

PSYCHOLOGY DOCTORAL INTERNSHIP

FCC BUTNER
2023-2024

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This has been the best training opportunity I could have asked for.

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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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Introduction

The Psychology Services Department at Federal Correctional Complex (FCC) in Butner, North Carolina, is delighted you are considering your doctoral internship with us. We hope this brochure will serve to answer some basic questions about our internship program, as well as dispel some of the more common stereotypes about working with a prison population.

This brochure will provide you with information about both the Bureau of Prisons (BOP) in general, and FCC Butner specifically. The brochure begins with an overview of the BOP as well as the roles of psychology and the Psychology Internship Program within the BOP.

The second part of this brochure provides a detailed discussion of the Psychology Internship Program at FCC Butner. Included is information about the population, intern duties, research opportunities, didactic training, supervision, and benefits. We've also included information about our Psychology staff and the local area to help you get to know us better.

The brochure concludes with a discussion of career opportunities within the BOP as well as the instructions for applying to our internship program. We encourage you to look at our [Doctoral Intern](#) and [Staff Psychologist](#) web pages to learn more about the opportunities that exist at the BOP.

For interns, the selection and location of the doctoral internship are two of the largest factors in determining subsequent career direction. We encourage you to consider the material you read in this brochure carefully. We believe our training program is of the highest quality and will both challenge and support you as you develop into a confident and knowledgeable mental health professional. We currently have seven full-time intern positions available at our site and look forward to receiving your application.

Overview of the Bureau of Prisons

Over the last 90 years, the BOP has established 122 institutions and currently houses approximately 153,000 incarcerated individuals. With the core values of Respect, Integrity, Courage, and Correctional Excellence, the BOP has earned the reputation as one of the most elite correctional agencies in the world.

Incarcerated individuals convicted of the most serious offenses and those whose institutional adjustment is poor are housed in high security settings, or penitentiaries. Most incarcerated individuals live in medium, low, or minimum security institutions which provide greater degrees of personal freedom. All facilities have in-house support services, including Education, Medical and Psychology Services Departments.

Although all incarcerated individuals are convicted of federal crimes and separated from the community, they each have their own needs and abilities. Many have serious mental health and behavioral disorders and require assistance to maintain psychological stability necessary to function adequately in their environment. Therefore, Psychology Services play an integral role in mental health treatment of the federal population.

The BOP provides ample resources toward reentry programming to assist those who are motivated to change maladaptive thought and behavior patterns. 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. These reentry programs include academic and vocational programs, chaplaincy programs, and a wide range of psychological services.

Psychology Services in the Bureau of Prisons

With a team of over 35,000 employees, including more than 600 psychologists and another 600+ clinical service providers and psychology administrative support staff, the BOP is one of the largest employers of mental health professionals in the United States. In addition to psychology technicians and mid-level provider “Treatment Specialists,” Psychology Services in the BOP employs doctoral-level clinical and counseling psychologists. Psychologists are required to be licensed or license-eligible, and are encouraged to seek further credentialing (e.g., American Board of Professional Psychology (ABPP), American Psychological Association (APA) Division Fellowship). Maintaining professional competencies is a priority and annual continuing education is provided to every BOP psychologist.

The primary mission of Psychology Services within the BOP is to provide psychological, psychoeducational, and consulting services to incarcerated individuals and staff. Psychology Services staff assess the needs of each person in custody and ensures all incarcerated individuals 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. Incarcerated individuals within the BOP may present with a range of diagnoses, to 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, Psychology Services staff collaborate with a multidisciplinary team and provide consultation to medical, custody, and unit team staff to provide comprehensive treatment and reentry resources to incarcerated individuals in our care.

Psychology Services at FCC Butner

Despite (or perhaps because of) movie and television depictions, the public often has inaccurate information about life inside a correctional facility. It is not surprising then, that many students may have questions about what it is like to work in a prison environment. Our facilities are clearly different from other correctional settings and are quite unique. To fully appreciate the Butner milieu, a visit to the institution complex is required. However, a brief historical overview may shed some light on the quality of this experience.

The Butner site was originally slated to house a facility with a unique design concept and mission that would distinguish it from other correctional institutions. Conceived in the late 1950's as a model prison psychiatric facility, the formal proposal for the "Eastern Psychiatric Institute for Federal Prisoners" was approved in 1961, and land at the current site was acquired. Over \$1 million was spent in the planning phase alone, and budgetary constraints delayed construction for over a decade.

These obstacles and iterative changes in mission and programming, the institution now called Federal Correctional



Institute (FCI) Butner was dedicated May 13, 1976, and was immediately dubbed "the most advanced prison facility on earth." Since that time, the institution has been at the forefront of innovative correctional mental health programs. The FCI remains a flagship facility and is frequently chosen to pilot new programs such as the Sex Offender Commitment and Treatment Program, Drug Abuse, and Step-Down programs. The FCI also serves a general population of incarcerated individuals that includes a range of clinical problems from adjustment disorders to severe mental illness with an overlay of severe personality disorders. Most recently, FCC Butner is offering Medication Assisted Treatment (MAT) for substance use disorders.

Due to the tremendous resources in this area and the Butner site's history of excellence, the BOP targeted the location for development as one of the first Federal Correctional Complexes. In addition to the FCI, the 770-acre reservation now includes a minimum security Satellite Camp (SCP), a Low Security Correctional Institution (LSCI), an administrative security (houses all security levels) Federal Medical Center (FMC), and another medium security facility known as FCI-II.

The LSCI, SCP, and FCI-II facilities serve general offender populations with appropriate security needs.



The FMC serves both voluntary and committed individuals with mental health needs, assists the federal court system by providing forensic evaluation services for pretrial and presentence detainees, and delivers a range of inpatient medical care specializing in oncology, diabetes, dialysis services, surgery, and evaluations for organ transplant candidates.

With a diverse mission, FCC Butner provides a wide range of psychological and rehabilitative services to a varied population including numerous special needs individuals. FMC Butner also trains and develops specialized staff for the BOP. Combined, these facilities offer an extraordinary range of internship training experiences. Given the variety of program areas at FCC Butner and the diverse backgrounds of our various populations, staff encounter a wide range of cultures and presenting issues. Currently, there are more seriously mentally ill offenders in U.S. prisons and jails than hospitals. Our populations include extreme forms of psychopathology rarely seen in any other setting and are demographically and culturally diverse. At least 40 nationalities are represented at any one time, with the largest number coming from Mexico, various Central and South American nations, West Africa, and Asia. Incarcerated individuals in the federal prison system are extremely heterogeneous not only in terms of cultural background, but also in regard to socio-economic status, education, employment, and criminal background. Visitors generally remark on the openness of the facilities and the relaxed atmosphere, as both contrast sharply with their expectations. The architecture is modern, and the facilities are meticulously clean and well-maintained. Despite inevitable pressures to house large incarcerated populations, common areas and the housing units provide ample public space and remain free from a sense of crowding. While most correctional facilities resist outside scrutiny of their operations, our facilities welcome visitors of varied types, including members of Congress, local high school students, professional staff from neighboring state institutions, federal judges, defense attorneys, and delegations from other countries interested in correctional reform.

The Complex provides a broad spectrum of services to over 5,000 adult male offenders, which includes a general population of approximately 4,000, and 300 medical and 300 psychiatric inpatient beds. We also have 200 beds for two Residential Drug Abuse Treatment Programs (RDAP) units, with one offering a Dual Diagnosis treatment component: a Commitment and Treatment Program for Sexual Offenders, and Step-Down mental health unit. Psychology Services is crucial to operations in all of these areas. Interns participate in three

different service areas appropriate to the emphasis of the track for which they match, as discussed later.

The Psychology Services staff at FCC Butner includes 33 doctoral-level psychologists, most with extensive experience in clinical practice. The majority reflect a cognitive-behavioral theoretical orientation. Research interests include suicide prevention, anger and violence, competency restoration, neurological disorders and deviant behavior, and cultural factors in assessment, to name a few. An interest in the social, political, and legal implications of these special interests unifies the staff. Our staff define the field of forensic psychology in a broad sense, to include traditional applications such as providing treatment to offenders or performing court ordered evaluations, but also embracing a host of other professional psychological concerns that relate to any area of the law and to public policy debate.

Psychology Services maintains offices in several areas of the complex with full-time Administrative Assistants or Secretaries working across the Complex. Offices are located in each facility to accommodate interns, and all staff and interns have computer workstations. Facilities are available for group therapy, audiotape, and videotape, and for video editing. Professional libraries are located at each institution, and Psychology Services maintains a wide variety of standardized testing materials and equipment in each Psychology area. Computer-assisted research is facilitated both by on-site staff and by the agency's central office librarians. Staff also have access to teaching aids through the Employee Services Department, which maintains a large training center with audiovisual equipment and a computer lab centrally located at the complex. Finally, EPPP materials are available to interns to assist in studying for the licensing examination.

Psychology Services and FCC Butner overall have training and staff development as key components of their overall mission. In addition to core Psychology staff, trainees have broad exposure to allied disciplines, including Psychiatry, general Medicine, Nursing, Law, and Social Work, which also support active training programs. A listing of adjunct staff is included in the Psychology Services Staff section. Psychology Interns benefit from the complex's overall commitment to training and the ready interchange of ideas and experiences with trainees and professionals from other disciplines.

Complex-Wide Services

Correctional Psychology areas are located at each facility on the complex and are most representative of the psychology functions in mainstream correctional settings. Incarcerated individuals are served in several ways. New arrivals to the institutions participate in an Admission and Orientation Program which includes individual interview, an orientation to available services, and basic drug abuse education. Diagnostic services include clinical evaluation of highly varied mental disorders including the full range of conditions, risk assessments for suicide and danger to others, and treatment program suitability. Treatment services include crisis intervention, short and long-term individual therapy, group psychotherapy, psycho-educational groups, and counseling regarding adjustment and family issues. Psychologists also serve as members of interdisciplinary unit teams and assist in planning programs and reviewing progress of incarcerated individuals.

