINES

Overview

Interns should dress in a manner that reflects positively on the department, the hospital, and their profession. Clothing worn to work should:

- Be of a suitable color, fabric, and style to reflect professional status
- Be clean, neat, and in good repair
- Provide for the safety of the interns and patients
- Allow for full performance of all duties

Dress Standards

- Name badges provided by DSH-M must be worn at all times. Name badges should be worn above the waist and easily visible to all persons.
- Neck wear (including neck ties, scarves, necklaces, etc.) violate DSH-M policy and may not be worn. State-issued breakaway neck lanyards are the only exception.
- Khaki colored clothing is not allowed in patient areas.
- Shoes must be closed-toe and not have high heels or built-up soles such that they could present a tripping hazard or otherwise endanger interns or patients.
- Shorts and leggings are considered unprofessional attire and should be avoided.
- Tops should provide adequate coverage of abdomen, back, and chest.
- Nails should be kept short and to a reasonable length (no longer than one-quarter (1/4") in length in accordance with the Center for Disease Control guidelines). Long nails may result in transmission of germs and illness, or injury to a patient or other staff member during patient stabilizations.
- Facial hair is permitted (beards and mustaches) as long as it is kept neat and does not pose a safety hazard.
- Visible tattoos should not be of a provocative or offensive nature.
- Good personal hygiene is to be maintained at all times.
- Fragrances should be avoided as some patients may be sensitive or allergic to certain scents.
- Long hair is recommended to be kept tied back (for safety and to prevent spread of infections, lice, etc.).
- Jewelry and watches should be discrete and provide no risk to the wearer or patient. Long dangling earrings or hoops are not permitted, as they may present a danger (can be pulled out by patients). Necklaces are against hospital policy and may not be worn. It is not recommended to wear valuable jewelry that may be lost or damaged at work.

APPENDIX C: USE OF SOCIAL NETWORKING, BLOGS, AND WEBPAGES

The purpose of this section is to provide guidance regarding online public representations of you or the Internship Program. While these guidelines apply to an intern's use of social networking sites, personal webpages, and/or blogs, these guidelines are not limited to only these public representations.

1. Social networking sites such as TikTok, Instagram, X, and Facebook may not be accessed on DSH-M computers.
2. If you do not represent yourself as an DSH-M intern or employee, do not speak about DSH-M, or cannot be reasonably identifiable as affiliated with DSH-M, you have the right to represent yourself as you wish in the public domain. However, seriously consider how your use of social media and other forms of electronic communication may be perceived by current and future patients/clients, colleagues, faculty, supervisors, and others. As all public information is accessible to potential future employers and to current and potential future patients and clients, your online representation can have a significant impact you professionally. Increasingly, universities, postdoctoral sites, and even patients are seeking out information about people on the web before they make faculty offers, postdoctoral position offers, or decide to see someone clinically. We strongly advise that you set all security settings to "private," limit the amount of personal information posted on these sites, and avoid posting information/photos or using any language that could jeopardize your professional image. Choose your "friends" carefully and monitor/remove postings made by your friends that may portray you in unprofessional ways. Do all you can to keep your online image as professional as possible.
3. Under no circumstances should you "friend" a former or current patient on social networking sites, or otherwise accept or solicit personal connections with former or current patients online. Your relationships with former and current patients must remain strictly professional and confidential.
4. Under no circumstances should you discuss patient cases or share patient identifying information in emails, listservs, websites, web groups, or blogs, include any information that could lead to the identification of a patient, or compromise patient confidentiality in any way. Even if you think you have adequately de-identified patient information, consider how such communication may be viewed if seen by the patient or someone who knows the patient. You lose control of this information once it is released to the

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hundreds or thousands of people on a listserv, discussion board, or on a website that will “live” electronically online for years.

