



Correctional Service
Canada

Service correctionnel
Canada



SAFETY, RESPECT
AND DIGNITY
FOR ALL

LA SÉCURITÉ,
LA DIGNITÉ
ET LE RESPECT
POUR TOUS

Correctional Service Canada

(Ontario Region)

Pre-Doctoral Internship

in Psychology

2015-2016

<http://www.csc-scc.gc.ca/careers/003001-9000-eng.shtml>

2015-2016

For additional information contact

Dorothy.Cotton@csc-scc.gc.ca

Canada

The Essentials...

Who are we?

The Correctional Service of Canada [CSC] is the federal government agency responsible for administering sentences of two or more years under the Criminal Code. . In the Ontario Region, we are 60+ psychologists providing clinical, counselling and correctional/forensic services to men and women, in institutions and in the community.

What kind of internship is it?

The CSC internship is a clinical psychology internship which subscribes to a practitioner/scholar model and focuses on the development of a range of generalist skills and abilities applicable in a wide range of clinical settings. It also aims to prepare students to meet competency requirements for practice in correctional/forensic psychology.

Where is it?

Two of the three internship positions are based in the Kingston, Ontario area, and one is based in Kitchener, Ontario.

Are we accredited?

YES--the CSC internship has been CPA accredited for the period 2012-2013 through 2015-2016.

Are we in the APPIC match?

Yes—our APPIC program code numbers are **185811** (Kingston Track) and **185812** (Kitchener Track) and our application deadline is November 7, 2014.

What kind of applicants are we looking for?

Our ideal applicant has a strong clinical background and is interested in working with an underserved population with complex needs. Counselling students with training and experience in working with this kind of population may also apply. An interest in correctional psychology is an advantage and commitment to working with challenging populations is essential. However, while previous experience or course work in correctional or forensic psychology is helpful, it is not essential. This is a clinical internship involving clients who are currently involved with the criminal justice system.

Applicants must also be Canadian citizens or permanent residents.

The Details...

The Correctional Service of Canada (CSC) offers a Pre-Doctoral Internship Program in Clinical Psychology. The purpose of the CSC Pre-Doctoral Internship is to provide education and training for clinicians in order for them to meet both the requirements for completion of a doctoral degree as well as to facilitate registration as a psychologist with competencies in the areas of clinical and correctional/forensic psychology. This is accomplished through a series of experiences designed to achieve proficiency in assessment, treatment, and consultation, while serving a culturally diverse, often under-served and disadvantaged client population who present with a wide variety of clinical concerns.

Table of Contents

About CSC---

| | |
|--|---|
| 1. An overview of the Correctional Service of Canada (CSC) | 5 |
| 2. CSC-Ontario region | 8 |
| 3. Psychology in CSC | 9 |

About the Psychology Internship—

| | |
|--------------------------------------|----|
| 1. Program Mission and Philosophy | 10 |
| 2. Goals of the Internship | 12 |
| 3. The Therapeutic Model | 13 |
| 4. Our Client Population | 13 |
| 5. Objectives and Competencies | 15 |
| 6. The Structure of the Internship— | 20 |
| a. Clinical Focus Areas | 20 |
| b. The Kingston Track | 26 |
| c. The Kitchener Track | 31 |
| d. Seminars and Continuing Education | 33 |
| e. Ethics | 37 |
| f. Diversity Policy | 37 |
| 7. Supervisors and Staff | 38 |

| | |
|--|----|
| 8. Accreditation Status | 43 |
| 9. The Application Process | 44 |
| 10. Appendix A: Sample Goals Statement | 49 |

Correctional Service of Canada

The Correctional Service of Canada [CSC] is the federal government agency responsible for administering sentences of two or more years as imposed by the courts. CSC is responsible for managing institutions of various security levels as well as supervising offenders under conditional release who are in the community.

For more information about CSC...

<http://www.csc-scc.gc.ca/index-eng.shtml>

Addressing the mental health needs of offenders

CORRECTIONAL SERVICE CANADA's Mental Health Strategy (2009-07-16) **promotes improved quality of life, reduces suffering, respects basic human rights, and meets legislative requirements to provide essential health care services and reasonable access to non-essential services. Furthermore, promotion of mental health stability may contribute to increased public safety either directly (i.e. by reducing mental health symptoms that are linked to an offender's offending cycle) or indirectly (i.e. by enabling participation in correctional programs to address those factors that support continued offending such as substance use, criminal attitudes, etc.)**

The Mission of CSC

The Correctional Service of Canada (CSC), as part of the criminal justice system and respecting the rule of law, contributes to public safety by actively encouraging and assisting offenders to become law-abiding citizens, while exercising reasonable, safe, secure and humane control.

CSC Values

Respect

Respectful behaviours honour the rationality and dignity of persons — their ability to choose their own path, within lawful order, to a meaningful life. A good test of respectful behaviour is treating others as we would like to be treated.

Fairness

A complex value in both theory and practice, fairness involves balancing conflicting interests and exercising impartiality, objectivity, equality, and equity in interpersonal relationships. Similar to respect, a good test for fairness is to treat others as you would like to be treated.

Professionalism

Professionalism is a commitment to abide by high ethical standards of behaviour and to develop and apply specialized knowledge for the public good. Professionalism is anchored in a commitment to integrity — a commitment to uphold our values in even the most difficult circumstances.

Inclusiveness

Inclusiveness is a commitment to welcoming, proactively accommodating, and learning

from cultural, spiritual, and generational differences, individual challenges, and novel points of view.

Accountability

Accountability involves the notion of being willing and able to explain, answer to, and justify the appropriateness of actions and decisions. Accountability is applicable to everyone within CSC. Accountability is also about accepting and ensuring responsibility — providing necessary support, feedback, and oversight.





CSC – Ontario Region

Within the Ontario Region, CSC operates 11 male institutions, one multi level female institution, the Regional Treatment Centre (Ontario) and 20 community parole offices. More information about the individual facilities is available at:

<http://www.csc-scc.gc.ca/institutions/001002-3000-eng.shtml>

Those institutions participating in the Kingston-based Internship program include:

Millhaven Institution

Bath Institution

Collins Bay Institution (including the former Frontenac Institution)

Joyceville Institution (including the former Pittsburgh Institution)

Regional Treatment Centre (Ontario)

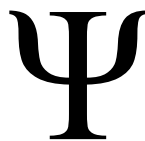
The Kitchener based program is based at the Grand Valley Institution for Women.

Psychology in CSC

CSC is the largest single employer of psychologists in Canada. Nationally, there are almost 300 psychologists who work for the Correctional Service. In the Ontario Region, there are currently over 60 psychologist positions. Psychologists may work in institutions, in the community at parole and other community based offices, and at the regional and national headquarters of CSC.

Psychologists in CSC provide a wide range of services, including:

- Mental health assessment and intervention
- Suicide prevention, assessment, and intervention
- Violence and criminal risk assessment
- Interventions to address criminogenic needs including those related to sexual offending, domestic violence, substance abuse, and other antisocial behaviour
- Operational and basic research
- Program development
- Teaching and supervision of students and
- Policy development .



CSC – Ontario Region Pre-Doctoral Psychology Internship

The Mission

The Mission of the CSC Psychology Internship is to assist in the preparation and training of future psychologists who are competent to undertake clinical work with a wide range of clients presenting with complex mental health needs. As a clinical internship within a correctional setting, the program endeavors to develop skilled psychologists who are able to practice autonomously and competently with a range of generalist clinical skills applicable to a variety of populations in the broader community as well within the correctional system. Entrenched in a practitioner/scholar framework, the program encourages the integration of scientific and clinical knowledge into everyday clinical practice.

