

PSYCHOLOGY INTERNSHIP PROGRAM

**United States Medical Center
for
Federal Prisoners**

Springfield, Missouri

Accredited by the
American Psychological Association

Member, Association of Psychology Postdoctoral
and Internship Centers (APPIC)

Note to all applicants: This internship site agrees to abide by the APPIC Policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

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Philosophy and Objectives

We are delighted that you are considering the U.S. Medical Center for Federal Prisoners as a potential internship for the upcoming internship year. Our internship program at the U.S. Medical Center seeks to foster the professional and personal growth of each intern. The program is structured to provide certain core experiences to each intern, yet is flexible in that the training experience is individualized to provide learning opportunities in areas of special interest. Often, we request input from the intern in selecting training experiences designed for the intern's specific training needs.

The internship year at the U.S. Medical Center permits each intern to practice previously learned skills and develop new clinical skills under the supervision of a variety of experienced psychologists representing a diversity of professional orientations. Our staff adhere to a scientist-practitioner model of supervision with our primary goal being the training of general adult practitioners. The internship experience fosters the improvement and acquisition of traditional skills in assessment and psychotherapy with a broad spectrum of patients. Interns collaborate with a variety of professional disciplines and develop increasing sensitivity to ethical and cultural issues.

Since the training experience is primarily within a hospital-correctional setting, it has a decidedly forensic orientation and would be of particular interest to predoctoral applicants with a burgeoning interest in forensic or correctional psychology. The internship program prepares each aspiring psychologist for a broad range of future employment opportunities, particularly those seeking future employment in a correctional setting. We are looking forward to receiving your application for consideration into our program.

Please contact me if you have any question, and good luck with your application process.

Richard L. DeMier, Ph.D., ABPP
Director of Clinical Training

Overview of the Federal Bureau of Prisons

In April 2008, the Bureau of Prisons' institutions housed approximately 166,000 federal prisoners. Most of these individuals are serving sentences for offenses involving illegal drugs or bank robbery, but a variety of other crimes against persons or property and "white collar" crimes, such as embezzlement, bank and credit card fraud, and securities violations, are also represented among the prison population.

Inmates convicted of the most serious offenses, and those whose institutional adjustment is poor, are housed in maximum security settings, or penitentiaries. Most inmates live in medium or low security institutions affording greater degrees of personal freedom. Most facilities have in-house support services, including Medical and Psychology Departments. However, the Bureau maintains a series of hospitals to provide for prisoners whose needs cannot be adequately addressed in general population settings.

Male and female inmates are diverse in their cultural orientations, educational levels, mental conditions, motivations, needs, and abilities. Some have made conscious decisions to engage in repeated criminal acts. Others are incarcerated for offenses which reflect uncharacteristic behavior, perhaps due to poor judgement and situational stress. Many inmates suffer from serious mental and behavioral disorders and require assistance in maintaining the degree of psychological stability necessary to function adequately in their environment. Most institutions offer psychology services to these inmates.

The prevailing philosophy regarding rehabilitation is that it is not something that can or should be forced upon an inmate. However, the Bureau provides ample resources to assist those who are motivated to change maladaptive thought and behavior patterns. These include academic and vocational programs, which have enabled thousands of prisoners to earn high school equivalency certificates and to gain proficiency in graphic arts, food services, diesel mechanics, engine repair, computer sciences, and other marketable skills.

Psychology Services in the Bureau of Prisons

Within most institutions of the Bureau, psychologists function as the main providers of mental health services to inmates. Departments range in size from a single individual to a large group of psychologists, and operate in much the same way as community mental health centers. Most clients are self-referred, while some are sent by other staff, or are advised by the Federal Courts or parole boards to seek treatment. In most cases, inmates have the right to accept or refuse psychological services.

Approximately 60% of federal inmates have been convicted of drug-related crimes, and the majority of these individuals have substance abuse histories. In response to this, Psychology Services has formulated DAP, the Drug Abuse Program, a treatment program which combines didactic and therapeutic approaches to offer clients a way out of the addiction-crime-prison cycle.

Psychologists are frequently called upon to respond to a range of other problems. They provide crisis intervention to acutely suicidal and psychotic individuals, as well as long-term psychotherapy to those seeking to resolve a variety of deeply entrenched, self-defeating habits.

Psychologists routinely provide assessments. Often, these are referrals from the Federal Courts or parole boards. Sometimes, other staff, particularly the Education Department, will request evaluations. Some Bureau psychologists have been involved in conducting psychological assessments of candidates for the Federal Witness Protection Program.

The Bureau employs doctoral-level clinical and counseling psychologists. Staff are required to be licensed or license eligible, and are encouraged to seek further credentialing (e.g., ABPP, APA Division Fellowship). Maintaining professional competencies is a priority and occasional continuing education opportunities are offered by the Bureau.

Starting from a mere seven institutions housing 12,000 inmates, the Bureau has grown to its present size in the 74 years of its existence. Today the prison population is increasing at an unprecedented rate. In order to house and care for these inmates, new institutions will be built, and thousands of new staff members hired. Among these will be many psychologists, making the Federal Bureau of Prisons one of the largest employers of clinical and counseling psychologists in the United States.

