

Federal Correctional Complex
Allenwood, Pennsylvania



Doctoral Psychology Internship

2022-2023

Accredited by the
American Psychological Association
Program Number: 002107

Member of the
Association of Psychology Postdoctoral and Internship Centers
Member Number: 2365

This program abides by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any internship applicant.

Last Updated: July 7, 2021

Table of Contents

Overview of the Federal Bureau of Prisons.....	3
Psychology Services in the Bureau of Prisons.....	3
Psychology Services at FCC Allenwood.....	4
Specialty Programs at FCC Allenwood.....	5
Residential Drug Abuse Program (RDAP).....	5
Nonresidential Drug Abuse Program (NR-DAP).....	5
Medication-Assisted Treatment (MAT).....	5
Challenge Program.....	6
Secure Mental Health-Step Down Program (SMH-SDP).....	6
Transitional Care Unit (TCU).....	6
Secure Administrative Unit (SAU).....	7
Secure STAGES.....	7
Secure Skills.....	7
Reintegration Unit (RU).....	8
Staff and Resources.....	8
FCC Allenwood Internship Program.....	11
Accreditation Information.....	11
Training Model, Aims, and Competencies.....	11
Training Experiences and Rotations.....	14
Supervision.....	17
Didactic Training.....	17
Surrounding Area.....	17
Benefits.....	18
Eligibility Requirements.....	18
Application Procedures.....	19
Appendix A: Internship Admissions, Support, and Initial Placement Data.....	22
Appendix B: Sample Didactic Seminar Schedule.....	24

Overview of the Federal Bureau of Prisons

Organized in 1930 under the direction of Assistant Attorney General Mabel Walker Willebrandt, the Federal Bureau of Prisons has grown into the largest division of the United States Department of Justice. Over the last 90 years, the BOP established 122 institutions and currently houses approximately 150,000 offenders. With core values of Respect, Integrity, and Correctional Excellence, the BOP has earned the reputation as one of the most elite correctional agencies in the world.

The population housed in federal corrections is diverse in terms of offense, sentence, and security level. Index offenses include drug offenses (46.4%), weapons offenses (20.4%), sex offenses (11.1%), extortion, fraud, or bribery (5.1%), burglary, larceny, or property offenses (5.1%), and immigration offenses (3.9%), as well as various other legal infractions. About 12% of inmates are convicted with serious offenses or have poor institutional adjustment, and are housed in maximum-security settings, or penitentiaries. However, a majority of inmates live in medium (31.9%), low (36.4%), or minimum (15.5%) security institutions, which provide greater degrees of personal autonomy. Sentence lengths range from less than one year to more than 20 years, and the vast majority of inmates (> 97%) eventually reintegrate into our communities.

Our agency's mission statement reads: *The Federal Bureau of Prisons protects society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost-efficient, and appropriately secure, and that provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens.* To this end, the Bureau of Prisons provides ample resources toward reentry programming to assist those who are motivated to change maladaptive thought and behavior patterns. These include academic and vocational programs, chaplaincy programs, and a wide range of psychological services. Through the myriad of programs developed to address criminogenic needs, the federal recidivism rate has declined to only 34%, half the rate of many large state Departments of Corrections.

Psychology Services in the Bureau of Prisons

The primary mission of Psychology Services within the BOP is to provide psychological, psychoeducational, and consulting services to inmates and staff. Psychology Services assesses the needs of each inmate in our custody and ensures all inmates with mental health needs have access to the level of psychological care comparable to that available in the community. The focus of treatment varies from crisis-based interventions to the modification of deeply entrenched maladaptive patterns of thinking and behaving. Inmates within the Bureau of Prisons may present with a range of diagnoses, which may include psychotic disorders, personality disorders, mood disorders, substance use disorders, and/or cognitive impairment.

Psychologists in the BOP engage in a wide variety of clinical activities including psychodiagnostic assessment and treatment planning, individual therapy, group therapy, suicide prevention, and self-help and supportive services. In addition, the Psychology Services staff collaborate with a multidisciplinary healthcare team, and provide consultation to medical, custody, and unit team staff to provide comprehensive treatment and reentry resources to inmates under our care.

Psychology Services at FCC Allenwood



LSCI Allenwood

The Low Security Correctional Institution (LSCI) was the first institution in the complex to activate in 1992. At that time, the Psychology Services department included two psychologists and a drug treatment specialist. Over the course of the next two years, along with the activation of the medium-security Federal Correctional Institution (FCI, 1993) and the United States Penitentiary (USP, 1994), the department grew to seven psychologists and three drug treatment specialists. Over time, the Allenwood complex developed

a reputation as the flagship institution in the Northeast Region, and became the premier institution for piloting new programs for the Bureau of Prisons. The Psychology Services department was specifically tasked with the development of various residential programs to meet the needs of the Bureau's reentry initiative. With the department's consistent successful implementation of programming, the Bureau continued to task FCC Allenwood's Psychology Services department with the development of new specialty mental health missions.

Present day, FCC Allenwood has the largest psychology department in the Bureau of Prisons with the largest number of specialty mental health missions, and we continue to grow. FCC Allenwood has recently been designated as the first ever "mental health penitentiary," and we are currently activating multiple novel residential treatment units to meet the unique needs of high security inmates. Many of the programs FCC Allenwood is developing do not yet exist anywhere else in the Bureau of Prisons, and interns may have the unique opportunity to assist with developing evidencebased programming for the new units.



FCI Allenwood



undergraduate interns with

USP Allenwood

Naturally, as an institution that has it all, from low, medium, and high security level inmates, to drug treatment programming and seriously mentally ill populations, FCC Allenwood has also become a premier training site in correctional psychology. The psychology internship program was established in 2015, and has doubled in size from three to six interns in a short time. We also established a paid doctoral practicum program in 2019, and have established relationships with four local universities to train masters and

psychology and criminal justice majors. Our staff is dedicated to teaching and mentoring correctional mental health professionals, and many of our trainees have chosen to continue in the field, often onboarding at FCC Allenwood or other BOP institutions as full-time employees.

Specialty Programs at FCC Allenwood

Residential Drug Abuse Program (RDAP)

RDAP is the Bureau of Prisons' most intensive drug treatment program. RDAP is a unit-based program, which operates as a Modified Therapeutic Community (MTC). The community is the catalyst for change and focuses on the inmate as a whole person. The program considers an individual's overall need for change from a criminogenic lifestyle, not simply abstinence from drug use. RDAP emphasizes the importance of "community as method," emphasizing both social learning and mutual self-help, which are considered integral parts of self-change. As program participants progress through the phases of the program, they assume greater personal and social responsibilities in the community. Progress in treatment is based on the participant's ability to demonstrate comprehension and internalization of treatment concepts by taking behaviorally observable action to change his or her maladaptive and unhealthy behaviors. Research findings demonstrate that RDAP participants are significantly less likely to recidivate and less likely to relapse to drug use than non-participants. The studies also suggest that the Bureau's RDAPs make a significant difference in the lives of inmates following their release from custody and return to the community.