Philosophy of the internship program:

The specific and immediate aim of this internship program is to prepare students for post-doctoral supervised practice in psychology with an emphasis in both clinical and correctional/forensic psychology. The primary training model of the Correctional Service Canada (CSC) internship reflects a practitioner/scholar model—heavily informed by the scientist/practitioner model. The CSC builds on this fundamental orientation to develop and reinforce the specific skills necessary for practice in the profession. Given the unique nature of the setting, which demands a high level of public accountability as well as high stakes outcomes for our clientele, the practice of psychology in CSC is evidence-driven. However, while we are research driven, the internship itself focuses on the acquisition of practical psychological skills (those defined as core competencies) and the application of these skills in an underserved population with complex needs.

Embedded in the practitioner/scholar model and in the practice of psychology at CSC is the belief that professional identity is not a static phenomenon that ends once a terminal degree or appropriate licensure or certification is achieved, but instead consists of life-long learning that evolves as the field does. The goal is to develop clinical skills and abilities that reflect a strong appreciation of research, critical thinking, conceptualization, problem-solving, and other scientific skills that are particularly pertinent to clinical practice. There are a variety of activities that are vital to this philosophy, including most obviously experience and education in service

provision, but also including appreciation of professional literature, engaging in research in a variety of ways, and using the scientific method in clinical thinking. A strength and advantage of operating within a system that employs as many psychologists as CSC does is the ready availability of continuing education and professional development activities.

Within CSC, interns are acculturated into the roles of professional psychologists who work in a public sector, correctional setting with underserved adult clients who may often have mental illnesses, substance use problems or cognitive impairment. The presenting complaints, age, ethnicity, socioeconomic background, language skills, and education levels of our clients are diverse. The internship strives to reinforce the need for professional psychologists to provide quality services to such underserved individuals and to appreciate the diversity of life experiences they represent.

Psychologists in CSC play an integral role in assisting offenders to become law abiding citizens through clinical means such as (1) addressing mental health problems, substance use disorders and related problems, (2) by teaching and facilitating the acquisition of skills that maximize the potential of successful re-entry to the community and prosocial functioning in the community, (3) by working with offenders to improve quality of life while incarcerated, and (4) by working to change criminogenic attitudes and beliefs that contribute to recidivism. Psychologists in CSC also assist in maintaining individual, institutional and public safety through assessment of risk of violence and reoffense, suicide and self harm.

The clinical/counselling role of psychologists includes mental health-related services such as working with an interdisciplinary mental health team, providing direct services including a wide range of assessments and interventions, consulting, supervising, and providing and participating in continuing professional education. The role of a correctional psychologist includes provision of risk assessments and interventions related to criminogenic factors, as well as contributions toward release and placement decisions such as segregation reviews.

Goals of the internship:

The principal goal of the CSC Psychology Internship is to provide all interns with broad-based exposure and fundamental skills in the essential areas of clinical and correctional/forensic psychology. In principle, the CSC internship strives:

1. To develop each intern's basic competence in assessment, diagnosis, case conceptualization, and intervention through a combination of major rotations and other opportunities which provide a range of training experiences.
2. To increase an intern's awareness of, sensitivity to, and experience with individual differences-- including but not limited to differences in cultural background, health status, language, socio-economic status, age, religion, race, sexual orientation, and cognitive function.
3. To develop an appreciation of the complex ethical and legal issues involved in working with people within the criminal justice system. In particular, to develop an appreciation of the critical issues related to the balance between individual client needs on the one hand and concerns for public safety on the other hand.
4. To facilitate the development of a sense of professional identity as psychologists through not only specific skills development and added experience but also by participation as members of an organized psychology department. This is achieved through ongoing supervision and consultation with a wide range of members from psychology departments in the Ontario Region.
5. To facilitate a continuous learning orientation in interns in order to provide a sound basis for ongoing professional development over the life of an individual's career.
6. To develop the skills and knowledge required to optimize the effect of psychological assessments and interventions by working with a wide range of other personnel both within the criminal justice system and the community at large.

The Therapeutic Model:

In view of the level of public scrutiny accorded the correctional system, and the complex history of psychologists in corrections, psychological practice within CSC is highly evidence-based. The extensive literature in regard to criminogenic factors, criminal behaviour change, and relapse prevention, as well as the high frequency of mood disorders in this environment clearly dictate the use of evidence-based approaches to intervention. The primary therapeutic approach is cognitive behavioural, but other approaches are used depending on the nature of the client and the background, experience, and training of the psychologist. Some staff employ behavioural strategies, dialectical behaviour therapy (particularly in the women offenders' sector), solution-focused therapies, emotion-focused therapies, and other evidence-based interventions. Regardless of the theoretical model, interventions are formulated and applied using the Risk-Needs-Responsivity Model of offender assessment and rehabilitation.

Interns have the opportunity to work with offenders individually or in groups. Some group interventions are also offered through our partnerships with community psychologists and may be available for interns to participate in. It also has been the case that an intern may design and implement a short term, focused group in relation to issues such as stress management, coping skills, grief and loss, or dealing with the aftermath of childhood sexual abuse.

Our Client Population:

Our population provides exposure to diverse and complex mental health issues. Clients typically present with major mental disorders, including psychotic, mood and/or anxiety disorders. These are often co-morbid with and complicated by substance-related disorders, cognitive impairment, personality disorders, developmental disorders, sleep disorders, a life course of poor nutrition and health, and chronic disease. The aging offender may present with issues related to deteriorating health, mobility, and dementia. In many cases, clients are difficult to engage, ambivalent about change, and may experience frequent crises which interfere with therapeutic progress.

Our diverse population requires appropriate intervention that is sensitive to ethnic diversity (including a large Aboriginal population) sexual orientation and gender identity, and adaptation for low or absent literacy levels, hearing, and sight impairment. Cases are often complex and require a flexible, multidisciplinary and sometimes multi-intervention approach.

We know that the prevalence of offenders with significant mental health issues upon admission has doubled in the past five years. At admission, 11% of federal offenders have a significant mental health diagnosis and over 20% are taking a prescribed medication for a psychiatric condition; just over 6% were receiving outpatient services prior to admission. Female offenders are twice as likely as male offenders to have a mental health diagnosis at admission—over 30% of female offenders had previously been hospitalized for psychiatric reasons. A recent file review of health records in the Ontario region suggests that 39% of inmates in that region have been diagnosed with a mental illness, have a current medication order in effect, or are receiving ongoing psychiatric evaluation or psychological intervention. Preliminary results for a newly implemented mental health screening system suggest one in four offenders has some degree of mental illness at admission.

(Excerpted from the 2008-2009 Annual Report of the Office of the Correctional Investigator)

Objectives and Competencies

These goals are operationalized by aiding the intern to develop skills in the following areas, consistent with (1) the Core Competencies as described in the Mutual Recognition Agreement (2001, 2004) and (2) the basic work and life skills necessary for supervised practice, registration and eventual employment in a setting including CSC and the broader community.

