1. The Florida Department of Corrections Postdoctoral Residency Program in Clinical Psychology mission is to provide advanced training and educational experiences that prepare our residents to successfully work as licensed psychologists in general and/or correctional clinical settings. We provide residents with an organized, planned program of sequential learning experience designed to provide advanced training that will prepare them to successfully work as psychologists in those settings. It is also designed to meet the requirements for Association of Psychology Postdoctoral and Internship Centers membership and the accreditation standards of the American Psychological Association.

The residency program funds two full-time residents each year. The residency year begins September 1st and ends on August 31st of the following year. Psychology Residents will use the working title of “Psychology Resident” on all of their clinical work so that their status as a trainee is clear. Additionally, all of their patients’ treatment plans and psychological evaluations will be co-signed by a supervisor.

2. Training Director: The program’s training director is a licensed psychologist with clear evidence of professional competence and leadership as a clinical psychologist in a correctional setting. The training director is responsible for the overall integrity and quality of the program. More specifically, the training director: organizes and manages the training program and its resources; chairs the training committee; monitors, evaluates and modifies the program including its goals and activities on a routine basis; coordinates the collections of records including resident training records and other residency documentation; coordinates the applicant interview and selection process; and has administrative authority over the residency program. The training director may also serve as a faculty training supervisor and provides individual and group supervision.

3. Faculty Training Supervisors: The residency has at least 2 full-time licensed psychologists, in addition to the training director, with expertise and training in clinical psychology in a correctional setting who serve as faculty training supervisors. They provide formal individual and group supervision. At least one serves as a member of the residency training committee. Each resident will be provided with supervision from at least 2 different faculty training supervisors during the year.
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4. Other Faculty: The program has a number of contributors, both psychologists and members of other professions who contribute greatly to the training experience of our residents. They include Adjunct Faculty and Resource Faculty.

Adjunct Faculty: The residency has adjunct faculty who provide formal training for residents in their areas of expertise and serve as informal resources for residents during their training. They include psychologists who are in positions of authority within our system and are invested in our program. They participate in didactic training and serve on our training committee.

Our non-psychologist adjunct faculty are generally treatment team members involved in the treatment of patients assigned to the residents. They may include psychiatrists, master level mental health clinicians, medical physicians, nurses and/or other professionals with expertise in the care of mentally ill individuals who are incarcerated. They provide didactic training and often provide informal supervision and training that is of great value to our residents but does not count as part of the formal required hours of supervision or training.

Resource Faculty: Our program has a number of highly qualified professionals interested in the success of our residents. They may have expertise in medical issues, grant writing, research, correctional psychology or other areas. They do not have regular contact with the residents but are available for consultation.

A full listing of faculty is provided in the Residency Brochure.

5. Supervision: Residents are provided with at least two hours per week (on average) of regularly scheduled, face-to-face individual supervision focused on the psychological services rendered directly by the resident to patients. This supervision is provided by faculty supervisors who carry professional practice responsibility for the cases being supervised. Faculty supervisors will be clinically responsible for patients treated by residents and will have their names listed on and will sign the treatment plans of the residents’ patients as well as patient reports and summaries. At least 100 hours of individual face-to-face supervision must be provided during the residency year.

6. Other Training Activities: At least 100 hours per year (typically two hours per week) of regularly scheduled, clinically focused, learning activities will be provided, in addition to (over and above) the required 100 hours of individual supervision mentioned above. The other training activities will include group supervision, didactic seminars dealing with clinical issues, grand rounds, and may include additional individual supervision, or co-therapy with a faculty supervisor. Group supervision will generally comprise 50 of those hours. The total hours of individual supervision plus other training activities must be at least 200 hours over the residency year, with at least 100 of those hours consisting of individual supervision. For a complete list of all requirements to complete the residency, please refer to the Checklist of Requirements for Completion of Residency form in Appendix A. For a list of other training activities (including seminars, grand rounds, and
research and journal readings) that are typically provided during the year, please refer to the Residency Training Schedule in Appendix J.

Group Supervision: Residents will generally present individual therapy patients or assessment cases for consideration during group supervision. Cases may also be brought by faculty supervisors, interns and occasionally by other professionals for consultation or demonstration purposes. Relevant research and or theoretical readings are required to be brought to group supervision and serve to augment the learning experience. At the beginning of the year group supervision will include role playing. Audio and video tapes of patients along with presentation of and discussion of critical points in therapy or other clinical issues are also addressed. The residents serve as supervisors of master level staff during their inpatient and outpatient mental health services rotations and the residents are generally familiar with the interns’ patients. Therefore, they are invited to participate in joint group supervision with the internship program in order to provide the residents with augmented clinical learning opportunities, and with supervisory experiences.

Didactic Seminars: Seminars are an integral part of the residency and are scheduled routinely throughout the year. Typical topics include: evidence based treatment modalities such as DBT, CBT, group therapy, crisis intervention, management of self-injury, supervision techniques, psychopharmacology, legal and ethical issues, expert witness testimony, competency, civil commitment, risk assessment, individual/cultural diversity, program organization, management, administration and evaluation, treatment planning, competency evaluations, and sex offender assessment and treatment. Seminars are most often presented by psychologists, but may be lead by psychiatrists or others with expertise in the area (e.g. neurologists, pharmacists.)

Grand Rounds: Formal case presentations are an important part of the residents’ training as they require their reflective integration and discussion of the research, theory and practice of psychological assessment and treatment. Formal case presentations additionally serve as one of the formats for improving the residents’ professional presentation skills.

7. Resident’s Grand Rounds Presentations: During the year, residents will present at least four Grand Rounds presentation. One presentation will be on an assessment instrument appropriate for use in the correctional setting including research data to support its application to our diverse correctional population, recommendations for its use and training for staff in its use. A second presentation will be a treatment case presentation that incorporates etiologic conceptualizations, diagnostic justifications, identification of at least one psychotropic medication with an explanation of potential efficacy, a specific treatment plan with an explanation of planned treatment progression for at least 2 symptoms, along with current research and theory to support them. A third presentation will be another case presentation that incorporates interpretations of formal assessment, diagnosis, case conceptualizations, issues of unique diversity, treatment plans based on current research and theory and consultation concerns for nursing, security and psychiatric staff. The fourth presentation will be a professional 1 hour training presentation suitable for
improving masters level mental health supervisees’ and/or interns’ knowledge and skill as clinicians.

8. Professional Psychological Services: At least 25% of the resident’s time (500 hours) will be spent in the provision of professional psychological services to patients, consultees, and/or agencies. This will consist of at least 350 hours of face-to-face patient contact and 150 hours that includes some of all of these: consultation; provision of supervision; program organization, management, administration and evaluation; training; and clinically relevant research. At least 900 hours of the resident’s time will be spent in activities related to direct patient contact. This may include individual and group therapy, patient assessment and report writing, individual and group therapy, supervision, case presentations, patient staffings as well as other activities related to patient care and contact.

9. Eligibility: Residents must have: a doctoral degree from an American Psychological Association accredited program in Clinical or Counseling Psychology (including completion of a doctoral internship that meets Association of Psychology Postdoctoral and Internship Centers standards) that is a regionally accredited institution of higher education prior to the beginning of the residency; demonstrated interest and aptitudes that are appropriate for our postdoctoral residency program’s goals and objectives; as well as interest in working as a psychologist in a correctional setting upon completion of their training. Preference will be given to those applicants who have completed an American Psychological Association accredited doctoral internship in a correctional setting and/or have experience working in correctional settings and inpatient forensic psychiatric facilities. They must have on the first day of the residency either the doctoral diploma or a letter from their training program’s director of graduate studies or registrar verifying the completion of all degree requirements pending institution graduation ceremony and actual receipt of their diploma. Specialty change applicants who have earned doctoral degrees in fields other than clinical, counseling, or school psychology must have received a certificate of equivalency from an American Psychological Association accredited university program attesting to their having met all American Psychological Association standards, including internship. Please see our Brochure for additional information including application procedures.

10. Evaluation: The Florida Department of Corrections Residency Brochure and this Training Manual are made available to residents, faculty, applicants and other interested parties. Residents should refer to them for valuable information about the program. They include descriptions of the program’s mechanisms for evaluation of resident competence and requirements for successful completion of the program.

Residents are expected to demonstrate an advanced level of competence in the areas of Therapeutic Interventions; Psychological Assessment and Diagnosis, Scholarly/Evidence Based Inquiry; Professional Conduct, Ethics and Law; Supervision; Consultation; and Program Organization, Management, Administration and Evaluation. See Appendix B for a complete list of Residency Program Goals and Objectives.
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Our residents are provided with informal supervisory feedback on an ongoing basis throughout their training year. They are required to obtain live supervision at the beginning of the year and must video or audio tape sessions for individual and group supervision. They are formally evaluated in writing by their supervisor using the FDOC Psychology Resident Evaluation Form (see Appendix C). Written formal evaluations are done at least at mid-year and at the end of the year. If a supervisor feels that a resident is having trouble performing certain tasks, they may complete a written evaluation at any time during the year in accordance with our Due Process, in an effort to identify the area of concern and assist the resident. Areas assessed will include: Therapeutic Interventions; Psychological Assessment and Diagnosis, Scholarly/Evidence Based Inquiry; Professional Conduct, Ethics and Law; Supervision; Consultation; and Program Organization, Management, Administration and Evaluation. The residents will also evaluate their rotations, their supervisors and the residency as a whole, at the end of the year.

11. Certificate of Completion: A Certificate of completion is granted upon fulfillment of the program requirements. See Appendix D for a sample copy.

