

PSYCHOLOGY DOCTORAL INTERNSHIP

FMC ROCHESTER
2025-2026

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Introduction

The Psychology Services Department at Federal Medical Center (FMC) Rochester 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 Federal Bureau of Prisons (FBOP) in general, and FMC Rochester specifically. The brochure begins with an overview of the FBOP as well as the roles of Psychology Services and the Psychology Internship Program within the FBOP.

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

The brochure concludes with a discussion of career opportunities within the FBOP 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 FBOP.

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 four intern positions available at our site and look forward to receiving your application.

Overview of the Federal Bureau of Prisons

Over the last 90 years, the FBOP has established 122 institutions and currently houses approximately 153,000 incarcerated individuals. With the Core Values of Accountability, Integrity, Respect, Compassion, and Correctional Excellence, the FBOP 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 incarcerated individuals 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 FBOP 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 Federal 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 FBOP 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 FBOP 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 FBOP Psychologist.

The primary mission of Psychology Services within the FBOP is to provide psychological, psychoeducational, and consulting services to incarcerated individuals and staff. Psychology Services staff assess the needs of each incarcerated individual 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 FBOP 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 FBOP 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 FMC Rochester



FMC Rochester was formerly a Minnesota state mental health facility known as the Rochester State Hospital (RSH). Patients were first treated at RSH in January 1879. Most of the current buildings were built in the 1950s. After a century of service, the hospital was closed by the Minnesota state legislature in 1982, due to a decline in the patient population in the state hospital system. In May 1984, Olmsted County agreed to sell a portion of the property to the FBOP for \$14 million. This consisted of six buildings on 64 acres of land. FMC Rochester began receiving incarcerated individuals in late 1984, and was officially dedicated in September 1985.

Today, approximately 700 incarcerated individuals are housed at FMC Rochester. The institution is classified as an administrative facility, meaning incarcerated individuals of all security levels (minimum, low, medium, high) can be confined here; the majority, however, are low security. They are assigned to three different units. The Work Cadre Unit houses general population incarcerated individuals who are usually from the Midwestern United States and are assigned to various jobs throughout the facility. The Mental Health Unit provides inpatient mental health evaluation and treatment to those with serious mental illnesses. The Medical/Surgical Unit provides care to incarcerated individuals with chronic or severe health conditions such as liver disease, HIV/AIDS, and hepatitis.

The population of incarcerated individuals at FMC Rochester is very diverse. The institution houses male incarcerated individuals. As a medical center, our main missions are to provide inpatient mental health treatment and medical care. Our mental health patients may be

designated to our institution directly from the federal court system or transferred from other FBOP institutions. A large portion of our mental health patients were adjudicated not competent to proceed to trial or not guilty by reason of insanity (NGRI) and were civilly committed as dangerous due to a mental illness. In addition, many incarcerated individuals are referred to us for medical care and consultation with the internationally renowned Mayo Clinic.

Incarcerated individuals at FMC Rochester experience a wide variety of mental disorders including, but not limited to, acute and chronic psychotic disorders, anxiety and mood disorders, personality disorders, substance use disorders, paraphilic disorders, intellectual disabilities, and neurocognitive disorders. They may also seek Psychology Services for many other reasons, including family issues (e.g., divorce, maintenance of family relationships), release/discharge concerns (e.g., relapse prevention), grief, anger management, or chronic medical issues.

On a more philosophical note, due to its state hospital beginnings, FMC Rochester is known for placing a high priority on the humane treatment of patients. We have high standards of care and strive to place patients in the least restrictive environment for treatment purposes. As an institution we are dedicated and committed to the FBOP's guiding values of Selfless Service, Respect, Integrity, Courage, and Compassion. Our success at FMC Rochester is attributed to each staff member's outstanding efforts.



The Psychology Services Department at FMC Rochester is comprised of a Chief Psychologist, five Advanced Care Level Psychologists, who provide services to patients in the mental health unit, a Medical/Surgical Unit Psychologist, a Specialty Program Coordinator, a Drug Treatment Coordinator, a Drug Treatment Specialist, an SMI Postdoctoral Fellow, and a Staff Psychologist, who provides mental health services to incarcerated individuals in the Work Cadre Unit. Additionally, our team includes our valued Doctoral Psychology Interns. We also have relationships with local graduate schools and will typically have psychology practicum students.



Interns function as a member of a multidisciplinary treatment team within an inpatient mental health and correctional environment. Throughout the year, interns are exposed to the full spectrum of psychopathology, with the opportunity to follow patients in their journey of recovery from severe psychosis to stabilization, recovery, and release. By utilizing evidence-based practices and a

collaborative team approach between disciplines, our staff strive to provide high quality treatment for an underserved population. We value diversity and offer a safe and supportive learning environment that allows interns to enhance their clinical skills, ethical practice, and develop a well-defined professional identity through experiential training.

FMC Rochester adheres to the practitioner-scholar model in which our training program emphasizes the use of scholarly research to inform clinical practice. Interns bring with them a vast amount of knowledge pertaining to psychological theory and science-based practice from their training in graduate school. We value the intern's knowledge and perspective while also providing additional exposure to evidence-based practices through didactic seminars, mental health case law, assigned readings, and supervision of clinical work.