Competencies in Interpersonal Relationships

- Knowledge of theories and empirical data on the professional relationship, such as interpersonal relationships, power relationships and therapeutic alliances
- Knowledge of self and appreciation of personal factors including motivation, values, personal biases
- Ability to communicate with clients and coworkers
- Ability to establish and maintain therapeutic relationships
- Ability to establish and maintain trust and respect in professional relationships

Competencies in Assessment and Evaluation

- Ability to carry out a mental health, diagnostic assessment of offenders with mental health and substance use problems through interviewing and use of formal diagnostic tools (including psychodiagnostic assessments, assessments of cognitive ability, memory and personality using tools such as the WAIS IV, WMS IV, SCIDs, Beck scales, MMPI-2 and PAI; KBIT, measures of response bias and malingering, symptom rating scales such as the SCL 90-R, etc.)
- Ability to assess suicide risk and risk of self-harm
- Ability to assess risk of psychological harm for offenders entering or being maintained on segregation status
- Ability to carry out a comprehensive case formulation, including but not limited to the provision of formal diagnoses
- Ability to use recognized psychological tests and other instruments that have specific application to a correctional population, e.g., risk assessments of violence and sexual violence as well as of deception and malingering

- Ability to appreciate the historical, cultural, gender, and diversity factors that influence case formulation and diagnosis
- Ability to assess and measure a client's change over time
- Ability to complete a comprehensive assessment of risk of recidivism including tools such as the Level of Service Inventory (LSI), and the STATIC, STABLE, and ACUTE

Competencies in Intervention and Consultation

- Ability to carry out intervention with clients who need mental health treatment, using a variety of treatment modalities
- Ability to provide individual counselling/therapy with a short and longer term focus, for both mental health problems and criminogenic needs
- Ability to participate in group programs and therapies for specific client groups (e.g. sex offenders, perpetrators of family violence)
- Ability to manage and de-escalate crises
- Ability to consult with other staff within the correctional setting, including health care , security , program and administrative staff
- Ability to identify population needs and develop programs or interventions to meet those needs

Competencies related to Research and Scholarly Activity

- Attendance and participation in biweekly seminars and other scholarly activities as available
- Ability to understand and apply to practice the principles/theories of assessment and intervention taught at training seminars
- Presentation of two case formulations of assessment and/or therapy clients at seminars
- Presentation of a didactic seminar towards the end of the internship
- Ability to account for the methods and procedures used in decision-making processes in assessment and intervention

- Ability to apply evidence-based procedures and research to clinical practice through single case design studies and program evaluation

Competencies in Ethical Knowledge and Professional Standards

- Ability to apply codes of ethics to professional behaviour and boundaries:
 - Demonstrates a working knowledge of CPA Ethical Principles and Code of Conduct and other relevant ethical, public policy, legal, and professional standards and guidelines especially as applies in correctional settings;
 - Identifies and analyzes potential ethical conflicts spontaneously, reliably, and accurately;
 - Addresses ethical conflicts proactively;
 - Seeks to prevent problems and unprofessional conduct;
 - Fosters ethical behaviour among peers and within organizations.
- Ability to appreciate cultural identity and diversity:
 - Articulates, understands and monitors own cultural identity;
 - Appreciates historical, cultural, gender and diversity factors and their influence on case formulation, diagnosis and intervention;
 - Effectively implements culturally appropriate skills and techniques in assessments and interventions to improve client outcomes (cultural sensitivity);
 - Knows how to gain knowledge and understanding of new cultural groups (cultural knowledge)
- Ability to negotiate conflictual, difficult and complex relationships (relationship skills) with:
 - Clients (balances the needs and rights of the client with the needs and requirements of the correctional organization)
 - Peers (other CSC staff, other interns)

- Supervisors (establishes and maintains a productive learning alliance with supervisors)
- Allied professionals (knowledge of administrative and professional boundary issues regarding other health care , program, and security staff)
- Ability to accurately assess personal strengths and areas in need of improvement
- Ability to avoid or ameliorate impact of personal problems or weaknesses on professional functioning by improving professional effectiveness (based on self-assessment)
- Movement towards greater autonomy in professional practice

Competence in Supervision:

- Ability to articulate a coherent model of supervision and how it applies to practice
- Ability to apply a supervision model to a supervisee (whether within or outside psychology)
- Demonstration of awareness of ethical challenges including dual relationships, power differentials and boundary issues within supervision
- Ability to apply understanding of supervision to both giving and receiving supervision

Competence in Professional and Workplace Behaviours:

- Ability to conform to workplace behavioural expectations in terms of reliability, demeanor, and personal appearance
- Ability to complete notes and reports proficiently and appropriately for the audience
- Demonstration of appropriate concern and conduct in regard to the use of social media
- Ability to identify systemic problems in the treatment and management of offenders with mental illnesses within the correctional environment

- Ability to appropriately communicate protected health information to non-health professionals
- Ability to relate interpersonally and professionally within CSC
- Demonstration of awareness of authority and chain of command issues within CSC
- Demonstration of sensitivity to organizational boundaries and dynamics

CSC Internship: the structure

CSC offers two internship tracks, one based in Kingston, and one based in Kitchener, Ontario. There are two internship positions in the Kingston track and one in the Kitchener track. The Kingston-based positions involve working primarily with male offenders; the Kitchener based position involves working primarily with women offenders.

The internship comprises a minimum of 1600 hours of experience, normally completed on a full-time basis over the course of one year.

The training itself is based on an integrated series of experiences, based in one primary location and with one primary supervisor, rather than on a series of individual and distinct rotations. There are six areas of clinical focus, and each intern will be exposed to a minimum of four of these foci. Interns selecting the Kitchener Track will participate in all six focus areas, given the nature of the Grand Valley Institution setting (see p. 31) .

Interns will have the opportunity to work in a variety of contexts and with a variety of psychologists, but the experiences are unified and integrated within a single “campus” and under the overall direction of one primary supervisor.

Clinical Focus Areas

There are six area of clinical focus. These are:

- Assessment
- Maximum Security
- Medium Security
- Minimum Security
- Mental Health
- Community Corrections



Assessment:

Assessment may occur in a variety of contexts within CSC. All offenders entering the federal criminal justice system undergo an initial mental health screening assessment in order to determine whether mental health needs are evident (a program referred to by the acronym CoMHISS). A subgroup of offenders who require more specialized mental health attention also undergo more in depth assessments within COMHISS or once they are assigned to a “home” institution. Offenders with a history of sexual offending may undergo more comprehensive assessment both to determine level of risk and to identify treatment and programming needs. Many offenders also are the subject of risk assessment over the course of their incarceration and in particular, in preparation for community release or security reclassification. Of course assessment is an integral part of any psychological service and occurs in all clinical settings within the internship. All interns will complete standard diagnostic assessments, risk assessments and basic cognitive assessments, regardless of their placement. “Assessment” as an additional clinical focus refers more to specialised assessments that occur in defined circumstances The Assessment Clinical Focus may be addressed through involvement in the COMHISS Program (Millhaven and Joyceville), or the Intermediate Mental Health Care Unit (Millhaven).

Please also note that while some cognitive assessment is a part of normal psychological service provision at CSC, it is not a focus area in this program.

Maximum Security:

Maximum security facilities provide the highest security level in the Region. A maximum security institution generally houses offenders serving long sentences (e.g., Lifers), often at the beginning of their sentences, as well as offenders with serious behavioural or mental health difficulties who are unable to function in the less structured environments with lower security. Mental health issues range from short-term adjustment issues to more severe disorders including both mood and psychotic disorders, all of which are often complicated by moderate to severe personality disorders and substance abuse issues. The types of services that psychologists provide at this level of security typically include crisis interventions, and short-term interventions to aid in adjustment, mental health promotion group work, risk assessments, general mental health assessments related to Segregation status, and involvement in the Institutional Mental Health Committee. Millhaven is the main maximum security institution for men, although Collins Bay also has a maximum security unit.

