Washington State
Department of Social and Health Services

CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM

2018 – 2019

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TRAINING COMMITTEE

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(Dragon tail Peak, by 2015-16 Intern Krystine Jackson)

WESTERN STATE HOSPITAL

Western State Hospital (WSH), the first psychiatric facility in the Pacific Northwest, opened in August 1871. The hospital is a state-owned psychiatric facility for treatment of the mentally ill and is administered by the Department of Social and Health Services, Division of Mental Health. Western State Hospital is situated on a 264-acre campus 1/2 mile from the town of Steilacoom, which is located on Puget Sound overlooking McNeil and Fox Islands, as well as the Olympic Peninsula. The Tacoma Narrows Bridge to the Olympic Peninsula is about 10 miles distant, and the hospital is located near Tacoma and about 40 miles south of Seattle. The historic Fort Steilacoom compound, with officers' quarters and parade grounds from the days when Ulysses Grant was a Captain, remains on the Western State Hospital Campus. On clear days there is an impressive view of Mount Rainier from hospital grounds.

Western State Hospital is an integral part of a comprehensive network of mental health service providers for the State of Washington. A primary Hospital objective is to provide residential treatment for those individuals whose psychiatric condition is so severe that local community treatment is not feasible. The Hospital also offers treatment for selected legal offenders who may benefit from treatment

in a hospital setting. The hospital's mission is "To promote recovery and well-being in partnership with the people we serve." The ultimate goal is to restore independent functioning and reintegrate individuals back into their communities in the shortest time compatible with sound treatment philosophy. Upon discharge, patients are referred to local community mental health centers or to private practitioners for follow-up care.

The Hospital is organized around two major treatment units: Center for Forensic Services (CFS) and Psychiatric Treatment and Recovery Center (PTRC). Psychologists, physicians, psychiatrists, social workers, rehabilitation therapists and nursing staff provide care and services to a patient population of approximately 850 adults.

Western State Hospital's doctoral Clinical Psychology Internship Program is accredited by the American Psychological Association (APA). The program was provisionally accredited by APA in 1986, and then fully accredited in 1989. The most recent site visit by APA was conducted in summer of 2016. The next scheduled site visit will be in the 2023 training year. The Internship Program follows the Practitioner-Scholar model. The APA Commission on Accreditation can be reached at 750 First St. NE, Washington, DC 20002, (202) 336-5979.

The internship runs from August 1 thru July 31. Each intern is expected to complete three four-month rotations and a program evaluation project. Rotation sites at Western State Hospital include the Center for Forensic Services and the Psychiatric Treatment and Recovery Center. Additional rotation sites include Child Study and Treatment Center and the Special Commitment Center (required rotation). The rotation selection is intended to balance individual intern interests and training needs. Opportunities may be available for year-long provision of supervised individual and group psychotherapy.

PHILOSOPHY

All internship rotations at Western State Hospital incorporate professional practice. Professional practice provides for the application of theory and the development of rotation specific skills under supervision. Western State Hospital seeks to train interns for independent psychological practice by exposing them to a wide spectrum of patients with severe psychiatric disorders, promoting a mentoring relationship with senior professionals, and combining psychological practice with didactic learning. Because WSH is in large part a forensic hospital, there is a forensic focus of the internship. However, it is the belief of the internship committee that training must solidify an intern’s general learning and practice, not exclusive to a forensic practice.

STATEMENT OF NONDISCRIMINATION

The Mental Health Division of the Washington State Department of Social and Health Services (DSHS), which includes Western State Hospital, adopted a Diversity Initiative in 2001. The Initiative set forth goals for client services, employment, contracting, education and training.

Recruiting and hiring efforts to increase ethnic minority and disability representation at Western State Hospital are coordinated by the Washington State Department of Personnel. The Chief Financial Officer at Western State Hospital has made purchasing from and contracting with minority and women's business enterprises a priority.

The Western State Hospital Client Services Committee directs the hospital's client services efforts. The Client Services Committee is responsible for increasing hospital-wide understanding of various cultural, racial, and ethnic influences on the people we serve, and improving direct patient care. Training in diversity issues is mandatory for all staff, and a practical guide that incorporates understanding of cultural and ethnic differences into treatment activities is available on hospital wards. Psychology interns interested in diversity issues are invited to participate in the Client Services Committee.

The WSH internship program is committed to respecting and understanding cultural and individual diversity as reflected in its recruitment and retention policies for interns and staff, didactic and experiential training, nondiscriminatory policies and operating conditions, and avoidance of actions that restrict program access irrelevant to success. Diversity includes but is not limited to: age, disabilities, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and social economic status. We strongly encourage individuals of all ages, nationalities, sexual preference, ethnicities, religious backgrounds, genders and disabilities to apply to our program. We welcome and embrace diversity and have successfully trained interns representing the above diversities in our history.

Western State Hospital houses an ethnically diverse patient population, and interns have the opportunity to work with foreign language interpreters when treating patients whose first language is other than English. In addition, interns have the opportunity to work with American Sign Language interpreters to help communicate with patients who are hearing-impaired. The ASL interpreters are hospital employees.

GOALS AND OBJECTIVES

Two primary goals flow from our philosophy to train interns as independent psychologists. First, educate interns in the specific knowledge and necessary skills readying them for independent professional practice as a psychologist. This goal is achieved by training interns in the treatment of individuals with a wide variety of psychological problems, understanding and choosing from various

interventions for a given population, performing competent assessments for the courts and as part of treatment, and conducting appropriate consultation.

The second primary goal emanating from our training philosophy is to engender interns with core professional attitudes and abilities which will encourage them to function in a professional and ethical manner, appreciate the role of individual and cultural differences within the field of psychology, and conduct appropriate supervision with practicum students.

INTERNSHIP PROGRAM

The Department of Social and Health Services is committed to providing high quality training experiences for interns. **Only those applicants from APA accredited clinical or counseling psychology programs are considered for the four available internship positions**. Applicants from stand-alone forensic psychology programs will **not** be considered, since these programs are **not** APA accredited. Applicants from forensic psychology programs that are affiliated with APA-accredited clinical or counseling programs will **not** be considered. Three years of graduate work and at least 500 hours of practicum experience are required prior to the internship year, with a minimum of 300 intervention hours and 100 assessment hours. Minority applicants are encouraged to apply. Applications from graduate programs outside the United States will not be considered at this time due to the limitations for retention beyond the internship year posed by the J-1 visa for non-US students. Application materials include the APPIC application form, a current vita and graduate transcript, the academic program's Verification of Internship Eligibility and Readiness section of the application signed by the Director of Training, three letters of recommendation, and a copy of a redacted psychological evaluation.

Prior to internship contracts being signed, a Department of Social and Health Services background check is required after interns have been matched with our site. This form includes information regarding prior criminal convictions or charges pending for any crimes. The background check also addresses a history of physical or sexual abuse, abandonment, or neglect of any person, a question regarding termination or revocation of contracts or licenses to provide care, and any court issues of protection orders. **No contract will be signed with interns who fail to pass the background check**. If an intern matched to us wants to work at the Child Study and Treatment Center (CSTC) or the Community Forensic Evaluation Service (CFES), further background checks are required prior to starting on those rotations. The CFES background checks relate to entries into jails and interns are required to provide information as to whether they have ever been charged with any crime, ever had a relationship with anyone who has been incarcerated, or ever bought, used, or distributed illegal substances.

The program provides opportunities to work with unique populations, including mentally ill offenders, and sex offenders. Interns receive a twelve-month stipend of **$43,000** for 2000 hours of work, as well as vacation, sick leave and access to State healthcare plans (***stipend and benefits will be based on Washington State budgetary process and are guaranteed for the 2018-2019 training year. While it is expected to remain the same for 2019-2020 training year, ongoing budgetary negotiations may significantly impact both the stipend and provision of benefits**).