12. Training Committee: The residency training committee will meet at least quarterly to review the progress of residents, to assist in evaluating the quality of the residency program, to suggest and evaluate alterations to the residency program, to assist in the selection of new residents and to participate in due process and grievance procedures.
   The training committee will consist of 5 voting members including the
   1) residency training director, who will chair the committee
   2) the residency president or his designee
   3) one faculty training supervisor employed by Corizon Healthcare
   4) one adjunct faculty member employed by the FDOC
   5) one adjunct faculty member or another faculty supervisor

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

13. Administration: The president of the residency program is the director of mental health services for the Department of Corrections. That person is responsible for hiring the residency training director and is the individual with the final decision making authority in due process and grievance procedures.

The postdoctoral residency training director is a psychologist who is licensed in the State of Florida and is a full-time employee of the Florida Department of Corrections whose primary duties are centered on the residency and internship training programs. This person has extensive training and experience as a clinical psychologist working, leading and training others in correctional settings. The training director is responsible for organizing the residency training program and its resources, resident selection, and the
monitoring, evaluation and improvement of the program, its goals and activities. The training director also chairs the training committee and documents and maintains the residents’ training records within the Florida Department of Corrections. The training director recommends individuals to serve as faculty supervisors, adjunct faculty, contributors and members of the training committee. These recommendations are approved by the training committee and are reported to the American Psychological Association. The training director plans, directs and coordinates the training activities of the program on an ongoing basis. Major changes to the structure or organization of the program require training committee approval. Routine expenditures are requested and authorized by the training director. Requests for materials or resources that exceed $1,000.00 require approval of the president.

Residents’ applications are reviewed by the training director, faculty supervisors and current residents. They select applicants for interview offers, complete interviews and then rank applicants for offers of residency positions. Residents are supervised clinically by the training supervisors. They report administratively to the training director and are subject to the Florida Department of Corrections security rules and regulations.

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

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

The evaluation form will be discussed by and signed by both the supervisor and the resident and then given to the training director for review and signature. The resident has the right to be and will be invited to discuss the evaluation and issues surrounding it with the training director in an effort to find additional means of assisting the resident. The training director then has the responsibility for providing the resident with a written training plan describing the problem, goals to be reached, as well as a method for and timeframe for remediation of the issues. The resident will sign the training plan and it will be shared with appropriate supervisors so that they can provide support to the resident’s efforts.
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**Step Two:** If the goals of a training plan are not met within the specified time frame the issue will be presented to the training committee by the training director. If the training committee is concerned about the issue, they have the responsibility for providing the resident with a written statement notifying the resident that the goals of the training plan were not met, specifying the problematic issues or concerns and inviting the resident’s written response. The resident has the right to have 10 working days to prepare a written response to the training committee including any documentation or other information that the resident wants to have considered.

The Training Committee must meet and hear all of the information provided and may gather information as needed for the hearing. After meeting to hear the resident’s response, if any, and considering other input, the training committee will make a recommendation and is responsible for providing the resident with written notification of their recommendation. Recommendations may include, but are not limited to, modifying the previously prepared training plan’s timeframe, or making an appropriate remediation plan.

A remediation plan, in contrast to a training plan, is a clear statement to the resident that their successful completion of the residency is in question. It must state specific problems, goals, methods of improving performance as well as time frames within which the goals must be met. Methods of improvement may include, but are not limited to, additional supervision hours, specific training activities within the residency program, self-study/readings outside of the residency hours, participation in educational or therapeutic programs outside of the residency (possibly at the expense of the resident.) The notification must make it clear to the resident that if the goals of the remediation plan are not met within its timeframes, the resident may be terminated from the residency program and employment.

The resident has the right to have 10 workdays to reply in writing to a training committee’s recommendation, which may have included a remediation plan, with a statement of intent to comply with the recommendation, a statement of intent to not comply with the recommendation and resign from the residency and employment, or a written appeal to the training committee to alter their recommendation. In the case of an appeal, the training committee will then have 10 workdays to consider the appeal and respond in writing to the resident with either an amendment to their original recommendation or a refusal to alter their original recommendation.

The resident then has the right to 10 workdays to respond in writing to the training committee’s response to the appeal with a statement of intent either to agree to the training committee’s recommendation, to resign from the residency program and employment or to appeal in writing to the residency president for alteration of the recommendation. In the case of an appeal, the resident must make the written appeal to the residency president and send a copy of the appeal to the training committee. The residency president will have 10 workdays to consider the appeal along with any other pertinent information and respond in writing to the resident and training committee with a decision. The decision may be to
amend the training committee’s recommendation or to refuse to alter the training committee’s recommendation. The resident then has the right to have 5 days to either agree in writing to the president’s decision or submit a resignation from the residency and employment. Failure to do either within the 5 days will result in the resident’s termination from the residency and employment.

**Step Three:** If the goals of a remediation plan are not met within the agreed upon timeframe the resident’s lack of satisfactory progress will be presented to the training committee by the training director. The training committee must notify the resident in writing. The notice must state that the goals were not met, include the concerns of the training committee, clarify the possibility of the resident’s termination from the residency, and invite the resident’s written response. The resident has the right to have 10 working days to provide a written response as well as any other information they feel is pertinent.

The training committee will then meet to hear and consider the resident’s response, if any, and other relevant information. The training committee will then make a recommendation. The resident has a right to be notified of this recommendation in writing. The recommendation may include but is not limited to, extending or altering the remediation plan, or recommending termination of the resident.

The resident will have 10 workdays to reply in writing to the training committee’s recommendation with a statement of intent to comply with their recommendation, or a resignation from the residency and employment, or a written appeal to the residency president (with a copy to the training committee) for alteration of the training committee’s decision. If the resident fails to reply to the training committee’s recommendation within 10 workdays, the resident will be terminated from the residency and employment effective on the 11th workday.

In the case of an appeal, the residency president must consider the resident’s appeal, gather any pertinent information and reply to the resident in writing within 10 workdays with a decision. The decision may be to refuse to alter the training committee’s recommendation or to amend the training committee’s recommendation. The residency president’s decision is final. If the residency president’s decision is to support termination or is to terminate the resident, the resident will be terminated from the residency and from employment effective the date of the residency president’s reply to the appeal. In the case of any decision other than one involving termination, the resident has the right to 10 workdays to respond in writing to the residency president’s decision. The response should be sent to the residency president with a copy to the training committee, indicating the resident’s agreement with the recommendation or their resignation from the residency program and employment. If the resident fails to reply to the residency president’s response to their appeal within the 10 workdays, the resident will be terminated from the residency and employment effective on the next (11th) workday.

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

The resident has the right to have 5 workdays from the date of notice to provide, in writing, their input, comments and/or other information regarding the training director’s stated concerns. The training committee will then have 5 workdays to meet in order to hear and consider the information provided by the resident and to gather any other pertinent information. After meeting to hear and consider the resident’s input and other information, if any, the training committee will make a recommendation. The resident has a right to be notified of this recommendation in writing by the training committee. Recommendations may include, but are not limited to, taking no action, a remediation plan, or termination.

The resident will have the right to take 5 workdays from the date of notice to reply in writing to the training committee’s recommendation with a statement of intent either to agree to the training committee’s recommendation (which may include taking no action, or a remediation plan), to resign from the residency program and employment (which might avoid termination) or to appeal in writing to the residency president for alteration of the recommendation. If the resident fails to reply to the training committee’s notification of their recommendation within 5 workdays, the resident will be terminated from the residency and employment effective on the next (6th) workday.

In the case of an appeal, the resident must make the written appeal to the residency president and send a copy of the appeal to the training committee. The residency president must consider the resident’s appeal, gather any pertinent information and reply to the resident in writing within 10 workdays with a decision. The residency president’s decision may be either an alternate recommendation or support of the recommendation of the training committee. The residency president’s decision is final. If the president’s decision is to support termination or is to terminate the resident, the resident will be terminated from the residency and from employment effective the date of the residency president’s reply to the appeal. If the residency president’s decision is to support or recommend anything other than termination of the resident, the resident will have the right to take 10 workdays to reply in writing to the residency president, with a copy to the training committee, with a statement of intent either to agree to the residency president’s
recommendation, or to resign from the residency program and employment. If the resident fails to reply to the residency president’s response to their appeal within the 10 workdays, the resident will be terminated from the residency and employment effective on the next (11th) workday.

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

15. Grievance Procedures for Violation of Resident Rights: Violations of residents’ rights include, but are not limited to: exploitation, sexual harassment, discriminatory treatment, unfair evaluation practices, inadequate or inappropriate supervision or training, and violation of due process.

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

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

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

The training director (or the director of mental health education, if the training director is the subject of the complaint) will take the complaint before the training committee and
notify the director of mental health education (if not already notified.) The training committee will notify any supervisors or staff involved and then allow them 10 days to provide written information about the problem. The training committee will meet for a hearing to read and consider the statements and relevant information provided to them. The training committee will make a determination that may include one of the following: a determination that the complaint is not severe enough to warrant formal action, or a determination that the complaint is significant requiring a formal intervention plan, which they will develop within 10 more days. An intervention plan may include altering a resident’s assigned rotations, altering a resident’s assigned supervisors, recommending supervision hours for involved persons, specific training activities, self-study/readings, participation in educational or therapeutic programs (possibly at the expense of involved staff and/or resident), reconsideration of evaluations by another supervisor or other appropriate action. The training committee will notify the resident, the director of mental health education and other appropriate parties, in writing, of its determination and of the intervention plan if one is recommended. If the training director is the subject of the resident’s complaint, the director of mental health education will act in the training director’s behalf in this process, including taking the training director’s place on the training committee and chairing the training committee (when training committee meetings are called to address this particular issue.)