Medium Security:

Medium security facilities are the mid-range security level of correctional facilities in Canada. Medium security units provide incarceration through a supervised correctional environment that encourages offenders to be more responsible for day-to-day life. The environment promotes responsible, socially acceptable behaviour through moderately restricted freedom of movement, association, and privileges. The open residential structure of some medium security units offers more responsibility and greater levels of co-operation are expected from all inmates.

An intern working in a medium security unit will be exposed to offenders who have committed a wide range of offenses, with a variety of sentences, ranging from two years to life. The psychological services provided in a medium security setting include newcomer mental health assessments, crisis intervention, ongoing intervention with offenders with mental health problems and mental illnesses, counselling and psychotherapy for management of criminogenic factors as well as mental health problems, suicide/self-injury risk assessments, and ongoing mental health assessment of segregated offenders. In addition to involvement in these clinical activities, the interns participate in the Institutional Mental Health Committee and

multidisciplinary case conferences. Medium Security facilities include Bath, Collins Bay-Medium Unit; and Joyceville-Medium Unit.

Minimum Security:

Minimum security facilities have the lowest security level within Correctional Services of Canada. The unit perimeters are defined but usually there are no walls or fences. Restrictions on movement, association and privileges are minimal. Inmates are non-violent and pose very limited risk to the safety of the community. Many are on work-release programs that allow them to hold jobs during the day.

Minimum security units generally consist of an orientation building for new inmates, a security building, a visiting building and a private family visiting housing complex, an administrative building, a programs and school building, a case management and psychology building, recreational areas, and neighbourhoods of housing complexes. Neighbourhoods are groups of houses that are within a certain area and consist of row houses or duplexes. Each housing complex consists of individual rooms (which may be double bunked), washrooms, a living room, a dining room, and a kitchen. Inmates are encouraged to take pride in their houses and neighbourhoods, and may undertake landscaping projects to the houses, such as creating new flower gardens.

Psychologists in minimum security facilities offer a full range of clinical and correctional psychological services, including triage, short- and long-term counselling and psychotherapy, risk assessments, and crisis intervention. They work with offenders with mental health problems as well as offenders preparing to leave institutional settings. The latter group may need assistance with managing risk factors in the community and adaptation to community living in general. Minimum security facilities may also house “Lifers” who are stable and pose manageable risk to others. These individuals sometimes face unique psychological issues. Minimum security facilities include Collins Bay-Minimum (formerly Frontenac Institution); and Joyceville-Minimum (formerly Pittsburgh Institution).

Mental Health Rotations:

The incidence of mental illness is significantly higher in the offender population than in the general population. Offenders may have a previous history of mental illness or they may be diagnosed with a mental illness during their incarceration. Most of these offenders are managed within their home institutions as part of the normal clinical responsibilities of the institutional psychology staff (and thus all interns provide services to a range of offenders with mental health needs). However, there are also focussed and specialized intermediate level mental health units (HIICU) in some institutions (Millhaven, Collins Bay, Bath) as well as the specialized psychiatric hospital within CSC (the Regional Treatment Centre). In these settings, more extensive mental health interventions occur with offenders with serious mental illnesses. This may include diagnostic assessments, short and longer term psychotherapy and counselling, group work addressing issues such as “understanding illness” and medication management, behavioural interventions, and other interventions appropriate to a more severely ill population.

Community Corrections:

Work with offenders in the community is not a primary focus of the CSC internship, but there are some opportunities for exposure to this area. In many institutions, interns will work with offenders who are preparing for community release. There is also a community correctional facility located on one of the campuses (Collins Bay), and at times offenders who are in the community on parole will be temporarily detained—that is, returned to an institutional setting in order to address whatever difficulties they were experiencing in the community (this unit is located at Joyceville Institution). This tends to occur more frequently with offenders experiencing significant mental health problems.

In the Kitchener area, interns will also work at a community parole office (in one of Hamilton, Toronto or Brantford). Many offenders continue to be monitored and supported by CSC while they are living in the community on parole. A community corrections placement includes working with community-based psychologists whose clients are men and women on some form of conditional release or Long-Term Supervision order. Community psychologists provide assessment (both clinical and forensic risk) and individual intervention. They work closely with

all members of the case management team including parole officers and program officers, as well as with community partners in assisting offenders to safely reintegrate into the community and to manage the risk posed by these individuals. The intern will have the opportunity to provide comprehensive assessments (general clinical as well as risk assessments) and psychological interventions in an individualized format. In addition, the intern will be required to assist in the preparation of reports to the Parole Board of Canada, which outline assessment results, progress in treatment, risk evaluations, recommendations for treatment, and community functioning

Within the Kingston area, there is an additional opportunity for community involvement through the Frontenac Behaviour Services, an agency external to CSC, whose clientele are sex offenders. Services include assessment for the court and probation services, as well as individual and group therapy. These services are provided under contract to provincial and federal correctional systems, and to self-referred individuals with problems related to sexual deviance (see p. 30).



The Kingston Track

As was described earlier, the “rotations” or clinical foci in the CSC internship are integrated rather than separated, and are all overseen by the same primary supervisor, although supervision for individual tasks and clients may be assumed by other psychology staff. The intern will spend his/her first 6 weeks seeing clients at one primary facility, in order to allow time for adaptation, and simply navigating the complexities of the organization. The intern’s primary supervisor is based in this primary facility, and the primary facility is a medium or minimum level unit where access to offenders is readily available (which is not the case in some other settings). This is the intern’s home base. Subsequent to this initial orientation period, the intern will continue to see offenders at the “home base” but will also begin to see offenders at other programs and units within the campus, coordinated by their primary supervisor.

In keeping with CPA accreditation standards, while day to day supervision for individual cases and tasks may be carried out by licensed autonomous practitioners at either the masters or doctoral level, only hours of supervision by doctoral personnel are counted toward the requisite number of hours of supervision for CPA purposes.

Interns selecting the Kingston Track will be assigned to one of three possible “campuses.”

The Bath/ Millhaven Campus:

Primary Supervisor:

Dr. David Hall

Primary Setting:

Bath Institution

Other Participating Psychology Staff:

Dr. Michelle Neljak (Bath)

Dr. Joshua Golstein (Millhaven)

Ms. Anita Cumbleton (A/Chief Psychologist-Regional Treatment Centre RTC))

Mr. Matt O'Brien (A/Chief Psychologist-Millhaven Intermediate Care Unit

Dr. Susan Poffley (Chief Psychologist-Millhaven)

Interns at this campus will participate in the following clinical foci:

- Maximum security (Millhaven)
- Medium Security (Bath)
- Mental Health (RTC and HIICU)
- Assessment (maximum security CoMHISS and HIICU)

The Collins Bay Campus

(This setting includes the institution formerly known as Frontenac Institution—and now referred to as Collins Bay-Minimum unit)

Primary Supervisor:

Dr. Geris Serran (Collins Bay-Medium) or

Dr. Linda Simourd (Collins Bay-Minimum)

Primary Setting:

Either Collins Bay-medium or Collins Bay-Minimum

Other Participating Psychology Staff:

Dr. Karim Nashef (Collins Bay-Medium)

(Interns may also receive supervision from whichever of Drs. Simourd or Serran is NOT their primary supervisor)

Interns at this campus will participate in the following clinical foci:

- Maximum security (Collins Bay)
- Medium Security (Collins Bay)
- Minimum (Collins Bay)
- Mental Health (Collins Bay Intermediate Mental Health Service)
- Community (Henry Trails Community Correctional Centre¹)

The Joyceville Campus

(This setting includes the institution formerly known as Pittsburgh Institution—and now referred to as Joyceville-Minimum Unit)

Primary Supervisor:

Dr. Bill Walker (Joyceville-Minimum) or

Dr. Brian Farrell (Joyceville-Medium)

Primary Setting:

Joyceville-Medium or Joyceville-Minimum

Other Participating Psychology Staff:

Dr. Stephanie Daoud (Joyceville-Medium)

Ms. Cindy Hudson (Joyceville-Minimum)

Ms. Diane Nicholson (Joyceville-Minimum)

¹ This is a community correctional centre located on the Collins Bay campus; Collins Bay Psychology staff provide services to offenders with mental health needs who are housed there.