Per chapter 357-31 WAC, the following days are designated as state holidays:

(1) The first day of January (New Year's Day);
(2) The third Monday of January (Martin Luther King, Jr.'s birthday);
(3) The third Monday of February (Presidents' Day);
(4) The last Monday of May (Memorial Day);
(5) The fourth day of July (Independence Day);
(6) The first Monday in September (Labor Day);
(7) The eleventh day of November (Veterans Day);
(8) The fourth Thursday in November (Thanksgiving Day);
(9) The Friday immediately following the fourth Thursday in November (Native American Heritage Day); and
(10) The twenty-fifth day of December (Christmas Day).

Interns are allowed flexibility in structuring their activities during the year. As each unit has many different wards, opportunities for supervision and training can be unique, varied, and adapted to suit different interests and training needs. Interns are free to explore rotations on any ward where a supervisor is available, and may obtain experience in the following areas:

Evaluation of social, cognitive, psychological, behavioral and organic factors in psychopathology. Training in clinical interviewing, and in the use of structured and unstructured psychological assessment techniques is provided. Among the assessment issues considered are diagnosis, suicide risk, trauma effects, amenability to treatment, dangerousness, need for involuntary commitment, and potential for recidivism.

Report writing and communication skills. Effective written and verbal skills are important in communicating useful treatment recommendations to other colleagues, other professionals (e.g., court) and to patients. Interns are responsible for administering and interpreting psychological test batteries and preparing written reports during each rotation.

Individual and group psychotherapy. Therapeutic approaches used by current psychology staff members include behavior modification, cognitive-behavioral methods (e.g., dialectical behavior therapy, motivational interviewing, illness management and recovery), crisis intervention, trauma resolution, and skills building. Interns are expected to use these and other evidence-based treatments, as appropriate, to facilitate growth and recovery.

Consultation. Interns will be provided opportunities to collaborate with multidisciplinary treatment teams. Intern responsibilities as a team member will include consultation regarding diagnosis, treatment plan formulation and implementation, management of difficult behaviors, and discharge planning.

Forensic psychology. The interface between psychology and the legal system is prominent at Western State Hospital because most patients are involuntarily committed under civil or criminal commitment statutes. Psychologists serve as expert witnesses to the court for determining the patient's danger to self, danger to others, and/or grave disability in cases of involuntary civil commitment; and determination of competency to stand trial and criminal responsibility for cases involving criminal

commitment. Interns will assist staff psychologists in various methods of evaluation, including interviewing and administering standardized psychological assessment techniques. They assist in preparing affidavits and reports for the court.

Clinical research. Interns are encouraged to pursue their independent research interests and/or to participate in ongoing research projects. Up to 10% of the intern's time is available for research and may be used for dissertation work.

(Krystine Jackson, 2015 – 2016 Intern)

AVAILABLE INTERN TRAINING ROTATIONS

Forensic Assessment Rotation

Interns on the forensic assessment rotation work directly with evaluating psychologists in the interview and testing process. Interns are expected to write a minimum of 10 formal forensic evaluation reports, under supervision, during their rotation. The forensic assessment rotation is divided into two sections:

The Inpatient Forensic Evaluation Services (IFES) serves up to 240 patients. IFES psychologists evaluate pre-trial defendants who require clinical observation or orders for competency restoration in a hospital setting. The opportunity for observation, medications, and treatment services provided by many

professional staff allows the intern an opportunity to interact with professionals in other disciplines. Evaluation of competency, mental state at the time of the offense, and dangerousness are major components of the inpatient evaluator's work.

(2015-2016 Intern Emily Mackelprang)

Community Forensic Evaluation Services (CFES) psychologists evaluate a large percentage of the pre-trial referrals from Western Washington courts, typically in local correctional facilities. However, CFES evaluations can be conducted in hospital setting, or attorney offices, depending on the specific situation. Additionally, some defendants released on their own recognizance may appear at Western State Hospital for evaluation by a CFES psychologist on an outpatient basis. Most defendants evaluated by CFES psychologists are offenders without need of lengthy clinical observation.

In summary, forensic assessment rotation interns will participate in the following:

- Pre-trial evaluations of accused persons to determine diagnosis, mental state at the time of the alleged offense, competency to stand trial, and dangerousness.
- Interns will have conduct evaluations on both inpatient and outpatient clients.
- Administer/interpret psychological tests under supervision.
- Observe expert testimony in court trials.
- Post-trial evaluations of risk and use of actuarial assessment tools.

Not Guilty by Reason of Insanity (NGRI) Treatment and Assessment

The Center for Forensic Services (CFS) located on the WSH campus has eight treatment wards that serve a variety of forensic patients. There are 200 NGRI patients housed at WSH.

The Center also provides ongoing treatment for this population through the Treatment and Recovery Center. Interns choosing a NGRI Treatment/Assessment rotation may participate in the following:

- Group and individual therapy for selected patients.
- Post-trial evaluations of risk and use of actuarial assessment tools.
- Non-voting participation on the Risk Review Board which reviews cases for possible conditional release and/or final discharge.
- Participation on a treatment team and in the development of treatment plans for selected patients.
- Psychological testing, suicide assessment and case consultation to treatment teams for purposes of identifying treatment needs and placement options.

Psychiatric Treatment and Recovery Center (PTRC)

The Psychiatric Treatment and Recovery Center (PTRC) serves approximately 600 patients ranging in age from 18 to 90. It consists of 20 wards, each with a population of about 30 patients. The primary diagnoses of PTRC patients are schizophrenia, schizoaffective, and affective disorders. Patients are directly admitted to these wards after an initial evaluation and treatment in a community hospital. PTRC also houses the Habilitative Mental Health (HMH) Unit, which serves 24 individuals with developmental disabilities who require intensive, structured behavioral interventions.

The PTRC population offers interns a unique opportunity to work with adults exhibiting a wide variety of psychological/psychiatric illnesses and a range of severity levels. In addition to working alongside a licensed psychologist, interns participate on a multidisciplinary treatment team consisting of a psychiatrist, social worker, physician assigned to medical care, RNs, LPNs, pharmacist, recreation and occupational therapists, and other nursing support personnel. Rotations can usually be tailored to accommodate interns' interests and educational/experiential needs.

Psychology interns serving a PTRC rotation are expected to:

- Conduct group and individual psychotherapy for selected patients.
- Become knowledgeable about the civil commitment process, assist in preparing court petitions for involuntary commitment, conditional releases, and observe involuntary commitment hearings.

- Participate in multidisciplinary diagnostic evaluations of patients with mental, emotional, and/or organic dysfunction.
- Administer, score, and interpret psychological tests and write comprehensive reports.
- Develop specific behavioral treatment programs for designated patients, consulting with treatment team members and nursing staff to ensure consistent approaches to patient care.

Child Study and Treatment Center (CSTC)

Child Study and Treatment Center (CSTC) is a State and federally funded, TJC accredited, long-term inpatient psychiatric hospital established to treat children and adolescents who cannot be served in less-restrictive settings. CSTC serves children from throughout the State of Washington and is the only State operated children's psychiatric hospital in Washington. CSTC has a 47-inpatient bed capacity on three **separate cottages (units**). On-grounds elementary and secondary schools provided by Clover Park School District are an integral part of the treatment model. All WSH Interns are invited to attend monthly CEU continuing education and the CSTC Journal Club (even if they are on another rotation). At this time, the CSTC rotation primarily focuses on Forensic Services and working with youth on Camano Cottage. Opportunities for individual and group therapy with youth on the other cottages are available. Interns utilize office space in a shared setting with practicum students and post-doctoral fellows.