The Residential Drug Abuse Treatment Program (RDAP) at FCC Butner was one of three pilot programs instituted as part of the BOP's effort to evaluate diverse treatment orientations in an era of rising prison populations associated with drug use. RDAP at Butner has remained a flagship treatment program that is often visited by other federal and state facilities in an effort to assist other drug treatment programs. FCC Butner has two RDAPs operating at the FCI-I and FCI-II. In 2021, FCC Butner launched a dual diagnosis component to RDAP to provide treatment for individuals with comorbid mental illness. An estimated 75 percent of those incarcerated have a substance use history, many of whom participated in a range of drug treatment programming. RDAP offers some of the most effective reentry tools and services than any other treatment program in the BOP. In fact, there is a 24 percent reduction in recidivism when one successfully completes RDAP in conjunction with a GED. Under the direction of a licensed clinical psychologist, this residential treatment program involves comprehensive treatment using an integrative model that includes strong cognitive-behavioral and relapse prevention components. Participants proceed through 500 hours of a prescribed treatment program over nine months, while living in a residential setting. Implemented as a modified therapeutic community, it emphasizes personal accountability and decision-making, as well as the connection of substance use to faulty/criminal patterns of thought and action that affect other areas of participants' lives. Three phases of treatment are completed where senior members of the community play a significant role in assisting junior peers and facilitate certain facets of their

own treatment. During treatment, participants learn how to confront and level with one another, common criminal thinking errors and corrections for those, and complete rational self-analyses to defend against these thinking errors in the future. Those completing the program are subject to required post-release supervision, and aftercare treatment is planned by program staff. A Drug Abuse Program Coordinator is located at every BOP institution, providing many promotional opportunities to those with experience in drug treatment programming. Interns in this rotation carry an individual caseload, facilitate treatment groups, assist with community meetings, and work with a multidisciplinary team within the therapeutic community.

Non-Residential Drug Abuse Treatment is a drug education program based upon a biopsychosocial model and is targeted to those with significant substance use problems but is also open to all interested incarcerated individuals. Non-residential drug abuse treatment also includes both preparatory and maintenance treatment in coordination with residential substance abuse treatment, as described above.

Treatment of Mentally Ill is designed for Care Level 3 incarcerated individuals (chronically mentally ill persons) who can function adequately on an outpatient basis and are housed throughout the complex. These incarcerated individuals receive varying levels of treatment and support from Psychology and Psychiatry staff. Individual therapy, group therapy, and ancillary treatments (e.g., reentry group) are provided under the direction of the Advanced Care Level Psychologist. As discussed on the following pages, many of these incarcerated individuals participate in the residential Step-Down Program, while others are housed in general population.

FCI-I Services

Commitment and Treatment Program (CTP) for Sexually Dangerous Persons follows Congress's passage of the Adam Walsh Child Protection and Safety Act of 2006. The clinical service component of the CTP is responsible for the provision of the psychological treatment of the incarcerated individual, implementation of behavior management plans, and coordination of the multidisciplinary treatment team. Treatment is holistic and multidimensional with the ultimate goal of reducing sexual dangerousness and criminal recidivism potential. The Forensic Evaluation Service conducts psychological evaluations and provides documentation pursuant to civil commitment hearings, subsequent progress reviews, and other reports. During the CTP

rotation, interns work within the therapeutic community providing individual and group therapy as well as conduct psychological testing for the purpose of treatment recommendations.

Mental Health Step-Down Program is a residential treatment program for incarcerated individuals with severe and persistent mental illness to include psychotic disorders, major depression, and bipolar disorder. The goal of the step-down unit is to provide treatment for chronic mental illness that is evidence-based, maximizes functioning, and minimizes relapse and hospitalization. Interns are involved in the clinical management of cases, providing group therapy, and short-term individual therapy, and crisis intervention. Interns are also involved in teaching psycho-educational modules aimed at cognitive rehabilitation and life skills training. Interns become familiar with medications prescribed to these patients through collaboration with Psychology Services as part of an outpatient medication clinic. Consultation with other departments (e.g., Rehabilitation Services, Education, Recreation, and Religious Services) is an integral part of the program.

Forensic Evaluation includes performing detailed “outpatient” pretrial evaluations of criminal defendants at the behest of federal courts from throughout the United States. Evaluations frequently include assessments related to competency to stand trial, mental state at the time of the offense (sanity), and risk of sexual violence.

FMC Services



The Inpatient Forensic Program consists of the Forensic Evaluation Service (FES) and Forensic Treatment Service (FTS). The FMC accepts incarcerated individuals at the discretion of the federal courts for various pre- and post-trial forensic evaluations (e.g., competency, sanity, violence risk), for voluntary hospitalization for mental health treatment, or subject to federal quasi-criminal commitment. Given the highly charged legal atmosphere, court-ordered evaluations involve intensive psychological evaluation, understanding of legal standards and procedures, and highly refined report-writing. Staff, including interns (with supervision), provide expert testimony in federal courts throughout the United States when called upon to do so. Members of the public may be aware of Butner’s forensic evaluation program by virtue of high publicity cases that attract national attention. In addition to evaluation, the inpatient treatment service involves the same skills as community psychiatric hospitals, including

clinical interviewing, treatment planning, group therapy and education, and supportive, behavioral and insight-oriented individual psychotherapies. Work at the FMC involves extensive collaboration between Psychology Services, Health Services, and allied health professionals.

The Inpatient Forensic Program provides doctoral interns with exposure to a variety of clinical populations within a forensic context at a medical referral center. During the rotation, the aim of the training is to provide enhanced clinical skills relevant to forensic practice on which postdoctoral training can build. This includes having some familiarity with case law that controls and limits practice while under supervision by a licensed psychologist. Interns will have a foundational knowledge of the core principles of the application of psychology and the legal system with an understanding of the ethical issues that arise. In addition to evaluation, the inpatient treatment service involves the same skills as in community psychiatric hospitals, including clinical interviewing, treatment planning, group therapy and education, and supportive, behavioral and insight-oriented individual psychotherapies. Interns assist with the competency restoration process through facilitating weekly groups.

The Behavioral Medicine Program involves working with incarcerated individuals who present with psychophysiological disorders, psychological factors affecting their physical conditions, and/or physical conditions which have psychological sequelae. FMC Butner carries out the oncology mission for the BOP resulting in incarcerated individuals from across the country being sent to FMC Butner for medical treatment. Staff serve as consultants when psychological factors are adversely affecting engagement in or compliance with medical care, and work in concert with Health Services staff (physicians, physician assistants, physical therapists, nurses and social workers) to identify, diagnose and treat incarcerated individuals for whom the interplay of physical and psychological factors is significant. Staff may provide group and individual treatment for psychophysiological disorders, including hypertension, chronic pain, tension and migraine headaches, anxiety disorders, etc., and incarcerated individuals with terminal or severe diseases, such as cancer, heart disease, and AIDS. Staff also assist in the implementation of the Palliative Care Program for terminally ill patients nearing death.

Psychology Internship at FCC Butner

Program Aim, Competencies, and Outcomes

The aim of the Doctoral Psychology Internship Program at FCC Butner is to train entry-level professional psychologists who can also function competently in the correctional environment. This is achieved by using the following competencies as benchmarks for our training of interns:

Competency 1: Research – The intern will demonstrate proficiency in understanding and applying scientific research to the practice of psychology generally, and the professional practice of psychology in corrections specifically.

Competency 2: Ethical and Legal Standards – The intern will demonstrate proficiency practicing psychology within the boundaries of the ethical and legal principles governing professional behavior. The intern will also demonstrate a commitment to professional growth and development generally, and within the correctional environment specifically.

Competency 3: Individual and Cultural Diversity – The intern will demonstrate awareness of and sensitivity to cultural factors impacting clinical services with diverse individuals, groups, and communities who represent various cultural and personal backgrounds and characteristics.

Competency 4: Professional Values and Attitudes – The intern will demonstrate proficiency in providing psychological services that are consistent with professional values, beliefs, and practices within the field generally, and within the correctional environment specifically.

Competency 5: Communication and Interpersonal Skills – The intern will demonstrate proficiency in both written and verbal communication with peers, supervisors, and other staff that is timely, accurate, and jargon free.

Competency 6: Assessment – The intern will demonstrate proficiency in conducting screening, assessment, and diagnosis for a wide range of disorders and problems, using a multimodal approach, specific to the needs of the situation for individuals, groups, and/or organizations.

Competency 7: Intervention – The intern will demonstrate proficiency in planning and implementing a variety of evidence-based practices, including

empirically supported treatments, to address mental health needs among individuals, groups, and organizations.

Competency 8: Supervision – The intern will demonstrate proficiency in understanding basic principles of clinical supervision (e.g., building supervisory alliance, providing and accepting effective summative feedback, promoting growth and self-assessment of peer/trainee, seeking consultation) and apply these principles as peer supervisors during group supervision and/or with doctoral practicum students, if available.

Competency 9: Consultation & Interprofessional/Interdisciplinary Skills – The intern will demonstrate proficiency in fostering and coordinating relationships with various disciplines in the correctional environment (e.g., management, correctional services, unit management and health services) by providing written and verbal communication, and professional assistance responses to client or system needs and aims.

Through the combination of individual and group supervision, experiential learning elements (e.g., direct provision of mental health services), and educational activities (e.g., didactic presentations, assigned readings), interns will gain knowledge and skills in the above-listed domains within a correctional environment. Exposure to a correctional facility and an incarcerated population will contribute to interns being well trained for continued work within a prison setting. Perhaps the best indicator of this effort lies in the fact that, historically, about 50% of our interns are hired as Staff Psychologists within the BOP shortly after graduation. However, training is purposely tailored to be sufficiently broad so that interns are well suited for work in a wide variety of clinical settings.

The internship program is structured to ensure interns receive training in all aspects of the Psychology Services Department. Interns bring considerable knowledge of psychological theory and science-based practice gained in academic and practicum settings. During internship, interns are further exposed to the scientific basis of psychological practice via didactic seminars, assigned readings and supervision of clinical work. In addition, the internship program provides abundant exposure to the application of critical/scientific thinking in the understanding and treatment of individual cases through clinical training experiences and clinical supervision.