Psychology Internship at FMC Rochester

Program Aim, Competencies, and Outcomes

The aim of the Doctoral Psychology Internship Program at FMC Rochester 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 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. We believe that exposure to a correctional facility and our population of incarcerated individuals will make interns 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 FBOP shortly after graduation. However, we purposely tailor our training 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 correctional 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 contacts, supervision, didactics, and other professional activities. Interns at FMC Rochester, like all FBOP employees, are considered essential workers and are expected to report to the institution Monday through Fridays (excluding federal holidays), even during the COVID pandemic and other potential emergency situations. The internship year begins in August and ends the following August, and normal working hours for interns are considered 7:30 a.m. to 4:00 p.m. 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

The internship year at FMC Rochester consists of a year-long, primary training experience in Serious Mental Illness-Inpatient Therapy, complemented by two, six-month secondary training experiences in Correctional Psychology/Medical Unit/Substance Use Disorder Treatment and Forensic Evaluation rotations.

Year-Long Training Experiences

Serious Mental Illness-Inpatient Therapy: During the Serious Mental Illness-Inpatient Therapy experience, interns provide psychology services as part of a multidisciplinary treatment team that also consists of psychiatry, social work, recreation therapy, nursing, and pharmacy staff. Each treatment team provides mental health services to approximately 25-to-30 patients who are diagnosed with severe and persistent mental disorders. Specifically, most patients have a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder. Many patients also have other co-occurring mental, cognitive, or personality disorders and/or substance use disorders, which may be a focus of treatment.

The population of patients consists of sentenced individuals who have consented to participate in treatment through the Residential Service, or who are under evaluation in the Diagnostic and Observation Service to determine whether they have a mental illness and are in need of involuntary, court-ordered treatment pursuant to the provisions of 18 U.S.C. § 4245. Other patients are not serving a sentence but are civilly committed to the custody of the Attorney General for hospitalization pursuant to the provisions of 18 U.S.C. § 4243 and 4246 due to risk of dangerousness to others or property of others due to their mental illness. These patients were previously adjudicated not guilty by reason of insanity (NGRI) or incompetent to stand trial, or were committed at the end of their sentence, respectively.

Interns are assigned to work with an inpatient mental health supervisor for the entirety of the year-long training experience. They participate as a member of their psychology supervisor's treatment team and are assigned a patient caseload of approximately 8-to-12 patients, for whom they have primary responsibility for providing psychology services including initial evaluation and psychological assessment, diagnostic formulations, treatment planning, individual and group therapy, suicide risk assessments and other crisis interventions, and behavior management plans.

Interns regularly conduct rounds in the locked housing unit. They lead quarterly treatment team meetings for their patients and complete appropriate documentation of all services provided.

At least annually, a mental health evaluation or risk assessment report is submitted to the Court for each patient committed under 18 U.S.C. § 4245, 4243, and 4246. Interns are responsible for preparing these reports for patients on their caseload, and additionally as assigned. In addition, patients committed under 18 U.S.C. § 4243 and 4246 are seen by the risk assessment panel to offer an opinion to the Court regarding their continued need for civil commitment.

Intern training goals for the Serious Mental Illness-Inpatient Therapy experience include:

- Strengthening knowledge of DSM-5-TR criteria for severe and persistent mental disorders and improving skill in providing diagnostic formulations.
- Strengthening clinical interviewing, crisis intervention, and de-escalation skills.
- Increasing proficiency in the use of assessment to inform therapeutic goals and treatment interventions.
- Increasing knowledge and skill in providing cognitive-behavioral, evidence-based therapies in individual and group modalities.
- Developing increased awareness of and sensitivity of factors impacting clinical services with individuals, groups, and communities who represent various backgrounds and characteristics.
- Increasing understanding of violence risk assessment and the federal statutes related to civil commitment.
- Developing understanding of a psychologist's role as part of a multidisciplinary treatment team and within the correctional environment.
- Developing understanding of FBOP treatment-related policies and federal statutes and a psychologist's corresponding role.
- Demonstrating proficiency to practice psychology within the boundaries of the ethical and legal principles governing professional behavior.

Secondary Training Rotations

Correctional Psychology/Medical Unit/Substance Use Disorder Treatment: This rotation includes training and clinical experiences in substance abuse programming and the provision of psychology services to male incarcerated individuals in the general population, inpatient medical unit, and outpatient medical unit. Many incarcerated individuals have experienced psychosocial difficulties related to substance abuse, adverse childhood experiences, criminal thinking, and maladaptive personality traits. Additionally, those incarcerated individuals housed in the medical units are typically diagnosed with serious medical conditions including, but not limited to, infectious diseases (e.g., HIV/AIDS and hepatitis), assorted cancers, organ failure, brain injuries, and various forms of neurocognitive disorders. As such, interns develop specialized interviewing skills for working with medical populations. They may also develop behavioral management plans for incarcerated individuals who are behaviorally disruptive secondary to a neurocognitive disorder.

During this rotation, interns conduct clinical interviews as part of psychological intake screenings. These intake screenings serve a vital role in identifying mental health and substance abuse programming needs based upon the FBOP's mental health care level system. Thus, to complete this responsibility, interns review available records, conduct thorough clinical interviews, and offer diagnostic impressions, as appropriate. Interns will also facilitate therapeutic, evidence-based recidivism reduction groups, during the rotation.