5. If you use your DSH-M Outlook email address to send messages outside of DSH-M, be sure that your email signature identifies you correctly as a Psychology Intern. Indicate the year of your internship so that future searches on listservs identify you by the year of your affiliation with DSH-M. Likewise, any posting you make identifying yourself as a psychology intern on websites should indicate the year of your internship.
6. If your webpage/blog does identify you as a psychology intern affiliated with the DSH-M Internship Program or employed by DSH-M, then the program has an interest in how you and the program are portrayed. Your webpage/blog must meet all legal and ethical guidelines from the California Board of Psychology and the American Psychological Association. Your website/blog must be professional in its content and must not contain objectionable material. If DSH-M becomes aware of a page or blog that identifies you as a psychology intern at DSH-M or affiliated with DSH-M, and that page or blog is considered by the Internship Director to contain unethical, illegal, or otherwise objectionable material, you will be asked to modify or remove the problematic material. Should you choose not to modify or remove the material, the Internship Director will follow the existing procedures for dealing with intern misconduct and/or unethical behavior.
7. For further guidance, interns should consult the American Psychological Association’s Social Media and Mobile Apps Policy at:
<http://www.apa.org/about/social-media.aspx>

**APPENDIX D: RIGHTS, RESPONSIBILITIES, DUE
PROCESS POLICY AND PROCEDURE, AND
GRIEVANCE POLICY AND PROCEDURE**

Interns have the right to be treated with respect and consideration for their role as interns under the supervision of licensed professional staff. They have the right to receive the training, evaluation, and supervision designated in their training contract. They have the right to receive training appropriate to their level of skill, education, and training, as well as the right and the responsibility to seek and receive additional supervision on an emergency basis when faced with clinical situations beyond their level of training or expertise. Interns should not be exploited or harassed in any way. They have the right and responsibility to bring any concerns about their treatment, training, supervision, or program to which they are assigned to the attention of the Psychology Internship Director or their graduate program faculty liaison.

It is the responsibility of the intern to behave in the following professional manner:

1. Demonstrate sound personal and professional behavior.
2. Act responsibly and ethically. Interns will follow all California law, hospital directives, internship policies, General Guidelines for Providers of Psychological Services, and APA Ethical Principles of Psychologists and Code of Conduct.
3. Work towards enhancing self-awareness and personal growth as it relates to professional functioning.
4. Seek assistance when personal, professional, and/or ethical issues arise that may have a negative effect on the intern's performance.
5. Maintain an open attitude towards supervision.

Resolution of Conflict Between Intern and Supervisor

In order to resolve conflicts between an intern and supervisor, the following steps are to be taken:

1. Whenever possible, the first step should be informal. The intern and supervisor are encouraged to discuss the concern directly with each other. If the conflict is with a supervisor other than the primary supervisor, the intern may also discuss concerns with the primary supervisor.

2. If the conflict cannot be resolved at this level, the next step involves contact with the Internship Director. The Internship Director may meet with both the intern and the supervisor to resolve the conflict or consider alternatives. One option is considering reassigning the intern or providing additional supervisors as needed.
3. If, after meeting with the Internship Director, the issue is still not resolved, the conflict may be brought to the attention of the Chief of Psychology. The Chief of Psychology will work with the Internship Director to determine whether the intern's rotation and/or supervisor will be changed for the remainder of the rotation.

Standard Formal Evaluation Procedures

1. At the beginning of each rotation, the intern and primary supervisor develop a training plan for that rotation with specific goals and objectives.
2. The primary supervisor completes the Evaluation of Intern Competency form for DSH-M (and graduate school evaluation form, when necessary) at the middle point and end point of the rotation.
3. The intern's primary and delegated supervisors will provide ongoing feedback and evaluation of the intern's progress, including use of the APA and Evaluation Scoring Table (see sample page in [Appendix F](#)).
4. On a monthly basis, all internship supervisors meet to discuss the progress of interns at the internship supervisors' meeting facilitated by the Internship Director.

Problematic Intern Behavior and Performance Deficits

In some circumstances, an intern's performance becomes recognized as problematic. Problematic behavior is defined as any behavior that interferes with the intern's ability to participate fully in the training activities or the program, complete the program, or comply with administrative responsibilities related to patient care, or causes the intern to perform clinical duties in a way that patient care or departmental functioning is compromised. At the earliest point, efforts are made to determine and address the cause(s) of the problem(s).