The training philosophy of the internship program emphasizes experiential learning and considers both the tremendous opportunities available within our setting and the inherent challenges of working in a prison environment. Interns will learn by providing a variety of psychological services to incarcerated individuals throughout the training year and by collaborating with staff in other disciplines. To facilitate professional independence and confidence, training experiences proceed in a sequential, cumulative, and graded manner. For example, at the beginning of the year, interns may initially observe supervisory staff conduct rounds, perform intake interviews, and engage in crisis intervention. Interns subsequently perform these functions in the presence of supervisory staff and as interns feel more comfortable and display increased competence, they perform these tasks independently.

Through the internship training program, interns will develop a satisfying professional identity based on self-awareness and confidence in generalist assessment, intervention, and consultation skills, as well as exposure to specialty areas of professional practice in the field of corrections. Interns are challenged to participate actively in individual and group supervision, staff meetings, and didactic seminars.

Internship Duties

Interns are required to complete 2,000 hours of training over a 12-month period, along with identified clinical experiences and adequate ratings on intern evaluations to successfully complete the internship program. Training experiences include clinical contact, supervision, didactics, and other professional activities. Interns, like all BOP employees are considered essential workers and are expected to report to the institution Monday through Friday (excluding federal holidays), even during COVID pandemic and other potential emergency situations. Ordinarily, interns are not permitted to work beyond normal operating hours (7:30 am – 4:00 pm) apart from clinical or institutional emergencies. The internship year begins in August and ends the following August. Please note all interns will receive generalist training working as a psychologist-in-training within a correctional environment. A basic description of additional training experiences will follow.

Internship Rotations

FCC Butner offers seven full time positions each year, which provide 40 hours per week of training activities. This program began with the 1992/93 training year and was awarded accreditation effective June 25, 1993. Our most recent accreditation site visit took place in 2015, and our next review is scheduled for 2023. In applying to the internship program, applicants may indicate in the cover letter specific interest in any of the five tracks described above. Please do not rank your selections. After interview day, we will reach out and ask you to identify up to three tracks to which you plan to apply.

Since 1984, the program has shared with the University of North Carolina (UNC) School of Medicine Psychology Internship program two joint positions offered through the auspices of UNC. Under this model, trainees spend half their time at FCC Butner and half at various UNC sites. Training experiences at the FCC are complemented by the diverse opportunities available through UNC, which broaden the trainee’s exposure to more esoteric specialty areas. The Butner and UNC programs maintain their own foci and curriculum planning, and their respective staff strive to help the trainee maximize the benefits of participating in two programs, each with their own integrity and unique orientation.

This program has been accredited by APA for a number of years. Further information on the shared program is available online (<https://www.med.unc.edu/psych/education/psychology-internship>) or by writing: Crystal Schiller, Ph.D., Director of Psychology Training, Campus Box 6305, University of North Carolina, 27599-6305. (crystal_schiller@med.unc.edu). The application process (including deadlines) for the FCC/UNC program is described in the UNC brochure on Psychology Internships, available at the above web address. Selections are made jointly by the UNC and FCC Butner staff.

Full-Time Intern Rotations

Training Track	1st Rotation	2nd Rotation
Inpatient Forensic (2 positions)	FES Program: full-time for six months	<ul style="list-style-type: none"> ▪ CTP or FTS Program: part-time for six months ▪ Correctional Psychology: part-time for six months
Chronic Mental Illness/ Step-Down:	CMI Program: full-time for six months	<ul style="list-style-type: none"> ▪ FES Program: part-time for six months.

(1 position)		<ul style="list-style-type: none"> ▪ Correctional Psychology: part-time for six months
Residential Drug Abuse Treatment (1 position)	RDAP: full-time for six months	<ul style="list-style-type: none"> ▪ FES Program: part-time for six months ▪ Correctional Psychology: part-time for six months
Correctional Psychology (2 positions)	Correctional Psychology: full-time for six months	<ul style="list-style-type: none"> ▪ Step-Down or FTS Program: part-time for six months ▪ FES or Outpatient Forensic: part-time for six months
CTP for Sexual Offenders (1 position)	CTP Program: full-time for six months	<ul style="list-style-type: none"> ▪ Correctional Psychology: part-time for six months ▪ FES Program: part-time for six months

Applicants can be considered for any of the available tracks. During your interview, you will learn about all of the training tracks and then be asked to indicate up to three tracks to which you would like to apply. The specific track for which one matches determines the combination of applied activities, including a full-time, six-month rotation in the “home” track. Those who match for the RDAP, CTP, or Chronic Mental Illness (CMI) tracks will spend six months of the internship year at the FCI-I, with time devoted primarily to activities in the relevant program area. Those matching for the Inpatient Forensic track will complete a six-month rotation at the FMC, participating in activities appropriate to that track. Those matching for the Correctional Psychology track will complete a six-month rotation at the FCI-II. The remaining half-year is spent at one or more of the “other” facilities, where interns spend the equivalent of part-time in an activity which complements the training in the home track, and the other part-time in Correctional Psychology (CP) activities as described above. During internship year, each intern will have an opportunity to work in Correctional Psychology, Forensic Assessment, and a specialized treatment program thus providing a diverse training year (about one fifth of each intern’s workweek is spent in didactic seminars, supervision, intern meetings, etc.).

Didactic Training

The didactic portion of the curriculum includes two main components. If COVID-19 precautions are required, seminars are conducted by WebEx videoconferencing technology and teleconferencing. Otherwise, seminars are held in person. The program offers a weekly Clinical Psychology Seminar for the benefit of both staff and interns from across the complex. Staff Psychologists and interns present emerging diagnostic or therapeutic dilemmas for review and feedback from the group, and diagnostic and treatment methods for various conditions or disorders are examined with an emphasis on empirically validated treatments. Interns typically take responsibility for one presentation each, which may be based upon dissertation research or another area of interest that is agreed upon in consultation with a supervisor, or a case presentation of recent clinical work such as psychotherapy or certain types of evaluations. Intern presentations serve to hone valuable skills in presenting to professional audiences and reinforce the importance of scholarship. Staff involvement includes mainly topical presentations of clinical importance and may serve to relay information obtained through continuing professional education or other sources. Outside presenters are also scheduled as part of this series of seminars. The Psychology Seminar normally meets at either the FCI or in the Complex Training Center. A copy of the schedule of Psychology Seminars for the 2021/2022 training year is included in the Appendix.

The program also includes in a Forensic Seminar series for Psychology Interns, focusing on professional, ethical, and legal issues. Seminar presentations are offered by Psychology Services staff, adjunct staff from this facility, and scholars and practitioners from the Research Triangle community. The series of presentations explores key areas in professional and ethical issues, criminal and civil law, public policy regarding mental health and mental disabilities, scholarship and research, and forensic and correctional psychology. This program also includes Mock Testimony exercises, with each trainee assuming the role of expert witness. Moot Court is held with our staff attorneys and psychologists serving as judge and attorneys. The forensic seminars also include periodic discussion sessions focusing on landmark cases in mental health law. This portion of the program covers an extensive group of case law precedents pivotal in the evolution of mental health policy, including civil and criminal topics, juvenile and family law, civil commitment, right to treatment, informed consent and treatment refusal, disability and workplace discrimination, malpractice, and other areas of interest to clinicians. A copy of the

seminar schedule with topics and presenters for the 2021/2022 training year is included in the Appendix.

The internship program encourages flexible use of other activities such as attendance at various legal proceedings in federal and local courts, preparation of publications, participation in therapy or counseling as an adjunct to training, and numerous other alternatives. The Research Triangle is a hotbed of activity for clinicians, and there are varied colloquia sponsored by local psychological associations, Duke University, North Carolina State University, the University of North Carolina, Central Regional Hospital, and numerous other groups. Interns are encouraged to avail themselves of these opportunities and leave can be granted. Psychology Services is occasionally able to provide at least partial funding for intern travel to meetings or workshops. In addition, we sponsor one or more major presentations on site each year, and share an annual learning retreat for interns and supervisors with UNC and Central Regional Hospital.

A Day in the Life of an FCC Butner Intern

Every day at the BOP is new and exciting and will vary depending on the needs of the facility, Psychology Services Department, and incarcerated individual(s). Exposure to constant stimulation is key in the development and engagement of our interns. Recognizing that there is no “typical day” at the BOP, below is a sample of what a day could look like for an intern.

Time	Activity
7:30 am	Arrive to work and catch up on emails
8:30am	Morning Report: review cases in multidisciplinary team
9:30am	Group Therapy
10:30am	Individual Supervision
11:30am	Lunch
12:00pm	Crisis Intervention
12:30pm	Individual Therapy
2:00pm	Didactic
3:00pm	Group Supervision
4:00pm	Leave work with fellow interns

Supervision

Interns are expected to demonstrate a reasonable degree of autonomy and independence, consistent with their transition from student to practitioner. At the same time, interns should expect sufficient oversight and supervision to ensure that they will benefit maximally from training opportunities and to ensure quality services. FCC Butner adheres to APA guidelines for supervision. These include a minimum of two hours of group supervision each week and two hours of individual supervision by a licensed psychologist. Individual supervision is tailored to the needs of each person and can include review of written notes and reports, discussion of therapy cases, review of taped sessions, and live supervision of sessions. Professional development is emphasized as well as clinical service provision. At the beginning of the training year, rotation supervisors and interns discuss personal goals interns may have related to their professional development. Every effort is made to provide learning experiences and relevant supervision to help interns achieve their desired goals and improve upon targeted competency areas. Ample opportunity for unscheduled and less formal supervision is also afforded. Interns will also receive a significant amount of group and peer supervision through scheduled group supervision, staff meetings, formal case reviews, intern seminars, and in-house continuing education. FCC/UNC interns receive a substantial part of their supervision from the UNC faculty as well.

Interns maintain an ongoing record of the supervision they receive. Written evaluations are prepared quarterly based on feedback from supervisory staff. These are reviewed with the interns, and the middle and end of the year evaluations are copied to the relevant graduate programs. Interns also complete evaluations of the quality of training and supervision they receive, and this feedback is utilized by the staff to further enhance the program. Upon satisfactory completion of the training year, each intern will receive a certificate of participation, and notification to this effect will be forwarded to the intern's graduate program.

Interns participate in forensic supervision during their six-month rotations through forensic evaluation services and receive case consultation supervision when involved in treatment rotations. Each Monday throughout the year, all interns participate in a larger group supervision that has several components—professional development, BOP policy, and providing supervision. This last element involves discussion of supervision theory and practice and role playing.