FCC Allenwood is home to **two** Residential Drug Abuse Programs. The RDAP at the Low Security Institution has the capacity for 96 participants, and is staffed with a Drug Abuse Program Coordinator and four Drug Treatment Specialists. The RDAP at the medium security FCI has the capacity for 72 participants, and is staffed with a Drug Abuse Program Coordinator and three Drug Treatment Specialists.

Nonresidential Drug Abuse Treatment Program (NR-DAP)

The Nonresidential Drug Abuse Treatment Program (NR-DAP) is a flexible, general population, psychoeducational-therapeutic group designed for treatment of inmates with self-reported substance use disorders. NR-DAP is presented through scheduled and time-limited therapeutic group sessions. The journalized program is designed to meet the specific individualized treatment needs of the participants, generally challenging their core beliefs, their most fundamental (negative and unhelpful) ideas about themselves, others, and/or their worlds within the backdrop of their individual substance use. The focus of NR-DAP treatment is to improve the participants' current functioning and alleviate symptoms that may interfere with their post-release functioning. NR-DAP is offered at all three institutions at FCC Allenwood, and is staffed with a Nonresidential Drug Abuse Program Coordinator and four Drug Treatment Specialists.

Medication-Assisted Treatment (MAT)

Medication-Assisted Treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders. Methadone, buprenorphine, and naltrexone are safe and highly effective medications approved by the FDA to treat opioid use disorders. By alleviating withdrawal symptoms, reducing opioid cravings, or decreasing the response to future drug use, these medications make people with opioid use disorders less likely to return to drug use and risk fatal overdose. These medications also help people restore their functionality, improve their quality of life, and reintegrate into their families and communities. The benefits of medication for opioid use disorder have been studied in prisons and jails, and one study found that incarcerated individuals with opioid use disorder treated by medications had an 87% lower risk of death than those untreated. Improved survival can continue post-release, especially when individuals are linked to ongoing treatment in the community. MAT is offered at all

three institutions through the collaboration of Health Services staff and the Medication-Assisted Treatment Coordinator.

Challenge Program

The Challenge Program is designed to address the unique challenges of high security inmates with substance abuse and mental health issues. Under the direction of a psychologist, this residential program involves using an integrative model that includes an emphasis on a therapeutic community, strong cognitive-behavioral and relapse prevention components, as well as the connection of substance abuse to faulty criminal patterns of thought and action. The program is an evidence-based treatment program designed to promote adaptive life skills to prepare inmates for transition to lower security prison settings, as well as to promote successful reentry into society at the conclusion of their terms of incarceration. The Challenge unit at USP Allenwood is staffed with a Challenge Program Coordinator and three Challenge Treatment Specialists.

Secure Mental Health-Step Down Program (SMH-SDP)

USP Allenwood is one of two institutions in the Bureau of Prisons with a Secure Mental Health program, with the other program housed at USP Atlanta. The SMH-SDP is designed to meet the treatment needs of inmates with serious mental illness and a history of violence that has resulted in an inability to function safely in the general population, resulting in placement in long-term restrictive housing. The SMH-SDP is a unit of 30 inmates, approximately one-third of whom are civilly committed to the custody of the Attorney General. The SMH-SDP represents a holistic treatment program that includes interventions and services from a variety of departments including Psychiatry, Health Services, Social Work, and Occupational Therapy. Mental health staff on the unit include the Specialty Program Coordinator, two Advanced Care Level Psychologists, two Mental Health Treatment Specialists, and a Psychology Technician.

Transitional Care Unit (TCU)

The TCU addresses the transitional needs of mentally ill inmates who have spent extended periods of time in secure treatment programs or restrictive housing settings. It is a multidisciplinary, collaborative effort designed to prepare mentally ill inmates to transition to a general population setting, or in certain cases, prepare inmates for release to the community. The unit is equipped and staffed to accommodate High Security level and Maximum custody status inmates. The unit is separated from general population and allows for out-of-cell, structured individual and group programming in accordance with individually developed treatment plans. In addition to mental health treatment, the participants are encouraged to participate in an array of prosocial, healthy work and leisure activities. The ability to structure free time is considered paramount for management of mental health symptoms, reduction of violence, and successful reentry into less restrictive environments. Some participants may become Mental Health Companions, which are inmates who are carefully screened and serve as supports and role models for other TCU participants. Successful completers have transitioned to Challenge, STAGES programs, and general population. The TCU has a capacity for 65 inmates, including 40 program participants and up to 25 graduates/Mental Health Companions. A TCU Coordinator, two Advanced Care Level Psychologists, and three Mental Health Treatment Specialists staff the TCU.

Secure Administrative Unit (SAU) –Currently Activating

The SAU houses inmates diagnosed with a Serious Mental Illness (SMI) who require a secure setting and either refuse mental health programming or are awaiting bed space at a mental health treatment program (i.e., Secure Mental Health – Step Down Program, Secure STAGES, or Secure Skills). Placement in the SAU is administrative, not voluntary. However, mental health programming is available for inmates who volunteer to participate, and participation is incentivized. SAU components (e.g., in-cell television, recreation time, work opportunities, enhanced access to mental health staff, enhanced programming) are designed to support inmates vulnerable to mental health crises, motivate inmates to participate in programming, and prepare inmates to transition to other units. The SAU has a capacity of 45 inmates. The SAU mental health staff includes an SAU Coordinator, two Advanced Care Level Psychologists, and two Mental Health Treatment Specialists.

Secure STAGES –Coming Soon

Steps Toward Awareness, Growth, and Emotional Strength (STAGES) is a unit-based residential Psychology Treatment Program that provides treatment to inmates with a diagnosis of Borderline Personality Disorder. The program uses an integrative model that includes an emphasis on a modified therapeutic community, cognitive-behavioral therapies, and skills training. It uses evidence-based treatments (i.e., Dialectical Behavior Therapy) to increase the time between disruptive behaviors, foster living within the general population or community setting, and increase pro-social skills. This program aims to prepare inmates for transition to less secure prison settings and promote successful reentry into society at the conclusion of their terms of incarceration. The Secure STAGES program at FCC Allenwood is appropriate for inmates who have a maximum custody classification or require specialized security measures. It is an 18-bed program, with the option to house inmates on a secure side of the unit or an open side of the unit. It is staffed with a STAGES Coordinator, two STAGES Psychologists, and two Mental Health Treatment Specialists.