Step Three. If the resident is not satisfied with the training committee’s recommendation, they have the right to appeal the recommendation to the residency president. The appeal must be sent, within 10 days of notification of the training committee’s decision, to the residency president, with a copy to the training committee. The residency president must review and consider the resident’s appeal and other relevant information and provide a decision within 10 days. The residency president’s decision may be to alter the training committee’s recommendations or uphold their recommendation. This decision is final.

16. Documentation: Residents will be responsible for assisting with some specific documentation of their training activities and supervision during the year. They are to complete a Weekly Activity Report each week. It can be seen in Appendix E. At the beginning of their rotations, the residents will complete a self-evaluation using the FDOC Psychology Resident Evaluation Form, found in Appendix C, and discuss it with their supervisor. This is intended to help the resident and supervisors identify and discuss appropriate goals for the rotation. The resident and supervisor will review and sign the Psychology Residency Supervision Agreement found in Appendix F. It must include a list of goals for the rotation. These goals will then be listed on the Resident Supervision Documentation Form in order to help focus supervision time on the resident’s goals. A Resident Supervision Documentation Form will be completed for each formal face-to-face individual or group supervision encounter. The Resident Supervision Documentation Form can be found in Appendix G. A copy of all these documents must be given to the training director. The resident should keep copies for themselves.
Residents are also asked to provide feedback about the residency program to the training director on an ongoing basis. At the end of the year they will complete a written evaluation of the program and of their supervisors. While these evaluations will not contain the residents’ names, we realize that since there are only 2 residents, anonymity might be questionable. Therefore, we only ask that these written evaluations be completed in the last week of the residency and they are kept sealed in an envelope until after the residency year is over. We also ask that our residents participate in follow up evaluations of our program’s contributions to their progress toward licensure and their work as licensed psychologists in general and correctional clinical settings. We hope that they will keep in touch with us so that they will be able to provide us with feedback each year for at least 5 years.

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

18. Notifications to Training Director: Residents are required to report to the training director any arrest, charges or conviction for misdemeanor or felony violations of State or Federal law within 24 hours of their notification. This includes traffic citations in excess of $200. They are also required to notify the training director if at anytime they become aware of a prior or current personal or business relationship with any inmates in the care and custody of the Florida Department of Corrections who is housed or treated at an institution where the resident is working.
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TRAINING MANUAL
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APPENDIX A  Checklist of Requirements for Completion of Residency

Checklist of Requirements for Completion of Residency

Resident’s Name: ________________________________                 Residency Year _________

Check off each of these Requirements for Residency as they are accomplished:

1. ___ 1900 hours of work within the Dept. of Corrections (paid time)
2. ___ 100 additional hours of Professional Work (non paid time)
3. ___ 500 hours of Professional Psychological Services (350 face-to-face patient contact and 150 hours including: ___Consultation, ___ Prov. of Superv., ___ Prog. Org. Man. Admin. Eval., & ___ Research  (WARs)
4. ___ 100 hours of individual supervision (WARs and Superv. Forms)
5. ___ 100 hours of training activity (WARs and Superv. Forms)
6. ___ 900 hours of your activities must be related to direct patient contact (e.g., superv., therapy, assessment, report writing, case presentations, rounds, staffing, etc.  (WARs and Superv. Forms)
7. ___ Obtain direct observation supervision of Individual and Group Therapy at the beginning of the year.(WARs)
8. ___ Satisfactorily Complete a 6 month Outpatient Rotation including demonstration of advanced competency in the performance of the duties of a Psychologist in that setting. (Evals.)
9. ___ Satisfactorily Complete a 6 month Inpatient Rotation including demonstration of advanced competency in the performance of the duties of a Psychologist in that setting. (Evals.)
10. ___Provide appropriate weekly supervision of a master level clinician for 3 months in inpatient and 3 months in outpatient service and obtain satisfactory weekly supervision of your supervision style, goals and effectiveness. (WAR & Superv. Forms)
11. ___Identify at least 2 problematic issues related to program organization, management, administration and evaluation of psychological services delivery, practice, training, and/or research within the correctional setting, discuss them in supervision, identify a plan to address and successfully implement the plan using outcome measures to document success.(Resident Program, Organization, Management, Administration and Evaluation Project Form Appendix I & Superv. Forms)
12. ___ A.) Complete a Therapy Group of at least 8 sessions with a doctoral psychology intern;
B.) Meet with your supervisor and the intern for weekly joint/group supervision of that group;
C.) Provide useful, appropriate feedback to the intern during the joint/group supervision.
(Superv. Forms)

13. ___ Complete Four Satisfactory Grand Rounds Presentations:
   A. ___ A presentation of an assessment instrument appropriate for use in the correctional setting including research data to support its application to our diverse correctional population, recommendations for its use and training for staff in its use.
      Date____________________
      Title,_________________________________________________________________
   B. ___ A treatment case presentation that incorporates etiologic conceptualizations, diagnostic justifications, identification of at least one psychotropic medication with an explanation of potential efficacy, a specific treatment plan with an explanation of planned treatment progression for at least 2 symptoms, along with current research and theory to support them. Date________
      Title,_________________________________________________________________
   C. ___ A second case presentation that incorporates interpretations of formal assessment, diagnosis, case conceptualizations, issues of diversity, treatment plans based on current research and theory and consultation concerns for nursing, security and psychiatric staff.
      Date________
      Title,_________________________________________________________________
   D. ____ A professional 1 hour training presentation suitable for improving masters level mental health supervisees’ and/or interns’ knowledge and skill as clinicians.
      Date________
      Title,_________________________________________________________________

(Resident Grand Rounds Presentation Evaluation Form in Appendix H)

14. ___ Demonstrate Advanced Level Performance of Formal Testing/Assessment and Diagnosis by:
   A. ___ Satisfactorily completing of at least 3 Psychological Evaluations. (Copies to TD)
   B. ___ Overseeing and guiding an intern in their provision of at least one psychological evaluation while discussing this process in your supervision. This evaluation will be reviewed and signed by your supervisor. Intern, Supervisor, Date ________________
   C. ___ Increasing the number of Assessment Tools you can competently use
   D. ___ Including in some of your Psychological Evaluation competent use of, at least, the MMPI-II, PAI, Rorschach (Exner Scoring), WAIS-IV, WASI, SIRS and M-FAST.

15. ___ Present and discuss in group supervision at least four research articles relevant to our patients’ treatment or assessment and at least two that are relevant to the organization, evaluation, management and administration of psychological service delivery and practice.
    List:
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16. ___ Actively and appropriately participate in the supervision of your therapeutic skills by at least 2 different supervisors incorporating initially live supervision, then review of audio or video taped therapy sessions and self-report of sessions. (Superv. Forms)

17. ___ Attend and actively participate in the Training Activities provided throughout the year. (WARs)

18. ___ Spend a minimum of 30 hours in preparation for the EPPP by participating in weekly group study sessions including the presentation of at least 15 hours of training to interns and residents on EPPP topics. Dates and topics of Intern Training:__ (provide documentation) __

19. ___ Provide ethical, evidence based therapeutic interventions at an advanced level of competence in a variety of settings including Outpatient Services, Infirmary Care, TCU and CSU to a wide variety of patients (including at least patients with symptoms of depression, psychosis, anxiety, personality disorders, and PTSD). (WARs & Evals.)

20. ___ Conceptualize and treat patients at an advanced level of competence using at least three different theory and evidence based therapeutic approaches with sensitivity to issues of diversity. (Superv. Forms)

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

22. ___ Treat patients with diverse backgrounds at an advanced level of competence and demonstrate sensitivity and treatment consideration of these issues (including at least 3 different racial backgrounds, 2 different disabilities, 3 religious beliefs, 2 different sexual orientation or preference issues and 2 different socio-economic backgrounds. (WARS & Evals.)

23. ___ Attend at least one meeting of the American Psychological Association, Florida Psychological Association or a Chapter of the Florida Psychological Association. Type of Meeting and Date:

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

25. ___ Achieve a rating of 3 or better and on every competency/behavior listed on the FDOC Psychology Resident Evaluation Form. (Evals.)

26. ___ Do not endanger the lives of inmate/patients, be deliberately indifferent or insubordinate, involving clinical care.
Appendix D: Training Manual

27. ___ Do not give out any information about the FDOC, its inmates or staff to individuals outside of the FDOC, except as indicated in your Training Manual or directed by your supervisors.

28. ___ Notify the TD immediately if you become aware that you are related to or have personal knowledge of any inmate in the custody of the FDOC.

29. ___ Comply with all Florida Department of Corrections’ rules, regulations, and policies at all times, be familiar with the FDOC’s Chapter 33 and its Mission Statement, abide by the FDOC’s Code of Conduct and its Oath of Allegiance (see http://www.dc.state.fl.us/vision.html.23)

30. ___ Maintain Professional Liability Insurance and provide the TD with evidence of such all year.

31. ___ Attend Graduation and Receive your Certificate of Completion.

CONGRATULATIONS!!

By signing below, we agree that items 1-30 are complete and the resident will attend graduation.

Resident Signature ___________________________________________ Date______

Training Director Signature _________________________________ Date______
APPENDIX B  Residency Program Goals and Objectives

Residency Program Goals and Objectives

I. Therapeutic Intervention: To provide progressive training, clinical experiences and supervision that adequately prepare our residents to reach an advanced level of competency in therapeutic interventions such that they may enter psychologist positions in general /or correctional clinical settings and succeed at providing evidence-based individual therapy, group therapy and crisis intervention to individuals with a broad spectrum of mental disorders in either inpatient or outpatient settings with both respect and sensitivity to cultural and individual differences.
   I. A. Residents will demonstrate an advanced level of competence in the provision of evidence-based individual therapy that is well-informed, respectful and sensitive to individual differences to inmate patients of diverse backgrounds with a wide range of mental disorders.
   I. B. Residents will demonstrate an advanced level of competence in the organization, provision and supervision of evidence-based group therapy to inmate patients that is well-informed, respectful and sensitive to cultural and individual differences.
   I. C. Residents will demonstrate an advanced level of competence in the provision of evidence-based crisis intervention services to inmate patients that are well-informed and sensitive to cultural and individual differences.