Interns will be assigned a caseload of individuals designated as Care2-MH in the general population and medical units. For individuals on their caseload, the intern will provide diagnostic clarification, formulate treatment plans, and utilize evidence-based interventions during monthly individual therapy sessions. Treatment may focus on a variety of issues including anxiety, depression, grief/loss, and criminal thinking.

During the rotation interns will conduct weekly rounds in the Special Housing Unit (SHU), a locked unit, housing incarcerated individuals on disciplinary and/or administrative (e.g., protective custody) status. Weekly rounds will also be conducted for those housed on the locked medical unit. Monthly, interns write brief mental health summaries to determine if those in locked housing are experiencing negative effects related to their confinement in SHU. In conjunction with the rotation supervisor, interns may also provide orientation to psychology services during the institution's Admission and Orientation (A&O) program, which introduces

incarcerated individuals to the variety of specialized treatment programs available through the department. Also, in collaboration with their supervisor, interns will respond to requests and address crises, including conducting suicide risk assessments or individual mental health contacts, as needed.

Interns may also have the opportunity for testing during this rotation upon availability. These testing experiences include, testing with incarcerated individuals for GED accommodations upon referral from the education department. Interns may also have unique assessment opportunities (e.g., evaluations for organ transplant candidates) and evaluations for cognitive decline may also be available on this rotation.

FMC Rochester has inmate suicide watch companions, who monitor those incarcerated individuals who are placed on suicide watch. FBOP policy requires these inmate suicide watch companions receive training, which interns will facilitate. Additionally, interns may also be able to co-facilitate institution-wide mock suicide drills during the rotation.

Interns will learn to assess and treat chemically dependent incarcerated individuals by co-facilitating a Non-Residential Drug Abuse Treatment Program (NRDAP) group with the Drug Treatment Specialist. They will participate in weekly clinical treatment team meetings to consult and increase knowledge and skills for providing drug abuse programs. NRDAP uses motivational interviewing and a cognitive-behavioral therapy-based curriculum to promote rational thinking skills and healthy lifestyle behaviors. Opportunities to participate in the Drug Education Program and conduct diagnostic interviews for the Residential Drug Abuse Treatment Program (RDAP) may also be available, along with participation in assessing and providing individual and/or group therapy to participants in Medication-Assisted Treatment (MAT) and consulting with the multidisciplinary health services staff also involved in the MAT program. Overall, the training and responsibilities on this rotation prepare interns for an entry-level position as a Staff Psychologist and expose them to the specialized positions of a DAP Coordinator and MAT Psychologist.

Forensic Evaluation: This rotation is designed to help interns strengthen their diagnostic formulation, case conceptualization, and report writing abilities. Interns on the assessment rotation conduct assessments for CARE3-MH and CARE4-MH incarcerated individuals who receive incident reports to determine their competence to participate in the disciplinary process

and responsibility for the alleged misconduct. As part of this rotation, interns participate in at least three risk assessment panel meetings as a guest panel member. The intern will work with their supervisors to evaluate the presence of violence risk factors from the Historical Clinical Risk Management-20, Version 3 (HCR-20^{V3}), a comprehensive set of professional guidelines for the assessment and management of violence risk. In their role as a guest panel member, interns facilitate the panel interview and write the panel opinion, which is submitted to the Federal Courts.

Interns also participate in a mock trial as part of this rotation. Interns and the assessment supervisor select an appropriate case for the mock trial, which is typically a risk assessment for a civilly committed patient. The intern writes an opinion and provides expert witness testimony during the mock trial. Generally, the majority of the Psychology Services Department attends the mock trials and offers feedback and constructive criticism to help interns improve their diagnostic formulations, case conceptualization, report writing, and testifying abilities. Finally, based upon the availability of these evaluations, interns may have the opportunity to write annual reports for individuals who are committed for hospitalization in lieu of sentencing pursuant to 18 U.S.C. 4244, or participate in evaluations for initial civil commitment pursuant to 18 U.S.C. § 4243, 4245, and 4246.

[Didactic Training](#)

Didactics

Interns participate in a planned series of weekly lectures, discussions, and training seminars on a variety of topics including, but not limited to, working in corrections, evidence-based practices, diversity, ethics, and professional development. We make ongoing efforts to improve our didactic training as the field of psychology evolves, and to meet the needs of our unique intern cohorts. Didactic topics may include Group Processing/Dynamics, Schizophrenia and Neurocognitive Decline, Psychopharmacology, Treatment of PTSD in a Correctional Setting, EPPP and Licensure, and Working with Female Offenders.

Forensic and Mental Health Case Law Seminar

This seminar provides a forum to present and discuss relevant case law pertaining to forensic assessment and mental health treatment issues. Interns prepare and present legal briefs

on the selected mental health cases and will develop a collection of legal briefs on many of the most significant legal decisions addressing a wide variety of mental health issues. Additionally, supervising psychologists will provide didactics about forensic topics as they pertain to forensic practice within the federal legal system. Topics may include Competence to Stand Trial; Criminal Responsibility, Civil Commitment; Rights to Mental Health Treatment, Duty to Protect, Expert Witness Testimony, and Capital Punishment.