Secure Skills –Coming Soon

The Skills Program is a unit-based residential treatment program designed to improve the institutional adjustment of inmates who have intellectual and social impairments. Inmates with lower IQs, neurological deficits from acquired brain injury, fetal alcohol syndrome, autism spectrum disorder, and/or remarkable social skills deficits often become victimized and/or manipulated by more criminally sophisticated inmates. As a result, they may be placed in the Special Housing Unit (SHU) for their protection or may have frequent misconduct reports due to limited resources for adaptive decisionmaking. The Skills Program employs a multi-disciplinary treatment approach aimed at teaching participants basic educational and social skills over a 12-month period. The goal of the program is to increase the academic achievement and adaptive behavior of this group of inmates, thereby improving their institutional adjustment and likelihood for successful community reentry. Secure Skills at FCC Allenwood is a 40-bed program, with the option to house inmates on a secure side of the unit or open side of the unit. Mental health staff on the unit include a Skills Coordinator, two Skills Psychologists, and two Skills Treatment Specialists.

Reintegration Unit (RU) –Coming Soon

The Reintegration Unit (RU) houses inmates who consistently request protective custody or refuse to enter general population at multiple locations. The RU provides inmates with an opportunity to obtain

skills that facilitate their adjustment to general population or community reentry. Inmates are taught skills that foster enhanced interpersonal competence, develop adequate coping skills, engage in a “real life” experience of functioning around other inmates, and develop a rational perception of relationships within prison allowing them to safely reintegrate into general population. A RU Coordinator and two Treatment Specialists staff the unit.

Staff and Resources

FCC Allenwood has the largest Psychology Services Department in the Bureau of Prisons, with a total of 57 mental health staff including psychologists, interns, practicum students, treatment specialists, and psychology technicians. With the activation of new residential treatment units, the department will continue to grow as we hire additional psychologists and treatment specialists. With such a large department, our psychologists represent an array of clinical interests and orientations, and we take pride in our dedication to training and our open-door policy for providing consultation to the interns and trainees in our department.

***Denotes primary supervisor**



S. Camp, Psy.D. *—Dr. Camp currently serves as the Deputy Chief Psychologist for the FCI and LSCI. She was an intern at Gateway Foundation, Day Reporting/Pre Release Center Cook County Jail in Chicago, and she completed her degree at Regent University in 2014. She started her Bureau career as a Staff Psychologist at FCI Allenwood and was promoted to Non-Residential Drug Abuse Program Coordinator for the complex prior to her current position. She is also an adjunct instructor in the psychology department of Lycoming College.

Her clinical interests include the treatment of characterological pathology, object relations and attachment conceptual models/theories, and treatment of co-occurring substance abuse and psychopathology. She holds a current license in Maryland.



S. Decker, Psy.D.—Dr. Decker is an Advanced Care Level Psychologist in the Secure Administrative Unit. She first joined FCC Allenwood as an intern, and we liked her so much we begged her to stay. Following internship, she became a Staff Psychologist at FCI Allenwood (medium-security component). She completed her degree at the Pennsylvania College of Osteopathic Medicine in 2019. Her clinical interests include cognitive behavioral therapy, juvenile sex offenders, and crisis management.



L. Dumas-Espinoza, Ph.D.—Dr. Dumas-Espinoza is a Staff Psychologist at FCI Allenwood (medium-security component). She started her BOP career as an intern at FCC Allenwood, and completed her degree at the University of Wyoming in 2020. Her clinical interests include gang affiliation, impulse control, and moral injury. She has published research in areas of self-stigma in dual diagnosis offenders and the Good Lives Model.



L. Ennis, Psy.D. *—Dr. Ennis is an Advanced Care Level Psychologist in the Secure Mental Health-Step Down Program. She earned her degree from the Chicago School of Professional Psychology in 2014. Prior to her current position, she was an intern at FCC Hazelton and a Staff Psychologist at USP Allenwood. Her professional interests include psychological assessment, serious mental illness, disruptive behavior management, multiculturalism, and LGBTQIA issues. She holds a current license in Virginia.



J. Garrison, Psy.D. *—Dr. Garrison is an Advanced Care Level Psychologist in the Transitional Care Unit. She earned her degree from Chestnut Hill College in 2016. Prior to her current position, she was an intern at FMC Fort Worth and a Staff Psychologist at USP Allenwood. Her clinical interests include correctional psychology, serious mental illness, civilly committed inmates, and group therapy. She holds a current license in Pennsylvania.



A. Gemberling, Psy.D. *—Dr. Gemberling is the Training Director at FCC Allenwood. She attended Pepperdine University, earning an M.A. in Marriage and Family Therapy (2009) and a Psy.D. in Clinical Psychology (2013). She completed her internship at MDC Los Angeles, and held positions as Staff Psychologist and Residential Drug Abuse Program Coordinator at FCC Hazelton. She has a background in couples therapy and forensic evaluation, and current clinical

interests in competency-based clinical supervision, multiculturalism and diversity in clinical supervision, and psychopathy. She is also the regional Crisis Support Team (CST) psychologist for the Northeast Region and a CST instructor. She holds a current license in Pennsylvania.



J. Gil, Psy.D. *—Dr. Gil is a Staff Psychologist at FCC Allenwood. She attended Nova Southeastern University, earning an M.S. in Mental Health Counseling (2015) and a Psy.D. in Clinical Psychology (2021). She is a licensed mental health counselor in Florida, and previously worked in community mental health settings serving a diverse population with a focus in trauma treatment. She started her BOP career as a Practicum Student at FDC Miami and completed her internship at FCC Allenwood. She has also worked in domestic violence shelters and conducted

assessments for undocumented immigrants seeking political asylum. Her current clinical interests include cultural identity, stigma, trauma, gang affiliation, social justice issues, and interventions with Spanish-speaking clients.



S. Greene, Psy.D. *—Dr. Greene is an Advanced Care Level Psychologist in the Secure Administrative Unit. He completed his internship at USMCFP Springfield and earned a Psy.D. in Clinical Psychology from Nova Southeastern University in 2019. He was a Staff Psychologist at USP Allenwood prior to his current position. His professional interests include individual and group psychotherapy, evidencebased practice, severe mental illness, and forensic psychology.



N. Gwozdziwycz, Psy.D. –Dr. Gwozdziwycz is the Nonresidential Drug Abuse Program Coordinator at the complex. He earned his degree in 2013 from the Hawaii School of Professional Psychology. He interned at the Dakota Counseling Institute and completed a post-doctoral fellowship at Fulton State Hospital in Missouri. He began his Bureau career as a Staff Psychologist at FCI Edgefield and transitioned to FCI Allenwood as the Residential Drug Abuse Program Coordinator in 2017, before attaining his current position. Dr. G also served in the United States Air Force in the Civil Engineering Squadron. His clinical interests include substance abuse, sex offender treatment, and the Rorschach Inkblot Test.