Interns at this campus will participate in the following clinical foci:

- Medium Security (Joyceville-Medium)
- Minimum Security (Joyceville-Minimum)
- Mental Health (Temporary Detention Unit at Joyceville)
- Assessment (CoMHISS)

Note: regardless of the apparent differences between locations, the experiences of interns will be more similar than different regardless of their primary location. Please refer to Appendix A for a summary of the type of experiences that we expect our interns to participate in. While an intern at the Bath Millhaven campus MAY, for example, complete more formal diagnostic assessments than would an intern at the Joyceville campus, both interns would complete a minimum number.

Additional Specialized Clinical Settings for the Kingston Track

There are two other specialized rotations that MAY be available to interns in the Kingston stream. One is the aforementioned placement with Frontenac Behaviour Services, and one is with the Central District Parole Office in Toronto.

Frontenac Behaviour Services:

This placement provides an opportunity to be involved in risk assessments and treatment programs for sex offenders who are in the community prior to sentencing and following their release from custody. Working in the community involves liaising with a range of referral sources that include corrections, the courts, and child welfare agencies. Interns will be involved in the provision of both assessment and treatment services. Risk assessments are generally completed for correctional services in the community as well as the Criminal Court (e.g., for sentencing purposes) and Family Court (e.g., for child custody and access purposes). Interns will

gain experience in interviewing, conducting phallometric assessments of sexual preferences, scoring risk scales, and writing reports. Treatment is provided to those on probation or parole and is primarily conducted in a group format, with some individual treatment for offenders who may not be suitable for a group. Interns can expect to work with clients from the age of 12 and older, although most will be adults. Most offenders are male, although some female offenders are seen from time to time.

This placement typically takes place over the summer months, four days a week for 2-3 months. Interns who are interested in this opportunity should inform the Internship Co-ordinator at the time a match is made, but no decision will be made until mid way through the internship year. At that time a review of the intern's progress and achievement of overall targets will be conducted and a decision made as to whether such a placement is consistent with the overall progress and goals of the intern.

Central District Parole Office -Toronto:

It may be possible for an intern to spend some of their time based at the parole office in Toronto. Typically this involves a relocation to Toronto for 2-3 months, although an intern who has housing available in Toronto may opt to do a placement there for a few days a week.² Such a placement is not recommended for the first half of the internship year. Interns who may be interested in this placement should inform the Internship Co-ordinator at the time of the match, and logistics can be discussed at that time.

² Toronto is over 250 kms from Kingston and thus is NOT commuting distance!

Kitchener Track



The fundamental organization of the Kitchener Track is similar to that of the Kingston Track. However, given the small number of incarcerated women in Canada, the primary setting is a multi-level institution which includes the assessment service, all three levels of security as well as mental health services. Thus all six clinical foci are included in this internship stream. GVIW also offers a unique opportunity to work in a Structured Living Environment, an intensive dialectical behaviour therapy based unit.

Primary Supervisor:

Dr. Peter Sheridan

Primary Setting:

Grand Valley Institution for Women (GVIW)

Other Participating Psychology Staff:

Dr. Tania Stirpe (Central District Parole Office (Toronto))

Dr. Janice Picheca (Central District Parole Office (Toronto))

Dr. Joelle Mamuza (Hamilton and Brantford Parole0

Dr. Mehrdad Pohjan (GVIW)

Grand Valley Institution for Women (GVIW) is the largest facility for federally sentenced women in Canada and the only one located in Ontario. It is a multi-tiered institution housing approximately 200 minimum, medium, and maximum security offenders. Women classified as minimum and medium security are housed in small independent living units in a campus-like

compound. They have access to a wide range of specialized programming, education, spiritual and personal development opportunities. Mental health services are provided by ten full-time clinicians. Minimum and medium security offenders struggling with serious interpersonal issues and emotional and behavioural dysregulation may participate in residential treatment in the Structured Living Environment (SLE). The SLE delivers skills training and psychological treatment in a Dialectical Behaviour Therapy (DBT) milieu.

Maximum security offenders are able to participate in individualized DBT treatment and have access to regular psychological services.

GVIW also provides group treatment to female sexual offenders.

GVIW Structured Living Environment Rotation

The Structured Living Environment (SLE) provides a voluntary residential treatment option for minimum and medium security women with significant mental health concerns. The treatment modality in the SLE is Dialectical Behaviour Therapy (DBT), a comprehensive therapeutic approach incorporating cognitive-behavioural, learning, and client-centred aspects. The efficacy of DBT treatment has been well established for use with individuals experiencing emotional distress and exhibiting a combination of difficulties characterized by self-destructive and/or suicidal behaviour, emotional dysregulation, severe interpersonal relationship problems, unstable self-image, and cognitive disturbances and distortions. An inter-disciplinary team provides intensive support and specialized correctional, rehabilitation, and mental health programming on a twenty-four hour basis within the SLE. One cycle of treatment typically lasts 6 - 7 months with modules including Core Mindfulness, Interpersonal Effectiveness, Emotion Regulation, and Distress Tolerance. Residents of the SLE also complete Crime Cycle, a relapse prevention approach to reducing recidivism.

Seminars and In-house Education

The training year begins with an intensive orientation that explains the overall structure and organization of CSC within the criminal justice system, the role of psychologists in the correctional system, the scope and nature of various institutions and programs, and issues related to organizational policy and procedure, including personal safety and boundary issues.

Subsequent to this, interns participate in two sets of group supervision and in-house education:

- Once a month, all CSC interns (including both those based in Kingston and those in Kitchener) meet jointly with other Kingston-area interns to discuss ethical and legal issues, review relevant legislation, and seek input/provide feedback to others on practice issues.
- Once a month, all interns participate in a full-day Early Career Psychologist Group, at which time they meet with other CSC psychology students, psychologists in supervised practice, and registered psychologists new to CSC. The nature of these sessions varies but includes a combination of formal didactic sessions chaired by CSC staff or external guest speakers, case presentations, peer consultation, discussion about ethics and legislation, journal and literature reviews, introduction to a broad range of forensic issues including forensic, police-related and youth corrections, and group supervision activities.

Risk assessment-mandatory training

Actuarial risk assessment is an integral part of the work of correctional psychologists. All interns take part in one week of formal education and training about risk assessment which enables them to carry out risk assessments for both violent and sexual offenders. They are introduced generally to the clinical aspects of risk assessment as well as specifically to risk assessment tools including the Level of Service Inventory (LSI), and the STATIC, STABLE, and ACUTE.

Following training, interns will carry out several comprehensive risk assessments in the context of their placements.