National Trainings

The FBOP is a national organization, and it is not uncommon for psychologists across the country to have regular contact through training and consultation. This collaborative network extends to interns and internship programs in the FBOP. Central Office Psychology Services Branch sponsors a National Internship Video Conference series to compliment, extend, and broaden locally offered didactics. These have included: Suicide Risk Assessments (presented by the National Suicide Prevention Coordinator), Prison Rape Elimination Act Assessments (presented by the National PREA Coordinator), applying for FBOP careers after internship (presented by members of the Risk Reduction Section in the Central Office), and hearing career perspectives from senior psychologists in the FBOP.

A National Psychology Intern Conference will typically be held annually at the FBOP training center in Denver, Colorado. All interns throughout the FBOP participate in this event. In addition, the North Central Region has historically hosted an Intern Training event in which interns from FMC Rochester, U.S. Medical Center for Federal Prisoners (USMCFP) Springfield, Missouri, Federal Correctional Complex (FCC) Terre Haute, Indiana, and Federal Correctional Institution (FCI) Englewood, Colorado come together for a week of networking and didactic training. These unique opportunities foster professional relationships with peers and staff at other institutions.

Interns are also encouraged to take advantage of Temporary Duty Travel (TDY) opportunities throughout their training year. TDYs allow interns to visit and work in Psychology Services Departments at other institutions across the country. This is an excellent opportunity for interns who are considering a career in the FBOP to experience different security levels, populations, and regions of the country before applying for employment.

A Day in the Life of an FMC Rochester Intern

Every day at the FBOP is new and exciting and will vary depending on the needs of the facility, Psychology Services Department, and the incarcerated individuals we provide services to. Exposure to constant stimulation is key in the development and engagement of our interns. Recognizing that there is no “typical day” at the FBOP, below is a description of what a day could look like for one of our interns.

A typical day at FMC Rochester begins with clinical rounds in the mental health building, during which, clinical staff are apprised of patient symptoms, functioning, and behaviors which occurred after hours. Inpatient supervisors and their assigned interns then speak to and assess all assigned patients on the locked and semi-locked mental health units. The intern’s day after this, depends on the day of the week and the rotation they are on. A helpful skill interns learn over the course of the training year is flexibility, as crises are the most consistent part of the day. In regard to the four hours of group supervision and didactics, it is typically split into two days, with one morning interns having group supervision and didactics, and another they have a second hour of group supervision and forensic seminar.

Supervision

FMC Rochester 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. Two hours of weekly supervision are provided in a group format. This includes one hour of group supervision which changes in topic throughout the month. These topics include review of video recorded sessions with patients in groups and individual therapy sessions, and one week with the Internship Program Coordinator during which interns can process topics related to their overall training experience and professional development. A second hour of group supervision rotates among the psychologist supervisors in coordination with their intern supervisee, during which interns prepare formal case or topic presentations with discussion questions, such that the supervision structure provides an opportunity for both professional supervision and peer consultation.

Additionally, interns are provided training experiences during the internship year to develop their knowledge and skills in providing clinical supervision. Didactic training is offered

to increase knowledge of effective clinical supervision, supervision models and practices, and to engage in self-assessment that allows interns to develop a personal theory and model of supervision. Experiential training is provided in direct or simulated practice with peers, or with practicum students as available, to apply knowledge and build supervisory skill. Once a month, group supervision will be dedicated to skill development in providing supervision. Inpatient mental health clinical supervisors will provide an introduction to a supervision topic on a rotating basis. Interns will then be tasked with role-playing how to provide supervision surrounding the specific topic or presenting a video of lateral supervision provided to a practicum student, if available. Interns will be provided constructive feedback from clinical supervisors and their peers about their provision of supervision.

Interns receive one hour of supervision per week with their assigned inpatient supervisor, and a second hour of individual supervision with their secondary rotation supervisor. 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. In addition to the regularly scheduled weekly supervision mentioned above, licensed psychologists are readily available for consultation and supervision as necessary. 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.

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.

Our training program recognizes that no two individuals are the same, and that to be successful, clinicians must be trained to recognize the myriad presentations informed not only by diagnostic difference but by cultural difference arising from unique backgrounds and histories. To recognize individual differences is to recognize their strengths and the specific variables that allow them to overcome challenges and to work with their providers to reduce

symptoms and work toward mental health. Furthermore, our supervision is geared toward providing interns with the ability to recognize their strengths as providers but also any tendencies toward bias and the ways in which such tendencies interfere in the therapeutic process, hindering treatment progress for their clients. Such discussions are inter-woven into daily practice, weekly supervision with interns, and didactic learning.

Intern Evaluation

Evaluation of interns is a continuous, systematic process. Interns receive frequent informal feedback from numerous Psychology Services staff members throughout the year. In addition, they are provided a formal evaluation at the mid-point and at the conclusion of each rotation (i.e., four times per year). Their performance on the year-long inpatient experience is also evaluated at these intervals. Interns are evaluated using a tool common to all FBOP internship training sites. The evaluation measures interns progress regarding the following profession-wide competencies, as delineated by the 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.