***Camano Cottage (ages 5-12)*:** This cottage utilizes a Cognitive Behavioral Milieu based on a Developmental Teaching/Developmental Therapy Model. The program emphasizes family involvement (family therapy, Multiple Family Group Treatment). Youth are reinforced for demonstrating positive behavior and working towards concrete, measurable goals. All children are assigned an individual therapist and provided with applicable evidence based therapies. Interns meet twice per week with individual clients and co-facilitate treatment groups.

***Ketron Cottage (ages 12-14)*:** This cottage utilizes a cognitive-behavioral model with a focus on strong community. Ketron youth participate in psychoeducation and recreation therapy groups where they learn and practice skills to be more effective with interpersonal interactions and manage emotions and maintain safe behavior. When indicated, individual and/or family therapy may be provided. Much effort is spent helping youth generalize improvement to home environments with home visits and regular passes.

***Orcas Cottage (ages 14-17)*:** This cottage includes two programs. The General Population (GP) is for older adolescents who are able to participate in the CSTC program on cottage, at school, in recreation, and into the community. The Close Attention Program (CAP) is for older adolescents who due to their own functioning or legal status are allowed less latitude as well as receive most of their care on cottage. Dialectical Behavior Therapy, Social Skills, and Human Sexuality groups are examples of the patient education and patient therapy groups offered. Forensic patients who are hospitalized for

restoration to competency services will usually reside on Orcas Cottage. CSTC is also responsible for providing child and juvenile forensic services to the State of Washington's juvenile court system.

***Forensic Services (ages 8-17)*:** During this part of the rotation, the intern's primary role is participating in pretrial forensic evaluations of minors for juvenile and adult courts across the state. The majority of evaluations produce opinions regarding clinical diagnosis, competence to stand trial, and likelihood of restoration. Interns participate in interviews evaluations, report-writing for legal audiences, restoration to competence services for court-referred youths, and individual and group supervision. Less frequent types of evaluations (e.g., capacity to commit a crime, mental state at the time of offense, suitability for adult criminal court and long-term risk assessment) are also available for interns to observe. Interns are invited to observe court testimony and attorney consults as time and interest allows. The extent of involvement in cases depends on the intern's interests, experience and availability.

(2015-2016 Intern Angie Sailey and her husband at
Cape Dissapointment)

Intern Activities: At the beginning of the internship year, all interested interns are invited to a meeting with CSTC's licensed psychologist supervisors. This meeting affords a matching of interns' interests and experiences with available rotation experiences. This process is continued individually

when an intern expresses interest in a CSTC rotation. The CSTC rotation is approximately half clinical and half forensics. There are also opportunities for cross-cottage experience and participation. Licensed psychologists provide intern supervision consistent with APA requirements. However, because there is much to learn from professionals in other disciplines, informal supervision with assigned multidisciplinary treatment team members also occurs.

At the onset of the rotation, the intern and supervisor together identify specific requirements for the rotation.

The minimum expectation for Clinical Services includes:

- Testing and formal write-up of at least one comprehensive cognitive or educational assessment.
- A minimum of two individual therapy cases.
- Construction and implementation of at least one behavior management program.
- Co-therapist participation in at least two psychoeducational groups.
- Ongoing participation on a multidisciplinary team, including attending treatment plan meetings.
- Participating in case reviews, rounds, family staffing, clinical meetings, intake evaluation, etc.
- Participation in a cottage-wide behavioral management program (milieu).

Minimum expectations for a rotation in Forensic Services include:

- Weekly participation forensic group supervision.
- Participation in observing or conducting supervised interviews with referred youth and/or their parents.
- As appropriate, providing psychological testing with clinical and/or forensic measures.
- Independent research of issues as needed for evaluations (e.g., relevant child and adolescent diagnosis, normal child development, best forensic practices in juvenile forensic evaluations, statutes and case law).
- As available and needed, participation in psycho-educational treatment for one juvenile found incompetent to stand trial and hospitalized at CSTC.
- As available, observation of a juvenile court hearing addressing a forensic evaluation.

Special Commitment Center (SCC)

The Special Commitment Center (SCC) provides evaluation and treatment of court-referred individuals whose offenses include rape, incest, child molestation, and other forms of sexual deviancy. Services are provided in a secure and comfortable environment, with close monitoring. The clinical program, operated by the Department of Social and Health Services, is housed on McNeil Island while the forensic services unit is housed on the mainland in Steilacoom.

NOTE: Interns ***must*** complete one rotation at SCC, which may either be clinical or forensic. The SCC has at least one intern on each rotation. Interns on the clinical rotation must take a ferry from Steilacoom

to McNeil Island and then a shuttle from the ferry dock to the SCC facility. This is a 40-minute commute each way.

Legal Status

Chapter 71.09 of the Revised Code of Washington provides for the indefinite civil commitment of individuals designated "sexually violent predators".

A Sexually Violent Predator is defined as *"any person who has been convicted of or charged with a crime of sexual violence and who suffers from a mental abnormality or personality disorder which makes the person likely to engage in predatory acts of sexual violence if not confined in a secure facility."*

Mental abnormality is defined as "*a congenital or acquired condition affecting the emotional or volitional capacity which predisposes the person to the commission of criminal sexual acts in a degree constituting such person a menace to the health and safety of others."*

Predatory is defined as "*acts directed toward strangers or individuals with whom a relationship has been established or promoted for the primary purpose of victimization."*

Detainees are initially placed at the SCC under a "hold" order pending their initial commitment trial. A community psychologist with expertise in sex offender issues provides an evaluation to the Court as part of the commitment process. Such psychologists, who complete assessments and compile a summary recommendation to the Court of Commitment, evaluate all detainees. Their recommendations address three critical commitment questions:

- Has the individual been convicted of or charged with a crime of sexual violence?
- Does the individual suffer from a mental abnormality or personality disorder which predisposes the person to the commission of legally defined sexually violent acts?
- Is the individual likely to engage in predatory acts of sexual violence if not confined in a secure facility?

If the initial commitment evaluation recommends commitment, a trial is held to determine whether or not the person meets statutory criteria defining a "sexually violent predator." A resident determined by the Court to meet these criteria is then placed in SCC as a resident, rather than a "detainee" awaiting a court hearing.

Residents committed to the SCC as "sexually violent predators" are subject to procedures governing the management of persons committed as mentally ill and dangerous who are court-ordered to reside in secure surroundings until the Court allows greater freedom.

SCC psychologists report to the Court annually regarding a resident's progress at SCC and whether the individual's risk to re-offend has changed. The resident may petition the Court for release at any time. If residents successfully complete designated treatment goals, SCC staff will support them in moving to a community transition program.

SCC provides one rotation for each of the four interns from Western State Hospital during the course of the internship year. The rotation can either be within the Clinical Department on the island with an emphasis on group and individual therapy or within the Forensic Services Department. The Forensic Services rotation is solely assessment. SCC interns may also attend a weekly meeting of the Senior Clinical Team, where cases are discussed and a therapist or psychologist presents a case for review.