Other In-House Education Opportunities

Given the number of psychologists employed by CSC within the Ontario Region, interns have the benefit of being able to participate in the many ongoing, continuing education activities that are offered in-house to psychology staff. In 2012-2014, for example, these included:

Intermediate Cognitive Behavioural Therapy

Dr. Michela David
January 5-6, 2012

Suicide Treatment

Dr. Thomas Joiner
January 24, 2012

Normal and Abnormal Age-Related Changes, Assessment & Intervention Strategies

Dr. Lindy Kilik
February 2, 2012

The Science of Positive Psychology

Dr. Christopher Peterson
February 3, 2012

Graduate Level Offender Assessment Course

Dr. Ralph Serin
February 13-17, 2012

Malingering and Related Response Styles in a Forensic-Correctional Context

Dr. Richard Rogers
February 24, 2012

Rational Emotive Behavior Therapy

Dr. AG Ahmed & Associates
REBT Training Centre, Brockville, ON
March 26-29, 2012

Health Leadership Development

Dr. Shawna O'Grady, Director of Team Facilitation with the Queen's Executive MBA program
February 20 & 21, 2013

Aging Offender – Cognitive Assessment,

Dr. Lindy Kilik
March 18, 2013

Managing Suicidal and Other High Risk Offenders

CSC Psychology Clinical Advisory Committee.
March 19, 2013

Practice Pitfalls: Enhancing your Professional Practice and Avoiding Complaints to the College

Dr. Dorothy Cotton
March 19, 2013

Sleep Seminar/Insomnia Workshop

Dr. Judith Davidson

March 20, 2013

Motivational Interviewing

Dr. Joel Ginsburg

March 21 & 22, 2013

Graduate Level Offender Assessment

Dr. Ralph Serin

March 25-28/13

Introduction and overview of the DSM V

. Dr. Christopher Hopwood

November 5, 2013

Violence Risk Assessment

Dr. Daryl Kroner

November 6-7/13

Supervision

Dr. Elizabeth Church

November 15, 2013

Sex Offender Assessment

Dr. Yolanda Fernandez

November 27-29, 2013

PCL-R

Dr. Adelle Forth

December 10-11, 2013

Boundary Violations

December 2013 to January 2014

Barbara Graham

CBT Group Mentoring

January 2014 to December 2014(bimonthly meetings)

Dr. Michela David

RHQ

Ongoing

Psychopharmacology Workshop

Dr. David Nussbaum

February 25, 2014

Expert Training Forum on Personality Disorders Associated with Self-Injurious Behaviours and Suicide

Dr. John Livesely

Mar. 26-28/14

External Conferences and Educational Events

There is no guaranteed funding for attendance at external conferences and educational events. However requests may be considered on a case by case basis.



Ethics

Since sound ethical reasoning is a complex skill within the criminal justice system, the internship provides exposure to a variety of psycho-legal issues, such as privacy, provincial and federal law including the Corrections and Conditional Release Act, the Criminal Code of Canada, the Mental Health Act, legislation governing professional licensure, mandatory reporting, etc. Interns will be challenged to balance the clients' right to privacy with the correctional organization's need to know about risky or dangerous behaviour. The correctional setting is a microcosm of the issues found in contemporary professional practice and therefore also involves exposure to other ethical issues and dilemmas related to boundaries, competing agendas, resource issues, and conflicts between personal values and legal responsibilities. Specific attention to legal and ethical issues permeates all aspects of the correctional internship and is also a frequent topic of discussion and didactic training in the seminar series described above.

Diversity Policy

CSC is committed to employment equity, welcomes diversity in the workplace, and encourages applications from all qualified individuals including members of visible minorities, Aboriginal persons, and persons with disabilities. CSC endeavours to provide an accessible work place for interns with disabilities. However, given the age and nature of some institutions, security concerns, and potential difficulties with accommodations for those with some disabilities, not all placements are appropriate for all interns. Applicants who may have specific questions about access and accommodations available at our setting are encouraged to contact the Internship Coordinator early in the application process in order that their concerns or needs may be fully addressed, including during the application process.



Internship supervisors and staff (in alphabetical order)

Dr. Dorothy Cotton (Internship Coordinator) is a senior clinician with over 30 years of experience providing psychological services in a variety of settings including hospitals, the correctional system and private practice. She has a particular interest in the relationship between offending behaviour and cognitive ability, including aspects of executive function. She has also been involved with CPA and the College of Psychologists of Ontario and outside of her CSC work, is involved with police services in several capacities.

Anita Cumbleton, M.A., C.Psych. Assoc. has been employed with CSC for more than 10 years and has worked at maximum and medium security institutions and the Regional Treatment Centre (O). Her experience includes working with offenders with serious mental health problems, facilitation of sex offender treatment programs and crisis intervention/management. Primary interests include the assessment and treatment of sexual offenders as well as the provision of psychological services to an aging or geriatric forensic population

Dr. Tony Eccles has been working with sex offenders in the community for 20 years. He has a particular interest in the use and limitations of phallometric assessments of sexual preferences. He has been involved over the years with both federal and provincial corrections. His approach is cognitive-behavioural within a self-regulatory framework.

Dr. Brian Farrell is currently the Chief Psychologist at Joyceville Institution. He had been employed as a psychologist in the Ontario provincial correctional system (i.e., Ministry of Community Safety and Correctional Services) for 19 years, before joining C.S.C. in 2009. He was also an Associate Instructor in the provincial correctional system and was involved in training staff regarding 'The Identification and Management of Suicidal Offenders' and 'Fetal Alcohol Spectrum Disorder'.

Dr. Yolanda Fernandez has over 18 years of mental health experience and has worked at minimum, medium and maximum security institutions. She has a particular interest in the assessment and treatment of sexual offenders and violence risk assessment as well as managing mentally disordered offenders in a correctional setting.

Dr. Joshua Goldstein has worked in clinical, forensic, and correctional settings since 2006. He joined CSC in 2012, and became licensed to practice Clinical and Forensic/Correctional psychology in 2013, with competencies in assessment, evaluation, intervention, and consultation with adults. His clinical work has focused on assessment and treatment/intervention of clinical and offender populations with acute/chronic mental health symptoms and behaviours that represent the broad spectrum of psychopathology. His interests include forensic, cognitive and diagnostic assessment, suicide risk assessments, crisis intervention/management, ethical issues, and treating and managing a wide range of mental disorders in a correctional environment.

Dr. Dave Hall has worked for the Correctional Services of Canada (CSC) for over 20 years in two different medium security level prisons. His interest and focus has revolved around mental health assessment and related symptom management, crisis intervention, criminogenic related counselling, and suicide risk assessment.

Cindy Hudson, M.A., C. Psych. Assoc. has been working in federal Corrections since about 1994, and in the criminal justice system since the mid 80's. Duties have included triage, crisis intervention, risk assessments, counselling, high intensity programming for violent offenders, CISM, and staff training at all security levels. She has worked with male and female offenders, and has a private practice. Interests include the processes involved in human behaviour, especially change; motivation and resistance in criminal behaviour and large organizations; integrative psychology; supporting staff in the Correctional environment; supervision; and solution-focussed interventions. Recently she is involved with competency-based approaches to training and supervision. She is working on resources to help Lifers make the transition to the community.

Dr. Joelle Mamuza is a graduate of the Queen's University Clinical Psychology program. She has worked in the correctional as well as forensic mental health systems since 1995. Within CSC she has worked with institutionalized offenders as well as male and female offenders in the community. One particular area of interest is risk assessments for young offenders sentenced as adults. In private practice she has conducted workplace violence risk assessments, police return-to-duty assessments as well as police pre-employment psychological assessments.