Our training program approaches diversity from a cultural humility perspective, which encourages clinicians to work with diverse clients while maintaining an attitude of openness, acknowledging and owning one's limitations to understanding a client's cultural background and experience, and emphasizing continued growth and development over time rather than obtaining a level of multicultural competence. Given the diverse population, conversations about diversity and culture are inter-woven into our daily practice, weekly supervision with interns, and didactic learning. In addition, interns and staff participate in a monthly multicultural group supervision, which focuses specifically on multicultural issues, including clinical interventions with culturally diverse patients, personal biases or stereotypes that may influence one's clinical work, and our own cultural identities and how they may affect our treatment of patients. Interns and staff will engage in mutual self-reflection and will be expected to actively participate in this process through self-disclosure of personal identities, biases, and reactions.

The Internship Program Coordinator serves as a resource for interns and is responsible for the development, implementation, and evaluation of the internship program. They make training assignments, handle clinical and administrative problems, plan the sequence of formal training experiences, prevent duplication of experiences, and maintain close contact with other supervisors.

Intern Evaluation

Formal evaluation of each intern's performance occurs at the end of each rotation. Informal, written mid-rotation progress reports are also provided. Interns are evaluated using a tool common to all BOP internship training sites. The evaluation measures intern progress with regard to the following profession-wide competencies, as delineated by APA: Research; Ethical and Legal Standards; Individual and Cultural Diversity; Professional Values, Attitudes, and Behaviors; Communication and Interpersonal Skills; Assessment; Intervention; Supervision; and Consultation and Interprofessional/Interdisciplinary Skills. Supervisors complete the evaluation form and discuss the results with the intern. Signed copies of the evaluation forms are maintained in the interns' files and a copy is sent to the interns' academic Director of Training. The internship program values and actively solicits feedback from interns regarding their experiences of the overall internship program, each rotation, and each supervisor. Interns complete evaluations of the internship program and supervisors after each rotation and at the end

of the training year. All of this feedback is shared anonymously and strongly considered when making modifications to the training program.

Benefits

Interns will receive the following benefits:

- A GS-09, Step 1 salary of approximately \$58,858 (as of 2022)
- Paid annual and sick leave, accrued at four hours per pay period
- Paid federal holidays
- Health insurance
- 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 that is not covered by accrued leave, the intern would need 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.
- Liability coverage for on-site professional activities

APA Accreditation and APPIC Membership

The FCC Butner Psychology Internship Program has received accreditation by the APA since 1992/1993 and meets all APA criteria for doctoral internships in professional psychology. FCC Butner is also a member Association of Psychology Postdoctoral and Internship Centers (APPIC).

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

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

Frequently Asked Questions

Q: Won't my training be too limited if I just work with incarcerated individual(s)?

A: Virtually any mental health issue that exists among the general population of adults in our culture also exists among incarcerated individuals. 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 that may be motivated by a secondary gain, clients in crisis and those with less acute but more long-term concerns, and some with greater psychological resources than others. The benchmark study by Boothby and Clements (2000) notes that psychologists working in correctional settings frequently treat pathology (e.g., depression, anger, psychosis, anxiety) that is nearly identical to non-correctional settings. Although some incarcerated individuals fit the popular stereotype of the hard-core criminal or repeat offender, others genuinely want to change the maladaptive behavior and thought patterns that led them to prison. Others experience serious mental illness, including schizophrenia and bipolar disorder.

Q: How "marketable" will my internship be?

A: Following APA guidelines for the doctoral internship experience, we seek interns who are interested in being trained as generalists. Upon completion of training, many interns accept offers of employment with the BOP. However, others assume positions in community mental health centers, private practices, hospitals, and other settings (Magaletta, Patry, & Norcross, 2012). Interns who work in correctional settings are regularly provided opportunities to strengthen their skills in the areas of crisis intervention, individual and group psychotherapy, substance treatment, psychological evaluation,

diagnosis, treatment planning, and intake screenings (Magaletta & Boothby, 2003). On the basis of this exposure, former BOP Psychology Interns now hold positions not only in BOP facilities, but also VA Medical Centers, rehabilitation centers, psychiatric hospitals, community mental health centers, regional correctional facilities, academic positions, and private practices.

Q: Is it safe to work in a prison?

A: The safety of both staff and incarcerated individual(s) is the highest priority of the BOP. The BOP has implemented many security procedures and installed an array of equipment to make the facilities safe for staff and incarcerated individual(s) alike. In this and many other respects, we consider ourselves second to no other prison system in the world. Although it would be impossible to unconditionally guarantee anyone's safety in a correctional (or any other work) setting, staff and interns who conduct themselves professionally have little reason to fear for their safety. Perhaps the single most important skill of any mental health professional working in a correctional setting is his/her ability to listen and communicate effectively with both staff and incarcerated individual(s) (Magaletta & Boothby, 2003).

Q: Do I need a certain number of clinical hours in a correctional facility to be eligible for an internship with the BOP?

A: No. There is no specified number of direct client contact hours needed to apply. Historically, interns have had a wide range of experiences in both non-correctional and correctional settings. There are numerous settings that provide training that is relevant to a correctional setting, including but not limited to: inpatient hospitals, locked settings, exposure to serious mental illness, substance use treatment facilities, etc.

Q: What do I need to do to complete internship?

A: There are three aspects of training that all interns must attain to successfully complete an internship. First, interns are evaluated in each of the nine profession-wide competencies (Research, Ethical/Legal Standards, etc.) via a formal evaluation at the end of every quarter. Interns must achieve a minimum level of achievement score for all nine

competencies on the final fourth quarter evaluation. Second, at the beginning of each rotation, the intern and the supervisor agree on a set of training activities that coincide with the nine profession-wide competencies that must be achieved in order to complete that specific rotation. Finally, interns are required to complete 2,000 hours of clinical training and will submit one formal psychological assessment during the internship which is an adequate reflection of their clinical abilities.

FCC Butner Psychologists

Gillespie Wadsworth, Psy.D., Internship Program Coordinator, FCI-I

B.S. (2001) Vassar College; Psy.D. (2010) Nova Southeastern University; Internship (2009/2010) FCC Butner.

Patrick Cook, Ph.D., CTP Clinical Coordinator, FCI-I

B.S. (2000) Michigan State University; M.S. (2008) and Ph.D. (2010) Auburn University; Internship (2009/2010) FMC Devens (MA).

Tanya L. Cunic, Psy.D., Complex Chief of Psychology, FCC

B.A. (1993) Washington College; M.S. (1995) Southwestern Oklahoma State University, and Psy.D. (2001) Central Michigan University; Internship (2000/2001) MCFP Springfield (MO); Post-Doctoral Fellowship (2001/2003) MCFP Springfield.

Lauren A. Delk, Ph.D., Staff Psychologist, FCI-II

B.S. (2012) Florida State University; M.A. (2014) Western Carolina University, and Ph.D. (2020) Virginia Polytechnic Institute and State University; Internship (2019/2020) FCC Butner.

Evan S. Du Bois, Psy.D., Forensic Psychologist, FMC

B.S. (2005) University of Central Florida; M.S. (2008) and Psy.D. (2011) Nova Southeastern University; Internship (2010/2011) FCI Fort Worth (TX).

Anastasia Gand, Psy.D., Staff Psychologist, FCI-I

B.A. (1994) University of Maryland; M.A. (2000) and Psy.D. (2001) California School of Professional Psychology; Internship (2000/2001) and Forensic Postdoctoral Fellowship (2001/2002) FMC Rochester (MN).

Dawn J. Graney, Psy.D., Sex Offender Forensic Psychologist, FCI-I

B.A. (1994) University of Maryland; M.A. (2000) and Psy.D. (2001) California School of Professional Psychology; Internship (2000/2001) and Forensic Postdoctoral Fellowship (2001/2002) FMC Rochester.

Brian C. Gray, Ph.D., Advanced Care Psychologist, FCI-I

B.A. (1993) Lawrence University; M.A. (2000) and Ph.D. (2006) Florida State University; Internship (2002/2003) University of Wisconsin Counseling Center.

Brianna Grover, Psy.D., Forensic Psychologist, FMC

B.A. (2010) North Carolina State University; Psy.M. (2012), M.B.A. (2013) and Psy.D. (2015) Wright State University, School of Professional Psychology; Internship (2014/2015) FCC Butner.

Jennifer L. Halbsgut, Psy.D., Drug Abuse Treatment Program Coordinator, FCI-I

B.A. (2005) Rutgers University; Psy.D. (2010) The Chicago School of Professional Psychology; Internship (2009/2010) FCI Tallahassee (FL).

Jill Haughawout, Drug Abuse Treatment Program Coordinator, FCI-II

B.A. (2002) Miami University; M.A. (2004) and Psy.D (2007) Illinois School of Professional Psychology, Argosy University, Schaumburg Campus; Internship (2006) Colorado Department of Corrections; Post-Doctoral Fellowship (2007) Illinois Department of Human Services, Treatment and Detention Facility.

Laura Herman, Psy.D., Sex Offender Treatment Psychologist, FCI-I

B.S. (2011) Pennsylvania State University; M.A. (2013) and Psy. D. (2016) Spalding University; Internship (2015/2016) FCC Butner.

Kara R. Holden, Psy.D., Drug Abuse Program Coordinator-MAT, FCI-II

B.A. (2001) University of North Carolina at Wilmington; M.S. (2005) Virginia State University; Psy.D. (2011) Argosy University; Internship (2009/2010) FCC Butner.

Ryan N. Koch, Psy. D., Drug Abuse Program Coordinator, FCI-I

B.S. (2004) University of Miami; M.S. (2008) and Psy. D. (2011) Nova Southeastern University; Internship (2010/2011) Florida Department of Corrections, Zephyrhills.

Kristina P. Lloyd, Psy.D., ABPP, Forensic Psychologist, FMC

B.A. (1995) Buena Vista University; M.S. (2002) Springfield College; Psy.D. (2010) Loyola University Maryland; Internship (2009/2010) FCC Butner; Forensic Fellowship (2010/2011) University of Massachusetts Medical School. Diplomate in Forensic Psychology, American Board of Professional Psychology.