The BOP Psychology Internship Program: An Overview

For years, the Federal Bureau of Prisons has been training psychology interns at its correctional institutions throughout the United States. Our primary purpose has been to prepare students to become general clinicians, and beyond this – since many interns join the Bureau as staff psychologists upon completion of their training – to teach a specialty in the provision of mental health services in correctional settings.

Beginning in the late 1980s, the Bureau’s psychology internship program was restructured to assure the quality of training and to accommodate the changing needs of today’s predoctoral psychology interns. The program concentrates resources in several institutions, each of which was selected on the basis of the commitment of its staff to providing training, and in some cases, to its geographic proximity to other mental health agencies which could serve as adjuncts to the program.

The original sites chosen to host these programs were the Federal Correctional Institutions at Fort Worth, Texas; Lexington, Kentucky; Morgantown, West Virginia; Petersburg, Virginia; Tallahassee, Florida; Butner, North Carolina; and the U.S. Medical Center for Federal Prisoners at Springfield, Missouri. Presently, nine programs have been fully accredited by the American Psychological Association (Butner, Carswell, Devens, Fort Worth, Lexington, Los Angeles, Rochester, Springfield, and Tallahassee), and a tenth (Coleman) is seeking accreditation.

Bureau Psychology Internship Programs share several “core” elements, in order to facilitate quality assurance in training. Interns receive graduated exposure to the clinician role, practicing with greater independence as their skills and confidence increase, always with supervisors

available. A sequence of seminars is designed to increase interns' general fund of clinical knowledge. An understanding of specialized issues and opportunities to engage in research are also key aspects of the experience.

Initially, all interns spent one day per week in an outplacement, such as a community mental health center or psychiatric hospital. More recently, internship sites which can offer a broad and general training experience have the option of offering full-time training. Because the U.S. Medical Center offers a wide variety of patient populations and training opportunities, interns do not participate in outplacement training.

We find that potential interns often ask the following questions:

Q: Is it safe to work in a prison?

A: The Federal Prison system has implemented many security procedures and installed an array of equipment to optimize safety for staff and inmates. In this and many other respects, we consider ourselves second to no other prison system in the world. Although it would be impossible to guarantee unconditionally anyone's safety in a correctional (or any other work) setting, all incoming psychology interns receive extensive training on safety issues so they are comfortable when they begin working in this setting.

Q: Won't my training be too limited if I just work with inmates?

A: Prisoners are individuals, much more different than they are alike. There are many parallels that can be drawn between the presenting problems and client characteristics of prisons and community mental health centers. For example, there are those who use mental health services appropriately and those with hidden agendas, clients in crisis and those with less acute but more long-term concerns, and some with greater psychological resources than others.

While some inmates fit the popular stereotype of the hardcore criminal or repeat offender, others are first-time offenders who genuinely want to change the maladaptive behavior and thought patterns that led them to prison. Some are "white-collar" offenders. Others, reflecting what Dr. Linda Teplin has referred to as "the criminalization of the Mentally Ill," are victims of severe Axis I disorders, including schizophrenia and bipolar mood disorder.

Notably, the federal inmate population is rich in diversity with inmates from all fifty states, and U.S. territories, consisting of a broad variety of racial, ethnic, religious, socioeconomic, and cultural groups. While all have been charged or convicted of a federal crime, they present a degree of diversity rarely seen in most traditional clinical settings.

Q: How "marketable" will my internship be?

A: We seek interns who are interested in being trained as clinical generalists and who also would like to learn a specialty in substance abuse, forensic assessment, and/or correctional psychology. Upon completion of their training, many interns accept offers of

employment with the Bureau. Others assume positions in community mental health centers, private practices, hospitals, academia, and other settings.

Q: Would I have the chance to focus at length on specific sub-areas of psychology during my internship?

A: The Bureau has made it a point to provide enough flexibility in the internship program model to accommodate the interests of all interns, within limits. For example, some sites may provide training in a particular area on-site or provide leave to allow an intern to attend off-site training.

Q: Is the Bureau of Prisons an Equal Opportunity Employer?

A: Absolutely. We highly encourage the applications of women and ethnic minorities.

The U.S. Medical Center for Federal Prisoners: Our Mission

Authorized by an act of Congress, the United States Medical Center for Federal Prisoners opened its doors in 1933 (as the “United States Hospital for Defective Delinquents”) to provide medical, surgical, and mental health services for male inmates within the custody of the Federal Bureau of Prisons. The U.S. Medical Center was the first federal prison given responsibility for providing such services. The U.S. Medical Center is fully accredited by the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) and the American Correctional Association (ACA).

As noted previously, institutions within the Bureau provide varying degrees of security from the least secure camps to the most secure penitentiaries. The U.S. Medical Center is designed to provide services to patients from all security levels. Inmates in need of medical or mental health services are transferred to the U.S. Medical Center from federal institutions throughout the country. Many patients are also transferred to the U.S. Medical Center pursuant to court orders from federal jurisdictions nationwide. The U.S. Medical Center has an inmate population of approximately 1,200. Approximately 400 inmates are medical or surgical patients, and about 300 are assigned to the Mental Health Services. The remaining 500 inmates constitute a lower security “work cadre” that assists in maintaining the facility. Inmates are involved with educational and vocational training, recreation facilities, and religious services.