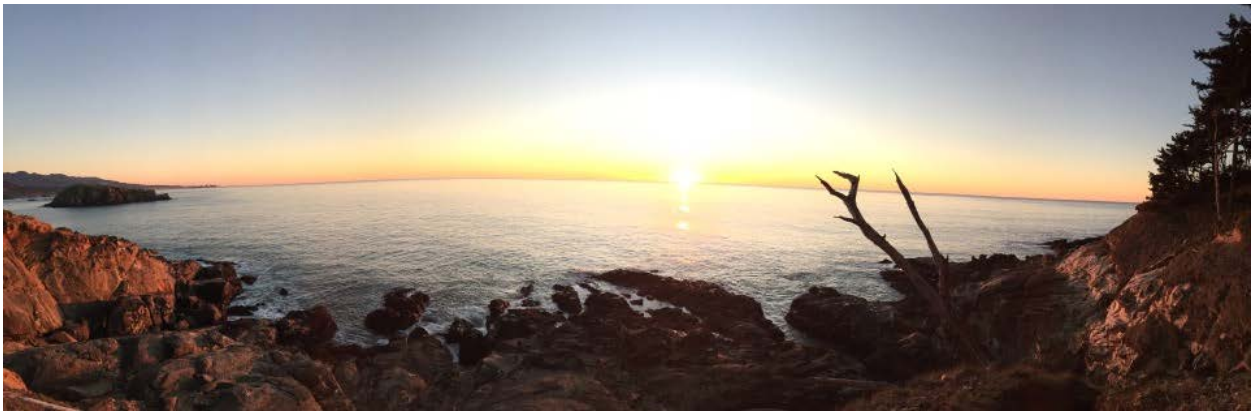
(Cape Flattery, by 2015-2016 Intern Krystine Jackson)

SCC's treatment program and residential environment are geared to help residents maintain responsible and appropriate interpersonal behavior which is respectful of privacy, boundaries, rules and limits. Respect for the welfare and dignity of others is considered an essential goal of treatment and a necessary component of any realistic re-offense prevention plan. Individual and group treatments are initiated following comprehensive assessment to determine an appropriate treatment plan. Risk-Need-Responsivity (RNR) and Relapse Prevention (RP) strategies provide the guiding principles of treatment. Psychoeducational services (i.e., social and interpersonal skills training and aggression replacement, which incorporates conflict resolution, anger management, and moral reasoning) provide detainees and residents opportunities to acquire knowledge and skills deemed necessary to cope with life in the community. In addition to sex offender specific programming, other services provide for medical, psychiatric, chemical dependency, educational, vocational, religious, cultural, and recreational needs. Due to the prevalence of personality disorders within this population, it provides the intern with an opportunity to work with numerous residents with significant interpersonal and cognitive deficits.

Committed residents must successfully complete the treatment program before a recommendation for release to a less restrictive placement is made to the Court of Commitment. Residents who successfully complete all designated treatment goals receive staff support for a less restrictive placement. Those who are discharged from the SCC main facility must continue with outpatient community treatment.

Clinical rotation: Interns completing a clinical rotation on the island are expected to participate in weekly 1:1 counseling sessions with residents on the supervising psychologist's caseload. Interns may also be assigned a small caseload of residents, with whom they may conduct individual therapy sessions, under a psychologist's supervision. Interns will co-facilitate sex offender treatment groups and psycho-educational modules, such as Dialectical Behavior Therapy, True Thought, Healthy Relationship, etc. Additionally, interns will write resident treatment plans that will be reviewed by a team psychologist, write class and group summaries for residents, and write progress notes, following the accepted professional format, summarizing group or individual sessions with residents. Finally, interns will complete psychosocial summaries for new residents.

Forensic rotation: Interns participating in the forensic rotation will learn the essential components of assessing sexual offenders, with an emphasis on Sexually Violent Predators. This rotation will have a strong didactic component, with an emphasis on learning the literature, given the high level of knowledge that is required of individuals working in this specialized area of the field. The intern will have the opportunity to practice scoring actuarial risk measures, participate in case conceptualization, and observe interviews of SCC residents. However, the intern will not complete an evaluation of a resident, given the possibility of intense legal scrutiny on any such evaluation. Rather, another option will be chosen, with input from the intern, for the written component of this rotation. Interns get an opportunity to observe expert witnesses testifying in court about residents undergoing the civil commitment process and/or in the process of depositions. Interns also prepare a lecture on a related topic of interest for presentation at the Forensic Services meeting.



(Cape Sebastian, by 2015-2016 Intern Krystine Jackson)

Program Evaluation

Program Evaluation is a yearlong research project designed by the intern under the supervision of a research psychologist from WSH's Quality Management Office. The focus of the project is expected to be on a subject relevant to WSH, CSTC, or SCC. The goal of the program evaluation is to provide useful feedback to the specific stakeholders. Each intern is responsible for conducting the necessary literature review and collecting the appropriate date for the research. The program evaluation projects are of particular interest to the senior management at the individual facilities. The intern has the opportunity to publish the results of their research upon completing the project.

SEMINARS

Interns participate in a theoretical and professional issues seminar series during the year and which is presented by Psychology Department members. In addition, interns participate in a 12-session series addressing criminal forensic psychology issues. The following are representative topics:

- Clinical Supervision
- Licensure
- Consultation
- Ethics
- Diversity

A forensic seminar series is also provided. This consists of three consecutive tracks: Criminal Forensic & Foundations, Civil, and Correctional. Interns must participate in the 12-session Criminal Forensic & Foundations track. Each session is three hours in length. The following topics are representative:

- Competency to Stand Trial, Sample Expert Testimony: Critique & Discussion, Criminal Responsibility, Sample Case Reports: Critique & Discussion, Diminished Capacity, Reports and Testimony, Violence Risk Assessment, Clinical-Forensic Judgment, Intoxication Defenses, Psychological Test Evidence, Juvenile Forensic Evaluations, Psychological and Psychiatric Evidence
- After completing the Criminal Forensic & Foundations track, interns will participate in Civil and Correctional track seminars with the Forensic Seminar Series.

REQUIREMENTS FOR COMPLETION OF INTERNSHIP PROGRAM

- Satisfactorily complete three different four-month rotations (one of which must be a treatment rotation), including one required rotation at the Special Commitment Center (SCC).
- Perform at least two psychological evaluations (including testing) per rotation. Satisfactorily complete a minimum of 6 psychological evaluations during the training year (**not including forensic assessments**).
- If an intern chooses the WSH forensic rotation

    - They must satisfactorily complete a minimum of 10 forensic evaluations during the rotation. A forensic evaluation is considered completed by the intern when the intern conducts the majority of the interview and authors the majority of the report.
- Demonstrate competence in co-leading group psychotherapy.
- Demonstrate competence in conducting individual therapy. (Per discretion of the particular supervisor).
- Demonstrate competence in conducting supervision of practicum students.
- Attend required Intern Seminars and Forensic Seminars.
- Conduct at least one case presentation during each rotation per discretion of the supervisor and needs of the rotation setting.
- Develop and present a lecture on a selected topic in the Intern Seminar Series.
- Complete a minimum of 2000 hours of hospital experience.
- Demonstrate ethical conduct at all times. This includes full compliance with the American Psychological Association's Code of Ethics, Washington State's Ethics in Public Service Law, and Western State Hospital's Code of Ethics.
- Complete and present a program evaluation. This will include writing a report and presenting the research to a hospital wide audience.
- Conduct at least one interview with an interpreter.
- Complete a cultural diversity project as assigned by the Director. The cultural diversity project will be presented, by the intern, to WSH training committee.