Our aim at FMC Rochester is for each intern to successfully complete internship and to assist all interns in developing the skills to do so. Performance expectations, the aims of the program, the evaluation schedule, and the FBOP Standards of Conduct are delineated at the outset of the training year. On occasion, it is possible that specific performance or conduct concerns may need to be addressed. The Due Process procedures at FMC Rochester address any such problems and will be made available to all matched interns during the orientation week of the internship program. In addition to a hard copy description of the procedures, the Internship Program Coordinator will review them with interns to ensure they completely comprehend their rights, resources, and responsibilities. These procedures can be made available to interested applicants upon request.

Throughout the training year, interns are encouraged to provide feedback about their training experiences to their direct supervisors, the Internship Program Coordinator, the Chief of

Psychology, and the Training Committee. Interns are asked to complete formal evaluations of each of their secondary rotations and their year-long inpatient experience quarterly. Interns are also contacted post-internship year to provide additional feedback about their training and readiness for practice in the field. This feedback is considered carefully when making changes and improvements to the internship program.

Members of the Psychology Services Department at FMC Rochester are committed to providing interns with a quality training experience and strive to meet interns' training needs in all areas, including supervision, evaluation, the assignment of work, quality or type of training experiences, the establishment and maintenance of respectful supervisory relationships, and working environment. However, during the course of the internship experience, interns may have concerns regarding these or other issues. As with our Due Process procedures, the Grievance Procedures at FMC Rochester are made available to interns and reviewed during orientation. These procedures can also be made available to those interested upon request.

Benefits

Interns will receive the following benefits:

- A GS-09, Step 1 salary of approximately \$65,269 (as of 2024)
- Paid annual and sick leave, accrued at four hours per pay period
- Paid federal holidays
- Health insurance
- Professional development benefits, including a fully funded conference in Denver with interns from across all FBOP institutions.
- 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
- Career conversion opportunity. Pending successful completion of the internship program, interns that are interested in continuing a career with the FBOP are eligible

for immediate conversion into a FBOP Staff Psychologist role. This is an exciting benefit as interns will not have to apply for a full-time role through USAJobs, and will be able to immediately begin their full-time job with FBOP employee benefits.

APA Accreditation and APPIC Membership

The FMC Rochester Psychology Internship Program received accreditation by the APA in 1995 and meets all APA criteria for doctoral internships in professional psychology. FMC Rochester is also a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC).

Any questions or concerns regarding the accreditation status of the FMC Rochester 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 individuals?

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 FBOP. 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 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 FBOP psychology interns now hold positions not only in FBOP facilities, but also Veteran Affairs 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 individuals is the highest priority of the FBOP. The FBOP has implemented security procedures and installed an array of equipment to make the facilities safe for staff and incarcerated individuals alike. FBOP staff are trained to address any situation with the intent to verbally de-escalate, and we have policies guiding this approach. Although it would be impossible to unconditionally guarantee anyone's safety in a correctional (or any other work) setting, 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 individuals (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 FBOP?

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 disorder treatment facilities, etc.

Q: What do I need to do to complete an 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.

[FMC Rochester Psychologists](#)

Melissa J. Klein, Ph.D., L.P.

Chief Psychologist

Dr. Klein earned her doctoral degree in Clinical Psychology from the University of Toledo (OH) in 2005, with specialty emphases in psychotherapy process and outcomes, jail diversion for persons with severe mental illnesses, and mental health recovery. She completed her doctoral internship and postdoctoral fellowship at FMC Rochester. She was afterwards employed as a Clinical Psychologist at the Minnesota State Operated Forensic Services, Transition Services, where she worked with patients committed as mentally ill and dangerous who were preparing for conditional release to community settings. She returned to the FBOP in 2008, as the Drug Abuse Program Coordinator at FCI Waseca (MN) overseeing residential and non-residential programming and implementing a modified therapeutic community for female incarcerated individuals. She returned to FMC Rochester in 2012, as an Advanced Care Level Psychologist, working with sentenced and civilly committed individuals in the inpatient mental health unit, and became Chief Psychologist in 2020, overseeing administrative responsibilities for the Psychology Services Department and behavioral health unit, maintaining a small clinical caseload, and serving as chairperson of risk assessment panels. Her professional interests include recovery from severe mental illness, forensic assessment, and supervision and leadership. Dr. Klein is licensed in Minnesota.

Savannah Kraft, Psy.D., L.P.

Internship Program Coordinator/Advanced Care Level Psychologist

Dr. Kraft earned both her M.A. in Counseling Psychology (2010) and doctoral degree in Clinical Psychology (2015), with a concentration in Forensic Psychology, from Forest Institute of Professional Psychology. She began her career in the FBOP as a practicum student at MCFP Springfield. Dr. Kraft completed her doctoral internship at FCC Terre Haute. Following the internship, she was hired as a Staff Psychologist with the FBOP at FCI Texarkana (TX). Dr. Kraft transferred to FMC Rochester in 2019, as a psychologist in the Medical/Surgical Unit. In 2020, she began providing mental health services to patients in the inpatient mental health unit, where her caseload primarily includes patients who have been civilly committed, and she serves as a member of the risk assessment panel. Dr. Kraft transitioned to her current position as the Internship Program Coordinator in December 2021. Her interests include neurocognitive disorders, SPMI, sex offender assessment, clinical training, and correctional psychology. She also has a collateral duty as the psychologist on the Correctional Support Team. Dr. Kraft is licensed in Kansas.

Colby Lucas, Ph.D., L.P.