Allissa Marquez, Ph.D., Staff Psychologist, LSCI

B.A. (2007) San Diego State University; M.A. (2010) University of Nebraska, Lincoln; M.L.S. (2012) University of Nebraska, Lincoln; Ph.D. (2013) University of Nebraska, Lincoln; Internship (2012/2013) FCC Butner.

Estefania Masias, Psy.D., Staff Psychologist, FCI-II

B.S. (2012) Florida State University; M.S. (2016) and Psy.D. (2019) Nova Southeastern University; Internship (2018/2019) FCC Butner.

Melanie Mivshek, Psy.D., Staff Psychologist, FMC

B.S. (2012) Indiana State University; M.S. (2015) and Psy.D. (2018) Indiana State University; Internship (2017/2018) FCC Butner.

Robert Melin, Psy.D., Step-Down Program Coordinator, FCI-I

B.S. (1996) Valparaiso University; M.S. (1999) and Psy.D. (2001) Chicago School of Professional Psychology; Internship (2000/2001) and Post-doctoral Fellowship (2001/2002) Florida Department of Corrections.

Tracy O'Connor Pennuto, Ph.D., J.D., Staff Neuropsychologist, FMC

B.S. (1995) University of Maryland; J.D. (2003) and Ph.D. (2007) Pacific Graduate School of Psychology/Palo Alto University; Internship (2006) Eastern Virginia Medical School; Neuropsychology Fellowship (2010) Duke University Medical School.

Kim O'Neal, Psy.D., Deputy Chief of Psychology, FCI-II and LSCI

B.A. (2006) University of Southern California; Psy.D. (2010) California School of Professional Psychology at Alliant International University (Los Angeles); Internship (2009/2010) Whittier College Counseling Center.

Justin Rigsbee, Psy.D., Ph.D., Sex Offender Forensic Psychologist, FCI-I

B.A. (1999) Florida Atlantic University; M.S (2002), Psy.D. and Ph.D. (2006) Nova Southeastern University; Internship (2005/2006) FCC Butner; Postdoctoral Residency (2006/2007) Nova Southeastern University Criminal Justice Institute.

Almamarina Robles, Psy.D., Specialty Program Coordinator, FMC

B.A. (2005) Saint Leo University; M.S. (2007) and Psy.D. (2010) Florida Institute of Technology; Internship (2009/2010) FCI Tallahassee.

Heather Ross, Ph.D., Sex Offender Forensic Psychologist, FCI-I

B.A. (1994) and M.A. (1997) Hollins College; Ph.D. (2005) Sam Houston State University; Internship (2004) Wyoming State Hospital.

Laura E. Sheras, Psy.D., Advance Care Level Psychologist, FMC

B.A. (2005) Murray State University; M.A. (2008) and Psy.D. (2011) Spalding University; Internship (2010/2011) St. Louis Internship Consortium.

Trisha Rae Smithson, Psy.D., Sex Offender Treatment Psychologist, FCI-I

B.A. (2001) College of Notre Dame; M.A. (2003) and Psy.D. (2009) Argosy University-San Francisco Bay Area; Internship (2005/2006) Psychological Services Center – Oakland.

Adeirdre L. Stribling Riley, Ph.D., Deputy Chief of Psychology, FMC

B.A. (1996) Trinity College; M.A. (1998) University of Hartford; Ph.D. (2003) University of Tennessee; Internship (2002/2003) University of North Carolina/FCI Butner; Postdoctoral Fellowship (2004/2006) FCC Butner.

Byron Williams, Psy.D., Deputy Chief of Psychology, FMC

B.S. (2007) James Madison University; M.A. (2010) and Psy.D. (2013) Regent University; Internship (2012/2013) Virginia Department of Corrections, Greenville Correctional Center.

Janelle M. Williams, Psy.D., Deputy Chief of Psychology, LSCI/FCI-I

B.A. (2000) University of Richmond; M.A. (2003) and Psy.D. (2007) Nova Southeastern University; Internship (2006/2007) FCC Butner.

N. Chanell Williams, Ph.D., ABPP; Behavioral Medicine Psychologist, FMC

B.A. (1990) Spelman College; M.A. (1992) and Ph.D. (1996) California School of Professional Psychology (Los Angeles); Internship (1994/1995) Tripler Army Medical Center; Postdoctoral Fellowship (1999/2000) Tripler Army Medical Center. Diplomate in Clinical Psychology, American Board of Professional Psychology.

Joseph Zonno, Ph.D., CTP Administrator, FCI-I

B.S. (1996) Penn State University; M.A. (2000) and Ph.D. (2003) University of Tulsa; Internship (2001/2002) FCC Butner.

Adjunct Staff

Logan Grady, M.D., Staff Psychiatrist, FMC

B.S. (1997) University of Florida; M.D. (2003) University of South Florida School of Medicine; Residency (2003-2007) Duke University Medical Center. Board Certification in General Adult Psychiatry (2011); Board Certification in Addiction Medicine (2012).

Christina Kelley, J.D., Staff Attorney-Advisor, FCC

B.A. (1997) East Carolina University; M.P.A. (1999) North Carolina State University; J.D. (2005) North Carolina Central University School of Law.

Michael Lockridge, J.D., Staff Attorney-Advisor, FCC

B.S. (1993) Appalachian State University and M.P.A. (1995) Appalachian State University; J.D. (2002) North Carolina Central University School of Law.

Genna Petre, J.D., Staff Attorney/Special Assistant United States Attorney, FCC

B.A. (2012) Ithaca College and J.D. (2015) Elon University School of Law.

Holly Pratesi, J.D., Staff Attorney-Advisor, FCC

B.S. (2013) University of Scranton and J.D. (2016) Brooklyn Law School.

Mallory Storus, J.D., Staff Attorney-Advisor, FCC

B.A. (2008) University of Mary Washington and J.D. (2013) American University Washington College of Law.

Surrounding Area and Local Points of Interest

While some staff choose to live in the town of Butner (population 5000), most, including interns, choose to live in one of the cities comprising The Research Triangle. This area, defined by Durham (and Duke University), Chapel Hill (the University of North Carolina), and Raleigh (North Carolina State University), offers a unique combination of southern hospitality, academic stimulation, and cosmopolitan cultural opportunities. In addition to teaching institutions, the intellectual climate is influenced by the presence of the Research Triangle Park, which includes a number of high-tech companies specializing in biotechnology, pharmaceuticals, software development, computers, and robotics, as well as the National Humanities Center and the National Institute for Environmental Health Sciences. It is hardly surprising, then, that the Triangle lays claim to the highest per capita proportion of PhDs and MDs in the country. People come from all over the world to study or work in the Triangle, and the community exhibits remarkable cultural, social, and political diversity. Aside from visiting students and professionals, approximately half of residents are not originally from North Carolina.



The Triangle isn't all business, and as a counterpoint the surrounding areas of the state remain largely rural and scenic, and outdoor activities abound. The climate is temperate but mild, with more than 230 sunshine days each year and an average of seven inches of snow to accentuate the brief winters. Spring and fall temperatures average a perfect 72 degrees, and winter daytime temperatures usually hover around 50. A leisurely afternoon drive to the East leads to the pristine wilderness beaches of the Outer Banks, while the more developed resort beaches near Wilmington and Morehead City/Beaufort are about two hours away. Winter skiing or summer hiking and climbing in the Great Smokies are an easy drive to the west. Water skiing, fishing, canoeing, and kayaking are popular diversions, and there are several recreational lakes close to the facility. Golf, tennis, running, and cycling are also popular activities. Regional metropolitan centers like Charlotte, Washington, and Atlanta are an afternoon's drive away.



The Complex is in the Carolina Piedmont, which separates the mountains from the coastal plain. Fortune magazine has repeatedly recognized the triangle as one of the best areas

for business in the U.S., and Money magazine surveys consistently rank the Raleigh/Durham/Chapel Hill area among the “Best Places to Live in America.” All three



Triangle communities offer sophisticated entertainment, including the Broadway at Duke series, a lively jazz scene; the Bull Durham Blues Festival; the American Dance Festival; the Rewind Film Festival, and symphony and chamber orchestra groups.

“Tobacco Road” is home to the best in college basketball and soccer, including perennial contenders for NCAA men and women basketball championships from both Duke and UNC, and the women’s college soccer dynasty at UNC. Raleigh is home to the Carolina Hurricanes, winners of the 2006 Stanley Cup. The Durham Bulls are the AAA affiliate of the Tampa Bay Rays. Local restaurants serve cuisine that spans the globe and routinely receive national awards and recognition.

Career Opportunities at the Bureau of Prisons

The BOP has relied on the Psychology Doctoral Internship Program to recruit a large proportion of entry-level clinical and counseling psychologists needed to meet our staffing needs. Many of the psychologists currently employed by the BOP began their careers after completing their BOP Internship. While we do not promise jobs to those who are accepted into the internship program, we see benefits in hiring people who have already proven themselves to be competent practitioners in correctional environments. Therefore, we often look to our intern classes when making employment offers. Please refer to the table in the Appendix for initial post-internship placements of our previous three intern classes.

Newly selected staff generally start at the GS-11 level, and upon successful completion of their first year, psychologists are automatically upgraded to the GS-12 level (current salary ranges can be found on the [Office of Personnel Management \(OPM\) website](#)). Salaries are somewhat higher in geographical areas with higher costs of living. Further upgrades to the GS-13 and GS-14 levels are possible with increases in clinical and administrative responsibilities. Student loan repayment opportunities are available at most facilities.

Psychologists enjoy a great deal of professional autonomy in the BOP as the main providers of mental health services and there are numerous opportunities to advance your career.

The BOP values continuing education of psychologists. Many psychologists attend seminars, workshops, and/or national conventions. Funding for outside training may be available and varies from year to year based on the federal budget. Psychologists have the opportunity to choose the part of the country (given the availability of positions) and the type of facility (high, medium, low or minimum security) in which they wish to work. BOP psychologists may also engage in outside employment, such as private practice or teaching.

As permanent federal employees, all psychologists are covered by the Federal Employee Retirement System, a pension plan which includes several attractive options for tax-deferred savings similar to a 401(k) plan. BOP employees may retire after 20 years, provided they have reached the age of 50, and receive a full pension. The BOP is an equal opportunity employer.