II. Psychological Assessment and Diagnosis: To provide progressive training, clinical experiences and supervision that adequately prepare our residents to succeed as licensed psychologist in general and correctional clinical settings in the provision of evidence-based psychological assessment and diagnosis, using intellectual, objective and subjective personality assessment instruments, as well as patient interviews, historic and collateral information with appropriate consideration of relevant issues of cultural and individual differences.
   II. A. Residents will demonstrate an advanced level of competence in the provision of evidence-based psychological assessment and report writing using intellectual, and both objective and subjective personality assessment instruments including appropriate consideration of relevant issues of cultural and individual differences.
   II. B. Residents will demonstrate an advanced level of competence in evaluating and diagnosing patients using patient interviews, historic and collateral information, as well as intellectual, objective and subjective personality assessment instruments with appropriate consideration of relevant issues of cultural and individual differences.

III. Scholarly/Evidence Based Inquiry: To provide progressive training, clinical experiences and supervision that prepares our residents to incorporate strategies of scholarly/evidence based inquiry that is sensitive to individual and cultural diversity into their provision of psychological services including treatment and assessment as licensed psychologists within general and correctional clinical settings.
Appendix D: Training Manual

III. A. Residents will demonstrate an advanced level of competence in the provision of evidence-based individual therapy that is sensitive to individual and cultural diversity.
III. B. Residents will demonstrate an advanced level of competence in the provision of scholarly/evidence-based psychological assessments and diagnoses that are appropriately sensitive to individual and cultural diversity.
III. C. Residents will demonstrate an advanced level of competence in the provision of evidence-based group therapy that is appropriately sensitive to individual and cultural diversity.

IV. Professional Conduct, Ethics and Law: To provide progressive training, clinical experiences and supervision that produce licensed psychologists working in general and correctional clinical settings, who are professional and ethical in their work, including attending to issues of cultural and individual diversity.
IV. A. Residents will verbalize an understanding of and demonstrate an advanced level of competence in the application of and adherence to Federal and State laws that govern the practice of psychology and the American Psychological Association Ethical Principles of Psychologists and Code of Conduct including attention to issues of cultural and individual diversity that pertain to them.
IV. B. Residents will demonstrate an advanced level of competence in meeting the professional standards of deportment for psychologists in general and correctional clinical settings.

V. Supervision: To provide progressive training, clinical experiences and supervision that adequately prepares our residents to effectively utilize supervision experiences and to succeed in training and supervising other mental health staff with both respect and sensitivity to individual and cultural diversity in their work as licensed psychologists in general and/or correctional clinical settings.
V. A. Residents will demonstrate an advanced level of competence in the use of peer and faculty supervision experiences.
V. B. Residents will demonstrate an advanced level of competence in the provision of training and supervision to other mental health staff with both respect and sensitivity to individual and cultural diversity.

VI. Consultation: To provide training that adequately prepares our residents to succeed in providing and obtaining consultation, with sensitivity to individual and cultural diversity, as Licensed psychologists in general and correctional clinical settings.
VI. A. Residents will demonstrate an advanced level of competence in their provision of consultation to other professionals with sensitivity to individual and cultural diversity.
VI. B. Residents will demonstrate an advanced level of competence in knowing when and how to obtain consultation from other professionals with sensitivity to individual and cultural diversity.
Appendix D: Training Manual

VII. Program Organization, Management, Administration and Evaluation pertinent to the provision of professional psychological service: To provide training that adequately prepares our residents to succeed in the organization, management, administration and evaluation of psychological services, practice, training programs and research with sensitivity to individual and cultural diversity as needed while working as licensed psychologists in general and/or correctional clinical settings.

VII. A. Residents will demonstrate an advanced level of competence in organizing, managing, administering and evaluating psychological services, practice, training programs and research with sensitivity to individual and cultural diversity as they are relevant to work as a psychologist in general and/or correctional clinical settings.

VIII. Maintain Professional Standard of Training: Assure that our program continues to provide residents with quality training experiences that are sensitive to and respectful of individual and cultural differences.

VIII. A. Maintain Association of Psychology Postdoctoral and Internship Centers membership

VIII. B. Obtain and maintain American Psychological Association accreditation.

VIII. C. Annually review the postdoctoral residency training program’s outcome measures and make appropriate changes as needed.
APPENDIX C  FDOC Psychology Resident Evaluation Form

FDOC Psychology Resident Evaluation Form  Sept. 2015

Resident’s Name: _____________________________________________________________
Rotation:  _________________________________________________________________
Applicable Dates:  _____________________________________________________________
Primary Supervisor:  ___________________________ Lic. #_________________________

Total hours of individual face to face supervision provided during this rotation:
_____ hours
Total hours of group supervision during this rotation:
_____ hours
Total hours of other Training Activities during this rotation:
_____ hours

Methods for Determining Levels of Competence (check all that apply):
_____ Live Observation           _____ Audio/video tapes            _____ Co-therapy/facilitation
_____ Review of Test Data       _____ Review of Written Work
_____ Chart Review                 _____ Comments from Other Staff
_____ Role Play                    _____ Resident Presentations
_____ Group Supervision        _____Discussion of Resident’s Report of Clinical Work
_____ Other (explain) _____________________________

Competency Rating Scale

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

4 – Performs this activity independently and demonstrates exceptionally advanced competence for a resident, typical of psychologists in practice.
3 – Is able to independently perform this activity and demonstrates advanced competence, typical of new psychologists
2 – Can perform this activity, but requires supervision and assistance (typical of residents early in their training)
1 – Is not able to perform this activity satisfactorily (performing below typical developmental resident level; not acceptable at completion of residency.)
N/A– Not observed or applicable
### Appendix D: Training Manual

#### I. Therapeutic Interventions

<table>
<thead>
<tr>
<th>I.A.1. Generates useful theoretically based case formulations and treatment plans.</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.A.2. Responsible for key client care tasks, autonomously ensuring that tasks are completed promptly (BPSA’s, Treatment Plans and notes).</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>I.A.3. Conducts individual therapy, including use of well-informed, effective and appropriate interventions based on evidenced based treatment modalities.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>I.A.4. Establishes clear and appropriate goals and identifies hidden agendas. Continues to work with patients in reevaluating patients’ goals throughout the course of therapy.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>I.A.5. Forms connecting relationships with patients, and knows how to attend to the relationship for therapeutic change or when relational issues arise.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>I.A.6. Addresses trainee status, and termination issues with the client.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>I.A.7. Provides individual therapy that is well informed, respectful and sensitive to the individual differences of their patients and themselves.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>I.A.8. Perceives and responds to non-verbal cues to gain in depth understanding of verbal message.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>I.A.9. Facilitates the experience &amp; expression of affect in session.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>I.A.10. Has an integrated knowledge of theories, expresses this clearly and uses therapeutic interventions that are consistent with theories.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>I.B.1. Able to organize &amp; provide evidence based group therapy.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>I.B.2. Conducts group therapy, including use of well-timed, effective &amp; appropriate interventions (e.g., uses a balance of appropriately worded questions, reflection, confrontation, and interpretation of responses to facilitate progress).</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>I.B.3 Provides group therapy to patients of diverse backgrounds with a wide range of mental disorders with sensitivity to their own and their patients’ cultural and individual differences.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>I.B.4. Able to evaluate group modules in terms of scholarly/evidence basis and applicability to our patient populations.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>I. B.5. Appropriately supervises master level staff in the organization and provision of evidence-based group therapy to inmate patients that is well-informed, respectful and sensitive to cultural and individual differences.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
</tbody>
</table>
## II. Psychological Assessment and Diagnosis

| II.A.1 | Administers, scores, and interprets intellectual/cognitive assessment instruments, including WAIS-IV and WASI with appropriate consideration of relevant issues of cultural and individual differences. | 4 | 3 | 2 | 1 | N/A |
| II.A.2 | Administers, scores, and interprets personality assessment instruments including MMPI-II and PAI with appropriate consideration of relevant issues of cultural and individual differences. | 4 | 3 | 2 | 1 | N/A |
| II.A.3 | Administers, scores, and interprets forensic tests, such as the SIRS, M-FAST, HPCL | 4 | 3 | 2 | 1 | N/A |
| II.A.4 | Administers, scores and interprets projective personality assessment instruments including Rorschach-Exner Scoring with appropriate consideration of relevant issues of cultural and individual differences. | 4 | 3 | 2 | 1 | N/A |
| II.A.5 | Writes well organized psychological evaluations, answering referral questions clearly, providing specific recommendations for client care. | 4 | 3 | 2 | 1 | N/A |
| II.A.6 | Provides appropriate scholarly/evidence-based evaluations using psychological assessments with our patients while demonstrating sensitivity to their individual and cultural diversity. | 4 | 3 | 2 | 1 | N/A |
| II.A.7 | Provides useful, accurate, and ethical feedback to patients and referring staff. | 4 | 3 | 2 | 1 | N/A |
| II.B.1 | Understands the mental status and diagnostic components of disorders and uses them to properly formulate diagnoses based on the current DSM/ICD with appropriate consideration of relevant issues of cultural and individual differences. | 4 | 3 | 2 | 1 | N/A |
| II.B.2 | Evaluates and appropriately diagnoses patients using patient interviews, historic and collateral information including consideration of relevant issues of cultural and individual differences. | 4 | 3 | 2 | 1 | N/A |