K. Julin, Psy.D. *—Dr. Julin is the Residential Drug Abuse Program Coordinator at the Low Security Correctional Institution. She completed her internship at FMC Fort Worth and earned her degree at the Florida Institute of Technology in 2017. After internship, she joined a private practice and worked as an adjunct professor for an undergraduate psychology program. She also has experience with equineassisted therapy for veterans, autism spectrum disorders, and adolescents

with conduct disorder. She rejoined the Bureau in 2018 as a Staff Psychologist at LSCI Allenwood and served in her current position as DAPC since 2019. Her current clinical interests include serious mental illness, clinical supervision and professional development, forensic assessment, and animal assisted therapy. She holds a license in Maryland.



CDR N. Kimble, Ph.D., ABPP –Dr. Kimble is a Lieutenant Commander in the Public Health Service and currently serves as the Complex Chief Psychologist at FCC Allenwood. Dr. Kimble earned his doctorate from Nova Southeastern University in 2012; he also has an M.S. in Clinical Psychopharmacology (Psychology Prescriber), M.S. in Clinical Psychology, and M.A. in Forensic Psychology. He is board certified in clinical psychology. He has a long Bureau career including positions as a Practicum Student at FDC Miami, Doctoral Intern at FMC Lexington, Staff Psychologist at FCI Ashland, and Advanced Care Level Psychologist at ADX Florence prior to obtaining his current position as Chief of the largest Psychology Services Department in the BOP. Dr. Kimble’s clinical interests include mindfulness, psychopharmacology, and mental health program development. He holds a current license in Kansas.



S. Lada, Psy.D. –Dr. Lada is the Specialty Program Coordinator for the Secure Mental Health-Step Down Program (SMH-SDP). She completed internship at FCI Terminal Island and earned her degree from Marywood University in 2011. After internship, she transferred to FCC Allenwood, where she held multiple positions including Staff Psychologist at the LSCI, Residential Drug Abuse Program Coordinator at the FCI, and Advanced Care Level Psychologist at the USP. She assisted in the activation of the SMH-SDP, and later promoted to the coordinator of the unit. Her clinical interests include serious mental illness, forensics, and human trafficking. She is a member of the local and regional Crisis Support Teams and serves on the Pennsylvania Psychology Association’s Forensic and Criminal Justice Committee and Interpersonal Violence Committee (Human Trafficking Subcommittee). Dr. Lada holds a current license in Pennsylvania.



C. Moore, Psy.D. –Dr. Moore is the Challenge Program Coordinator at USP Allenwood. She was an intern at MDC Los Angeles and earned her degree from the Chicago School of Professional Psychology in 2016. She previously held positions as Staff Psychologist at FCC Yazoo City and Restrictive Housing Psychologist at USP Lewisburg. Dr. Moore’s research interests include diversity and inclusion issues, cultural identity, and social justice issues specific to African

American men. Her current clinical interests include restrictive housing, Antisocial Personality Disorder, and disruptive behavior disorders.



A. Powell, Psy.D. –Dr. Powell is the Secure Administrative Unit Coordinator at USP Allenwood. He was a doctoral intern at FMC Lexington and completed clinical practicum placements at SCI Graterford and FDC Philadelphia. He graduated from Chestnut Hill College in 2017 with a Psy. D. in Clinical Psychology. Following graduation, he worked as a Staff Psychologist at FCC Yazoo City and an Advanced Care Level Psychologist at USP Allenwood. His interests include ASPD,

communication skills, race dynamics, social justice issues, career development, and running from USP yard geese. Dr. Powell holds a current license in Delaware.



M. Ring, Psy.D. –Dr. Ring is an Advanced Care Level Psychologist in the Transitional Care Unit (TCU). She received her doctorate in Clinical Psychology from Marywood University in 2019, and completed her internship at the Federal Medical Center (FMC) Rochester. Upon graduating, she was hired as a Staff Psychologist at the Federal Correctional Complex (FCC) Hazelton. She also trained at the United States Penitentiary (USP) Canaan and the Wilkes-Barre VA Medical Center. She is an active member of the Association of Threat Assessment

Professionals (ATAP), and her research interests include threat assessment and management, targeted violence against clinicians, and mental health provider safety. Her research has been published in peer-reviewed journals and presented at the local and national level.



C. Schmidt, Ph.D. –Dr. Schmidt is the Medication-Assisted Treatment (MAT) Psychologist for the complex. She completed internship at FCC Butner and obtained a Ph.D. in Clinical Psychology from Palo Alto University in 2019. Prior to her current position, she served as Staff Psychologist at the Low Security Correctional Institution. Her clinical interests include SMI and forensic evaluations, and her research interests include crisis intervention team (CIT)

training with police officers, the death penalty, jury selection/trial consultation, and factors that contribute to wrongful convictions. Dr. Schmidt holds a current license in Maryland.



R. VanSlyke, Psy.D. –Dr. Vanslyke is a Staff Psychologist at FCI Allenwood. She completed her internship at FMC Devens and earned her degree from the Florida Institute of Technology in 2020. Her clinical interests include severe mental illness and personality disorders. She also has experience conducting neuropsychological, dependency, and forensic evaluations, as well as providing treatment to both victims and perpetrators of sexual abuse.



C. Williams, Ph.D. * –Dr. Williams is the Specialty Program Coordinator in the Transitional Care Unit (TCU). She completed her Ph.D. in Clinical Psychology at St. John’s University in 2018. She was a doctoral intern at FMC Carswell, Staff Psychologist at USP Allenwood, and Advanced Care Level Psychologist in the TCU prior to her current position. Her professional interests include trauma, serious mental illness, and depressive disorders. She holds a current license in New York.

FCC Allenwood Internship Program

Accreditation Information

FCC Allenwood became an APPIC Member (membership number: 2365) in 2016. We were granted accreditation by the American Psychological Association on May 9, 2017. The next accreditation site visit is in 2022.

Any questions or concerns regarding the accreditation status of the FCC Allenwood should be addressed to:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE, Washington, DC 7:2-4242
Phone: (202) 336-5979
Email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

Any questions or concerns regarding the adherence of this program to the policies of the APPIC match process may be referred to:

Chair, APPIC Standards and Review Committee
17225 El Camino Real
Onyx One-Suite #170
Houston, TX 77058-2748
Phone: (832) 284-4080
Email: appic@appic.org
Web: www.appic.org

Training Model, Aims, and Competencies

The overall aim of the doctoral internship program is to produce entry-level professional psychologists who can also function competently in a correctional environment. Our belief is that this is most effectively accomplished by emphasizing direct service experiences. As a result, the training model adopted for the FCC Allenwood internship program is the Practitioner-Scholar model.