Due Process Procedure

The DSH-M Due Process Procedure is triggered whenever a formal remediation plan is initiated for an intern. Formal remediation plans are initiated under any of the following circumstances:

1. The intern has received a rating of 1 or U on any individual item on their Evaluation of Intern Competency form.
2. The intern has received an average rating below the expected level for the evaluation period on any profession-wide competency area on their Evaluation of Intern Competency form.
3. The intern has received an average rating below the expected level for all profession-wide competency areas combined on their Evaluation of Intern Competency form.
4. The primary supervisor or Internship Director deems formal remediation necessary to address problematic behavior.

If one of the above scenarios occurs while an intern is already on a formal remediation plan, the existing plan is not nullified but may be amended, and the review date may be extended.

Remediation plans are not punitive. They represent an opportunity to define clear goals for the intern and identify actions both the intern and the intern's supervisors can take to help bring the intern's performance up to standard and support the intern toward successful completion of internship.

The DSH-M Due Process Procedure is as follows:

1. The intern's primary supervisor will first discuss the concerns with the intern, work with the intern on formulating plans for remediation, and inform the Internship Director of the plan. In some cases, the Internship Director may draft the remediation plan based on information gleaned from the intern and the intern's supervisor(s). Specifics regarding this plan are as follows:
 - a. The plan should document in writing:
 - i. the specific concerns
 - ii. the plan for remediation, including specific goals and objectives and the means to facilitate attainment of the goals and objectives
 1. The means to facilitate attainment of the goals and objectives should involve actions taken by both the intern and the intern's supervisor(s)
 - iii. the possible consequences of failure to meet goals and objectives (e.g., extension of remediation plan period, probation, termination from internship).

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- b. The plan will not exceed 30 days in length.
 - c. The intern has the opportunity to respond to the concerns and make comments on this plan.
 - d. The intern has a right to request that the Internship Director and/or the intern's graduate program faculty liaison be present at the time the plan is discussed and signed. However, the Internship Director may choose to involve the graduate program faculty liaison at any point in the intern's experience at DSH-M.
 - i. No parties other than the intern, the intern's supervisors, the Internship Director, and the intern's graduate program liaisons are permitted to be present without the approval of the Internship Director and the intern.
 - e. At a minimum, the intern and the primary supervisor will sign the plan. Signing the plan indicates only that the intern understands the goals outlined in the plan, the means of achieving the goals, and the potential consequences for failing to meet the goals.
 - i. Note: By their nature, remediation plans address only the issues in need of remediation. Intern strengths are not required to be discussed in such a plan.
 - f. Copies of the signed plan will be distributed to the intern and the graduate program faculty liaison (whether present at the plan discussion meeting or not) and will also be kept in the intern's file.
2. Following completion of the initial plan for remediation, the intern's primary supervisor will document in writing the extent to which each of the goals and objectives outlined in the plan were or were not met. The primary supervisor will meet with the intern in order to review a copy of the written feedback and discuss the next steps.

If, in the primary supervisor's judgment, the problem has resolved, no further formal steps need be taken, but the supervisor may continue to monitor the problem area(s) in weekly supervision with the intern.

If, in the primary supervisor's judgment, the problem persists past the remediation period, the following steps will be taken:

- a. If not already notified, the intern's graduate program liaison will be notified in writing of the concerns. A copy of the original plan of correction will be sent, and input from intern's graduate program will be requested.
- b. A meeting will be arranged with the intern, primary supervisor, and the Internship Director. The graduate program liaison will also be informed and invited to the meeting. At this meeting, the problem will be

reviewed, as well as the attempted solutions, the impact on direct patient care and departmental functioning, and the next steps to be taken will be discussed. As with the previous meeting, no parties other than the intern, the intern's supervisors, the Internship Director, and the intern's graduate program liaisons are permitted to be present without the approval of the Internship Director and the intern.

Possible next steps may include:

- The remediation plan period may be extended up to another 30 days.
- The remediation plan may be modified to include new areas of focus since the original plan was drafted.
- The intern may be placed on a period of probation, not to exceed 60 days. The probationary period may include (but not be limited to) additional supervision time, additional observation, change of supervisors, change of duties, or additional coursework or readings.