The U.S. Medical Center has one of the largest staffs and budgets of any facility within the Federal Prison System. The two largest departments, Correctional Services and Nursing, employ approximately 230 and 110 staff members respectively. There are approximately 20 physicians on the medical staff representing an assortment of medical specialties. Currently, the psychology staff is composed of 12 licensed psychologists, two treatment specialists, four predoctoral interns, and one postdoctoral fellow. There are also six psychiatrists and seven social workers. The U.S. Medical Center is located in Springfield, Missouri, a city of approximately 200,000. Springfield, the third-largest city in Missouri, is located 170 miles south of Kansas City and 215 miles southwest of St. Louis.

The Psychology Service at the U.S. Medical Center

The Psychology Service is staffed by twelve doctoral level psychologists. Both clinical and counseling degrees are represented. All staff members are licensed, four staff members are board certified in forensic psychology, and one of them is also board certified in neuropsychology. Clerical support is provided by one Psychology Department secretary augmented by numerous secretaries assigned to other departments.

The Psychology Service is equipped with the traditional assessment tools of psychology. Psychologists and interns all have private offices with computers. A common computer is used to score a variety of psychological tests. Psychology staff use a number of professional journals and have access to computerized literature searches through a local hospital and psychology services in our Central Office.

The psychology staff are located in offices near the housing areas where their patients reside. Under the administrative direction of the Chief of Psychology, eight staff psychologists work in the Mental Health Service. Those staff members conduct evaluations of patients referred from other BOP facilities and federal courts, and they provide treatment in a hospital setting. One staff member provides services to our work cadre, one coordinates our drug treatment programs, and one works in the Medical/Surgical Unit. Additionally, the psychology department includes two treatment specialists who work in the drug treatment program.

In accordance with the by-laws of the medical staff, licensed psychologists are members of the medical staff and have privileges to admit and discharge patients from the Mental Health Treatment Service.

The current psychology staff are described in Appendix A.

Description of Program

Overview

The U.S. Medical Center for Federal Prisoners Internship Program is fully accredited by the American Psychological Association and meets all APA criteria for predoctoral internships in professional psychology. Any questions concerning accreditation procedures of this internship program can be directed to the Office of Program Consultation and Accreditation, American Psychological Association, 750 First St., NE, Washington, DC 20002-4242, (202) 336-5500.

The internship is considered a full-time position. It assures forty hours of services and supervision per week. Leave time for attending professional conferences or defending a dissertation is often possible.

An objective of the internship is to provide each intern with training experiences under the supervision of experienced psychologists in a variety of patient care settings. To attain this objective, each intern has a sequence of rotations at the U.S. Medical Center in addition to

several didactic activities that run for the entire year. Interns complete three four-month major rotations. Two rotations, which focus on evaluation and treatment, are offered on the Mental Health Service. The third rotation is offered on the Medical/Surgical Unit.

Interns also complete two six-month minor rotations. These experiences are in the work cadre unit and the Residential Drug Abuse Treatment Program. These rotations require six to eight hours per week concurrent with the major rotations.

Individual Supervision

The psychology internship program at the U.S. Medical Center adheres to APA guidelines for supervision. At a minimum, each intern will receive four hours of supervision (at least two of which are individual) each week. There are twelve licensed psychologists on staff available for supervision, with supervisory duties divided fairly equally among them. The Director of Clinical Training is responsible for the development, implementation, and evaluation of the internship program. He works in conjunction with the Chief Psychologist in making training assignments, handling clinical and administrative problems, planning the sequence of formal training experiences, preventing duplication of experiences, and maintaining close contact with other supervisors.

Seminars and Case Presentations

During the internship year, each intern will attend a sequence of seminars. At the beginning of the internship year, each intern completes an eight-day orientation course to the Bureau and hospital procedures. Weekly general didactic seminars are held throughout the internship year. Such seminars are typically one hour long and are taught primarily by psychologists and psychiatrists on staff. Some weeks, interns prepare for seminars by completing assigned readings. The schedule of a recent general didactic seminar schedule is presented in Appendix B.

Two other seminars are required. The weekly testing seminar provides didactic training on various psychodiagnostic measures utilized by psychologists. Interns have found this opportunity invaluable for developing a core knowledge of psychological testing as well as a forum for discussing practical experience. Interns are expected to be proficient at administering, scoring, and interpreting numerous psychological tests, including several malingering instruments commonly used in forensic evaluations. Additionally, the intern is expected to attend a weekly case law seminar designed to discuss relevant case law associated with forensic issues and mental health treatment issues. In the case law seminar, interns prepare legal briefs of significant mental health law cases. At the end of the year, each intern then has a collection of briefs on many of the most significant cases in mental health law. An additional weekly seminar on neuroanatomy has been offered to interns on a voluntary basis for the past several years. Most interns have taken advantage of this opportunity to develop a more in-depth knowledge of a topic so critical for neuropsychological assessment. The seminars require considerable reading.