A strong emphasis is placed on quality mental health treatment offered to inmates, and we endeavor to provide interns with diverse and rich clinical experiences. To meet these goals, we offer a safe and supportive learning environment that allows interns to develop and enhance skills through the combination of direct care, individual and group supervision, didactic presentations, and assigned readings. The internship curriculum focuses on the following competency areas as training benchmarks:

Research - The intern is expected to demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities at the local, regional, or national levels.

Ethical and Legal Standards - The intern is expected to be knowledgeable of and act in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional and federal levels; and relevant professional standards and guidelines. Interns are also expected to recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas. Interns should conduct themselves in an ethical manner in all professional activities.

Individual and Cultural Diversity - Interns are expected to demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves. They will demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities. They will also demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles. This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own. Interns should demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

Professional Values and Attitudes - Interns are expected to behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. They are expected to engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness; actively seek and demonstrate openness and responsiveness to feedback and supervision; and respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

Communication and Interpersonal Skills - The intern is expected to develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those who receive professional services. They will produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated, demonstrate a thorough grasp of professional language and concepts; and they will demonstrate effective interpersonal skills and the ability to manage difficult communication well.

Assessment - The intern is expected to demonstrate the ability to select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics. They will collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient. They will interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective. They will communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

Intervention - The intern will demonstrate the ability to establish and maintain effective relationships with the recipients of psychological services. They will develop evidence-based intervention plans specific to the service delivery goals; implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables; and demonstrate the ability to apply the relevant research literature to clinical decision making. They are expected to modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking; and evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

Supervision - The intern is expected to demonstrate knowledge of supervision models and practices, and to apply this knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

Consultation and Interprofessional/Interdisciplinary Skills - The intern will demonstrate knowledge and respect for the roles and perspectives of other professions, and apply this knowledge in direct or simulated consultation with individuals, other health care professionals, interprofessional groups, or systems related to health and behavior.

Consistent with the Practitioner-Scholar model, the majority of training opportunities are experiencebased. Generally, training experiences proceed in a step-wise manner. At the beginning of the training year, interns primarily observe supervisors' work and provide services jointly with a supervisor. However, as interns feel more comfortable and display increased competence, increased responsibility and autonomy is afforded to them. Across the completion of the internship, interns are expected to demonstrate a degree of autonomy and independence, consistent with their transition from student to practitioner.

Training Experiences and Rotations

FCC Allenwood interns train at the USP, FCI, and LSCI at various points in the training year. This assures exposure to a continuum of psychology services ranging from outpatient services through residential treatment programs, and offers the intern familiarity and experience for future work with any security level and a wide-range of presenting problems within a generalist training context.

Our training program provides interns three rotations in General Population, Intensive Residential Treatment, and Severe Mental Illness (listed in detail below). The General Population rotation is a yearlong training experience, while the Intensive Residential Treatment and Severe Mental Illness rotations are each six months. To further broaden the training experience, we request input from the intern, as there is some flexibility in tailoring training experiences to meet each intern's individual training needs and desires.

Serious Mental Illness Rotation

On the SMI rotation, interns spend three months in the Transitional Care Unit (TCU) and three months in the Secure Mental Health-Step Down Program (SMH-SDP), both located at USP Allenwood (high security component).

Assessment - All interns complete a comprehensive psychological assessment report including interviewing, testing, record review, and integration of collateral data. Interns defend their reports at

the end of internship year during a mock testimony, after completion of a variety of forensic didactic seminars. Additionally, the SMH-SDP and TCU include the only population of civilly committed federal offenders outside medical center settings. The federal courts require yearly assessment reports be submitted for each civilly committed offender, and interns may be asked to assist with the forensic reports.

Individual Psychotherapy - Interns are assigned a caseload of CARE3-MH inmates with diagnoses such as Schizophrenia, Delusional Disorder, Major Depressive Disorder, Bipolar I Disorder, Schizoaffective Disorder, and various personality disorders. Interns collaboratively develop individualized treatment plans and provide weekly individual therapy within the context of the therapeutic community.

Group Psychotherapy - Interns facilitate a variety of psychoeducational groups, and co-facilitate process groups with Advanced Care Level Psychologists. Interns facilitate manualized, evidence-based groups which may include emotional self-regulation, anger management, illness management and recovery, and dialectical behavior therapy skills training. Interns are also afforded the opportunity to develop their own group curricula, and have creative authority over group topics to facilitate treatment buy-in, skills building, and social engagement. Examples of unique groups created and facilitated by past interns include horticulture, art therapy, hip-hop therapy, and men's issues groups.

Intensive Residential Treatment Rotation

On the Intensive Residential Treatment rotation, interns train in modified therapeutic community settings as part of a dynamic treatment team. Interns spend three months in the Residential Drug Abuse Program (RDAP), located at LSCI Allenwood (low-security component) and three months in the Challenge Program, located at USP Allenwood (high-security component). While the two communities use similar curricula and operate under a similar policy, the contrast between the implementation of programming with high and low security inmates is a unique training experience.

Program Administration - Interns on the Intensive Residential Treatment rotation have the unique opportunity to shadow supervisors and complete administrative duties typical of a residential treatment coordinator in the BOP. Interns may observe clinical supervision of treatment specialists, participate in multidisciplinary meetings, consult with upper management and unit team staff, organize group treatment schedules, and complete various documentation related to program qualification, early release procedures, and placement in residential reentry centers.

Process Group Therapy - Interns facilitate and co-facilitate process groups with treatment specialists. Interns are provided training and supervision in providing a supportive group environment, managing group dynamics, and utilizing process commentary to highlight communication styles and improve social skills.

Psycho-educational Group Therapy - Interns facilitate psychoeducational groups utilizing manualized group protocols. Group therapy topics include rational thinking, criminal lifestyles, living with others, lifestyle balance, and recovery maintenance.

Treatment Team - Interns participate in weekly treatment team meetings in both the RDAP and Challenge programs. The treatment team consists of program coordinators, interns, and treatment specialists. Inmates participating in the programs are invited to treatment team to address both positive and problematic behaviors that are either enhancing or interfering with treatment success. The

treatment team assists program participants in identifying activities and interventions that will help them reach their treatment goals and function effectively in the treatment community.

General Population Rotation

The General Population rotation is a yearlong rotation with duties that most closely resemble the workload of a typical entry-level BOP Staff Psychologist. Interns spend six months at the USP (highsecurity component) and six months at the FCI (medium-security component).