Comments:
III. Scholarly/Evidence Based Inquiry

<table>
<thead>
<tr>
<th>III.A.1., III.B.1.,</th>
<th>Appropriately applies current literature to their practice in assessment, diagnosis and individual and group therapy as well as other work with consideration of relevant issues of cultural and individual differences (e.g., as evidenced in formal presentations)</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>III.C.1.</td>
<td>Demonstrates incorporation of strategies of scholarly/evidence based inquiry in supervision with consideration of relevant issues of cultural and individual differences (e.g., reads and presents relevant literature to supervisors and supervisees and in seminar presentations)</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Comments:____________________________________________________________________
______________________________________________________________________________

IV. Professional Conduct, Ethics and Law

<table>
<thead>
<tr>
<th>IV.A.1.</th>
<th>Knowledgeable of and consistently applies appropriately the American Psychological Association Ethical Principles of Psychologists and Code of Conduct including attention to issues of cultural and individual diversity that pertain to them.</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV. B.1</td>
<td>Understands, applies and adheres to Federal and State laws that govern the practice of psychology</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>IV. B.2</td>
<td>Meets the professional standards of deportment for psychologists in general and correctional clinical settings.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>IV. B.3</td>
<td>Displays professional interaction with supervisors, security, consultees, peers, supervisees and other staff.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>IV. B.4</td>
<td>Dresses and presents themselves professionally and appropriately in correctional and other professional settings.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>IV. B.5</td>
<td>Professional deportment including punctuality at work and able to manage time (e.g., timeliness of documentation, proactive management of workload, ending sessions in a timely manner, attendance of activities, etc.)</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>IV. B.6</td>
<td>Demonstrates awareness of one’s personal and professional strengths and limitations.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>IV. B.7</td>
<td>Appreciative of the level of influence inherent in one’s position relative to both patients, staff and supervisees.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>IV.A., IV.B.</td>
<td>Works to improve general knowledge of psychology and shows evidence of preparation to pass the EPPP and become licensed.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Appendix D: Training Manual

| IV. B.8. Demonstrates positive coping strategies when dealing with both personal and professional challenges and stressors (can maintain professional functioning and quality patient care.) | 4 3 2 1 N/A |
| IV. B.9. Able to define own role in ambiguous situations. | 4 3 2 1 N/A |

Comments:____________________________________________________________________
______________________________________________________________________________

V. Supervision

| V.A.1 Understands when to seek supervisory consultation and when to act autonomously. | 4 3 2 1 N/A |
| V.A.2. Able to accept and incorporate peer and faculty supervision experiences into their practice. | 4 3 2 1 N/A |
| V .A.3. Demonstrates a willingness to address in supervision personal issues that may affect professional work including an appreciation of their own cultural and individual differences and how they may interact with those of patients and other professionals. | 4 3 2 1 N/A |
| V.A.4. Prepares for and is able to articulate goals for supervision. | 4 3 2 1 N/A |
| V.A.5. Maintains up-to-date, supervisor-signed paperwork such as treatment plans, reports and weekly activity reports. | 4 3 2 1 N/A |
| V.A.6. Demonstrates appropriate assertiveness with supervisor. | 4 3 2 1 N/A |
| V.B.1. Has the skills, knowledge and self-confidence necessary to appropriately supervise psychology trainees in their work with patients. | 4 3 2 1 N/A |
| V.B.2. Able to effectively provide supervision to master level staff in inpatient and outpatient correctional setting. | 4 3 2 1 N/A |
| V.B.3. Intern supervision: Able to provide useful, feedback to interns on their group modules, and to appropriately guide interns in the clarification of assessment referral questions, selection of instruments, scoring, interpretation and writing of psychological assessments. | 4 3 2 1 N/A |
| V.B.4. Able to provide truthful, straight forward, respectful and helpful supervision to masters level supervisees, interns and peers that is both respectful and sensitive to individual and cultural diversity. | 4 3 2 1 N/A |
| V.B.5. Able to provide appropriate training for masters level staff suitable for improving their clinical knowledge and skills with both respect and sensitivity to individual and cultural diversity. | 4 3 2 1 N/A |

Comments:____________________________________________________________________
______________________________________________________________________________
### VI. Consultation

| VI.A.1 Demonstrates ability to provide consultation to other professionals with sensitivity to individual and cultural diversity. | 4 | 3 | 2 | 1 | N/A |
| VI.A.2. Demonstrates familiarity with the practices of other professions (esp. physicians, psychiatrists, nursing staff and security staff, etc.) & a corresponding ability to frame the relevant psychological issues in ways that meets the needs of those professionals. | 4 | 3 | 2 | 1 | N/A |
| VI.A.3. Demonstrates a working knowledge of psychopharmacology that allows professional consultation. | 4 | 3 | 2 | 1 | N/A |
| VI.A.4 Communicates effectively with referral sources, including eliciting relevant information & explaining psychological issues. | 4 | 3 | 2 | 1 | N/A |
| VI.B.1. Demonstrates understanding of when and how to obtain consultation from other professionals with sensitivity to individual and cultural diversity. | 4 | 3 | 2 | 1 | N/A |

Comments:____________________________________________________________________
______________________________________________________________________________

### VII. Program Organization, Management, Administration and Evaluation

| VIIA.1. Demonstrates understanding of how to organize, manage, administer and evaluate psychological services, practice, training programs and research with sensitivity to individual and cultural diversity as they are relevant to work in general and correctional clinical settings. | 4 | 3 | 2 | 1 | N/A |
| VII.A.2 Demonstrates familiarity with the organization of at least 2 mental health programs, can articulate reasons for that structure and organization as well as suggest and justify at least 2 ways to improve their structure or function. | 4 | 3 | 2 | 1 | N/A |
| VII.A.3. Able to effectively manage and administer psychological services provided in 2 different correctional settings (i.e., inpatient and outpatients). | 4 | 3 | 2 | 1 | N/A |
| VII.A.4. Able to appropriately evaluate the psychological services provided in 2 different correctional settings. | 4 | 3 | 2 | 1 | N/A |
| VII.A.5. Able to provide effective training to staff in a correctional mental health service setting with sensitivity to individual and cultural diversity. | 4 | 3 | 2 | 1 | N/A |

Comments:____________________________________________________________________
______________________________________________________________________________
Appendix D: Training Manual

General Comments:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

SATISFACTORY PERFORMANCE     _____YES (pass)       _____NO (fail)

____________________________________              _____________________
Supervisor Signature           Date

Resident’s Comments:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

My supervisor has reviewed and discussed this evaluation with me.

_________________________________                           _____________________
Resident’s Signature                                                                                 Date

Reviewed by Training Director,____________________________________ on _______, 2
Certificate of Completion

THE FLORIDA DEPARTMENT OF CORRECTIONS

OFFICE OF HEALTH SERVICES

HEREBY CERTIFIES THAT

OUR RESIDENT’S NAME

HAS SUCCESSFULLY COMPLETED THE 2000 HOURS OF TRAINING REQUIRED FOR

THE

POSTDOCTORAL RESIDENCY PROGRAM

IN CLINICAL PSYCHOLOGY

September 1, 2013 – August 31, 2014

_____________________________________  _______________________________________
Dean Aufderheide, Ph.D.             Carolyn S. Holmes, Ph.D.
Residency President                Residency Training Director
APPENDIX E
Weekly Activity Report

WEEKLY ACTIVITY REPORT

Resident: _____

Dates: Beginning _____ to Ending _____

Primary Supervisor: _____

Current Rotation: _____

<table>
<thead>
<tr>
<th>Therapy Type</th>
<th>No. Hours</th>
<th>No. Patients Served</th>
<th>Inpatient</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment</td>
<td></td>
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<tr>
<td>Group (___________)</td>
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<td></td>
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<tr>
<td>Crisis Intervention</td>
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<tr>
<td>Consultation (Psychiatry, Nursing, Security)</td>
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<tr>
<td>Program Org., Man., Adm. &amp; Eval,</td>
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<tr>
<td>Assessment and Therapy Planning:</td>
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<tr>
<td>Clinical Interviews</td>
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<tr>
<td>Bio-psychosocial Assessments</td>
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<tr>
<td>Sex Offender Screening</td>
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<tr>
<td>Case Management</td>
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<td>Confinement Evals.</td>
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<tr>
<td>Individual Treatment Plans</td>
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<tr>
<td>Intelligence Testing</td>
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<td>WAIS-IV</td>
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<tr>
<td>WASI</td>
<td></td>
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<td>Personality Tests</td>
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<tr>
<td>MMPI-II, -RF</td>
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<tr>
<td>PAI</td>
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<tr>
<td>Rorschach</td>
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<tr>
<td>HPCL</td>
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<td>SIRS</td>
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<td>Neuropsychological Tests</td>
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<td>Treatment Planning</td>
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<td>Rounds</td>
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</table>

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| Staffing (ISP Review w Team) | ______ | ______ | ______ |
| Court Paperwork               | ______ | ______ | ______ |
| Court Hearings                | ______ | ______ | ______ |
| **No. Hours**                 |        |        |        |
| **No. Patients Served**       |        |        |        |
| **Inpatient Outpatient**      |        |        |        |

**Supervision:**
- Individual: ______
- Ind. Direct Observation: ______
- Group: ______

**Supervision Provided:**
- Individual: ______
- Group: ______

**Learning Activities:**
- Seminars, Lectures: ______
- In-service Training: ______
- Case Conferences/Grand Rounds: ______
- Observation: ______
- Other: ______

**Professional Development:**
- Teaching, Presentations: ______
- Service Delivery Evaluations (Q.M., ACA, etc): ______
- EPPP Study: ______

**Total Number of Patient Contact Hours for the week:** ______

**Total Number of Patient Contact Hours for the year:** ______

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

________________________

Describe the diversity of the patients you saw this week.