Dr. Jeremy Mills is the Manager, Institutional Mental Health (formerly, Regional Psychologist) for the Ontario Region. In his 20+ years with CSC, he has worked as a psychologist in a variety of CSC's institutions. In his current role, he holds responsibility for the provision of psychological services and other mental health services in CSC's (Ontario) institutional settings. In addition to his CSC role, he also works in private practice and is an Adjunct Research Professor at Carleton University. Dr. Mills has researched and published in the areas of risk assessment and communication, suicide assessment, and criminal attitudes and associates.

Diane Nicholson, MA, C. Psych. Assoc. has over 15 years of experience in Maximum, Medium and Minimum institutions in Ontario. She has worked in psychology departments, a dedicated mental health unit, and has been part of the Institutional Mental Health Initiative since its inception. Primary interests include addictions, the effects of childhood abuse, mental health and well-being.

Matt O'Brien, M.Sc., C.Psych. Assoc. has worked in correctional settings for the last 20 years. The first half of these were spent in various roles as an institutional psychologist in the English prison system, both in institutions and NHQ. More recently, he has worked in Ontario for Rockwood Psychological Services providing sexual offender treatment at federal correctional institutions, prior to his current role working directly in mental health services for CSC.

Dr. Janice Picheca has worked in the area of forensic/correctional psychology since 1992. During this time, she has provided group and individual based psychological interventions, in both the Provincial and Federal correctional systems. In addition to providing various assessment and counselling services for men and women who are on conditional release, her research interests include the long-term treatment effects of offenders who participate in community-based sexual offender treatment

Dr. Mehrdad Pojhan brings more than 20 years of experience in clinical and academic settings to his work at CSC. He provides individual cognitive-behavioral therapy for a range of psychological difficulties such as depression, anxiety (phobias, trauma, and compulsions), and chronic pain and health anxiety. In his private work, he also conducts psychological and cognitive assessments for victims of motor vehicle accidents, work injuries and accidents, and a

range of emotional and cognitive problems. Dr. Pojhan has publications in the fields of physiological psychology, neuropsychology, anxiety, stress management, and research and statistics.

Dr. Susan Poffley has been working for CSC for 15 years in one medium security institution, one maximum security institution, and two multi-level institutions. She has also worked in a private practice setting. She is registered in Forensic/Correctional Psychology, Clinical Psychology, and Counselling Psychology and she utilizes a cognitive behavioural approach to treatment.

Dr. Geris Serran graduated with a doctoral degree in Clinical Psychology from the University of Ottawa in 2003. She was employed by Rockwood Psychological Services for 13 years providing sexual offender treatment at federal correctional institutions. Currently she is employed by Correctional Services Canada. She has particular interests in the areas of therapeutic process, schemas, and coping strategies.

Dr. Peter Sheridan worked in a forensic practice in the community for more than 20 years prior to joining CSC. He worked extensively in the areas of sexual abuse and assault, partner abuse, and forensic psychological evaluation for criminal and civil proceedings. While working in the community, he also developed and implemented specialized treatment groups for sex offenders struggling with sexual identity issues and those with cognitive limitations. His work at CSC has brought him to both Warkworth and Grand Valley Institutions.

Dr. Linda Simourd is a clinician who has been working in correctional environment since 1995. She also has experience in mental health and community behavioural services. She uses cognitive behavioural and emotion-focused approaches to treatment and has a particular interest in motivation and lifestyle change.

Dr. Tania Stirpe is a clinical and forensic Psychologist working in community corrections. Her research interests include the relationship between attachment and sexual and violent offending, the treatment and risk management of sexual offenders, and substance abuse in forensic populations.

Dr. Bill Walker is a graduate of the Queen's University Clinical Psychology program. Since 1990 he has worked with provincial and federal offenders in community and institutional settings, doing both group and individual work. He is currently at a minimum-security institution, where his clients are primarily life-sentenced offenders.

Accreditation Status

The CSC internship is accredited by the Canadian Psychological Association for the period 2012-2013 through 2015-2016... Information about accreditation standards can be obtained from:

The Canadian Psychological Association

141 Laurier Avenue West, Suite 702

Ottawa ON K1P 5J3

Tel: 1-888-472-0657

Web: www.cpa.ca

The CSC Internship is also a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the Canadian Council of Professional Psychology Programs (CCPPP).



Applying to the CSC Internship--

INFORMATION FOR APPLICANTS

Requirements

Applicants must have completed core requirements for the Doctoral degree, such as required coursework, comprehensive exams, and approval of the dissertation proposal by the time of application, as well as have permission from their Director of Clinical Training to begin an internship. Ideally, applicants should also have completed data collection for their dissertation before commencing the Internship. ***Applicants should note that there is no formal provision for time off to work on their dissertation during the internship.*** However, progress toward completion of the dissertation is a strong consideration in selecting and ranking interns

In order to be considered, candidates must be enrolled in a recognized CPA accredited doctoral Clinical or Counselling³ Psychology program (or an equivalent program). All applicants must have completed a minimum of 600 hours of supervised practicum training and course work in basic assessment, interviewing and psychotherapy.

Interns also must be fluent in English, and must be either Canadian citizens or landed immigrants. Canadian students who are studying in the US are welcome to apply.

In addition, the nature of the work and the age and security features of the various facilities may make this a challenging setting for students with some physical disabilities or mobility problems. Applicants who may have specific questions about access and accommodations available at our setting are encouraged to contact the Internship Co-ordinator early in the application process in order that their concerns or needs may be fully addressed, including during the application process.

The Application Procedure

This Internship program participates in the APPIC Internship Matching Program, which places applicants into Psychology Internship/Residency positions. Our program adheres to APPIC guidelines. We agree to abide by the APPIC policy that no person at this training facility will

³ Students from counselling programs should note that this is a clinical internship; while students from counselling programs may be considered for the internship, they will need to demonstrate that their coursework and previous experience has prepared them to work with clients with the complexity and diagnostic severity that is typical of this population.

solicit, accept or use any ranking-related information from any applicant. All applicants must register with the National Matching Services at APPIC to be considered for this internship.

Our APPIC program code is 1858

Kingston Track: 185811

Kitchener Track: 185812

Applicants may apply for one or both tracks.

The APPIC Application for Psychology Internship (AAPI) is available at the APPIC website at www.appic.org. To access the AAPI, click on “Forms and Document Downloads”.

Completed applications must be received no later than **November 7, 2014**. All interview notifications will be made by December 15, 2014. Interviews will take place in January, 2015. All interviews will take place in Kingston, regardless of whether the candidate is applying for a Kingston or a Kitchener position—or both. After placements have been finalized in February, 2015, matched interns will be contacted regarding their specific rotations and supervisors. Every effort will be made to accommodate interns’ stated preferences and training needs. However due to changes in services and staff, rotations and supervisors cannot be guaranteed.

Interviews may be carried out in person, by telephone, or through videoconferencing where available. While we recognize that face-to-face interviews allow potential interns to meet the staff and become familiar with the setting, there is no prejudice against those applicants who are interviewed by telephone or videolink.

Applicants are also welcome to meet with or speak with potential supervisors at the time of the interview. When an offer is made for an interview with our internship, applicants will be asked if they would like to contact any specific supervisors to allow them to discuss details of training opportunities in their rotations. We encourage those applicants interested in such meetings to let us know when setting the date for the interview so we may try to make arrangements to speak with those specific supervisors.