Individual Psychotherapy - Interns are responsible for completing intake screenings, evaluating mental health functioning and diagnostic presentation, and assigning appropriate mental health care levels based upon diagnosis, level of impairment, and clinical need. Interns are then assigned a caseload of CARE2-MH and CARE3-MH inmates, develop collaborative treatment plans, and facilitate individual psychotherapy based upon identified treatment goals.

Group Psychotherapy - Interns facilitate an evidence-based priority practice group with general population inmates. Interns are able to choose their preferred group topic, and potential protocols include anger management, criminal thinking, traumatic stress and resilience, and seeking strength.

Restrictive Housing - Interns participate in a weekly multidisciplinary meeting with upper management to review cases of inmates housed in the Special Housing Unit. Interns also complete weekly rounds in the Special Housing Unit and address the needs of inmates in restrictive housing through providing selfstudy material and individual counseling. For inmates housed in a restrictive housing setting for six months, interns complete a mental health screening to evaluate the impact of restrictive housing on mental status. Interns also manage the Turning Points program in SHU, a series of in-cell treatment modules provided to inmates to improve coping skills and address criminal thinking, attitudes, gambling, and drug abuse.

Assessment - Interns complete at least one comprehensive evaluation during the General Population rotation. Referral questions vary considerably and may include educational and disability assessment, neuropsychological assessment, and personality assessment. Because of the wide range of referral questions, efforts are made to match referrals to the intern's clinical interests and training goals.

Crisis Intervention - Interns are trained in crisis intervention, suicide risk assessment, and disruptive behavior management. Interns assess static and dynamic risk factors and protective factors for suicide using the Jail Suicide Risk Assessment Tool (JSAT), and collaborate with other psychologists to determine risk level and treatment needs. Interns coordinate with multidisciplinary staff to facilitate suicide watch placement for those determined to be at heightened risk. In some circumstances, individuals may be at chronic risk for engaging in suicidal gestures, but lack motivation to engage in meaningful treatment. Interns are provided training in the development and implementation of suicide risk management plans to ensure safety in an environment less restrictive than suicide watch while increasing motivation to engage in treatment.

Peer Supervision - FCC Allenwood has two funded doctoral-level practicum positions for third and fourth year graduate students at Marywood University. Both students train primarily in general population and participate in weekly peer supervision with the interns. Interns train in competency-based clinical supervision and various clinical supervision models, and peer supervision and consultation is discussed at length during weekly group supervision with the Training Director.

Supervision

The FCC Allenwood psychology internship program adheres to the APA guidelines for clinical supervision. All interns are provided no less than four hours of supervision per week, which includes two hours of individual supervision with the rotation supervisor and two hours of group supervision with the Training Director. Unscheduled supervision and consultation is also available to interns as requested or warranted.

The Training Director is responsible for the development, implementation, and evaluation of the internship program. She distributes training assignments, resolves clinical and administrative problems, plans the sequence of formal training experiences, and closely monitors interns' workloads and performance through frequent consultation with other clinical supervisors. Each training rotation has a formal contract outlining interns' expected learning objectives and training activities. Interns are also afforded the flexibility of incorporating individualized training aims into the rotation contract, and the Training Director and rotation supervisors work with the interns to meet individual training goals during the course of the internship year. In the event an intern wishes to make a formal grievance against the internship program, the Training Director and Chief Psychologist would work in tandem to ensure concerns are equitably addressed.

Didactic Training

Interns participate in a series of weekly didactic seminars on a variety of topics formulated to provide generalist training, while also exposing interns to rotation-specific applications. The didactic schedule includes lectures, discussions, assessment clinics, and webinars that are ordered sequentially throughout the year. Didactic seminars are presented by psychologists as well as multidisciplinary staff from Central Office, Health Services, Special Investigative Services, and other professionals. Interns are also afforded the opportunity to provide expertise to the department by presenting on their dissertations and facilitating a group presentation on a topic of their choice. An example of a recent didactic seminar schedule is included as an appendix.

Surrounding Area

FCC Allenwood is located between Williamsport, PA and Lewisburg, PA in the scenic Susquehanna Valley. The Susquehanna Valley offers a wealth of outdoor activity pursuits and natural resources, including a number of state parks, hiking/biking trails, and water rentals (i.e., kayaks) close by. The area also offers exposure to a wide variety of year-round cultural events and activities, such as farmer's markets, quaint shops, and holiday festivals. South Williamsport, PA hosts the Little League World Series every summer, which draws thousands of players and fans from all over the world. The games are free to attend! There are also a number of fantastic restaurants, breweries and wineries, and even a drive-in movie theater to enjoy.

The area draws a diverse crowd of college students and young professionals due to the number of educational and job opportunities. There are nationally recognized colleges (i.e., Lycoming College), universities (i.e., Bucknell University, Bloomsburg University), and quality medical care (i.e., Geisinger Medical Center, Williamsport Regional Medical Center, Evangelical Community Hospital).

Allenwood is also a day/weekend trip away from multiple metropolitan areas. Access to Philadelphia (2.5 hours), New York City (3 hours), Pittsburgh (3.5 hours), and Washington, DC/Baltimore (3.5 hours) is appealing for individuals craving exposure to the vibrancy of city life. Additionally, for interns coming

from other areas of the country, travel home is convenient with three airports close to the institution, including Williamsport Regional Airport (20 minutes), Harrisburg International Airport (1.5 hours), and Philadelphia International Airport (3 hours).

Benefits

Interns are afforded liability coverage for on-site professional activities, with the expectation interns work within their scope of expertise and within Bureau of Prisons policy. Interns also have the benefit of 11 paid federal holidays, an annual stipend of \$55, 214, and accrual of four hours of sick leave and four hours of annual leave per pay period (every two weeks). While interns are not expected to work in excess of 40 hours per week, compensatory time off is provided for any work hours in excess of this expectation.

For interns who require maternity or paternity leave, they will be expected to first use all accrued hours of annual and sick leave. For additional time off needed that is not covered by accrued leave, the intern would be required to submit a request for leave without pay to the Warden. In the event of maternity or paternity leave, the Internship Program Coordinator will work closely with the intern to ensure all requirements for internship and clinical training hours are completed in a timely manner.

Eligibility Requirements

Intern selection at each training site is based largely on breadth and quality of clinical experience, demonstrated academic achievement, and consistency of interests with the training goals of the program, personal integrity, and maturity. Selections and the offer of positions at each site are made in strict accordance with the policies of the Association of Psychology Postdoctoral and Internship Center's (APPIC) Internship Matching Program. For a detailed description of these policies and procedures, refer to [APPIC's website](#). Our 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.