Evaluation Procedures

Evaluation of interns is a continuous, systematic process. Interns receive frequent informal feedback during individual and group supervision sessions. At the conclusion of each rotation, a formal evaluation is completed, and the intern meets with all the staff members involved in his or her training to discuss progress and future goals. Narrative evaluations are also provided to the training director of each intern's doctoral program.

Interns also provide evaluations of their internship experiences in a variety of ways. Interns are always encouraged to provide informal feedback to the Director of Training, Chief of Psychology, and intern supervisors. Formally, the interns complete regular evaluations of their supervisors. At the end of the internship, the interns are asked to complete an evaluation of their intern experience.

Description of Rotations

Mental Health Treatment

The interns on this major four-month rotation provide psychological services to male inmates troubled by a broad spectrum of psychological difficulties. Most of the patients engaged in inpatient treatment have severe and chronic mental illnesses, such as schizophrenia and bipolar disorder. Symptoms may include hallucinations, delusional beliefs, or severe disorganization of thought and behavior. Individuals with mood disorders may pose a high risk for self-injurious or suicidal behavior. An organic component is sometimes present in these patients. Many patients also have an underlying character disorder which frequently complicates treatment.

Interns are members of a multidisciplinary team. Each team is represented by an array of disciplines including psychiatry, psychology, social work, nursing, case management, and corrections. The team meets on a weekly basis and the members work together to provide optimum care for their assigned patients. In this context, the intern is expected to grow as a contributing team member as their confidence develops. Under the guidance of a supervising psychologist, each intern will be involved in the patient care process from admission to discharge.

Interns complete assessments of assigned patients and participate in the formulation of patient treatment plans. Interns provide individual therapy and co-lead group therapy sessions with their supervisors. Depending on an intern's skill and comfort levels, he or she may lead a group independently. Guidance and instruction is provided on hospital charting procedures. Interns become acquainted with the treatment regulations of the Joint Commission on the Accreditation of Healthcare Organizations and the Bureau of Prisons. The intern is exposed to ongoing quality assurance programs. This rotation also allows the intern to observe the effects of psychiatric medication. Collegial dialogues with unit psychiatrists further each intern's understanding of psychopharmacology. The intern will develop skills in crisis intervention and in assessment of risk for violence.

Finally, the treatment rotation generally offers the opportunity to be involved in risk assessments for civilly committed patients or patients nearing the end of a prison sentence. The purpose of these assessments is to determine whether patients are dangerous due to a mental illness, and whether they meet the criteria for civil commitment.

Mental Health Evaluation

On this major, four-month rotation, the intern will complete evaluations of pretrial defendants referred to the U.S. Medical Center from federal jurisdictions across the country. Most such referrals request opinions on the issues of competency to stand trial and criminal responsibility. The intern will gain experience in the process of completing such psychological evaluations and applying the various federal legal standards to the referral issues. Great emphasis is placed on the preparation of written reports which are thorough, yet relevant and understandable when read by judges and attorneys. The intern may have an opportunity to accompany staff members to court hearings and/or trials to observe the drama (or sometimes, the tedium) of the adversarial process. Since interns complete evaluations of forensic patients with the supervisor, they are also subject to being subpoenaed to provide testimony in Federal Court. Most years, one or two interns testify in federal court.

Additionally, interns on this rotation gain experience in evaluating sentenced inmates transferred from other prison facilities to determine whether inpatient treatment is needed. The intern is involved in the process of assessing whether involuntary civil commitment should be pursued for individuals who are opposed to hospitalization. In this process, the intern will learn relevant federal commitment laws and observe court proceedings regarding commitment, which may include which testimony about patient treatment needs and justifications for involuntary treatment and commitment.

Medical/Surgical Unit

During this major, four-month rotation, each intern is exposed to the psychological services provided to inmates receiving medical care. Interns on this rotation will work in the medical hospital, consulting with medical and unit staff regarding treatment. They will develop skills in consulting with physicians on the mental health issues related to a wide variety of physical diagnoses. They will have an opportunity to lead or co-lead special needs groups, such as groups for dialysis and immunocompromised patients. They may work with terminally ill patients or participate in support groups for specially trained inmate hospice workers. The intern will have an opportunity to work with a variety of behavioral medicine issues which may include pain management, stress reduction, biofeedback, AIDS and HIV+ counseling, dialysis, and pulmonary management. The rotation includes developing skill in organ transplant evaluations. The intern on this rotation will also have an opportunity to participate in neuropsychological assessments, and they attend the neurology clinic to learn from and observe the work of the neurologists.

Residential Drug Abuse Treatment

In late 2007, the U.S. Medical Center launched a Residential Drug Abuse Treatment program (RDAP) for medical patients. RDAP is a standardized drug abuse treatment program offered at

over 50 federal prisons. A total of over 6,000 inmates are participating at any given time. Inmates participate in 500 hours of treatment over a nine-month period using a modified therapeutic community approach. Interns complete a minor, six-month rotation in this program spending six to eight hours a week participating in the delivery of substance abuse treatment and monitoring patient progress. Interns will also become familiarized with other aspects of the BOP's substance abuse treatment initiative including motivational interviewing, non-residential treatment services, and the eligibility interview process. Skills acquired in this rotation are easily transferable to any BOP facility.