Once an intern has been matched with the CSC Internship program, the university at which the student is enrolled will be required to register with the Public Service Commission, and will be asked to forward documentation that:

- Indicates that the Internship program has been formally approved by the proper authorities (e.g. the university Senate or the Dean of the faculty) within the

- educational institution (a copy of a letter approving the program or an official course calendar or other promotional material would satisfy this requirement);
- Outlines the requirements to be fulfilled in order for a student to graduate from the program;
 - Clearly indicates the mandatory time commitment/number of hours of internship which must be completed as a condition of graduation; and
 - Identifies the contact person for each institution and for each program.

Final acceptance into the program is dependent on the successful completion of a security review and approval process. *If you have any reason to suspect that a security clearance may be problematic, please bring this to the attention of the Internship Co-ordinator as soon as possible. This would include applicants with a criminal record, who are close associates of a person with a criminal record or a person who is currently incarcerated, who have spent significant periods of time residing in countries other than Canada, or who for any other reason may believe that they may have difficulty with obtaining a security clearance or for whom such approval might take longer than usual.*

Travel and Transportation

Please note that ALL interns—both those in Kingston and those in Kitchener—are required to attend the orientation, the two monthly internship group meetings, and the mandatory risk assessment training, all of which occur in Kingston. The travel and accommodation costs for attending these sessions will be borne by CSC; however, interns based outside of Kingston must be available and willing to travel to Kingston at least monthly.

Interns in both locations also must have a valid drivers' license and a reliable vehicle as there will be travel between sites involved in both the Kingston and the Kitchener Tracks (up to an hour in length in the Kitchener Track and up to 40 minutes in the Kingston Track)



The Selection Process

All applications will be carefully reviewed and rated by the Selection Team. Applicant rankings are based on many factors, including (in no particular order) progress toward completion of dissertation, quality of previous work and breadth and depth of assessment and intervention experience, relevant didactic training (e.g., course work, workshops attended), academic accomplishments, letters of reference, information obtained in interviews, research experience, quality of writing samples (e.g., responses to essays on the AAPI), personal training goals, and other information from the application materials. Previous experience or demonstrated interest in correctional/forensic psychology or fields of study related to aggression, violence, offending behaviour, serious mental illness, etc. are assets.

Note that applicants are not ranked based on the raw number of practicum hours reported in the APPI, as long as the minimum required hours have been completed. Students and programs should strive for experience with cases varying in complexity and in different service delivery settings, with a variety of populations, presenting issues, assessment and therapeutic models and methods, case conferences, and supervisors to acquire the competencies for readiness for a successful predoctoral internship year. Our primary interest is in identifying students who appear to be a good “fit” with our programs and our work setting, and who have an interest and commitment to working with a complex and challenging population. This is more important than the number of hours recorded.

Applicants should also note that the federal government provides a bridging mechanism whereby interns may be able to progress from the internship into permanent staff psychologist positions at the conclusion of the internship.⁴ However, this option is contingent upon completion of the doctoral degree; thus we are particularly interested in students who are well along in the progress of their dissertation prior to the start of the internship.

Prior to starting the internship, the matched interns must provide evidence of Professional Liability Insurance to the Internship Co-ordinator. Coverage must be in effect by the first day of the internship. If your university program does not provide insurance coverage for your internship year, information about how to obtain this insurance is available from the Internship Co-ordinator.

⁴ Applicants should also note that while there may be an opportunity for bridging, this is not guaranteed and is dependent upon staffing needs and budgetary considerations at the time.

Salary and Benefits

The hourly rate of pay for CSC internships ranges from \$20.70 to \$24.29 for a 37.5 hour work week (effective January 1, 2014).⁵ Previous interns have earned between \$45,000 and \$47,000. In addition, the intern will be entitled to vacation pay (4%) which allows them to take off up to three weeks during the year (15 days, which will then be taken as days without pay) and 11 statutory holidays (taken with pay), in accordance with the Treasury Board *Terms and Conditions of Employment for Students*. There is also provision for up to five (5) days paid leave to attend conferences and workshops outside of CSC; some funding MAY be available for educational events. There are no other benefits (e.g. no medical, life insurance, etc.).

Important note to all applicants: *in an organization the size and complexity of CSC, there are continual changes of staff and programs—and even institutions. This brochure has been developed 15 months before the start of the 2015-2016 internship. It is inevitable that there will be changes between now and the beginning of the internship in September 2015. Thus we cannot promise or guarantee any particular placement or supervisor. However, we CAN assure all applicants that the nature of the internship experience will not change, regardless of any changes in the organization itself, and all identified goals and competencies will continue to be met.*



***For further information, please contact:
Dr. Dorothy Cotton, C. Psych., Internship Coordinator
Correctional Services Canada (Ontario region)
Tel: 613 536-4875 email: Dorothy.Cotton@csc-scc.gc.ca***

⁵ The actual hourly rate is determined based on the years of study of each individual intern. An intern who has completed four years of graduate work prior to the commencement of the internship would begin at the high end of this range.

Appendix A

Sample Goals Statement

Overall Goal-setting

Goal setting: *At the start of the year, the intern and supervisors will jointly clarify the proficiencies which are to be achieved over the course of the year, including estimates of the minimum number of activities in each area that are to be carried out. These should be identified on the form below. The exact number of each task to be completed will vary depending upon the internship placement and the interests and needs of individual interns but some estimates and examples are included below. As noted, these are minimums. Most interns are able to achieve these numbers well before the conclusion of the internship.*

It is recognized that some initial goals may not be addressed in the placement in view of organizational issues, client availability and other situational factors. This should be noted when it occurs. If goals are formally adjusted in the course of the rotation, the changes should be noted directly on the form, dated and initialed.

Supervision agreement:

We agree that the following items have been identified as goals for the internship:

Interpersonal Relationships and Professional Behaviour: assessment of this area is ongoing throughout the internship and will be assessment in each rotation. Evaluation will be based on the intern's ability to work collaborative and professionally both with other psychology staff and with other members of the organization.

Assessment and evaluation:

The intern will complete a minimum of:

- _4_ cognitive assessments
- _4_ risk assessments
- _6_ formal diagnostic formulations and assessments
- _8_ assessments for suicide and risk of self harm
- _10_ brief assessments for psychological therapies/interventions
- _10_ segregation reviews
- _5_ other assessments (please list) *sex offender assessments*

Intervention and consultation:

The intern will complete a minimum of:

- _10_ brief (<2 sessions) interventions
- _5_ courses of individual treatment lasting 2-10 sessions
- _4_ courses of long term counselling or psychotherapy
- _2_ participation in group interventions
- _8_ provision of advice to other staff about offender management
- _2_ behavioural interventions
- ___ other interventions (identify)
- _1_ identification of program needs and development of a program or intervention⁶

Research:

The intern will:

- _2_ present research overview of a disorder or issue relevant to CSC at the ECPG
- _3_ research particular issues, diagnoses or problems relevant to individual cases
- _1_ create an annotated bibliography on a topic agreed upon with supervisors
- _1_ design a program evaluation protocol for an existing or new intervention
- ___ other (identify)

⁶ Given institutional requirements and limitations, it may not be possible for all interns to actually develop, carry out and evaluate a program—but in any event, they will design, propose and recommend evaluation procedures for a program or intervention.

Ethics and standards:

- participate in monthly Kingston Area Psychology Internship Rounds
- participate in Early Career Psychology Group
- do at least one presentation at ECPG in regard to an ethical/legal issue
- achievement in this area will also be assessed in each rotation on an ongoing basis in daily work

Supervision:

- will demonstrate appropriate utilization of supervision informed by knowledge of models of supervision
- will provide supervision to students or staff representing other disciplines