Advanced Care Level Psychologist

After earning a Bachelor of Science in Psychology from the University of Texas at Austin, Dr. Lucas started his career working in a residential addiction treatment center in Beaumont, Texas. He later transitioned into a substance abuse treatment program with the Texas Department of Criminal Justice. He earned a license in chemical dependency counseling in the state of Texas, and he joined the FBOP in 2013, as a Drug Abuse Treatment Specialist within the Residential Drug Abuse Treatment Program at FCC Beaumont. Dr. Lucas received his Ph.D. in Clinical Psychology from Fielding Graduate University in August 2020, after completing his doctoral internship at FMC Rochester. He remained at FMC Rochester as the Staff Psychologist and transitioned into the role of Advanced Care Level Psychologist in 2021. He also has a collateral duty as the psychologist on the Crisis Negotiation Team. Dr. Lucas' interests include mindfulness, the treatment of SPMI, violence risk assessments, and the use of evolutionary psychological concepts in CBT practice. He is licensed in the state of Alabama.

Janine McCarthy, Psy.D., L.P.

Advanced Care Level Psychologist

Dr. McCarthy earned her doctoral degree in Clinical Psychology from the Georgia School of Professional Psychology at Argosy University in Atlanta in 2010. She completed her doctoral internship with the Wisconsin Department of Corrections, based in Madison WI, although training experiences occurred in a variety of correctional settings. She was initially employed by the Wisconsin Department of Corrections at the Taycheedah Correctional Institution, which was the only women's correctional facility in Wisconsin at the time. She was hired as a Staff Psychologist with the FBOP at FCC Florence (CO) in 2012, and promoted to ADX Clinical Psychologist. Dr. McCarthy transferred to FCI Waseca as the Resolve Coordinator in 2014. She transferred to FMC Rochester in 2021, as an Advanced Care Level Psychologist in the Medical/Surgical Unit. She also has a collateral duty as the psychologist on the Correctional Support Team. Professional interests include trauma treatment, psychological pain management, and group therapy. Dr. McCarthy is licensed in Colorado.

Nichole Mundo-Bruno, Psy.D., L.P.

Specialty Program Coordinator

Dr. Mundo-Bruno earned her Doctor of Psychology degree in Clinical Psychology in July 2018, from Carlos Albizu University in San Juan, Puerto Rico. She completed her doctoral internship at the Minnesota Department of Corrections, Minnesota Correctional Facilities in Oak Park Heights and Lino Lakes. She then completed a post-doctoral fellowship in health psychology at the San Mateo Medical Center and Fair Oaks Health Center in San Mateo, California. Dr. Mundo-Bruno has since held professional psychologist positions as a Psychologist 3, first at Anoka Metro Regional Treatment Center, in Anoka, Minnesota, and then at the Minnesota Department of Corrections, Minnesota Correctional Facility in Lino Lakes. Dr. Mundo-Bruno joined the FBOP in 2023, when she was hired in her position of Specialty Program Coordinator at the Federal Medical Center (FMC) in Rochester, Minnesota. Some of the responsibilities of this First Step Act position include to implement programs for the Wellness Management and Recovery treatment milieu, Life Skills Lab, and Secure Mental Health Unit. Dr. Mundo-Bruno is a Licensed Psychologist in the State of Minnesota.

Desiree K. Rozier, Psy.D., L.P.

Advanced Care Level Psychologist

Dr. Rozier obtained both her M.A. (2005) and Psy.D. (2007) in Clinical Psychology, with a concentration in Forensic Psychology, from the Minnesota School of Professional Psychology. She completed her doctoral internship at FCI Fort Worth (TX). After internship she was hired as a Staff Psychologist at FCI McKean (PA). She subsequently worked as the Drug Abuse Program Coordinator at FCI Memphis (TN) from 2008-2013, Chief Psychologist at FCI Talladega (AL) from 2013-2015, Forensic Unit Psychologist at MCFP Springfield (MO) from 2015-2018, and Internship Program Coordinator at FMC Fort Worth 2018-2020. Dr. Rozier transferred to FMC Rochester in October 2020, where she provides inpatient treatment to sentenced individuals and individuals committed as too dangerous to release or not guilty by reason of insanity. Her interests include the treatment of complex trauma and attachment disorders, violence risk assessment, personality disorders, and serious and persistent mental illness. She is licensed in Alabama.

Emily E. Wakeman, Ph.D., L.P.

Advanced Care Level Psychologist

Dr. Wakeman earned her doctoral degree in Clinical Psychology, with a concentration in psychology and law, from The University of Alabama in 2010. She completed her doctoral internship at FMC Rochester. She completed her postdoctoral residency at Florida State Hospital in which she conducted forensic assessments pertaining to competency to stand trial and continuation of civil commitment for patients adjudicated as not guilty by reason of insanity. Dr. Wakeman was employed as a Forensic Psychologist at the Minnesota State Operated Forensic Services from November 2011 to February 2013. She joined FMC Rochester in February 2013. Currently, Dr. Wakeman works with civilly committed patients and sentenced individuals who have serious and persistent mental illnesses. She provides treatment, writes annual risk assessment reports to the courts, and serves as a member of the risk assessment panel. Her professional interests include criminal forensic assessment, violence risk assessment, response style assessment, treatment for individuals diagnosed with serious and persistent mental illnesses, and clinical supervision. Additionally, she is a member of the Holistic Wellness Committee. Dr. Wakeman is licensed in Minnesota.