RECENT INTERNS' UNIVESITIES AND POST INTERNSHIP POSITIONS

2018-2019

- University of Oregon – Portland Forensic
- University of North Texas – WSH Forensic Post-Doc
- Tennessee State University – SCC Psychologist 3
- Albizu University – Taylor-Hardin Post-Doc

2017-2018

- Sam Houston State University - WSH Forensic Post-Doc
- Sam Houston State University - Associate Professor at University Houston – Vitoria
- University of Toledo - Mendota Mental Health Post-Doc
- Carlos Albizu University – Portland Forensic

2016-2017

- University of Arizona - SCC Forensic Post-Doc
- University of Denver - Mendota Mental Health Post-Doc

- University of Maryland, Baltimore County - Working on dissertation
- Marquette University - Working on dissertation

2015-2016

- Carlos Albizu University - CSTC Post-Doc
- Texas Tech University - Associate Professor Southern Mississippi University
- Alliant International University, San Francisco - SCC Forensic Post-Doc
- University of North Dakota - Mecklenburg County Juvenile Criminal Justice Services Post-Doc

2014-2015

- Texas Tech University - SCC Forensic Post-Doc
- Palo Alto University, Pacific Graduate School - WSH Forensic Post-Doc
- Argosy University, Atlanta - Emory University Post-Doc
- Florida State University - Psychologist position at WSH

THE PACIFIC NORTHWEST COMMUNITY IN PICTURES

Situated on a very attractive campus in a metropolitan area, Western State Hospital is close to Tacoma and Seattle, with many educational and recreational activities available. Such amenities as shopping, dining, and medical facilities are easily accessible in both cities and environs. The Canadian border and the city of Vancouver, British Columbia are within a 3-hour drive and the city of Portland, Oregon is just over 2 hours away. The maritime climate is moderate, with temperatures rarely reaching 90 degrees in the summer or falling below 25 degrees in the winter.

Nearby recreational facilities include skiing, boating, fishing, clamming, hiking and mountain climbing. Mount Rainier, at over 14,000 feet, is approximately 70 miles from Tacoma. Music, theater, and other arts activities are available, with opportunities for participation as well as attendance. Educational facilities in the area include the University of Washington, Seattle Pacific University, Pacific Lutheran University, Seattle University, University of Puget Sound, and several community colleges, including Pierce College, which is located adjacent to Western State Hospital.

SAMPLE PROGRESSIVE LEARNING PLANS

Forensic Assessment Rotation

Objectives

1. Demonstrate minimum proficiency in competence to stand trial (CST) evaluations.
    - Complete at least 10 CST evaluations, start to finish (initial or competency restoration treatment evaluations)
    - Describe evaluation process, including sources of data to be considered
    - Verbalize reasoning of what is included and excluded from the report
    - Distinguish data, inferences, opinions
    - Articulate reasoning for opinions

2. Involvement in a competency restoration treatment CST evaluation [prefer to complete one]

3. Involvement in a Risk Assessment Evaluation [prefer: observe one with possible participation, do one]

4. Involvement in mental state at time of offense evaluation (after proficiency in CST evaluations is met or largely achieved)

5. Observe contested competency hearing and/or civil commitment hearing

CST and MSTO cases may occur through a variety of evaluation locations/situations

1. Outpatient jail CST evaluation

2. Outpatient PR CST evaluation

3. Inpatient initial CST evaluation

4. Inpatient competency restoration treatment evaluation

5. MSTO (sanity and/or mental state – prefer exposure to both, may be 2 different cases) evaluation (may be inpatient, outpatient-jail, outpatient-PR)

6. Outpatient or inpatient DDP CST evaluation

Additional objective for Internship year, may occur on Forensic Assessment Rotation
Interpreter case (Intern presentation on culture is during 3rd rotation)

Notes

- "Involvement" means anything from observation, contact of collaterals, partial writing of the report, first author of the report.
- The rotation supervisor for any case is responsible for case selection, to assure the intern is not first author on any case that is likely to require testimony (e.g., felony Assault 3)
- Proficiency is more important than location of the evaluation
- Once proficiency is established, have intern go with other examiners for breadth of experiences with other psychologists
- Internship supervisors of IFES and CFES coordinate with each other to assure a variety of FAR objectives-experiences are included for each intern

Weeks 1 and 2

Activities/Experiences

- Observe primary supervisor conduct a competence to stand trial evaluation
- Observe secondary supervisor (or other examiners) conduct competence to stand trial evaluation
- Review and discuss CST reports for the cases observed
- Tour and observe mental health courts
- Attend jail orientations if necessary
- Review readings with supervisor(s)

Suggested Readings

A. RCW 71.05 – Civil Commitment

B. LaBelle and Beyond: Defining Grave Disability (power point presentation, Dr. Richard Yocum)
Case: *In re LaBelle* (1985)

C. RCW 10.77 - Criminal Evaluations

D. Melton et al. (2007): Chapter 1 - Law and the Mental Health Professions: An Uneasy Alliance

E. Therapeutic and Forensic Roles (tables)

Articles available:

- Greenberg, S.A., & Shulman, D.W. (1997). Irreconcilable conflict between therapeutic and forensic roles. *Professional Psychology: Research and Practice*, 28, 50-57.
- Greenberg, S.A., & Shulman, D.W. (2007). When worlds collide: Therapeutic and forensic roles. *Professional Psychology: Research and Practice*, 39, 129-132.
- Heltzel, T. (2007). Compatibility of therapeutic and forensic roles. *Professional Psychology: Research and Practice*, 38, 122-128.
- Morse, J.F. (2008). The ethics of forensic practice: Reclaiming the wasteland.

Melton et al. (2007): Chapter 3 - The Nature and Method of Forensic Assessment

F. DeMier, R. (2013). Forensic report writing. In R. K. Otto (Ed.), *Forensic psychology* (2nd ed.)

Weeks 3 and 4

Activities/Experiences

- Conduct CST evaluation with primary supervisor
- Supervision of evaluations conducted, review of forensic psychology perspective on evaluations
- Review readings with supervisor(s)

Suggested Readings

G. Melton et al. (2007): Chapter 6 – Competency to Stand Trial

H. Frederick et al. (2014)
   a. Table of Contents
   b. Introduction to Volume
   c. Section 1: Standards of Competency
      - *Youtsey v. U.S.*
      - *Dusky v. U.S.*
      - *Wieter v. Settle*
   d. Appendix A – Legal Citation
   e. Appendix B – Relevant Clauses and Amendments of the U.S. Constitution

Case: *Dusky v. U.S.*, 362 US 402 (1960)

I. Frederick et al. (2014): Section 2 – Thresholds for Competency Examinations
   - *Kenner v. U.S.*
   - *Pate v. Robinson*
   - *Drope v. Missouri*

- *Seidner v. U.S.*

Weeks 5 and 6

Activities/Experiences

- Conduct CST evaluation with primary supervisor and other examiners, as appropriate
- Supervision of evaluations conducted, review of forensic psychology perspective on evaluations
- Observe mental state at the time of offense evaluation conducted by primary or secondary supervisor
- Review/discuss mental state at the time of offense evaluation completed by supervisor(s)
- Review readings with supervisor(s)

Suggested Readings

J. Frederick et al. (2014): Section 3 – Constitutional & Judicial Considerations
   - *McDonald v. U.S.*
   - *Medina v. California*
   - *Cooper v. Oklahoma*
   - *Godinez v. Moran*
   - *Indiana v. Edwards*
   - *North Carolina v. Alford*
   - *U.S. v. Greer*

   Case: *Estelle v. Smith*, 451 U.S. 454 (1981)

Weeks 7 and 8

Activities/Experiences

- Conduct CST evaluation with primary supervisor and other examiners, as appropriate
- Supervision of evaluations conducted, review of forensic psychology perspective on evaluations
- Observe and/or conduct mental state at the time of offense evaluation with primary or secondary supervisor
- Review/discuss mental state at the time of offense evaluation completed by supervisor(s)
- Review readings with supervisor(s)

Suggested Readings

K. Frederick et al. (2014): Section 4 – Incompetent Defendants
   - *Riggins v. Nevada*
   - *U.S. v. Brandon*
   - *Sell v. U.S.*
   - *U.S. v. White*
   - *U.S. v. Valenzuela-Puentes*
   - *U.S. v. Evans*
   - *Jackson v. Indiana*
   - *U.S. v. Duhon*