Work Cadre Unit

The U.S. Medical Center houses approximately 500 low security inmates who are assigned to the Work Cadre Unit. These inmates have no acute medical or mental health problems. Their needs and concerns are similar to other low security inmates in other federal institutions and range from adjustment reactions to substance abuse and schizophrenia. In many ways, this part of the internship resembles an outpatient clinic. This work, with non-hospital patients, is a minor, six-month rotation. Each intern works six to eight hours per week for half the year in this area.

The Work Cadre Unit offers several training opportunities for interns. This enables the intern to optimize training opportunities by focusing their involvement in areas of specific interests or needs. General areas in which all interns will become familiarized include intake screenings, brief therapy, segregation reviews, the Psychology Services and BOP data bases (PDS and Sentry), and an overview of the substance abuse treatment program. Specific areas where interns may elect to focus their training include, but are not limited to, individual and group therapy (including group therapy with dually diagnosed inmates); development, implementation and evaluation of inmate programs; individual assessment; and presentations in established programs such as the Parenting Program or Pre-release Program. Involvement in substance abuse treatments that are less intensive than the RDAP may also be available. Time invested in the Work Cadre Unit will enable the intern to become familiar with the workings of a typical prison and the role of Psychology Services in the federal prison system.

Research

The U.S. Medical Center employs a scientist/practitioner model of training, and the staff value research by psychologists. Participation in research is strongly encouraged. Interns are urged to formulate and complete their dissertations during the internship year. Psychology interns lacking dissertation topics can receive guidance from the psychology staff. Interns can be provided up to four hours during each week to concentrate on their dissertation projects once the dissertation proposal has been approved by their committee. The allocation of time for this purpose is decided on a case-by-case basis by the intern's primary supervisor. Interns are expected to use this time in planning, conducting, and evaluating research. Psychology interns are also encouraged to collaborate with psychology staff in conducting other research projects. Past research studies have investigated malingering detected by the MMPI-2, cognitive malingering, internship training in a correctional setting, and race differences on the MMPI-2.

Application Procedures

Positions offered for the coming internship year are open to students enrolled in doctoral programs in Clinical or Counseling Psychology. Preference will be given to applicants from APA accredited programs in either Clinical or Counseling Psychology; others are invited to apply. The Bureau of Prisons is an Equal Opportunity Employer and encourages the application of minority students. Positions will be filled strictly in accordance with APPIC policy. **The deadline for completed applications is November 1.** All materials should be submitted to the Director of Clinical Training, Richart L. DeMier, Ph.D.

As completed application packets are received, they are evaluated and suitable candidates are invited for an interview. Interviews will be scheduled in December and held during January. **All efforts will be made to notify applicants of their interview status by December 15.** An on-site interview at the U.S. Medical Center has obvious advantages for both parties. When this is not feasible, a telephone interview can be arranged. However, the applicant must complete a personnel interview at a Bureau of Prisons correctional facility before rank order lists are submitted.

Since all Bureau of Prisons positions are designated as “sensitive,” applicants must successfully complete a security clearance procedure before the offer of an internship position can be considered final. This procedure includes a personnel interview as well as a background investigation and drug screening. This interview must take place before a tentative offer can be made. Such interviews may take place at any Bureau of Prisons correctional facility, making it easier on applicants who cannot visit the site to which they are applying due to time or financial constraints.

Note: The deadline for completed applications is November 1st.

A computer matching program employed by APPIC is used to match intern applicants with internship sites. All positions will be filled strictly in accordance with APPIC policy. Rank Order List Submission Day, the deadline by which all programs and applicants must submit their preference lists to APPIC, and Notification of Results Day are determined by APPIC. The current APPIC Match Policies can be viewed on their website: <http://www.appic.org/> (Click on “Match Policies” in the right-side menu).

Rank-ordering of applicants will be made through a two-step process. As completed application packages are received, they are evaluated and the most suitable candidates are contacted to arrange an interview. Applicants visiting the U.S. Medical Center tour the institution and meet with staff and the current interns. Applicants thus have the opportunity to learn more about the program, information that will be beneficial when rank-ordering preferences for internship programs. The interview process also provides our staff an opportunity to assess the candidate’s clinical and interpersonal skills.

You may apply to one or more of the Bureau of Prison's internship programs, and your credentials will be evaluated independently at each site. However, in order to assure this, you will need to submit a separate, completed package to **each** program where you wish to be considered. Photocopies of the internship application and government forms are acceptable, but all copies must be signed and dated in ink. **To have your application considered, all application materials must be received by November 1.**

Completed application packages should include:

- (1) APPIC Application for Psychology Internship form, (AAPI),
- (2) Declaration for Federal Employment, Optional Form 306,
- (3) Optional Application for Federal Employment, OF-612,
- (4) a current vita which lists academic and professional experience, and research,
- (5) official transcripts of all graduate coursework,
- (6) reference letters from three graduate faculty or supervisors who are familiar with your work in psychology as well as your personal qualifications, and
- (7) Verification of Internship Eligibility and Readiness Form (AAPI, Part 2), completed by your Director of Training certifying readiness for internship.