Applicants should understand that the Bureau is also bound by the specifications of the [Pathways Program](#). While the Pathways Program has a specific process for verifying eligibility for the Doctoral Intern position, the application process is totally separate from the APPIC process and procedures. Accordingly, after completion of the APPIC process, the most qualified applicants will be invited to submit an application through the [USAJOBS website](#) to verify eligibility for temporary federal law enforcement hiring.

Applicants for the Bureau's internship positions should be aware that they are applying for a position in a federal law enforcement agency. Therefore, selection entails not only demonstration of exceptional qualifications as an "advanced graduate student / psychologist in training," but also suitability for work in a position of public trust. In general, Bureau employees, including psychology interns, are held to a high standard of personal conduct and responsibility and are expected to be law-abiding citizens who can serve as strong role models for the inmate population.

COVID-19 Note: As a mandatory public safety requirement, the Bureau of Prisons (BOP) now requires all staff, including psychology interns, to receive the COVID-19 vaccination as a condition of employment. Proof of vaccination will be required at all BOP internship program sites. Your completed CDC COVID-19

Vaccination Record Card will meet this requirement. You may, however, request a reasonable accommodation from the mandatory vaccination policy due to a qualifying disability or medical condition, or based on sincerely held religious belief, practice or observance.

Application Procedures

In early fall, graduate students from APA Accredited Clinical and Counseling programs interested in a doctoral psychology internship position at FCC Allenwood should complete each of the following steps:

1. AAPI

- A. Complete and upload the AAPI Online application for Psychology Internships available on the [APPIC Website](#). Be sure to include all components, including a copy of your curriculum vitae, graduate transcripts, and three letters of recommendation.
- B. **Additional Requirement:** In addition to the AAPI Online application, our site requires that you upload a sanitized comprehensive psychological assessment report as part of your electronic application.

Applicants applying for the 2022-2023 internship year must submit all application materials to our site through the AAPI Online service by **November 1, 2021**. Applicants are encouraged to submit materials as early as possible. Late applications will not be considered.

Direct applications and inquiries to:

Ashley Gemberling, Psy.D.

Internship Program Coordinator

Federal Correctional Complex Allenwood

P.O. Box 3500

White Deer, PA 17887

EMAIL: agemberling@bop.gov

(570) 547-0963 x6555

2. USAJOBS – DOJ Pathways Internship Program Psychology Doctoral Intern

- A. After the AAPI Online application is reviewed by each Bureau site, applicants will be notified via e-mail, mid-November, if FCC Allenwood wishes to consider them further. Those applicants will be instructed to continue with the USAJOBS process for possible employment in a temporary federal law enforcement position.
- B. Read the announcement on USAJOBS completely, especially the sections "Qualifications Required" and "Required Documents." Apply online and submit ALL required supporting documentation. Required Documents include:
 - Resume – in order to receive credit for experience contained in an uploaded resume, your employment history must be documented in month/year (MM/YYYY) format, reflecting starting date and ending date and include the number of hours worked per week. Failure to follow this format may result in disqualification

- Transcript – your transcript must include the School Name, Student Name, Degree and Date Awarded. You should use an unofficial or official copy from your school’s registrar’s office
 - Verification of Completion of the AAPI – examples of verification of completion of the AAPI include 1) a statement from the Training Director presiding over the doctoral program validating completion of the AAPI and matriculation at a clinical or counseling doctoral program *or* 2) a copy of confirmation of completion of the AAPI and registration for Match (i.e., proof of payment or APPIC Match ID number)
- C. During the USAJOBS application process, applicants must respond to a series of assessment questions. Your responses determine category placement (i.e., Best Qualified, Highly Qualified, Qualified). Additionally, Veterans Preference is applicable during this application process.
- D. After closure of the USAJOBS vacancy announcement, the Consolidated Staffing Unit (CSU), in accordance with established OPM procedures for category ratings, will only process applicants that are assessed as qualified and included in the Best Qualified category. Applicants in the Best Qualified category will be notified of their status by the CSU and forwarded to the internship site to be considered for an interview. Please note that all candidates (those being asked to interview and those no longer being considered) will receive a Notification of Results by December 15. Therefore, even if you have applied to numerous Bureau internship sites using the AAPI Online, category placement and assessment of eligibility through the USAJOBS application process plays a **vital** role in the certification of an applicant to one or all sites. This means it is possible that you will be found ineligible for any of our sites and you are advised to plan accordingly. For example, you might want to consider developing a larger pool of internship applications.

Applicants can contact the Bureau's Consolidated Staffing Unit (CSU) located in Grand Prairie, Texas, for questions regarding their documentation and inquire if ALL required documents were received.

3. Interview Process

- A. In early December, FCC Allenwood will notify applicants who will be invited and scheduled for an in-person interview, which are conducted in January. Once invited to interview, applicants are asked to fill out an NCIC form and a form agreeing to a credit check.
- B. As part of the interview process, applicants must satisfactorily pass a security clearance procedure that includes a computerized Core Values Assessment (CVA), a preemployment interview, an integrity interview which addresses issues of personal conduct, and a subject matter expert interview. If you are applying to more than one internship site, you may only have to complete this process once. Results of the security clearance procedures can be shared with other Bureau sites for your convenience. However, if you fail any portion of this security clearance at the site where your first interview occurs, you will no longer be considered at any of the other sites. Please plan accordingly.

- C. The interview process will also include a panel interview in which you will be asked to respond to a number of scenarios that could arise in a correctional facility. These procedures are used to determine your qualifications for a position of public trust and are required of all applicants seeking employment with the Federal Bureau of Prisons.
- D. Offers of positions are made in strict accordance with the policies of APPIC's Internship Matching Program. No person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

Additional Information

If you have any questions regarding whether you would qualify for a law enforcement position, you should seek further information from our Human Resource Department to determine the advisability of continuing with the application process. Psychology staff are **not** able to advise you on these matters.

Any questions you may have should be resolved prior to submitting your list for matching. Offers of internship positions resulting from the computer match are strictly contingent upon satisfactory completion of the background investigation process. For individuals selected through the matching process, a field investigation will follow to verify the information provided in interviews and on required forms is accurate. During the background investigation, you will be required to disclose any medical or mental health diagnoses and treatment. Failure to complete this process or a finding that an applicant is outside the guidelines for employment in a sensitive position would preclude participation in the program. Once hired, interns must comply with the Bureau's Program Statement on Standards of Employee Conduct.

The foregoing is not intended to discourage applications, but to ensure applicants are aware of the additional law enforcement requirements that will be imposed on them should they wish to pursue a Bureau of Prisons Internship position.