Weeks 9 and 10

Activities/Experiences

- Conduct CST evaluation with primary supervisor and other examiners, as appropriate
- Supervision of evaluations conducted, review of forensic psychology perspective on evaluations
- Observe and/or conduct mental state at the time of offense evaluation with primary or secondary supervisor
- Review/discuss mental state at the time of offense evaluation completed by supervisor(s)
- Review readings with supervisor(s)

Suggested Readings

L. Frederick et al. (2014): Section 5 – Amnesia & Competency
   - *Wilson v. U.S.*
   - *U.S. v. Swanson*
   - *U.S. v. Borum*
   - *U.S. v. Stevens*

   Frederick et al. (2014): Section 6 – Adjudicative Competency in Juveniles
   - *In re Causey*
   - *G.J.I. v. State of Oklahoma*
   - *In the Interest of S.H.*

Weeks 11 and 12

Activities/Experiences

- Conduct CST evaluation with primary supervisor and other examiners, as appropriate
- Supervision of evaluations conducted, review of forensic psychology perspective on evaluations
- Observe and/or conduct mental state at the time of offense evaluation with primary or secondary supervisor
- Review/discuss mental state at the time of offense evaluation completed by supervisor(s)
- Review readings with supervisor(s)

Suggested Readings – Mental State at the Time of the Offense: Sanity and Mens Rea

Melton et al. (2007): Chapter 8 – Mental State at the Time of the Offense

Cases: *Daniel M'Naghten's Case* (1843)
State v. Atsbeha, 142 Wn.2d 904 (2001)

Weeks 13 and 14

Activities/Experiences

- Conduct CST evaluation with primary supervisor and other examiners, as appropriate
- Supervision of evaluations conducted, review of forensic psychology perspective on evaluations

- Observe and/or conduct mental state at the time of offense evaluation with primary or secondary supervisor
- Review/discuss mental state at the time of offense evaluation completed by supervisor(s)
- Review readings with supervisor(s)

Suggested Readings
Frederick et al. (2007)

a. Table of Contents
b. Introduction to Volume
c. Introductions and Summaries from Sections:
    1. State and Federal Statutes in the U.S. Pertaining to Insanity
    2. Roots of the Insanity Defense
    3. Insanity and the U.S. Constitution
    4. The D.C. Experiment
    5. What is "Wrongfulness"?
    6. What to Do With Insanity Acquittees
    7. Prosecuting the Mentally Ill
d. Appendix A – Legal Citation
e. Appendix B – Relevant Clauses and Amendments of the U.S. Constitution

Weeks 15 and 16

Activities/Experiences

- Conduct CST evaluation with primary supervisor and other examiners, as appropriate
- Supervision of evaluations conducted, review of forensic psychology perspective on evaluations
- Observe and/or conduct mental state at the time of offense evaluation with primary or secondary supervisor
- Review/discuss mental state at the time of offense evaluation completed by supervisor(s)
- Review readings with supervisor(s)
- Completion of final intern evaluation.
- Discuss intern recommendations for Forensic Assessment Rotation.

NGRI Rotation Treatment/Forensic Risk Assessment Rotation

Overall Objectives of Rotation

NGRI Treatment:

- Become familiar with court cases regarding forensic evaluation and treatment of NGRI patients
- Demonstrate understanding of relevant Washington State laws regarding NGRI/forensic patients

- Become familiar with evidence-based practices for treatment of NGRI/forensic patients
- Demonstrate proficiency with working within a multidisciplinary team
- Demonstrate proficiency with structuring and running active treatment groups within an inpatient setting
- Demonstrate proficiency with providing individual therapy with NGRI/forensic patients
- Demonstrate proficiency with documentation procedures, including chart notes and treatment plans
- Demonstrate understanding of commonly-used written reports and assessments, including court petitions

Forensic Risk Assessment:

- Be able to articulate differences between clinical/structured professional judgment and actuarial methods of assessment and the strengths/limitations of each method.
- Demonstrate understanding of and proficiency with commonly-used forensic risk assessment measures, including the HCR-20, PCL-R, and VRAG-R.
- Learn the process of forensic risk assessment at Western State Hospital, including identifying referral questions, reviewing collateral documentation, consulting with treatment team members, and conducting interviews.
- Demonstrate proficiency in writing forensic risk assessments.
- Complete at least three forensic risk assessments, including (if available) one initial risk assessment and one addendum.

Weekly Progressive Learning Plan

Weeks One and Two

Suggested Readings

- RCW 10.77 (forensic commitment and procedures)
- RCW 71.05 (civil commitment)
- HCR-20, PCL-R, and VRAG-R manuals
- Sample FRA reports

Activities/Experiences

- Observe a court interview with a patient
- Review written court petition
- Identify patients for individual therapy and review charts/documentation/treatment plans
- Discuss options for group treatment, and identify population of interest
- Orient to FRA procedures at WSH
- Observe an FRA interview (if available)
- Identify patient for first FRA and begin records review
- Score practice cases for the VRAG-R and/or PCL-R
- Attend at least two hours of individual supervision per week

Weeks Three and Four

Suggested Readings
- Jackson vs. Indiana
- O'Connor vs. Donaldson
- Addington vs. Texas
- Olmsted vs. L.C.
- Dusky vs. U.S.
- Ross v. Inslee (first amended complaint)
- *Violent Offenders: Appraising And Managing Risk* (3rd Edition); Chapters 1 & 2

Activities/Experiences
- Attend morning report at least once per week
- Plan and run one treatment group per week, utilizing an evidence-based practice
- Observe a court interview with a patient and/or observe a court hearing
- Review written court petition and make suggestions
- Start individual therapy with two patients and complete at least one session with each patient
- Complete at least two chart notes for individual therapy and review with supervisor
- Complete records review for first FRA.
- Conduct FRA interview and score measures with assistance from supervisor
- Attend at least two hours of individual supervision per week

Weeks Five and Six

Suggested Readings
- Youngberg vs. Romeo
- Rennie vs. Klein
- Washington vs. Harper
- Dawes, R.M., Faust, D., & Meehl, P.E. (1989). Clinical versus actuarial judgment. *Science, 243*: 1668-1674.
- *Violent Offenders;* Chapter 3

Activities/Experiences
- Attend morning report at least once per week
- Plan and run one treatment group per week, utilizing an evidence-based practice
- Complete at least one group chart note and review with supervisor
- Observe a court interview with a patient and/or observe a court hearing
- Continue individual therapy and corresponding chart notes
- Complete FRA report and submit to supervisor for review
- Attend at least two hours of individual supervision per week

Weeks Seven and Eight

Suggested Readings

- Fazel, S., Singh, J.P., & Doll, H. (2012). Use of risk assessment instruments to predict violence and antisocial behavior in 73 samples involving 24 827 people: Systemic review and meta-analysis. *BMJ, 2012;* 345 :e4692.
- Klepfisz, G., Daffern, M., & Day, A. (2015). Understanding dynamic risk factors for violence. *Psychology, Crime & Law*, DOI: 10.1080/1068316X.2015.1109091
- *Violent Offenders;* Chapter 5

Activities/Experiences
- Attend morning report at least once per week
- Plan and run one treatment group per week, utilizing an evidence-based practice
- Observe a court interview with a patient and/or observe a court hearing; conduct mini-mental status exam as part of court interview
- Continue individual therapy and corresponding chart notes
- Select second FRA case and complete records review
- Attend at least two hours of individual supervision per week