These materials should be sent to:

Richard L. DeMier, Ph.D., ABPP
Director of Clinical Training
U.S. Medical Center for Federal Prisoners
1900 W. Sunshine
Springfield, MO 65807

Most Bureau of Prisons internship sites request a work sample and work samples are listed as a requirement on the BOP webpage. **However, the U.S. Medical Center does not require a work sample.**

The government forms, Items 2 and 3 above, can be downloaded from the Office of Personnel Management website www.opm.gov.

Feel free to visit our web page at the Bureau of Prisons website (www.bop.gov). If you have any questions, please do not hesitate to contact the Director of Clinical Training. Dr. DeMier can be contacted by e-mail to rdemier@bop.gov, or by phone at (417) 862-7041 ext. 1277.

This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

Compensation and Benefits

Psychology interns during the 2009-2010 training year will receive the following benefits:

- (1) a stipend of approximately \$46,542 (the yearly stipend is typically increased each year by a cost-of-living adjustment),
- (2) annual (vacation) leave and sick leave earned at the rate of 4 hours per 80 hours worked, equivalent to 13 days for the year,
- (3) liability coverage for professional activities at the U.S. Medical Center for Federal Prisoners,
- (4) support for research activities, including dissertations, (one half-day per week is allowed for completing research) upon approval by the Director of Clinical Training and primary supervisor, and
- (5) authorized leave to attend off-site training, upon approval by the Director of Clinical Training and Chief of Psychology.

Following the internship year, the Bureau of Prisons offers many promising interns positions as staff psychologists. New staff are typically given a degree of choice in terms of geographic area and type of prison setting (minimum, medium, or maximum). Some positions include the added benefit of student loan repayment; this varies by facility.

Because the stipend is so generous, interns are discouraged from engaging in paid work outside the Bureau of Prisons during the internship year. Moreover, by BOP policy, any outside employment must be approved by the agency before it begins. Also, please note that health insurance is not offered.

APPENDIX A

Psychologists on Staff

Georgina Ashlock, Ph.D. Ohio University, 1993. Mental Health Unit. Interests: Group and individual therapy, dialectical behavior therapy, acceptance and commitment therapy, treatment of anxiety disorders, and the use of competitive team activities with the chronically mentally ill.

Randy Brandt, Ph.D. Florida State University, 1995. Chief Psychologist. Interests: Substance abuse, psychopathy, risk assessment, internship training.

Chad Brinkley, Ph.D. University of Wisconsin - Madison, 2002. Mental Health Unit. Interests: Psychopathy, risk assessment, forensic assessment, treatment in segregation.

William R. Carter, Psy.D. Forest Institute of Professional Psychology, 1989. Mental Health Unit. Interests: psychological assessment, individual and group therapy.

Richard L. DeMier, Ph.D., ABPP (forensic). University of Wisconsin-Milwaukee, 1994. Director of Clinical Training; Mental Health Unit. Interests: Psychological assessment, pretrial evaluations, expert witness testimony, risk assessment, internship training.

Robert L. Denney, Psy.D., ABPP (forensic, neuropsychology), ABPN. Forest Institute of Professional Psychology, 1991. Neuropsychologist. Interests: Forensic neuropsychological assessment, neuropathology, malingering, and behavioral medicine.

Jason Engel, Psy.D. Forest Institute of Professional Psychology, 2001. Work Cadre Unit. Interests: Individual psychotherapy, forensic evaluations, risk assessment, psychological assessment, and hypnosis.

Richard I. Frederick, Ph.D., ABPP (forensic). Oklahoma State University, 1986. Staff Psychologist, Mental Health Unit. Interests: Forensic issues, psychological assessment, and malingering.

Christina A. Pietz, Ph.D., ABPP (forensic). Texas A & M University, 1989. Mental Health Unit. Interests: Treatment of sex offenders, Rorschach, MMPI-2, forensic issues, and court testimony.

Lea Ann Preston, Ph.D. Southern Illinois University, 1998. Mental Health Unit. Interests: Forensic issues, court testimony, psychological assessment, and risk assessment.

David L. Schlink, Ph.D. University of Missouri-Kansas City, 1988. Residential Drug Abuse Program Coordinator. Interests: Psychological assessment, individual and group therapy, and substance abuse issues.

Elizabeth Weiner, Ph.D. University of Toledo, 1997. Mental Health Unit. Interests: Individual and group therapy, intervention with self-injurious and suicidal patient, behavioral health, and end of life issues.