________________________

________________________

| Resident | Date |
APPENDIX F  Psychology Residency Supervision Agreement

PSYCHOLOGY RESIDENCY
SUPERVISION AGREEMENT

2015-2016

Introduction
The Florida Department of Corrections Postdoctoral Residency Program in Clinical Psychology views supervision as essential to your professional growth and development. As you enter into this supervisory relationship, we request that you work with your supervisor to develop and commit to this supervision agreement. This process is founded on the professional expectation of providing quality training and supervision and the importance of providing informed consent to residents about the supervision experience. The purpose of the supervision agreement is:

1) to clarify expectations of supervisors and residents in regards to their responsibilities, roles and duties for the duration of this supervision relationship, and
2) to identify mutually agreed upon training goals for each resident.

The residency provides two six month rotations and requires that you be supervised by at least 2 psychologists. The training director is the supervisor designated as your primary supervisor and maintains responsibility for integrating your clinical training and supervisory experiences.

Purpose of the Supervision Relationship
1. To monitor professional services offered by the resident and to assure that they are consistent with the Department of Corrections’ policy, procedure, and directives and to promote the welfare of clients seen by the resident.

2. To promote the resident’s clinical and professional growth.

3. To fulfill supervision requirements as stipulated by the American Psychological Association Committee on Accreditation and by the Florida Board of Psychology.

Responsibilities of Supervisor

1. The supervisor is expected to practice within the bounds of the laws and regulations of the State of Florida, the policies and professional standards of the Florida Department of Corrections, the Florida Department of Corrections Postdoctoral Residency Program, and the Ethical Principles of Psychologists and Code of Conduct set forth by the American Psychological Association.

2. The supervisor will articulate her/his theoretical orientation and supervision philosophy to the resident at the outset of the supervision relationship.

3. Your supervisors will provide an average of 2 hours of weekly individual supervision for each resident. If the supervisor misses a session, effort will be made to re-schedule in a
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timely manner. If the supervisor will be absent for an extended period of time, she/he will arrange for back-up supervision to be provided by another supervisor. Additionally, 2 hours of other training activities, such as: case conferences involving cases in which residents are actively involved; seminars dealing with clinical issues; co-therapy with a supervisor, including discussion; group supervision; or additional individual supervision, or training will be provided each week.

4. The supervisor will oversee the ongoing acquisition of clients for residents and will approve case assignments to the resident. A supervisor will sign a case assignment note in the chart of each patient assigned to the resident.

5. The supervisor will maintain professional competence to supervise the clinical practice of the resident. If, at anytime, the supervisor feels that she/he lacks sufficient knowledge to assist with client treatment or if the resident needs additional supervision, a consult will be made with another professional on staff.

6. The supervisor will review and co-sign residents’ BPSA’s, ISP reviews, psychological evaluations, discharge and transfer summaries for patients assigned to the resident for therapy or assessment. The supervisor is expected to provide evaluative feedback about the quality of written clinical work and may require any editing which will improve the documentation as written by the resident.

7. The supervisor will oversee the resident’s supervision and management of the inpatient or outpatient unit they are assigned to including supervision of master’s level clinical staff when they are assigned to the residents. This will include discussion of the management of services and supervision of clinical work during the resident’s supervision time as well as the auditing of staff’s clinical work by the supervisor and notation of this review in the patients’ charts. Supervisor will provide consultation to the resident on all high risk patients such as those declaring mental health emergencies or expressing suicidal plan or intention. This consultation will be noted in the chart by the Resident.

8. The supervisor will routinely discuss training goals established by the resident and assist her/him in identifying experiences and opportunities that seem likely to promote professional growth. The supervisor may refer the resident to professional readings or other resources related to clinical work and professional goals.

9. The supervisor will maintain an ongoing awareness of all clients who comprise a resident's caseload.

10. The supervisor will monitor the resident's understanding of, and compliance with, Florida Department of Corrections policies on such matters as crisis management, confidentiality, external communications, release of information, program management and record keeping.
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11. The supervisor is responsible for providing ongoing, timely, and accurate feedback to the resident regarding her/his progress, including strengths and areas needing improvement. The supervisor will provide written feedback on progress using the *FDOC Psychology Resident Evaluation Form* at least every 6 months (twice during the year). The written evaluation must be reviewed, signed and dated by both parties and the training director.

12. The supervisor will make every effort to handle personal information shared by a resident with sensitivity and where appropriate, with confidentiality. Possible exceptions to confidentiality may be communication with the Training Director, Director of Mental Health, or other Florida Department of Corrections staff as needed to ensure that Florida Department of Corrections administrative and clinical standards are being met, as well as client welfare.

Responsibilities of Resident

1. The resident will identify her/his professional goals and seek input and experiences likely to promote progress toward these goals.

2. The resident is expected to make appropriate use of supervision. This includes being on time, maintaining openness to learning, willingness to show relevant audio/video tapes of clinical work, openly and directly communicating with the supervisor, and being able to accept and use constructive feedback.

3. The resident will regularly provide an updated list of her/his ongoing clients to the supervisor. When presenting cases to supervisors, residents will bring to supervision the client’s clinical file, testing protocols and/or other relevant materials to be discussed.

4. The resident will provide the supervisor with completed BPSA’s, ISP reviews, psychological evaluations, discharge and transfer summaries, and other clinical documentation related to patients assigned to the resident in a timely manner for review and co-signature.

5. The resident will actively participate in the evaluation process by assessing her/his own strengths and weaknesses, professional goals and needs, and areas requiring focused attention.

6. The resident is expected to give feedback to the supervisor regarding supervision. If at any time the resident is dissatisfied with supervision or the evaluation process, they should discuss it with the supervisor. If the supervisor is unable to resolve the concerns, the resident is urged to speak with the Training Director.

7. The resident will abide by the American Psychological Association’s Ethical Principles and Code of Conduct. In adhering to these, the resident is expected to: a) ensure that clients review and sign an informed consent form prior to treatment or to being
Appendix D: Training Manual

audio/video taped; b) provide informed consent to clients about resident’s training status and the name and credentials of their primary supervisor; c) discuss with her/his supervisor any informed consent and confidentiality concerns which arise with clients; d) inform her/his supervisor of requests for release of information to/from other agencies or professionals and discuss the appropriate release of information and boundaries regarding contacts with third parties.

8. The resident will inform her/his supervisor if and when personal issues arise which seem to interfere with her/his ability to work with certain clients or perform other duties of the residency. In such instances, she/he will work with the supervisor and/or the Training Director to make any necessary adjustments in assigned work.

9. The resident will inform the supervisor about any cases of theirs or their supervisees that present significant risk, including clients who exhibit potential harm to themselves or to others.

Final Agreement

This agreement is subject to revision at any time, upon the request of resident or supervisor and by mutual agreement. Both parties agree to bring up a perceived failure by one or the other to fulfill the expectations and responsibilities outlined in this agreement.

The supervisor and resident agree that there is no conflict of interest created by agreeing to this supervision and that no relationship shall exist between them other than this supervisory association.

Should supervisor and/or resident experience difficulty within the supervisory relationship, they agree to make a concerted effort to work out that difficulty together, consulting with the Training Director if needed. On rare occasions, if need be and after consultation with the Training Director, the supervision relationship can be terminated.

By our signatures below, we affirm that we both understand the supervisory expectations noted in this document and that we both agree to the specific contracted goals and activities cited above.

Resident’s Signature ____________________________  Date ___________
Resident’s Name ______________________________

Supervisor’s Signature ____________________________  Date ___________
Supervisor’s Name ______________________________

Training Director’s Signature_______________________  Date ___________
RESIDENT’S TRAINING GOALS

Supervisee has established the following training goals for the _____________ rotation. Supervisor and resident agree to review resident’s progress toward meeting these goals periodically throughout the rotation. Modification and/or addition of goals may occur throughout the year. These should be notes with appropriate dates and initials. These goals should be referenced on the Supervision Form.

1. __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

2. __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

3. __________________________________________________________________________
   __________________________________________________________________________
APPENDIX G  Resident Supervision Documentation Form

Resident Supervision Documentation Form

Date: ___________________________       Start Time: _______ End Time: _______
Individual Supervision _______       or       Group Supervision _______

Goals:  1).  

2).  

3).  

4).