<u>Weeks Nine and Ten</u>

Suggested Readings
- Zinermon vs. Burch
- Kansas vs. Hendricks
- Sell vs. U.S.
- De Vries Robbé, M., de Vogel, V., Wever, E.C., Douglas, K.S., & Nijman, H.L.I. (2016). Risk and protective factors for inpatient aggression. *Criminal Justice and Behavior, 43(*10), pp. 1364-1385.
- *Violent Offenders;* Chapter 6

Activities/Experiences
- Attend morning report at least twice per week
- Continue to plan and run one treatment group and complete group chart notes
- Observe a court interview with a patient and/or observe a court hearing; conduct mini-mental status exam as part of court interview
- Continue individual therapy and corresponding chart notes
- Conduct second FRA interview, score measures with supervisor assistance
- Attend Risk Review Board meeting (flexible date, dependent on schedules/availability)
- Attend at least two hours of individual supervision per week

<u>Weeks Eleven and Twelve</u>

Suggested Readings
American Psychological Association. (2013). Specialty guidelines for forensic psychology. *American Psychologist*, 68 (1), 7-19.
Violent Offenders; Chapter 7

Activities/Experiences

- Attend morning report at least twice per week
- Continue to plan and run one treatment group and complete group chart notes
- Observe a court interview with a patient and/or observe a civil commitment court hearing; conduct mini-mental status exam as part of court interview
- Continue individual therapy and corresponding chart notes
- Complete second FRA report and submit to supervisor for review
- Attend at least two hours of individual supervision per week

Weeks Thirteen and Fourteen

Suggested Readings

- Levine, R.B., et. al. (2006). Personal growth during internship: A qualitative analysis of interns' responses to key questions. *Journal of General Internal Medicine*, 21, 564-569.
- *Violent Offenders;* Chapter 8

Activities/Experiences

- Attend morning report at least twice per week
- Continue to plan and run one treatment group and complete group chart notes
- Observe a court interview with a patient and/or observe a civil commitment court hearing; conduct mini-mental status exam as part of court interview
- Continue individual therapy and corresponding chart notes
- Select third FRA case and complete records review
- Attend at least two hours of individual supervision per week

Weeks Fifteen and Sixteen

Suggested Readings

- Kaslow, N.J., & Rice, D.G. (1985). Developmental stresses of psychology internship training: What training staff can do to help. *Professional Psychology: Research and Practice*, 16 (2), 253-261.
- *Violent Offenders;* Chapter 9

Activities/Experiences

- Attend morning report at least twice per week
- Continue to plan and run one treatment group and complete group chart notes
- Observe a court interview with a patient and/or observe a court hearing; conduct mini-mental status exam as part of court interview
- Continue individual therapy and corresponding chart notes
- Conduct third FRA interview, score measures with supervisor assistance
- Attend at least two hours of individual supervision per week

Weeks Seventeen and Eighteen

Suggested Readings

- Mossman, D. (2013). Evaluating risk assessments using receiver operating characteristic analysis: Rationale, advantages, insights, and limitations. *Behavioral Sciences & the Law*, *31*(1): 23-29.
- Turner, J.A., et.al. (2005). Intern self-care: An exploratory study into strategy use and effectiveness. *Professional Psychology: Research and Statistics*, 36(6), 674-680.

Activities/Experiences

- Attend morning report at least twice per week
- Continue to plan and run one treatment group and complete group chart notes
- Observe a court interview with a patient and/or observe a court hearing; conduct mini-mental status exam as part of court interview
- Continue individual therapy and corresponding chart notes
- Complete third FRA report and submit to supervisor for review
- Attend at least two hours of individual supervision per week

Psychiatric Treatment and Recovery Center

Overall Objectives of Rotation

- Become familiar with court cases regarding involuntary commitment
- Demonstrate understanding of the Washington State involuntary commitment process
- Demonstrate proficiency with working within a multidisciplinary team
- Demonstrate proficiency with structuring and running active treatment groups within an inpatient setting
- Demonstrate proficiency with providing individual therapy to an individual with severe and chronic mental illness
- Demonstrate proficiency with documentation procedures, including chart notes and treatment plans
- Demonstrate understanding of commonly-used written reports and assessments, including Age/Blind/Disability (ABD) assessments and civil-commitment court petitions
- Complete at least two full-battery assessments, to include a mental-status exam, intellectual assessment, and personality assessment
- When available and needed, supervise doctorate level practicum student to build supervision skills

Weekly Progressive Learning Plan

Readings: All material will be provided to intern by supervisor.

- RCW 71.05 (civil commitment)
- Scheid, T. L. (1994) An Explication of Treatment Ideologies among Mental Health Providers

- Harris, M. R. The Malingering of Psychotic Disorders
- Smith, G. B., et al (1993) The Role of Psychologists in the Treatment, Management and Prevention of Chronic Mental Illness.
- Sacturo, D. J. (2005) Transference, Counter-Transference, and Resistance: Unconscious Determinants of Dilemmas

Readings for supervision experience:

- Kaslow, N. J., & Bell, J. D. A Competency Based Approach to Supervision.
- Shafranske, E. P. & Falender, C., A. Supervision Addressing Personal Factors and Countertransference.
- Jacobs, S. C. et al (2011) Trainees with Professional Competency Problems: Preparing Trainers for Difficult Conversations.

<u>Weeks One and Two</u>

Activities/Experiences

- Attend morning report on S-10 at least once per week
- Observe at least five treatment groups
- Observe a court interview with a patient
- Review written court petition
- Observe distribution of behavioral points
- Review patient charts
- Review patient treatment plans
- Attend at least ten hours of supervision, to include reviewing patients with supervisor and discussing candidates for individual therapy
- *Meet with supervisee and set regular meeting times and supervisee's supervising psychologist to establish boundaries of supervision*

<u>Weeks Three and Four</u>

Activities/Experiences

- Attend morning report on S-10 at least once per week
- Plan and run half of a treatment group, utilizing an evidence-based practice
- Observe a court interview with a patient and/or observe a civil commitment court hearing
- Review written court petition and make suggestions
- Observe an ABD interview with a patient
- Select patient for individual therapy and complete at least one session
- Complete at least one chart note for individual therapy and review with supervisor
- Assist in formulation of at least one treatment plan
- Attend at least ten hours of supervision

- *Meet with supervisee and set up goals for supervision and report on progress each week supervisee's supervisor*

Weeks Five and Six

Activities/Experiences
- Attend morning report on S-10 at least twice per week
- Plan and run a full treatment group utilizing an evidence-based practice, once per week
- Complete at least one group chart note and review with supervisor
- Observe a court interview with a patient and/or observe a civil commitment court hearing
- Observe and participate in an ABD interview with a patient, with supervisor
- Assist in formulation of at least two treatment plans
- Continue individual therapy and corresponding chart notes
- Attend at least ten hours of supervision
- *Meet with supervisee and report on progress each week supervisee's supervisor*

Weeks Seven and Eight

Activities/Experiences
- Attend morning report on s-10 at least twice per week
- Plan and run a full treatment group utilizing an evidence-based practice, twice per week
- Complete at least two group chart notes
- Observe a court interview with a patient and/or observe a civil commitment court hearing; conduct mini-mental status exam as part of court interview
- Observe and participate in an ABD interview with a patient, with supervisor; help formulate the ABD report
- Continue individual therapy and corresponding chart notes
- Attend at least ten hours of supervision, to include review and selection of client for first full-battery assessment
- *Meet with supervisee and report on progress each week supervisee's supervisor*

Weeks Nine and Ten

Readings

Activities/Experiences
- Attend morning report on S-10 at least twice per week
- Plan and run a full treatment group utilizing an evidence-based practice, three times per week
- Complete at least three group chart notes
- Observe a court interview with a patient and/or observe a civil commitment court hearing; conduct mini-mental status exam as part of court interview
- Conduct an ABD interview with a patient, with supervisor; formulate ABD report