Following the specified date of completion of probation, the primary supervisor and the Internship Director will evaluate the extent to which the intern achieved the specific goals and objectives. The primary supervisor and Internship Director will document the intern's progress towards the identified goals and objectives of the new plan in writing and then meet with the intern in order to review the written feedback and discuss the next steps, which may include an extension of probation up to termination of internship.

- If the intern's difficulties in meeting clinical or administrative performance expectations are due to personal illness, family crisis, or psychological disability,²³ the intern may be asked to seek appropriate outside services, temporarily alter their training program, or take a leave of absence from the program while they seek appropriate treatment. If the intern takes a leave of absence from the program, the intern may reapply for reinstatement when the personal issues have been resolved.
3. An intern who disagrees with any decision regarding their status in the program (remediation, probation, etc.) may appeal the decision by initiating a formal appeal. In order to do so, the intern must take the following steps:

²³ See also [Reasonable Accommodations](#)

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- a) Within 5 working days of notice of the decision, inform the Internship Director in writing that they are appealing the action.
 - i. The notice of the decision, and the date on which notice was given, shall be documented by the primary supervisor or Internship Director. Email correspondence is sufficient to meet this requirement.
- b) Following that, the intern has 5 working days to submit information in writing in support of the intern's belief that the action is unwarranted.
 - i. Failure to provide such information will constitute withdrawal of the appeal.
- c) If the intern submits an appeal within the prescribed parameters, the following steps will be taken:
 - i. Within 10 working days, the Internship Director will prepare a written report on their decision and recommendations and will inform the intern of the decision and recommendations.
 - ii. Once the intern receives the report, the intern has 10 working days to respond in writing and submit a second-level appeal to the DSH-M Chief of Psychology, citing relevant information, data, administrative directives, etc.
 - iii. Within 10 working days, the Chief of Psychology will review all submitted material and render a decision that may reject or accept prior decisions, offer alternative resolutions, or ask the primary parties to meet again to work out an alternative solution.
 - iv. Should the intern not be satisfied with the final decision, the intern may pursue any and all available grievances procedures available, including (but not limited to) the [Bargaining Unit 19 Grievance Procedures](#).
4. Terminating the intern from the internship program will be considered only as a last resort. Grounds for termination of the training contract include:
 - a) Failure to abide by hospital policies.
 - b) Failure to abide by internship policies.
 - c) Failure to demonstrate a basic level of clinical skills appropriate to the intern's level of training, despite efforts at remediation.
 - d) Grossly unethical or unprofessional behavior in violation of APA Ethical Principles.
 - e) Actions inconsistent with APA or APPIC Accreditation Principles and Guidelines.

A period of formal probation is not required prior to termination of internship.

Late-Emerging Problematic Behavior

If problematic behavior emerges after the mid-point evaluation during the final internship rotation, there may not be time to develop, implement, and evaluate the intern's progress on a formal remediation plan that might otherwise be deemed necessary. In such cases, modified interventions may be implemented to match the time available, including but not limited to:

- increasing the amount of supervision, either with the same or other supervisors
- changing the format, emphasis, and/or focus of supervision
- referral to EAP (Employee Assistance Program)
- schedule modification
- reducing the intern's clinical or other workload
- remedial training (e.g., workshop, additional readings, ethics course)
- issuance of an "acknowledgement notice"
 - The Acknowledgment Notice formally acknowledges an awareness of and concern regarding the intern's performance as evaluated by the supervisor and training staff. The Acknowledgment Notice indicates the intern has been formally notified of their problematic behavior, that the relevant training staff will work with the intern to rectify the problem, and that the problematic behavior is not considered significant enough to warrant more serious action. The intern's graduate program liaison will receive a copy.
 - At the end of the training year, a second Acknowledgment Notice may be issued, which may include an account of the interventions employed and the intern's response to them. The Acknowledgment Notice also indicates that the problematic behavior is not considered significant enough to warrant more serious action but that additional monitoring is recommended to the intern's post-doctoral supervisor and/or employer to ensure successful transition. The intern's graduate program liaison will receive a copy.
- evaluation of the possibility of extending internship to allow for additional time to implement a formal remediation plan
- recommendation, when appropriate, of a leave of absence and/or a second internship at another setting