How to Apply

The application for all BOP psychology internships is a three-step process, and you can reference [this helpful one-page guide](#) of the process and the associated timeline on the BOP Internship web page.

Eligibility Requirements

The Psychology Internship Program at FCC Butner is open to doctoral students enrolled in APA-accredited clinical and counseling psychology degree programs. Applicants must have completed three years of doctoral training and have successfully proposed their dissertation.

Intern selection 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 APPIC's Internship Matching Program. FCC Butner agrees to abide by the APPIC policy that no person at these training facilities will solicit, accept, or use any ranking-related information from any intern applicant.

Applicants for the BOP's internship positions should be aware 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 and psychologist in training, but also suitability for work in a position of public trust. BOP 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 incarcerated population. Applicants must also be U.S. citizens who have lived in the U.S. for the past three out of five years.

Applicants should understand that the BOP is also bound by the specifications of the Pathways Program. The Pathways Program is designed to provide students with the opportunity to explore federal careers while still in school. While the Pathways Program is a specific process for verifying eligibility for the Doctoral Intern position, the application process is totally separate from the APPIC process and procedures. Accordingly, applicants must submit an application through the USAJobs website to verify eligibility for temporary federal employment (internship). You will receive additional information on the USAJobs application process after your APPIC Application for Psychology Internships (AAPI) online application has been reviewed.

COVID-19 Note: As a mandatory public safety requirement, the 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 Process and Deadlines

Outlined below is the standard BOP internship application process and timeline that applies to all BOP sites. Some sites have additional requirements for their applications, so please be sure to read this section carefully for each BOP site you are interested in to ensure you meet the requirements of individual internship sites.

1. November 1: AAPI

- a. Submit your AAPI online application on the APPIC website for each BOP site that you're interested in. Applications are reviewed separately by each site, so it is important that you apply individually to each site of interest and check for any additional application requirements for each site.
- b. Be sure to include:
 - A copy of your vitae

- Graduate transcripts
 - 3 letters of reference
 - **Additional Requirement:** In addition to the AAPI online application, our site requires a writing sample.
- c. All AAPI application materials must be submitted online by 11:59pm on November 1st.

2. Mid-November: USAJobs

- a. Upon AAPI review, the sites that would like to interview you will send you an email with an invitation and instructions for applying on USAJobs.
- b. Please read the USAJobs application carefully to ensure you understand all requirements for applying. We see qualified candidates removed from the process every year for not completing this step of the process accurately. To address this, we have created a USAJobs reference guide that details each step of the process, provides samples of required documents, and addresses common errors to help you complete this process successfully. This reference guide will be attached to the email you receive from the internship sites, and we strongly encourage you to use it as you complete and submit your USAJobs application.
- c. Submit all required documentation, including:
1. 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.
 - We recommend using the resume builder within USAJobs to ensure all information is captured accurately.
 2. Transcript verifying current enrollment in a doctoral program
 - Your transcript must include the School Name, Student Name, Degree and Date Awarded. You can use either an unofficial or official copy from the Office of the Registrar.
 - **Please note:** If the transcript you are uploading does not **explicitly state that you are currently enrolled** in your doctoral program, you should upload an additional document that verifies current enrollment. This may be a Current Enrollment Verification Certificate, statement of current enrollment or acceptance letter.

3. Evidence that you are registered for the Match
 - This could be in the form of one of the following:
 - A copy of your APPIC Match purchase receipt
 - A copy of the email receipt of the APPIC application e-submission
 - A letter from your Director of Clinical Training stating that you have completed the AAPI and are registered for the APPIC Match
- d. During the USAJobs application process, applicants must respond to a series of assessment questions about their experience. Your responses determine category placement (e.g., Best Qualified, Highly Qualified, Qualified).
- e. After closure of the USAJobs application, only applicants that are assessed as qualified, and included in the Best Qualified category, will 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 BOP 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.

3. December – January: Interviews

- a. In early December, Internship Program Coordinators from each applicable internship site will contact eligible applicants to schedule an in-person interview. Once invited to interview, applicants are asked to fill out a National Crime Information Center (NCIC) form and a form agreeing to a credit check.
- b. Interviews consist of:
 1. The BOP's Core Values Assessment (CVA), which is used to determine if new BOP employees possess the core values and behaviors required for success at BOP
 2. Integrity interview, which addresses issues of personal conduct
 3. Panel interview, during which you will be asked to respond to a number of scenarios that could arise in a correctional facility
 4. Subject matter expert interview

- c. If applying to more than one BOP internship site, applicants only need to complete the CVA and security clearance procedures one time, as results can be shared with other BOP sites for convenience.

Additional Information

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 required forms is accurate. During the background investigation, you will be required to disclose any medical or mental health diagnoses and treatment. Additionally, the BOP is a drug free workplace, which includes recreational or medicinal marijuana use. 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 internship program. Once hired, interns must comply with the BOP's Program Statement on Standards of Employee Conduct. This information is not intended to discourage applications, but to ensure applicants are aware of the additional federal requirements that will be imposed should they wish to pursue a BOP internship position.

Contact Information

FCC Butner is excited about the internship program, and we appreciate your interest. For any questions regarding the application procedures, brochure, or any other information pertaining to the internship at FCC Butner, please contact:

Gillespie S. Wadsworth, Psy.D.
FCC Butner
Old NC Highway 75 • Butner, NC • 27509-1600
Phone: (919) 575-4866 • Fax: (919) 575-4541 x3567
Email: gwadsworth@bop.gov

Appendix

Internship Admissions, Support, and Initial Placement Data

Program tables updated: 05/09/22

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, provide website link (or content from brochure) where this specific information is presented: N/A	

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. To be internship eligible, students must have successfully completed at least three years of graduate school, and all doctoral course work, other than the dissertation, by the beginning of the internship. Applicants must have completed a minimum of 1,000 hours of total supervised practical experience (This can include intervention, assessment, supervision, and administrative duties) prior to the ranking deadline. Prior work experience in a correctional setting is not required, but training and experiences indicative of appropriate interest are important considerations in selections. The BOP is an Equal Opportunity Employer. In addition to demonstrating excellence in scholarship, strong applicants typically have a breadth of experiences in different settings and activities with adults and/or juveniles, along with at least some forensic and/or correctional training (practicum placement, courses, research). Testing, assessment, and diagnosis are important activities during the forensic rotation at FCC Butner. Intervention skills, especially group treatments, are particularly relevant in the other rotations. Therefore, one with training and skills in both intervention and assessment will fit well into our program. FCC Butner is a male correctional facility that maintains a population of approximately 5,000 incarcerated individual(s) from all security levels.

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: N Y Amount: 400
 Total Direct Contact Assessment Hours: N Y Amount: 100

Describe any other required minimum criteria used to screen applicants:

During the selection process, applicants must satisfactorily pass a security clearance procedure that includes an interview, a background investigation, and a drug test. The dissertation must be successfully proposed at the time the APPIC application is submitted. Applicants must first go through the USAJobs.gov application process for a Psychology Intern as a qualification step to be selected for an interview.

*Due to the nature of the BOP’s hiring process, you will need to complete an in-person Core Values Assessment and a pre-employment integrity interview. The interview may take at least 2 to 3 hours so plan accordingly. A psychology-related interview will be conducted in-person and on-site at FCC Butner.

If matched with a BOP internship site, you will be considered an essential worker and will report daily to the institution.

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns	\$58, 858	
Annual Stipend/Salary for Part-time Interns	N/A	
Program provides access to medical insurance for intern?	<input checked="" type="radio"/> Yes	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	<input checked="" type="radio"/> Yes	No
Coverage of family member(s) available?	<input checked="" type="radio"/> Yes	No
Coverage of legally married partner available?	<input checked="" type="radio"/> Yes	No
Coverage of domestic partner available?	<input checked="" type="radio"/> Yes	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	4 hrs every 2 weeks (104 total hours annually)	
Hours of Annual Paid Sick Leave	4 hrs every 2 weeks (104 total hours annually)	
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="radio"/> Yes	No
Other benefits (please describe):		
Interns receive paid federal holidays, liability coverage for on-site professional activities, and can choose from a variety of health insurance plans.		

*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	33	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	0	1
Military health center	0	0
Academic health center	0	0
Other medical center or hospital	1	0
Psychiatric hospital	3	0
Academic university/department	10	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	11
School district/system	0	0
Independent practice setting	2	4
Not currently employed	0	1
Changed to another field	0	0
Other	0	0
Unknown	0	0

* PD = Post-doctoral residency position

EP = Employed Position

Sample Didactic Schedule

2021-2022 FORENSIC SEMINAR SCHEDULE¹

Date	Location	Speaker(s)	Seminar Title & Readings
09/01/21	Warden's Conference	Gillespie Wadsworth, Psy.D.; Genna Petre, J.D.	Introduction and Overview: Role and Responsibilities of Practitioners in Forensic setting and Introduction to Legal Research Textbook: <i>Psychological Evaluations for the Courts</i> , 4 th Ed. (Chapters 1 and 2) Title 18, United States Code, Sections 4241-4248.
09/08/21	Teleconference (combined)	Brianna Grover, Psy.D.	Competency to Stand Trial Textbook: <i>Psychological Evaluations for the Courts</i> , 4 th Ed. (Chapters 6 and 7) Grisso, T. (2014). <i>Competence to stand trial evaluations: Just the basics</i> . Sarasota, FL: Professional Resource Press.
09/15/21	Teleconference (combined)		Landmark Cases – Criminal Competencies Dusky v. U.S., 362 U.S. 402 (1960) Wilson v. U.S., 391 F. 2d. 460 (D.C. Cir. 1968) Jackson v. Indiana, 406 US 715 (1972) Estelle v. Smith, 451 U.S. 454 (1981) Colorado v. Connelly, 479 U.S. 157 (1986) Godinez v. Moran, 113 S.Ct. 2680 (1993) U.S. v. Duhon, 104 F. Supp 2d 663 (W.D.La., 2000) Indiana v. Edwards, 554 U.S. 208 (2008)
09/22/21	Teleconference (combined)	Kristina Lloyd, Psy.D., ABPP	Assessment of Dangerousness – Part I Singh, J.P., & Fazel, S (2010). Forensic risk assessment: A meta review. <u><i>Criminal Justice & Behavior</i>, 37</u> , 965-988. Scott, C.L., & Resnick, P.J. (2006). Violence Risk Assessment in Persons with Mental Illness. <u><i>Aggression and Violent Behavior</i>, Volume 11 (6)</u> , p. 598-611.
09/29/21	Teleconference (combined)	Kristina Lloyd, Psy.D., ABPP	Assessment of Dangerousness – Part II

¹ Seminars are held in person when institution is operating at Green and Yellow levels and transition to WebEx when operating at Red level.