APPENDIX B

2007-2008 Didactic Seminar Schedule

August 23-29	Institution Familiarization	Employee Development
September 6	Clinical Work in a Correctional Setting	Chad Brinkley, Ph.D.
September 11-14	Risk Assessment Training	Visiting Psychologists: Adelle Forth, Ph.D.; Mary Alice Conroy, Ph.D., and Randy Otto, Ph.D.
September 20	DBT I - Theory and Structure	Jennifer Caperton, Ph.D.
September 27	Assessing Suicide Risk	Lea Ann Preston, Ph.D.
October 4	DBT II - DBT Skills	Jennifer Caperton, Ph.D.
October 11	Psychology Services in the BOP	Randy Brandt, Ph.D.
October 18	Differentiating Organic Mental Illness I	Robert Denney, Psy.D.
October 25	Federal Mental Health Statutes	Rick DeMier, Ph.D.
November 1	Differentiating Organic Mental Illness II	Robert Denney, Psy.D.
November 8	Psychopathy	Chad Brinkley, Ph.D.
November 15	Assessing Competencies	Christina Pietz, Ph.D.
November 29	BOP Job Opportunities	Chad Brinkley, Ph.D.
December 6	Factitious and Somatoform Disorders	Rob Sarrazin, M.D.
December 13	Cultural Diversity I	Rick DeMier, Ph.D.
December 20	Clinical Evaluation of Juveniles	Shawn Rice, M.D.
December 27	Open Date	
January 3	Psychopharmacology I	Carlos Tomelleri, M.D.
January 10	Psychopharmacology II	Carlos Tomelleri, M.D.
January 17	Psychopharmacology III	Carlos Tomelleri, M.D.
January 24	Water Intoxication	Pat Gariety, M.D.
January 31	Panic Disorders	Georgina Ashlock, Ph.D.
February 7	Risk Assessment I	Chad Brinkley, Ph.D.
February 14	Risk Assessment II	Chad Brinkley, Ph.D.
February 21	Autism, Asperger's and Related Disorders	Shawn Rice, M.D.
February 28	Expert Witness Issues	Rick DeMier, Ph.D.
March 3	Mock Trial I	Psychology Staff
March 13	Mock Trial II	Psychology Staff
March 20	Exculpatory & Mitigating Defenses	Christina Pietz, Ph.D.
March 27	Theories of Substance Abuse	David Schlink, Ph.D.
April 3	Treating Chronic Mental Illness	Elizabeth Weiner, Ph.D.
April 10	Clinical Hypnosis	Jason Engel, Psy.D.
April 17	Criminal Responsibility	Richard Frederick, Ph.D.
April 24	Child and Family Psychotherapy	Elizabeth Weiner, Ph.D.
May 1	Cultural Diversity II	Rick DeMier, Ph.D.
May 8	Overview of Psychoneuroimmunology	Robert Denney, Psy.D.
May 15	Self Mutilation	Russ Carter, Psy.D.
May 23	Death and Dying	Elizabeth Weiner, Ph.D.

May 29	Open Date	
June 5	Motivational Interviewing	David Schlink, Ph.D.
June 12	Cultural Diversity III	Rick DeMier, Ph.D.
June 16	Electroconvulsive Therapy	James Wolfson, M.D.
June 26	Diagnosis and Management of Acute Psychosis and Delirium	Pat Gariety, M.D.
July 3	Rorschach: A Psychoanalytic Perspective	Jason Engel, Psy.D.
July 10	Attention Deficit Hyperactivity Disorder	Shawn Rice, M.D.
July 17	Psychological Autopsy	Randy Brandt, Ph.D.
July 24	Open Date	
July 31	<i>Sell Sold Short</i>	James Wolfson, M.D.

APPENDIX C

Employment Opportunities Within the BOP

For over twenty years, the Bureau of Prisons has relied upon the psychology internship program to provide a large portion of the number of entry level clinical and counseling psychologists required to meet staffing needs. Many of the psychologists currently employed by the Bureau began their careers after completing internships with us.

Over the past ten years the federal prison population has grown dramatically, and projections for the next ten years suggest a continuing trend. It is estimated that numerous additional psychologist positions will be created in the next several years, partly in response to the mental health needs of those new federal prisoners. While we do not promise jobs automatically for those who are accepted into the internship programs, we prefer to hire people who have already proven themselves to be competent practitioners in correctional environments. Therefore, we often look to our intern classes first when making employment offers.

Newly selected staff typically start at the GS-11 salary level (approximately \$54,500). Upon successful completion of the first year, psychologists are routinely upgraded to the GS-12 level (approximately \$65,300). Subsequently the GS-13 level (approximately \$77,500 - \$101,000) and GS-14 (approximately \$91,500 - \$119,000) levels may be available. Some positions include the added benefit of student loan repayment; this varies by facility. Some staff psychologists become Chiefs of Psychology at institutions within a few years of joining the Bureau. Other career tracks include leading substance abuse or internship programs and administrative positions.

Psychologists enjoy a great deal of professional autonomy in the Bureau. We are the main providers of mental health services, and our departments are for the most part successful in maintaining complementary, collegial relationships with psychiatrists. Psychologists in the Bureau are routinely involved in forensic evaluations for the Federal Courts, psychological evaluation of candidates for the Federal Witness Protection Program, hostage negotiation teams, substance abuse treatment programs, suicide prevention programs, crisis intervention response teams for trauma victims, predoctoral internship training programs, employee assistance programs, inpatient mental health programs, staff training, and research.