Rebecca L. Weber, Ph.D., TLLP

SMI Postdoctoral Fellow

Dr. Weber earned both her M.A. (2021) and Ph.D. (2024) in Clinical Psychology from the University of Detroit Mercy in Michigan. She completed her doctoral internship at FMC Rochester. She is looking forward to remaining at FMC Rochester for a year of post-doctoral training. She provides treatment to patients in the inpatient mental health unit, most of whom are civilly committed. She will also be involved in the Life Skills Lab. Her professional interests include severe mental illness, trauma, individual and group therapy, and working with underserved populations.

Trista Wolfgram, Psy.D.

Staff Psychologist

Dr. Wolfgram earned her M.A. in Forensic Psychology (2018) from University of North Dakota and her doctoral degree in Clinical Psychology (2024) from Augsburg University. She was an

advanced practicum student at FMC Rochester where she provided inpatient treatment to sentenced individuals and individuals committed as too dangerous to release or not guilty by reason of insanity. She completed a doctoral internship at FCC Butner (NC) with rotations focusing on treatment of individuals with severe mental illness and forensic evaluations. Following the internship, she returned to FMC Rochester as a Staff Psychologist. Her interests include treatment for individuals diagnosed with serious and persistent mental illness, mental illness stigma, psychological assessment, and forensic evaluations.

Surrounding Area and Local Points of Interest



Rochester is a city of approximately 120,000 people, located in Southeastern Minnesota. It is home to the world-renowned Mayo Clinic, and therefore boasts many amenities of a much larger city. The Mayo Clinic brings medical residents and patients from around the world, which has brought a great diversity of food, art, and entertainment to the city. In regard to music, Rochester is home to the Rochester Symphony Orchestra & Chorale. During the summer there are events downtown such as Thursdays on First and Third Summer Market and Music Festival, which are weekly block parties filled with music, food, and people. The Mayo Civic Center, Rochester Civic Theatre, and Words Players Theatre host live performances throughout the year. The city has a minor league baseball team, the Honkers, and an ice hockey team, the Ice Hawks. Although Rochester does experience all four seasons, winter does not keep its residents inside. There are public skating rinks, outdoor hockey rinks, cross-country skiing and two sledding hills. Rochester also has a plethora of food options ranging from fine dining, international fare to greasy spoon diners as well as four local breweries and several small wineries. Minnesota is

known for its numerous lakes and state parks. The city of Rochester boasts 100 city parks, and nearly 85 miles of bike trails. It is in close proximity to four state parks and is very dog friendly. Rochester is also 85 miles south of the Twin Cities Metro Area – Minneapolis and St. Paul. In the Twin Cities there are abundance of activities depending on your interests including, the Mall of America, NFL, NBA, WNBA, NHL, and MLB games, performances at the at the Guthrie Theatre and the Hennepin Theatre District, among many others.

Career Opportunities at the Federal Bureau of Prisons

The FBOP has relied on the Psychology Doctoral Internship Program to recruit a large proportion of entry-level clinical and counseling psychologists to meet our staffing needs. Many of the psychologists currently employed by the FBOP began their careers after completing a FBOP internship. While jobs are not promised to those who are accepted into the internship program, there are 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 Appendix for initial post-internship placements of the previous three FMC Rochester 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 FBOP as the main providers of mental health services and there are numerous opportunities to advance your career. The FBOP 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. FBOP 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. FBOP employees may retire after 20 years, provided they have reached the age of 50, and receive a full pension. The FBOP is an equal opportunity employer.

How to Apply

The application for all FBOP 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 FBOP Internship web page.

Eligibility Requirements

The Psychology Internship Program at FMC Rochester 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. FMC Rochester 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 FBOP'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. FBOP 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 incarcerated individuals. Applicants must also be U.S. citizens who have lived in the U.S. for the past three out of five years. Additionally, please note that all individuals residing in the immediate household of the applicant must be residing in the U.S. legally.

Applicants should understand that the FBOP 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 AAPI online application has been reviewed.

Application Process and Deadlines

Outlined below is the standard FBOP internship application process and timeline that applies to all FBOP sites. Some sites have additional requirements for their applications, so please be sure to read this section carefully for each FBOP 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 FBOP 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 redacted integrated psychological assessment report on an adult completed by the applicant.
- 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 FBOP 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 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 FBOP's Core Values Assessment (CVA), which is used to determine if new FBOP employees possess the core values and behaviors required for success at FBOP

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 FBOP internship site, applicants only need to complete the CVA and security clearance procedures one time, as results can be shared with other FBOP sites for convenience.

An in-person interview offers a snapshot of the unique nature of a correctional setting. It provides applicants with the opportunity to better assess their compatibility with the correctional environment. Visiting the institution also affords applicants the ability to meet potential colleagues in person, and the benefit of seeing the institution's milieu and its nuances which cannot be conveyed in a brochure. FMC Rochester also recognizes that an in-person interview may not always present as an option for all applicants. To meet Human Resources requirements, at least one FBOP interview must be conducted in-person. If an applicant has additional FBOP interviews, these may be conducted virtually or in-person depending on the applicant's preference and feasibility. FMC Rochester utilizes a structured interview process, standardized interview questions, and a consistent candidate evaluation rubric to ensure an equitable evaluation of all applicants regardless of interview type.