Goal/s Addressed: __________________

Pts. Discussed:_____________________       Relevant Diagnosis__________________

Issues Discussed:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Follow-up Needed:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Other Comments:  

______________________________________________________________________________
______________________________________________________________________________

______________________________________________________________________________

Psychology Resident       Date       Supervisor       Date

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APPENDIX H  Resident Grand Rounds Presentation Evaluation Form

Resident Grand Rounds Presentation Evaluation Form

Resident’s Name:_____________________________________________________________
Assessment Instrument Presented:_____________________________________________
Date:_____________________
1. ___ Appropriateness for use in the correctional setting.
2. ___ Research data presented that adequately supports recommendation for its useful application in our setting.
3. ___ Research reviewed that addresses consideration of its use across the broad spectrum of diversity in our correctional population.
4. ___ Relevant Issues of diversity and appropriate application/administration to our diverse correctional population.
5. ___ Training provided for masters level staff in its proper administration, scoring and interpretation.
6. ___ Presentation Material (e.g., PP slides, handouts) were useful, appropriate and professional.
7. ___ Verbal Presentation was fluid, audible and coherent.
8. ___ Demeanor, dress and presence were professional and well received.
9. ___ Successfully Completed. ______________________________________

Supervisor’s Signature

Resident’s Name:_____________________________________________________________
Treatment Case Presentation Title:_____________________________________________
Date:_____________________
1. ___ Demographics, background, history, symptom descriptions, strengths, weaknesses (e.g., BPSA info) presented.
2. ___ Conceptualization/s are clear, logical and based on commonly accepted and supported theory.
3. ___ Etiological factors including environmental, cultural, biological and individual factors are considered.
4. ___ Thorough efforts demonstrated to obtain history and assessment of symptoms by available means.
5. ___ Diagnoses are justified and comprehensive.
6. ___ Identification of at least one psychotropic medication with an explanation of the mechanism of potential efficacy.
7. ___ Specific treatment plan with an explanation of planned treatment progression for at least 2 symptoms.
8. ___ Presentation of current research and theory to support the treatment plan.
9. ___ Successfully Completed. ______________________________________

Supervisor’s Signature
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Resident’s Name: ____________________________________________________________
Assessment Case Presentation Title: ____________________________________________
Date: __________________

1. ____Referral clarified.
2. ____Demographics, background including culture and individual diversity, history, symptom descriptions, strengths, weaknesses (e.g., BPSA info) presented.
3. ____Thorough efforts demonstrated to obtain history and assessment of symptoms by available means.
4. ____Selection of formal assessments was appropriate for referral as well as other questions raised during evaluation process and was sensitive to issues of unique diversity.
5. ____Administration, scoring and interpretation of assessment instruments are appropriate.
6. ____Conceptualization/s are clear, logical and based on commonly accepted and supported theory.
7. ____Etiological factors including environmental, cultural, biological and individual factors are considered.
8. ____Diagnoses are justified and comprehensive.
9. ____Recommendations are based on current research and theory.
10. ____Appropriate patient feedback described.
11. ____Consultation concerns addressed for nursing, security and psychiatric staff.
12. ____Successfully Completed. ______________________________________

Supervisor’s Signature

Resident’s Name: ____________________________________________________________
Training Presentation Title: __________________________________________________
Date: __________________

1. ____Suitable for improving masters level mental health supervisees’ and/or interns’ knowledge and skill as clinicians.
2. ____Appropriate for use in the correctional setting.
3. ____Research data presented that adequately supports recommendation for its useful application in our setting.
4. ____Research reviewed that addresses consideration of its use across the broad spectrum of diversity.
5. ____Relevant issues of diversity and appropriate application/ administration to our diverse population.
6. ____Training provided for masters level staff in its proper application or incorporation or administration, scoring and interpretation.
7. ____Presentation Material (e.g., PP slides, handouts) were useful, appropriate and professional.
8. ____Verbal Presentation was fluid, audible and coherent.
9. ____Demeanor, dress and presence were professional and well received.
10. ____Successfully Completed. ______________________________________

Supervisor’s Signature
APPENDIX I  Resident Program Organization, Management, Administration and Evaluation Project Form

Resident Program Organization, Management, Administration and Evaluation Project Form

RESIDENT NAME: ___________________________________  DATE SUBMITTED: ____________
                      ___Inpatient Service  or  ___Outpatient Service

Task: Identify a problematic issue related to program organization, management, administration and evaluation of psychological services delivery, practice, training, and/or research within the mental health correctional service that you are rotating through. Discuss them in supervision, identify a plan to address and successfully implement the plan using outcome measures to document success.

Problem (Identify the quantitative or qualitative measures used to assess initial status and attainment of goal(s) you set): 

Solution to Problem (Indicate the measures/actions, evaluations, training, research needed, organization modifications, administrative actions needed to meet your goal(s)): 

Interventions (Describe what you did to reach your goal(s) including consultation, supervision, training, evaluations, feedback, etc.):

1- 

Pre-measure: 

Post-measure: 

___Approved __________________________________________________________
                      ______________________________
                      Training Director

__________________________________________
## Residency Training Schedule (2014-15)

<table>
<thead>
<tr>
<th>Topic</th>
<th>Format</th>
<th>Presenter</th>
<th>Time</th>
<th>Location</th>
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<tbody>
<tr>
<td>FDOC Orientation and Training</td>
<td>Training</td>
<td>Sgt. Martin</td>
<td>7:30am - 4:00pm</td>
<td>ZCI Security Building</td>
</tr>
<tr>
<td>Corizon Orientation and Training</td>
<td>Training</td>
<td>Lynda Grimm</td>
<td>7:30am - 4:00pm</td>
<td>ZCI MH Conference RM</td>
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<tr>
<td>CPR Training</td>
<td>Training</td>
<td>M. S, R.N.</td>
<td>7:30am - 4:00pm</td>
<td>Lake CI</td>
</tr>
<tr>
<td>Care and Management of Inpatient &amp; Outpatients</td>
<td>Training</td>
<td>B. Brooks, Ph. D</td>
<td>10:00am - 12:00pm</td>
<td>ZCI Outpatient Conference RM</td>
</tr>
<tr>
<td>Crisis Intervention Training</td>
<td>Training</td>
<td>T. Culbreath, Ph. D, Dr. S. Martin, J. Bell</td>
<td>8:00am - 12:00pm</td>
<td>ZCI Inpatient Conference RM</td>
</tr>
<tr>
<td>Suicide Training Part 1</td>
<td>Training</td>
<td>C. Holmes, Ph. D</td>
<td>9:00am - 3:00pm</td>
<td>ZCI MH Conference RM</td>
</tr>
<tr>
<td>Suicide Training Part 2</td>
<td>Training</td>
<td>C. Holmes, Ph. D</td>
<td>9:00am - 3:00pm</td>
<td>ZCI MH Conference RM</td>
</tr>
<tr>
<td>Suicide Training Part 3</td>
<td>Training</td>
<td>C. Holmes, Ph. D</td>
<td>9:00am - 3:00pm</td>
<td>ZCI MH Conference RM</td>
</tr>
<tr>
<td>Treatment Planning, modalities Inpatient MH</td>
<td>Training</td>
<td>T. Culbreath, Ph. D</td>
<td></td>
<td>ZCI MH Conference RM</td>
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</table>
## Appendix D: Training Manual