The BOP values continuing educations of psychologists. Many psychologists attend seminars, workshops, or the national conventions. Funding for outside training may be available, and varies from year to year based on the vagaries of the federal budget.

Psychologists also have the opportunity to choose the part of the country (given the availability of positions) and the type of facility (maximum, medium, or minimum security) in which they wish to work. Those liking more traditional clinical settings may prefer the U.S. Medical Center or Federal Medical Centers in Rochester, Minnesota; Butner, North Carolina; Devens, Massachusetts; or Carswell, Texas.

As federal employees, all new psychologists are covered by the Federal Employee Retirement System, a pension plan which includes several attractive options for sheltering extra income

similar to a 401K plan. Bureau employees may retire after twenty years, provided they have reached the age of 50, or at age 45 with 25 years, and receive a full pension. The Bureau is an Equal Opportunity Employer. However, in accordance with Public Law 39-350, applicants for entry level staff positions must be under the age of 37 at the time of appointment, with waivers possible through age 39. (This age limit does not apply to internship applicants, but individuals outside the age range could not be considered for full-time employment following internship.)

APPENDIX D

Past Interns

1996-1997

Wess Baugh	University of Arkansas
<i>Victoria Buzzanga</i>	University of Missouri - Kansas City
Gregg Gambone	Rutgers University
<i>Elizabeth Weiner</i>	University of Toledo

1997-1998

Mike Fogel	Illinois School of Professional Psychology
Patricia Hart	University of South Dakota
Joe McEllistrem	California School of Professional Psychology - San Diego
<i>Lea Ann Preston</i>	Southern Illinois University

1998-1999

<i>Robert Cochrane</i>	Wright State University
Sharon Mockenhaupt	Forest Institute of Professional Psychology
Karin Towers	Allegheny University of the Health Sciences/ Villanova University School of Law
<i>Paul Zohn</i>	University of Montana

1999-2000

Kelly Ball	Minnesota School of Professional Psychology
Russell Cherry	Minnesota School of Professional Psychology
Sharon Ishikawa	UCLA
Marie Roman	California School of Professional Psychology-Alameda

2000-2001

<i>Gary Bolz</i>	University of Denver
<i>Tanya Cunic</i>	Central Michigan University
<i>Lisa Levinson</i>	Nova Southeastern University
George Schreiner	University of Southern Mississippi

2001-2002

<i>Stacy Gathman</i>	Forest Institute of Professional Psychology
Darryl Johnson	Sam Houston State University
Cristie Sealey	University of Alabama
Tom Spencer	Forest Institute of Professional Psychology

2002-2003

Amy Boyd	University of Louisville
<i>James Hayden</i>	Argosy University-Seattle
<i>Alix McLearen</i>	University of Alabama
<i>Oliver Stone</i>	Northwestern University School of Medicine

2003-2004

<i>Erik Nabors</i>	Drexel University
Leah Osborn	University of Nebraska
<i>Lori Russell</i>	Sam Houston State University
<i>Jennifer Tenant</i>	University of West Virginia

2004-2005

<i>Jennifer Caperton</i>	Sam Houston State University
<i>Kwesi Dunston</i>	University of Iowa
Tracey Fintel	University of Louisville
Mary Martin	University of North Texas

2005-2006

Sharelle Baldwin	Nova Southeastern University
Kimberly Bulava	Illinois School of Professional Psychology
<i>Jason Gabel</i>	University of Wisconsin
<i>Jamie Hersant</i>	University of Southern Illinois

2006-2007

<i>Dia Brannen</i>	University of Alabama
<i>Scott Forbes</i>	University of Louisville
Martin Lloyd	University of Minnesota
<i>Wendy McCoy</i>	Sam Houston State University

2007-2008

Chris Finello	Drexel University
Laura Howe-Martin	University of North Texas
Martha Smith	Indiana State University
Libby Tyner	West Virginia University

Italicized names indicate current employment with the BOP.

APPENDIX E

Springfield and the Surrounding Community

Springfield, “The Queen City of the Ozarks,” is one of the lowest overall cost-of-living communities in the nation. The city has a broad economic and industrial base. Since Springfield adjoins major recreational and vacation attractions to the south, tourism services are extensive. The community has five colleges and a major university (Missouri State University, with a current enrollment of approximately 20,000 students). A variety of recreational opportunities exist for enthusiasts of outdoor activities such as canoeing, fishing, and hiking. Numerous lakes are within easy driving distance of the city. The community offers plentiful shopping. The area provides cultural attractions such as the Springfield Symphony, Springfield Regional Opera, Springfield Little Theater, and Springfield Ballet. Performing arts venues attract national tours. Finally, in 2006, the city became home to the Springfield Cardinals, the Double-A affiliate of the St. Louis Cardinal Baseball Club.

Springfield, as the third-largest city in Missouri, has shown consistent economic growth. It provides many of the conveniences of much larger cities, without the various common aggravations associated with living in larger communities. Additionally, numerous other cultural activities are available within three-hour drives to St. Louis, Kansas City, and Tulsa. The city truly provides opportunities for a comfortable lifestyle.