- Formulate two full treatment plans and review with supervisor
- Continue individual therapy and corresponding chart notes
- Complete full-battery assessment, with supervisor observation
- Attend at least ten hours of supervision
- *Meet with supervisee and report on progress each week supervisee's supervisor*

Weeks Eleven and Twelve

Activities/Experiences

- Attend morning report on C-4 at least twice per week
- Plan and run a full treatment group utilizing an evidence-based practice, four times per week
- Complete at least three group chart notes
- Observe a court interview with a patient and/or observe a civil commitment court hearing; conduct mini-mental status exam as part of court interview
- Conduct an ABD interview with a patient, with supervisor; formulate ABD report
- Continue individual therapy and corresponding chart notes
- Attend at least ten hours of supervision and select patient for second full-battery assessment
- *Meet with supervisee and report on progress each week supervisee's supervisor*

Weeks Thirteen and Fourteen

Activities/Experiences

- Attend morning report on S-10at least twice per week
- Plan and run a full treatment group utilizing an evidence-based practice, four times per week
- Complete at least three group chart notes
- Observe a court interview with a patient and/or observe a civil commitment court hearing; conduct mini-mental status exam as part of court interview
- Conduct an ABD interview with a patient, with supervisor; formulate ABD report
- Observe and help distribute behavioral points
- Continue individual therapy and corresponding chart notes
- Complete second full-battery assessment
- Attend at least ten hours of supervision
- *Meet with supervisee and report on progress each week supervisee's supervisor*

Weeks Fifteen and Sixteen

Activities/Experiences

- Attend morning report on S-10 at least twice per week
- Plan and run a full treatment group utilizing an evidence-based practice, four times per week
- Complete at least three group chart notes
- Observe a court interview with a patient and/or observe a civil commitment court hearing; conduct mini-mental status exam as part of court interview

- Conduct an ABD interview with a patient, with supervisor; formulate ABD report
- Observe and help distribute behavioral points
- Continue individual therapy and corresponding chart notes
- Complete second full-battery assessment
- Attend at least ten hours of supervision
- *Meet with supervisee and report on progress each week supervisee's supervisor*

Child Study and Treatment Center

CSTC Progressive Learning Plan and Reading List

1. **Weeks one and two**
    a. Clinical:
        i. Co-lead group psychotherapy / review curriculum
        ii. Complete TFCBT online training
        iii. Read "The Explosive Child" by Ross Greene
        iv. Attend DBT Consult group
        v. Review individual therapy with children
        vi. Progress note writing / review
        vii. Supervision expectations
    b. Forensic Readings
        i. Evaluating Juveniles' Adjudicative Competence: A Guide for Clinical Practice (Grisso, 2005)
        ii. Best Practices in Forensic Mental Health Assessment: Evaluation of Juvenile's Competence to Stand Trial (Kruh & Grisso, 2009)
    c. Observe supervisor conduct evaluation(s)
    d. Attend Forensic Services staff meeting on Monday, 10am
    e. Review clinical and forensic interview materials, including test library
    f. Review reports from earlier evaluations for familiarity with clinic practice standards
    g. Review reports generated from initial evaluations observed by intern
2. **Weeks three and four**
    a. Clinical:
        i. Teaching Responsible Behavior / DTORF by Wood
        ii. Collaborative Problem Solving PPT
        iii. Begin individual therapy with assigned child(ren)
        iv. FRIENDS workbook

v. Meet with school psychologist about assessment

3. **<u>Weeks five and six</u>**
    a. Clinical:
        i. Take lead on psychoeducational group
        ii. Review TFCBT Handbook
        iii. Begin Assessment(s)
    b. Forensic Services
        i. Attend Forensic Services staff meeting on Monday, 10am
        ii. Readings: Peer-reviewed publications of juvenile forensic evaluations
        iii. Conduct evaluation(s) with supervisor
        iv. Review reports from earlier interviews and discuss readings with primary supervisor
    c. Review reports with other supervisors
    d. Discuss readings with primary supervisor
4. **<u>Weeks seven and eight</u>**
    a. Clinical
        i. CSTC Principles of Effective Treatment Manual (PETM)
        ii. Selected readings on Inpatient Treatment
        iii. Review with clinical supervisor
    b. Forensic Services
        i. Attend Forensic Services staff meeting on Monday, 10am
        ii. Readings – as determined by Dr. Lexcen based on current cases
        iii. Conduct competency evaluations with other supervisors
        iv. Review reports with other supervisor
        v. Discuss readings with primary supervisor
5. **<u>Weeks nine through sixteen</u>**
    a. Clinical
        i. Termination
        ii. Transfer of care
        iii. Submit written assessment summary
    b. Forensic Services
        i. Attend Forensic Services staff meeting on Monday, 10am
        ii. Readings – as determined by Dr. Lexcen based on current cases
        iii. Conduct competency evaluations with other supervisors
        iv. Review reports with other supervisor
        v. Discuss readings with primary supervisor

Special Commitment Center Clinical Rotation

1. **<u>Weeks one and two</u>**
    - **a.** Readings
        - **i.** RCW 71.09
        - **ii.** WAC 388-880
    - **b.** Observe groups
    - **c.** Review charts for residents in groups
    - **d.** Discuss readings with primary supervisor

2. **<u>Weeks three and four</u>**
    - **a.** Readings
        - **i.** Hanson, R. K., & Bussière, M. T. (1998). Predicting Relapse: A Meta-Analysis of Sexual Offender Recidivism Studies. *Journal of Consulting and Clinical Psychology,*66(2) 348-362.
        - **ii.** Kansas v. Hendricks
    - **b.** Co-Facilitate groups
    - **c.** Discuss groups with primary supervisor
    - **d.** Review charts for testing case
    - **e.** Discuss plan for testing with primary supervisor
    - **f.** Discuss readings with primary supervisor

3. **<u>Weeks five and six</u>**
    - **a.** Readings
        - **i.** Hanson, R. K., Gordon, A., Harris, A. J. R., Marques, J. K., Murphy, W., Quinsey, V. L., & Seto, M.C. (2002). First Report of the Collaborative Outcome Data Project on the Effectiveness of Psychological Treatment for Sex Offenders, *Sexual Abuse: A Journal of Research and Treatment,* 14(2) 169-194.
        - **ii.** Kansas v. Crane
    - **b.** Begin/complete psychological testing

c. Discuss test results with primary supervisor
d. Co-Facilitate groups
e. Discuss groups with primary supervisor
f. Discuss readings with primary supervisor

4. **Weeks seven and eight**
    a. Readings
        i. Hanson, R. K. & Harris, A. J. R. (2000). Where Should We Intervene? Dynamic Predictors of Sexual Offense Recidivism. *Criminal Justice and Behavior,* 27(1) 6-35.
        ii. Turay v. WA
    b. Complete psychological report
    c. Review and discuss report with supervisor
    d. Co-Facilitate groups
    e. Discuss groups with primary supervisor
    f. Discuss readings with primary supervisor

5. **Weeks nine and ten**
    a. Readings
        i. Hanson, R. K., Bourgon, G., Helmus, L., & Hodgson, S. (2009-01). A Meta-Analysis of the Effectiveness of Treatment for Sexual Offenders: Risk, Need, and Responsivity.
        ii. Campbell v. WA
    b. Co-Facilitate groups
    c. Discuss readings with primary supervisor
    d. Discuss groups with primary supervisor

6. **Weeks eleven and twelve**
    a. Readings
        i. McCuistion (2010)
    b. Co-Facilitate groups
    c. Discuss readings with primary supervisor
    d. Discuss groups with primary supervisor