Date	Location	Speaker(s)	Seminar Title & Readings
10/06/21	Teleconference (combined - trainees only)		<p>Landmark Cases – Mental State Defenses Daniel McNaughten's Case, 8 Eng. Rep. 718 (1843) Durham v. U. S. 214 F.2d 862 (D.C. Cir., 1954) U.S. v. Brawner, 471 F. 2d 969 (D.C. Cir., 1972) Freundak v. U.S., 408 A.2d 364 (1979) Ibn-Tamas v. U.S., 407 A.2d 626 (1979) Montana v. Egelhoff, 116 S.Ct. 2013 (1996) Clark v. Arizona, 126 S. Ct. 2709 (2006) Kansas v. Cheever, 571 U.S. 87 (2013) Kahler v. Kansas, 140 S. Ct. 1021 (2020)</p>
10/13/21	Teleconference (combined)	Rhett Landis, Ph.D., ABPP	<p>Criminal Responsibility Evaluations <i>Psychological Evaluations for the Courts</i>, 4th Ed. (Chapter 8). Borum, R. and Fulero, S. (1999) Empirical research on the insanity defense and attempted reforms: Evidence toward informed policy. <i>Law and Human Behavior</i>, 23(1), 117-136.</p>
10/20/21	Teleconference (combined - trainees only)		<p>Landmark Cases – Protection of Third Parties Tarasoff v. Board of Regents of the Univ. of California, 17 Cal. 3d 415; 551 P. 2d 334, 131 Cal. Rptr. 14 (1976) Lipari v. Sears Roebuck, 497 F.Supp. 185 (1980) Jablonski v. U.S., 712 F. 2d 391 (9th Cir. 1983) Hedlund v. Sup. Court of Orange County, 669 P.2d. 41 (1983) Brady v. Hopper, 570 F.Supp. 1333 (1983)</p>
10/27/21	Teleconference (combined)	Gillespie Wadsworth, Psy.D.	<p>Professional Ethics <i>American Psychological Association's Ethical Principles of Psychologists and Code of Conduct</i> <i>Specialty Guidelines for Forensic Psychologists</i> <i>Guidelines for Forensic Psychiatrists</i></p>
11/03/21	Training Center	Rhett Landis, Ph.D., ABPP	<p>Forensic Report Writing Landis, E. Forensic Report Writing at FCC Butner. unpublished monograph. Grisso, T. (2010) Guidance for Improving Forensic Reports: A Review of Common Errors. <i>Open Access Journal of Forensic Psychology</i>, 2, 02-115. http://www.forensicpsychologyunbound.ws/ – 2010.2: 102-115)</p>

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Date	Location	Speaker(s)	Seminar Title & Readings
11/10/21	Teleconference (combined)	Bob Cochrane, Psy.D., ABPP	<p>Malingering, Deception and Dissimulation Rogers, R., & Bender, S. (2013). Evaluation of Malingering and related response styles. In R.K. Otto (Ed.), Forensic psychology (pp. 517-540). Vol. 11 in I. B. Weiner (Editor-In-Chief). Handbook of psychology (2nd ed.). Hoboken, NJ: John Wiley & Sons.</p> <p>Assessment of malingering in correctional settings. Handbook of correctional mental health (2nd ed.). <u>Vitacco, Michael J.</u>; <u>Rogers, Richard Scott, Charles L.</u> (Ed), (2010). Handbook of correctional mental health (2nd ed.), (pp. 255-276). Arlington, VA, US: American Psychiatric Publishing, Inc., xix, 626 pp.</p> <p>Slick, D.J., & Sherman, E.M.S. (2013). Differential diagnosis of malingering. In D.A. Carone & S.S. Bush (Eds.), <i>Mild traumatic brain injury: System validity assessment and malingering</i> (pp. 57-72). New York: Springer.</p>
11/18/21	Warden's Conference	Gillespie Wadsworth, Psy.D.; Genna Petre, J.D.	<p>Mock Testimony Demonstration (Voir Dire with Interns)</p>
11/24/21	NO SEMINAR		HOLIDAY

Date	Location	Speaker(s)	Seminar Title & Readings
12/01/21	Teleconference (combined)	Tracy Pennuto, J.D., Ph.D.	<p>Neuropsychological Assessment in Forensic Cases National Academy of Neuropsychology (2000). Presence of third party observers during neuropsychological testing: Official statement of the National Academy of Neuropsychology. Archives of Clinical Neuropsychology, 15 (5), 379-380.</p> <p>National Academy of Neuropsychology (2000). Test security: Official position statement of the National Academy of Neuropsychology. Archives of Clinical Neuropsychology, 15 (5), 383-386.</p> <p>Bush, S.S., et. al (2009). Secretive recording of neuropsychological testing and interviewing: Official Position of the National Academy of Neuropsychology. Archives of Clinical Neuropsychology, 24, 1-2.</p> <p>The Role of the Neuropsychologist in Selecting Neuropsychological Tests in a Forensic Evaluation. <i>A Position Statement by the National Academy of Neuropsychology Policy & Planning Committee</i> Approved by the Board of Directors 02/15/2018</p>
12/08/21	Teleconference (combined - trainees only)		<p>Landmark Cases – Quasi-Criminal Commitment Vitek v. Jones, 445 U.S. 480 (1980) Jones v. U.S., 463 U.S. 354 , 103 S.Ct. 3043 (1983) Washington v. Harper, 494 U.S. 210 (1990) Foucha v. Louisiana, 504 U.S. 71 (1992) Kansas v. Hendricks, 117 S.Ct. 2072 (1997) Kansas v. Crane, 534 U.S. 407 (2002) Sell v. U.S., 539 U.S. 166 (2003)</p>
12/15/21	Teleconference (combined)	Matthew McNally, Ph.D.	<p>Review & Use of Capacity to Proceed Measures in CST Evaluations & Testimony ILK 2010, FIR R 2006, ECST-R 2004, MacCatCa 1999, GCCT-T 1992, CAST-MR 1992</p>
12/22/21	NO SEMINAR		HOLIDAY

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Date	Location	Speaker(s)	Seminar Title & Readings
12/29/21	Teleconference (combined - trainees only)		Landmark Cases – Informed Consent Caesar v. Mountanos, 542 F. 2d 1064 (9 th Cir., 1976) Rennie v. Klein 653 F.2d 836)3d Cir. 1981) (later proceeding 720 F.2d 266 (1983) Rogers v. Okin, 638 F. Supp 934 (D. Mass 1986) Zinermon v. Burch, 494 U.S. 113 (1990)
01/3/22* (2:00 – 3:00 Monday)	Teleconference (combined)	Adeirdre Stribling Riley, Ph.D.	PCL-R Scoring Training
01/5/21	Teleconference (combined)	Adeirdre Stribling Riley, Ph.D.	FCC - PCL-R Use in Court <i>The Mask of Sanity, Hervey Cleckley, 1988</i>
01/12/22	Teleconference (combined - trainees only)		Landmark Cases – Employment/Disability, Worker’s Comp, ADA Carter v. General Motors, 106 N.W. 2d. 105 (1961) Dillon v. Legg, 441 P.2d. 912 (1968) Gough v. Natural Gas Pipeline Co. of America, U.S.C.A., 5 th Cir. (1993) Bragdon v. Abbott, 118 S.Ct. 2196 (1998) Olmstead et.al. v. L.C. by Zimring, 119 S.Ct. 2176 (1999)
01/19/22	Teleconference (combined)	Holly Pratesi, J.D.	Personal Injury and Tort Litigation <i>Principles and Practice of Forensic Psychiatry</i> (Chapters 32 & 33) Greenberg, S. (2003). Personal injury examinations in torts for emotional distress. In A. M. Goldstein (Ed.), <i>Forensic Psychology</i> (pp. 233-256). New York: Wiley
01/26/22	Teleconference (combined - trainees only)		Landmark Cases – Expertise and Evidence Frye v. U.S., 295 F. 1013 (D.C. Cir. 1923) Jenkins v. U.S., 307 F.2d 637 (D.C. Cir. 1961) Daubert v. Merrell Dow Pharm., 113 S.Ct. 2786 (1993) General Electric Co. v. Joiner, 522 U.S. 136 (1997) Kumho Tire v. Carmichael, 526 U.S. 137 (1999)

Date	Location	Speaker(s)	Seminar Title & Readings
02/02/22	Teleconference (combined - trainees only)		Landmark Cases – Juvenile Law Fare v. Michael C., 442 U.S. 707 (1979) Kent v. U.S., 383 U.S. 541 (1966) In re Gault, 387 U.S. 1 (1967) Thompson v. Oklahoma, 487 U.S. 815 (1988) Roper v. Simmons 543 U.S. 551 (2005) Graham v. Florida, 130 S. Ct. 2011 (2010) Miller v. Alabama, 132 S. Ct. 2455 (2012)
02/09/22	Teleconference (combined)	Susan Hurt, Ph.D.	Topics in Police and Public Safety Psychology
02/16/22*		Internship Conference	
02/23/22	FMC- Radiology	Radiology Tech/Dr. Pennuto	Use of Neuroimaging in the Evaluation of Criminal Cases
03/09/22	Warden’s Conference		Mock Testimony #1 (Intern, Attorney)
03/16/22	Teleconference (combined)	Margot Williams, Ph.D.	Multicultural Considerations for Assessments
03/23/22	Teleconference (combined)	Teri Wise, Ph.D.	Evaluation of Persons with IDD
03/30/22	Teleconference (combined)	Adeirdre Stribling Riley, Ph.D.	Right to Receive Treatment, Right to Refuse Treatment <i>Principles and Practice of Forensic Psychiatry</i> (Chapter 17), pp. 111 - 117. Drogin, E.Y. & Barrett, C.L. (2003). Substituted judgment: Roles for the forensic psychologist. In A. M. Goldstein (Ed.), <i>Forensic Psychology</i> (pp. 301-312). New York: Wiley Grisso, T. (2002). Competence to consent to treatment. In T. Grisso, <i>Evaluating competencies: Forensic assessments and instruments.</i> (pp.391-460). New York: Kluwer.
04/06/22	Teleconference (combined - trainees only)		Landmark Cases – Civil Commitment O’Connor v. Donaldson, 422 U.S. 563 (1975) Wyatt v. Stickney, 344 F. Supp. 387 (M.D. Ala. 1972) Lessard v. Schmidt, 349 F.Supp. 1078 (E.D. Wis. 1972) Addington v. Texas, 441 U.S. 418 (1979) Parham v. J.R., 99 S.Ct. 2493 (1979) Youngberg v. Romeo, 457 U.S. 307 (1982) Heller v. Doe, 113 S.Ct. 2637 (1993)