<table>
<thead>
<tr>
<th>Event</th>
<th>Type</th>
<th>Instructor</th>
<th>Time</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>Crisis Intervention Training of Staff in Inpatient Service</td>
<td>Training</td>
<td>T. Culbreath, Ph. D</td>
<td>8:00am 12:00pm</td>
<td>ZCI Inpatient Conference RM</td>
</tr>
<tr>
<td>Introduction to Re-entry: Transition from prison to community for mentally ill inmates</td>
<td>Training</td>
<td>Ms. Scohfield, Ms. Carter Dr. Culbreath</td>
<td>10:00am 11:00am</td>
<td>ZCI MH Conference RM</td>
</tr>
<tr>
<td>Café Con Leche FSPP: Working with intersectionalities of Latino Clients</td>
<td>Seminar</td>
<td>Lisa Costas Ph. D</td>
<td>2:00pm 4:30pm</td>
<td>FSPP Argosy Tampa</td>
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<tr>
<td>Using the Rorschach in Forensic Cases</td>
<td>Training</td>
<td>Robert Erard, Ph.D</td>
<td>5:00pm 6:00pm</td>
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<tr>
<td>Ethical Issues in Working with Male Sexual Assault Offenders</td>
<td>Webinar</td>
<td>Christopher Kilmartin, Ph. D</td>
<td>12:45pm 2:45pm</td>
<td>ZCI</td>
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<tr>
<td>Security Protocols Investigative Procedures</td>
<td>Training</td>
<td>Inspector Roberts</td>
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<td>ZCI</td>
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<tr>
<td>Psychopharmacology: Antipsychotics</td>
<td>Training</td>
<td>Harold Johnson, MD</td>
<td>9:00am 11:00am</td>
<td>ZCI</td>
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<tr>
<td>Mindfulness Therapy Part 1</td>
<td>Training</td>
<td>C. Holmes, Ph. D</td>
<td>2:00pm 4:00pm</td>
<td>ZCI</td>
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<tr>
<td>Mindfulness Therapy Part 2</td>
<td>Training</td>
<td>C. Holmes, Ph. D</td>
<td>2:00pm 4:00pm</td>
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<tr>
<td>Difficult Dialogues: Expanding the Conversation-Diversity Summit FSPP</td>
<td>Training</td>
<td>Elizabeth Magro Psy. D.</td>
<td>8:00am 5:00pm</td>
<td>Argosy Tampa Fl,</td>
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<td>Mindfulness Therapy Part 3</td>
<td>Training</td>
<td>T. Culbreath, Ph. D</td>
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<td>Psychopharmacology: Mood stabilizers, anxiolytics, hypnotics and anti-epileptics</td>
<td>Training</td>
<td>Edward Kurz, MD</td>
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<td>Making Fun of Patients: Medical Students’ Perceptions and Use of Derogatory and Cynical Humor in Clinical Settings</td>
<td>Group Supervision</td>
<td>C. Holmes, Ph. D</td>
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<td>ZCI</td>
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<tr>
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<tr>
<td>Positive Psychology Part 1</td>
<td>Training</td>
<td>B. Brooks, Ph. D</td>
<td>10:00am - 12:00pm</td>
<td>Outpatient ZCI</td>
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<tr>
<td>Risk Assessment and Group Treatment: FSR Group</td>
<td>Presentation</td>
<td>J. B, Psy.D.</td>
<td>1:00pm - 3:00pm</td>
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<td>Psychopharmacology: Antidepressants</td>
<td>Training</td>
<td>Harold Johnson, MD</td>
<td>10:00am - 12:00pm</td>
<td>ZCI Conference RM</td>
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<tr>
<td>Psychopharmacology: Psychiatric-related medical medications</td>
<td>Training</td>
<td>Edward Kurz, MD</td>
<td>10:00am - 12:00</td>
<td>ZCI Conference RM</td>
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<td>Tough Guise: &quot;The Mask of Masculinity&quot;</td>
<td>Grand Round Presentation</td>
<td>M. K, M.A.</td>
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<td>ZCI Conference RM</td>
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<tr>
<td>Suicide Training</td>
<td>Training</td>
<td>T. Culbreath, Ph. D</td>
<td>10:00am - 12:00pm</td>
<td>ZCI Conference RM</td>
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<td>Human Trafficking</td>
<td>Grand Round Presentation</td>
<td>H. D, M.A.</td>
<td>10:00am - 12:00pm</td>
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<td>Positive Psychology Part II</td>
<td>Training</td>
<td>B. Brooks, Ph. D</td>
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<td>Multiple Perspectives on Current Assessment Supervision Practices In Psychology</td>
<td>Grand Round Presentation</td>
<td>S. Ii, M.S., M.A.</td>
<td>10:00am - 12:00pm</td>
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<tr>
<td>False Confessions</td>
<td>Grand Round Presentation</td>
<td>S. S, M.A.</td>
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<td>Juvenile Delinquent Strengths Assessment: Evaluating the Gap Between Research &amp; Practice</td>
<td>Grand Round Presentation</td>
<td>M. Kl, M.A.</td>
<td>10:00am - 12:00pm</td>
<td>ZCI Conference RM</td>
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</table>
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<table>
<thead>
<tr>
<th>Topic</th>
<th>Type</th>
<th>Presenter &amp; Details</th>
<th>Time</th>
<th>Location</th>
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<tr>
<td>Legal &amp; Ethical Issues: Mandatory Reporting in the State of Florida</td>
<td>Group</td>
<td>C. Holmes, Ph. D</td>
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<td>ZCI Conference RM</td>
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<td></td>
<td>Supervision</td>
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<tr>
<td>“Psychological and Slang Terms in a Prison Setting”</td>
<td>Training</td>
<td>Edward Kurz, MD</td>
<td>10:00am</td>
<td>Outpatient Conference RM</td>
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<tr>
<td>&quot;Should Therapists have to Tell the Cops if Their Clients are Looking at Child Porn?&quot;</td>
<td>Journal</td>
<td>C. Holmes, Ph. D</td>
<td>1:30pm</td>
<td>ZCI Conference RM</td>
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<td>Article</td>
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<td>“Drawn Together: Art Therapy For Chronic Mental Illness”</td>
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<td>Presentation</td>
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<tr>
<td>&quot;Dissecting Child &amp; Adolescent Defiance: Etiologies &amp; Interventions&quot;</td>
<td>Training</td>
<td>Steve O’Brien, Psy.D</td>
<td>12:30pm</td>
<td>Argosy University</td>
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<tr>
<td>Behavioral Activations</td>
<td>Training</td>
<td>B. Brooks, Ph. D</td>
<td>10:00am</td>
<td>Outpatient Conference RM</td>
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<tr>
<td>Psychological Autopsies/ The Psychological Autopsy: An Analysis Of Suicidal Motivation</td>
<td>Training</td>
<td>Bonnie Migliosi, Psy.D</td>
<td>10:00am</td>
<td>ZCI MH Conference RM</td>
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<td></td>
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<td>11:30pm</td>
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<tr>
<td>Conducting the Psychological Autopsy in Correctional Settings</td>
<td>Journal</td>
<td>Bonnie Migliosi, Psy.D</td>
<td>11:30am</td>
<td>ZCI MH Conference RM</td>
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<tr>
<td></td>
<td>Article</td>
<td></td>
<td>12:00pm</td>
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<tr>
<td>&quot;What Kind of Class are you?&quot;</td>
<td>Training</td>
<td>Elizabeth Margo, Psy.D &amp; Brooke Griffith, M.A.</td>
<td>12:30 pm</td>
<td>Argosy Tampa Fl</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>2:30 pm</td>
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<tr>
<td>Wisconsin Card Sorting Test</td>
<td>Presentati</td>
<td>J. B, Psy.D.</td>
<td>10:00am</td>
<td>ZCI MH Conference RM</td>
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<tr>
<td></td>
<td>on</td>
<td></td>
<td>12:00pm</td>
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## Appendix D: Training Manual

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Type</th>
<th>Presenter</th>
<th>Time</th>
<th>Location</th>
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<tbody>
<tr>
<td>Meta -Analysis of Neuroimaging Studies of the Wisconsin Card-Sorting Task and Component Processes</td>
<td>Journal Article</td>
<td>J. B, Psy.D.</td>
<td>10:00am 12:00pm</td>
<td>ZCI MH Conference RM</td>
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<tr>
<td>Age-Related Differences in Performance on the Wisconsin Card Sorting Test: A Meta-Analytic Review</td>
<td>Journal Article</td>
<td>J. B, Psy.D.</td>
<td>10:00am 12:00pm</td>
<td>ZCI MH Conference RM</td>
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<tr>
<td>Correctional Psychologist Burnout, Job Satisfaction, and Life Satisfaction</td>
<td>Journal Article</td>
<td>J. B, Psy.D.</td>
<td>1:30pm 3:30pm</td>
<td>ZCI MH Conference RM</td>
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<tr>
<td>Positive Psychology for Suicidality</td>
<td>Grand Rounds Presentation</td>
<td>S. I, M.S., M.A.</td>
<td>10:00am 12:00pm</td>
<td>ZCI MH Conference RM</td>
</tr>
<tr>
<td>Steps to Strengthen Ethics in Organizations: Research Findings, Ethics Placebos, and What Works</td>
<td>Journal Article</td>
<td>J. B., Psy.D.</td>
<td>1:30pm 3:30pm</td>
<td>ZCI MH Conference RM</td>
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<tr>
<td>Group Treatment: Overcoming Depression</td>
<td>Group Module</td>
<td>H.D., MS</td>
<td>10:00am 11:30:00pm</td>
<td>ZCI MH Conference RM</td>
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<tr>
<td>Increasing Cultural Competence to Better Serve Others</td>
<td>Training</td>
<td>Gary Howell, Psy.D.</td>
<td>12:30pm 3:30pm</td>
<td>Argosy Tampa Fl.</td>
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<tr>
<td>Treatment Issues</td>
<td>Seminar</td>
<td>B. Brooks, Ph. D</td>
<td>10:00am 12:00pm</td>
<td>MHU Outpatient Conference RM</td>
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<tr>
<td>Tears For Fears; Depression and Schizophrenia Discharge Criteria</td>
<td>Grand Rounds Assessment Case Presentation</td>
<td>M. K, M.A.</td>
<td>10:00am 12:00pm</td>
<td>ZCI MH Conference RM</td>
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<tr>
<td>A &quot;Suicidal&quot; Patient, Should He Go or Should He Stay?</td>
<td>Case Presentation</td>
<td>S. Ii, M.S., M.A.</td>
<td>12:00pm 2:00pm</td>
<td>ZCI MH Conference RM</td>
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<tbody>
<tr>
<td>Mr. R. Treatment of Schizoaffective Disorder</td>
<td>S. S, MS</td>
<td>10:00am - 12:00pm</td>
<td>ZCI MH Conference RM</td>
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<tr>
<td>Overview of Management and Supervision In Mental Health for Psychologists</td>
<td>Dr. Friedle, Ph. D</td>
<td>10:00am - 11:30pm</td>
<td>ZCI MH Conference RM</td>
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<tr>
<td>The Hurt Locker: What Testing Tells Us</td>
<td>M. K, M.A.</td>
<td>10:00am - 12:00pm</td>
<td>ZCI MH Conference RM</td>
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<tr>
<td>Mr. England</td>
<td>H. D, MS</td>
<td>1:30pm - 3:30pm</td>
<td>ZCI MH Conference RM</td>
</tr>
<tr>
<td>DBT-Dialectical Behavior Training</td>
<td>Dr. Cathy Moonshine, Ph.D</td>
<td>9:00am - 3:00pm</td>
<td>Lake C.I.’s Training Building</td>
</tr>
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<td>DBT-Dialectical Behavior Training</td>
<td>Dr. Cathy Moonshine, Ph.D</td>
<td>9:00am - 3:00pm</td>
<td>Lake C.I.’s Training Building</td>
</tr>
<tr>
<td>Ethics &amp; Risk Management in the Age of Affordable Care Act- PART 1</td>
<td>Eric A. Harris, EdD, JD</td>
<td>8:30am - 11:30am</td>
<td>Wyndham Grand Orlando Resort</td>
</tr>
<tr>
<td>Assessing and Evaluating Effort and Motivation in Clinical</td>
<td>Lamar J. Ingulli, Psy D</td>
<td>10:15am - 11:30am</td>
<td>Wyndham Grand Orlando Resort</td>
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<tr>
<td>An Advanced Interpretation of the WISC-V</td>
<td>Daniella Maglione, MS, EdS</td>
<td>1:15pm - 4:15pm</td>
<td>Wyndham Grand Orlando Resort</td>
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<tr>
<td>Psychologist's Toolkit: Integrative and Empirically-Based Strategies to Build Therapeutic Success</td>
<td>Lori Kleinman, Ph D.</td>
<td>8:00am - 11:00am</td>
<td>Wyndham Grand Orlando Resort</td>
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<tr>
<td>FPA Convention Early Career Student Networking</td>
<td>Zoe Proctor-Weber, Psy D</td>
<td>12:00pm - 1:00pm</td>
<td>Wyndham Grand Orlando Resort</td>
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<td>Star of His Own TV Show: Schizophrenia, Delusional D/O, Malingering or Trauma?</td>
<td>Grand Rounds Assessment Case Presentation</td>
<td>S. S, MS</td>
<td>10-11:30pm</td>
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