APPENDIX A

INTERNSHIP ADMISSIONS, SUPPORT AND INITIAL PLACEMENT DATA

Date Program Tables updated: March 22, 2021

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:

Applications are accepted from students enrolled in APA accredited doctoral programs in clinical and counseling psychology. Strong applicants will have a breadth of experience in a variety of settings with diverse populations. Prior work experience in a correctional setting is not required, but training and experiences indicative of appropriate interest are important considerations in selections. Experience with severe mental illness and substance abuse treatment is also particularly relevant for FCC Allenwood’s specialized rotations.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:			
Total Direct Contact Intervention Hours	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	Amount: 400
Total Direct Contact Assessment Hours	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	Amount: 100

Describe any other required minimum criteria used to screen applicants:

None.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	55,214	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for interns?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If access to medical insurance is provided:		
Trainee contribution to cost required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of family member(s) available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of legally married partner available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of domestic partner available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	4 hrs/ Pay Period	
Hours of Annual Paid Sick Leave	4 hrs/ Pay Period	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Other Benefits (please describe):		
Ten (10) paid Federal Holidays; limited authorized leave to attend off-site training.		

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Internship Positions

	2018-2021	
Total # of interns who were in the 3 cohorts	13	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1	
	PD	EP
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center		
Military health center		
Academic health center		
Other medical center or hospital		
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		12
School district/system		
Independent practice setting	1	
Not currently employed		
Changed to another field		
Other		
Unknown		

Note: “PD” =Post-doctoral residency position; “EP” =Employed position APPENDIX B

2021-2022 Didactic Seminar Schedule

Fridays at 2:00, in the FCI Warden’s Conference Room (unless otherwise indicated)

Date	Title/Topic	Presenter
08/27/2021	Ethical Principles and Code of Conduct	Ashley Gemberling, Psy.D.
09/03/2021	Evaluations and Report Writing	Sarah Camp, Psy.D.
09/10/2021	Diversity Series: Impact of Clinician’s Ethnic and Cultural Identity on Clinical Practice	Chalique Williams, Ph.D.
09/17/2021	Competency-Based Clinical Supervision, Part I	Ashley Gemberling, Psy.D.
09/23/2021 R (1:00 – 3:00pm)	VTC: Suicide Prevention	Central Office: Brandi Reynolds, Diana Hamilton

09/24/2021	Mental Status Exams	Anthony Powell, Psy.D.
10/01/2021	Assessment Clinic: Personality Assessment (PAI, MMPI, MCMI)	Laura Ennis, Psy.D.
10/08/2021	Modified Therapeutic Communities	Kristen Julin, Psy. D.
10/12/2021 T (1:00 – 3:00pm)	VTC: PREA	Central Office: Jill Roth
10/15/2021	Competency-Based Clinical Supervision, Part II	Ashley Gemberling, Psy.D.
10/22/2021	Behavior Management Techniques	Jessica Garrison, Psy.D.
10/29/2021	Differential Diagnosis	Sarah Camp, Psy.D.
11/05/2021	Psychopharmacology	Megan Walsh, DNP
11/12/2021	Motivational Interviewing	Sarah Decker, Psy.D.
11/19/2021	Assessment Clinic: Intelligence Assessment	Stephen Antonucci
11/26/2021	Program Review	Kate Morris, Psy.D.
12/03/2021	Group Therapy Skills	Nick Gwozdziwycz, Psy.D.
12/10/2021	Dialectical Behavior Therapy	Stephen Antonucci
12/17/2021	Digital Deviance	Sarah Decker, Psy.D.
12/22/2021 W	Human Trafficking	Sarah Lada, Psy.D.
12/29/2021 W	Death Penalty	Christine Schmidt, Ph.D.
01/07/2022	Dissertation Presentation	INTERN #1
01/14/2022	Diversity Series: Introduction to the Impact of Religion on Inmates	Chap. Joshua Wallace, M. Div
01/18/2022 T (1:00 – 3:00pm)	Diversity Series/VTC: Women and Special Populations	Central Office: Karl Leukefeld, Tamara Klein, Brandi Reynolds
01/21/2022	Mindfulness	Samuel Greene, Psy.D.
01/28/2022	Managing Chronic Pain	Laura Ennis, Psy.D.
02/04/2022	Dissertation Presentation	INTERN #2
02/11/2022	Intern Conference-Denver	Various
02/18/2022	Diversity Series: Working with an Aging Inmate Population	Tom Butts, LCSW

24

02/25/2022	Assessment Clinic: Malingering Assessment (M-FAST, SIRS-2, VIP, BCT, TOMM)	Neal Kimble, Ph.D.
03/04/2022	Dissertation Presentation	INTERN #3
03/11/2022	Diversity Series: Generational Trauma	Luci Dumas-Espinoza, Ph.D.
03/15/2022 T (1:00 – 3:00pm)	VTC: Psychology Treatment Programs in the BOP	Central Office: Kate Morris, Ericka Schmitt, Christine Anthony, Diana Hamilton

03/18/2022	Assessment Clinic: Psychopathy Assessment (PCL-R)	Ashley Gemberling, Psy.D.
03/25/2022	Diversity Series: Transgender Inmates: Psychologist Roles and Diagnostic Protocols	Tom Butts, LCSW
04/01/2022	Dissertation Presentation	INTERN #4
04/08/2022	Evolution and Evaluation of Legal Insanity	Christine Schmidt, Ph.D.
04/15/2022	Diversity Series: Counseling LGBTQIA Inmates	Laura Ennis, Psy.D.
04/22/2022 (STC Comp Lab)	Assessment Clinic: Neuropsychological Assessment (RBANS, D-KEFS, Stroop, WCST, RCFT)	Neal Kimble, Ph.D.
04/29/2022	Diversity Series: White Fragility	Anthony Powell, Psy.D.
05/06/2022	Dissertation Presentation	INTERN #5
05/13/2022	Commitment	Laura Ennis, Psy.D.
05/17/2022 T (1:00 – 3:00pm)	VTC: EAP and Self-Care	Central Office: Sarah Gillespie, Leslie Wheat
05/20/2022	Emergency Response Teams/PHS	Kate Morris, Psy.D.
05/27/2022	Trauma-Focused Cognitive Behavioral Therapy	Chalique Williams, Ph.D.
06/03/2022	Dissertation Presentation	INTERN #6
06/10/2022	Emergency Medication	Megan Walsh, DNP
06/17/2022	Preparing for EPPP and Licensure	Kristen Julin, Psy.D.
06/24/2022	Security Threat Groups	SIA Prutzman
07/01/2022	Intern Group Presentation	All Interns
07/08/2022	Psychological Autopsies	Renee VanSlyke
07/15/2022	Case Law and Inmate Rights/Mock Prep	Sarah Decker, Psy.D.
07/22/2022	Mock Testimony	Ashley Gemberling, Psy.D. Christine Schmidt, Ph.D.
07/29/2022	Intern Graduation Party	