Date	Location	Speaker(s)	Seminar Title & Readings
04/13/22	Teleconference (combined)	Mark Hazelrigg, Ph.D., ABPP	Diminished Capacity Evaluations
04/20/22	Teleconference (combined - trainees only)		Landmark Cases – Child Custody Law Painter v. Bannister, 358 Iowa 1390, 140 N.W. 2d. 152 (1966) Lassiter v. Department of Social Services, 452 U.S. 18 (1981) Santosky v. Kramer, 455 U.S. 745 (1982) Pennsylvania v. Richie, 480 U.S. 39 (1987) DeShaney v. Winnebago County Department of Social Services, 489 U.S. 189 (1989) Troxel v. Granville, 530 U.S. 57 (2000)
04/27/22	Teleconference (combined)	Kolleen Hurley Fox, Ph.D.	Children and Families/ Custody Evaluations
05/04/22	Teleconference (combined - trainees only)		Landmark Cases – Confidentiality and Privilege In re: Lifschutz, 2 Cal.3d 415, 467 P.2d 557 (1970) State v. Andring, 342 N.W. 2d 128 (Minn. 1984) Commonwealth v. Kobrin, 395 Mass. 284 (1985) Jaffee v. Redmond, 135 L.Ed. 2d 337 (1996) Deatherage v. Examining Board of Psychology, 948 P.2d 828 (Wash. 1997)
05/11/22	VTC		Mock Testimony #3 (Intern, Attorney)
05/18/22	Teleconference (combined)	Cindy Cottle, Ph.D.	Juvenile Justice
05/25/22	Teleconference (combined)	Mallory Storus, J.D.	Presentencing Evaluations <i>Psychological Evaluations for the Courts</i> , 4 th Ed. . (Chapter 9)
06/01/22	Teleconference (combined)	George Corvin, M.D.	Malpractice & Professional Liability <i>Principles and Practice of Forensic Psychiatry</i> , Ch. 28 (pp 249-259)
6/08/22	Teleconference (combined)	Amy Leeper, Ph.D.	VA C&P Evaluations
06/15/22	VTC		Mock Testimony #3 (Intern, Attorney)
06/22/22	Teleconference (combined)	Jill Grant, Ph.D.; Angela Lassiter, J.D.	Guardianship & Testamentary Capacity
06/29/22	Teleconference (combined)	Evan Dubois, Psy.D.	Antisocial Personality Disorder: Forensic and Correctional Implications
07/06/22	VTC		Mock Testimony #5 (Intern, Attorney)

Date	Location	Speaker(s)	Seminar Title & Readings
07/13/22	Teleconference (combined - trainees only)		Landmark Cases – Death Penalty Furman v. Georgia, 408 U.S. 238 (1972) Gregg v. Georgia, 428 U.S. 153 (1976) Barefoot v. Estelle, 463 U.S. 880 (1983) Ake v. Oklahoma, 470 U.S. 68 (1985) Ford v. Wainwright, 477 U.S. 199 (1986) Atkins v. Virginia, 536 U.S. 304 (2002) Panetti v. Quarterman, 549 U.S. 1106 (2007) Hall v. Florida, 572 U.S. 701 (2014)
07/20/22	Teleconference (combined)	Kristina Lloyd, Psy.D., ABPP	Death Penalty Issues Cunningham, M. & Goldstein, A. M. (2003). Sentencing determinations in death penalty cases. In A. M. Goldstein (Ed.), <i>Forensic Psychology</i> (pp. 407-436). New York: Wiley Heilbrun, K., Marczyk, G., & DeMatteo, D. (2002). Competence to be executed. In K. Heilbrun, G. Marczyk, and D. DeMatteo (Eds.) <i>Forensic mental health assessment: A casebook</i> (pp. 96-115). New York: Oxford. <i>Psychological Evaluations for the Courts</i> , 4th Ed. (Chapters 9, pp. 285-293)
07/27/22	Teleconference (combined)	Psychiatry Fellow	Psychopharmacology for Psychologists
08/03/22	Teleconference (combined)	Bruce Berger, M.D.; Michael Bredenberg, J.D.	Practitioner as an Expert Witness <i>Principles and Practice of Forensic Psychiatry</i> (Chapters 4 and 5) <i>Psychological Evaluations for the Courts</i> , 4 th Ed. (Chapter 18)
08/10/22	<i>Makeup date</i>		

2021-2022 FORENSIC SEMINAR SCHEDULE

PRESENTER	TITLE/TOPIC	DATE
Intern Orientation	SHU Reviews & Inmate Data Tracking Systems: PDS/BEMR, Sentry, and Insight, Suicide Risk Assessments	8-30-21
Intern Orientation	Complex orientation, Paperwork, T&A	8-31-21
Lauren Delk, Psy.D.	Review Systems/ First Step Act	9-13-21
Jill Haughawout, Psy.D.	Residential Drug Abuse Treatment Program	9-20-21
Brandi Reynolds and Diana Hamilton, Ph.D.	VTC – Suicide Prevention	9-23-21
Lauren Delk, Psy.D.	Self-Care in a Correctional Environment	9-27-21
Ryan Koch, Psy.D, Evan Dubois, Psy.D., Jennifer Halbsgut, Psy.D., Alma Robles, Psy.D.	BOP Careers: An Overview and Q&A	10-4-21
Jill Roth	VTC – PREA	10-12-21
Justin Rigsbee, Psy.D., Ph.D.	Sex Offender Risk Assessment	10-18-21
Rob Nagle, Ph.D. and Diana Hamilton, Ph.D.	VTC - Suicide Prevention	10-27-21
Adeirdre Stribling Riley, Ph.D	Multicultural Assessment and Treatment	11-1-21
Tracy O’Connor-Pennuto, JD, Ph.D.	Neuropsychological Assessment (Training center)	11-8-21
Jay Gregg, Ph.D.	Treating Combat and Military Trauma (Teleconference)	11-15-21
Justin Rigsbee, Ph.D.	Understanding Biases in Forensic Assessment	11-22-21
Joseph Zonno, Ph.D.	Mental Health Issues in Restrictive Housing	11-29-21
Robert Melin, Psy.D.	CBT for Psychosis	12-6-21
Byron Williams, Psy.D.	Dialectal Behavior Therapy with Inmates	12-12-21
HOLIDAY		12-20-21
HOLIDAY		12-27-21
Adeirdre Stribling Riley, Ph.D	PCL-R Scoring Training	1-3-22
Heather Ross, Ph.D.	Evaluating Sovereign Citizens	1-10-22
Karl Leukefeld, Tamara Klein and Brandi Reynolds	Women and Special Populations	1-18-22
Laura Herman, Psy.D.	PTSD in Corrections	1-24-22
Patrick Cook, Psy.D.	Adam Walsh Act	1-31-22
N. Chanell Williams, Ph.D., ABPP	Behavioral Medicine: End of Life Issues	2-7-22
Laura Herman, Psy.D.	Motivational Interviewing	2-21-22
Tanya Cunic, Psy.D.	TBD	3-1-22
Intern Presentation 1		3-7-22
Kate Morris, Ericka Schmitt. Christine Anthony and Diana Hamilton	Psychology Treatment Programs in the BOP	3-15-22

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PRESENTER	TITLE/TOPIC	DATE
INTERN MOCK #2		3-28-22
Laura Herman, Psy.D.	Risk Needs Responsibility	3-21-22
Intern Presentation 2		3-28-22
Melanie Mivshek, Psy.D. and Brittany Bate, Psy.D.	Working with Transgender Inmates	4-4-22
Intern Presentation 3		4-11-22
Kara Holden, Psy.D.	Medication-Assisted Treatment with Substance Use Disorders	4-18-22
Intern Presentation 4		4-25-22
Gillespie Wadsworth, Psy.D.	TBD	5-6-22 (Retreat Location)
Dawn Graney, Psy.D.	Hostage Negotiations	5-9-22
Intern Presentation 5		5-16-22
Manuel Gutierrez, Psy.D.	WitSec Program	5-23-22
Katherine Sunder, Psy.D.	Hebephilia	6-7-22
INTERN MOCK #4		6-13-22
Rhett Landis, Ph.D., ABPP	Licensure and Related Credentialing	6-13-22
INTERN MOCK #6		6-27-22
Heather Ross, Ph.D.	Characteristics of Stalkers	7-11-22
INTERN MOCK #8		7-18-22
Laura Sheras, Psy.D. and Kara Holden, Psy.D.	Student Loan Repayment/Financial Planning	7-25-22
<i>Makeup date</i>		8-1-22

References

- Boothby, J. L., & Clements, C. B. (2000). A national survey of correctional psychologists. *Criminal Justice and Behavior, 27*, 716-732.
- Magaletta, P.R., & Boothby, J. (2003). Correctional mental health professionals. In T.J. Fagan & R. K. Ax (Eds.) *Correctional Mental Health Handbook* (pp.21-38). Thousand Oaks, CA: Sage
- Magaletta, P. R., Patry, M. W., & Norcross, J.C. (2012). Who is training behind the wall? Twenty-five years of psychology interns in corrections. *Criminal Justice and Behavior, 39*, 1403-1418.