Ethical or Legal Violations by Another Party

If a situation arises in which an intern witnesses or learns of ethical or legal violations by another party, there are clear, unambiguous procedures that are followed. These procedures are part of hospital policy and are as follows:

1. The intern reports the concern directly to the Internship Director.

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2. The Internship Director may seek consultation from the DSH-M Chief of Psychology and/or the Medical Director, as well as the California Board of Psychology.
3. If the violation includes sexually inappropriate behavior or harassment, the reported allegation will be shared with the hospital's Equal Employment Opportunity Coordinator. The Equal Employment Opportunity Coordinator will review the allegation to determine whether it requires further investigation. The Internship Director will also seek consultation with the California Board of Psychology.

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

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

1. Whenever possible, the intern should discuss the matter directly with the individual(s) involved in order to facilitate an informal resolution.
2. If the issue is not amenable to an informal solution, the intern should discuss the matter with their primary or delegated supervisor and/or the Internship Director.
 - a. The intern may be requested to put their complaint or grievance in writing, citing relevant information, data, administrative directives, etc.
3. In the event the issue is unable to be resolved by the preceding step, or the intern is dissatisfied with the resolution, the matter may be brought to the attention of the Chief of Psychology.
 - a. The Chief of Psychology may request the intern to put their complaint or grievance in writing, citing relevant information, data, administrative directives, etc.
4. Within 10 working days, the Chief of Psychology will review all submitted material and render a decision that may reject or accept prior decisions, offer alternative resolutions, or ask the primary parties to meet again to work out an alternative solution.
5. Interns have the right to formally challenge the final decision made by the Chief of Psychology by:
 - a. Filing a formal complaint in writing with the Internship Director, providing all supporting documents. If the subject of the complaint is a decision regarding their status in the program, the intern must

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submit the challenge within the prescribed parameters as described in the Due Process Procedures above.

- b. The intern may also pursue any and all available grievances procedures available, including (but not limited to) the Bargaining Unit 19 Grievance Procedures.
- c. The intern may also file a complaint with the APPIC Standards and Review Committee (ASARC).

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APPENDIX E: INTERN WEEKLY HOURS LOG (SAMPLE)

DSH – METROPOLITAN									
DOCTORAL PSYCHOLOGY INTERNSHIP PROGRAM									
WEEKLY HOURS LOG									
Psychology Intern:		Year:		Date:					
Primary Rotation Supervisor:		CA License:		<i>see signature below</i>					
Delegated Supervisor:		CA License:		signature:					
Delegated Supervisor:		CA License:		signature:					
Delegated Supervisor:		CA License:		signature:					
Internship Director:		CA License:		signature:					

Week of:			Mon	Tue	Wed	Thurs	Fri	Sat	Sun	TOTAL
Direct Services										
Intake/Clinical Interview										0.00
Psychological Assessment Administration										0.00
Neuropsychological Assessment Administration										0.00
Individual Therapy										0.00
Group Therapy										0.00
Client Consultation										0.00
Crisis Intervention										0.00
Treatment Planning with Patient										0.00
Milieu Therapy										0.00
Other Psychological Interventions										0.00
Indirect Services										
Administration										0.00
Assessment Report Writing										0.00
Case Conferences/Staff Meetings										0.00
Case Management										0.00
Chart Review										0.00
Clinical Writing/Progress Notes										0.00
Intervention Planning										0.00
Professional Consultation										0.00
Psychological Assessment Scoring/Interpretation										0.00
Reading/Research/Preparation										0.00
Professional Development										0.00
Supervision & Training										
Individual Supervision (direct, face-to-face)										0.00
Group Supervision (direct, face-to-face)										0.00
Supervision (other, specify):										0.00
Multidisciplinary Conferences										0.00
Staff Meetings										0.00
Didactics										0.00
Rotation Training										0.00
Peer Supervision										0.00
Dissertation/Project										0.00
TOTAL HOURS:			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0