[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 FBOP 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 FBOP's Program Statement on Standards of Employee Conduct. This information is not intended to discourage applications, but to ensure applicants are aware of the

FMC Rochester Psychology Doctoral Internship

additional federal requirements that will be imposed should they wish to pursue a FBOP internship position.

Contact Information

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

Savannah Kraft, Psy.D., L.P.

Internship Program Coordinator/Advanced Care Level Psychologist

(507) 287-0674 ext. 7422

skraft@bop.gov

Melissa Klein, Ph.D., L.P.

Chief Psychologist

(507) 287-0674 ext. 7129

mjklein@bop.gov

Appendix

Internship Admissions, Support, and Initial Placement Data

Program tables updated: May 24, 2024

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

<p>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:</p>
<p>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 also have completed a minimum of 500 intervention hours and 100 assessment hours (*exceptions may be made to the assessment hours due to COVID-19 limitations). Prior work experience in a correctional setting is not required, but training and experiences indicative of appropriate interest are important considerations in selections. The FBOP is an Equal Opportunity Employer.</p> <p>Successful applicants are those who have a passion for assisting individuals with serious and persistent mental in their path of recovery. Strong communication and writing skills are also vital as members of our treatment teams consistently communicate with other disciplines and the federal courts. This environment requires an intern to be flexible, good at time management, and to be open and receptive to learning and receiving feedback.</p> <p>In addition to demonstrating excellence in scholarship, successful applicants demonstrate experience and interest in corrections, crisis management, and forensic psychology. FMC Rochester is a male correctional facility that maintains a population of approximately 700 incarcerated individuals from all security levels.</p>
<p>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:</p>
<p>Total Direct Contact Intervention Hours: N <input checked="" type="radio"/> Y Amount: 500</p> <p>Total Direct Contact Assessment Hours: N <input checked="" type="radio"/> Y Amount: 100</p>
<p>Describe any other required minimum criteria used to screen applicants: Please see the Eligibility Requirements section above.</p>

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 FBOP'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 or virtually.

If matched with a FBOP 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	\$65,269	
Annual Stipend/Salary for Half-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

	2020-2023	
Total # of interns who were in the 3 cohorts	9	
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	0
Military health center	0	0
Academic health center	0	0
Other medical center or hospital	0	0
Psychiatric hospital	1	1
Academic university/department	0	1
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	5
School district/system	0	0
Independent practice setting	0	0
Not currently employed	0	0
Changed to another field	0	0
Other	0	1
Unknown	0	0

- PD= Post-doctoral residency position
- EP= Employed position

Sample Didactic Schedule

Potential Didactic Topics
Applying Ethical Standards to the FBOP
Supervision Theory and Practice
Suicide Prevention
Suicide Risk Assessments and CBT for Suicidal Patients
Prison Rape Elimination Act
Differential Diagnosis
Clinical Interviewing with individuals with Serious and Persistent Mental Illness/How to measure change
Use of Mental Health Secured Housing Unit and Restraints
Group Process/Dynamics
Schizophrenia and Neurocognitive Decline
K2/Synthetic Drugs
Incorporating Intersectional Identities into Conceptualization and Treatment of Patients
Conditional Release
Water Intoxication
Women and Special Populations
EPPP/Licensure
Treatment of PTSD in a Correctional Environment
Psychopharmacology
DAP/NRDAP
MAT
Motivational Interviewing
Psychology Treatment Programs in the FBOP
Religious Groups
Self-Awareness and Professional Growth
Use of Progress and Outcome Measures in Treatment
Chronic Pain
Employee Assistance Program and Self-Care

Compassionate Release
Public Health Service

Potential Forensic Seminar Topics or Cases
<p>Introduction</p> <p>Overview of the federal court system</p> <p>Federal Rules of Evidence</p> <p>*How to prepare a case law brief</p>
<p>Forensic Psychology</p> <p><i>Specialty Guidelines for Forensic Psychology</i> (APA, 2013)</p> <p><i>Forensic Psychology and Correctional Psychology...</i> (Neal, 2018)</p> <p>*Thinking forensically vs. clinically</p>
<p>Expert Witness Preparation</p>
<p>Evidentiary Standards</p> <p><i>Frye v. U.S.</i> (1923)</p> <p><i>Jenkins v. U.S.</i> (1962)</p> <p><i>Daubert v. Merrell Dow</i> (1993)</p>
<p>Introduction to Expert Testimony</p> <p><i>Testifying in Court: Guidelines and Maxims for the Expert Witness, 2nd Ed.</i> (Brodsky, 2013)</p>
<p>Violence Risk Assessment and Risk Assessment Reports</p>
<p>HCR-20^{V3} and Structured Professional Judgment Tools</p>
<p>Introduction to Federal Civil Commitment (18 U.S.C. § 4243, 4244, 4245, 4246)</p>

<i>United States v. Horne</i> (1997)
Due Process Hearings (18 U.S.C. § 4243, 4244, 4245, 4246)
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<i>Lake v. Cameron</i> (1966)
<i>Lessard v. Schmidt</i> (1972)
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<i>O'Connor v. Donaldson</i> (1975)
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