



**Washington State
Office of Forensic Mental Health Services**

PSYCHOLOGY INTERNSHIP PROGRAM

2023-2024



OFFICE OF FORENSIC MENTAL HEALTH SERVICES

Washington State Department of Social and Health Services

TABLE OF CONTENTS

TRAINING COMMITTEE	4
OFFICE OF FORENSIC MENTAL HEALTH SERVICES	5
WESTERN STATE HOSPITAL.....	6
PHILOSOPHY.....	6
STATEMENT OF NONDISCRIMINATION.....	7
GOALS AND OBJECTIVES	7
INTERNSHIP PROGRAM.....	8
Evaluation of social, cognitive, psychological, behavioral, and organic factors in psychopathology... 9	
Report writing and communication skills.	9
Individual and group psychotherapy.	9
Consultation.....	9
Forensic psychology.....	9
Clinical research.	9
AVAILABLE INTERN TRAINING ROTATIONS.....	10
OFMHS Centennial Building.....	10
Research.....	18
DIDACTICS	19
RECORDS RETENTION AND MAINTENANCE.....	19
REQUIREMENTS FOR COMPLETION OF INTERNSHIP PROGRAM.....	20
RECENT INTERNS' UNIVERSITIES AND POST-INTERNSHIP POSITIONS.....	20
THE PACIFIC NORTHWEST.....	21
SAMPLE PROGRESSIVE LEARNING PLANS.....	22



Dragon Tail Peak

Photo by 2015-2016 Intern Krystine Jackson

TRAINING COMMITTEE

<p>Emily Mackelprang, Ph.D. University of Arizona Co-Director, Internship Training Program Forensic Evaluator – OFMHS Inpatient Forensic Evaluation Services</p>	<p>Richard W. Yocum, Ph.D. Seattle Pacific University Co-Director, Internship Training Program Supervising Psychologist – OFMHS Inpatient Forensic Evaluation Services</p>
<p>Paula Bernhard, Ph.D. Sam Houston State University Assistant Director, Internship Training Program Forensic Evaluator – OFMHS Inpatient Forensic Evaluation Services</p>	<p>Elizabeth Bolinger, Ph.D. Ohio University Psychologist – OFMHS Ft Steilacoom Competency Restoration Program</p>
<p>Jordan Charboneau, Ph.D. Marquette University Psychology Services Supervisor Western State Hospital</p>	<p>Holly Coryell, Ph.D. Gallaudet University Chief of Forensic Services Special Commitment Center</p>
<p>Francesca DeWalt, Ph.D. Washington State University Clinical Director Child Study Treatment Center</p>	<p>Chadwick Dunning, Psy.D. Azusa Pacific University Supervising Psychologist - OFMHS PAR/PR Forensic Evaluation Services</p>
<p>Haley Gummelt, Ph.D. Florida State University Forensic Evaluator – OFMHS Personal Recognizance (PR) Team</p>	<p>Sydnee Erickson, Ph.D. University of Alabama Assessment Seminar Coordinator Forensic Evaluator – OFMHS Southern Regional Office</p>
<p>Jessica Hart, Ph.D. Sam Houston State University Chair, Research Committee Inpatient Forensic Evaluation Services</p>	<p>Sarah Henry, Ph.D. University of North Texas Chair, Internship Assessment Seminar Forensic Evaluator – OFMHS Southern Regional Office</p>
<p>Megan Kopkin, Ph.D. University of Alabama Intern Seminar Coordinator Forensic Evaluator – OFMHS Personal Recognizance (PR) Team</p>	<p>Jacqueline Means, Psy.D Pacific University Chair, Post-Doctoral Fellowship Committee Supervising Psychologist - OFMHS Central Regional Office</p>
<p>Samantha Petersen, Psy.D. Chicago School of Professional Psychology Supervising Psychologist - OFMHS Northern Regional Office</p>	<p>Kelly Price, DClInPsy Lancaster University Psychologist Western State Hospital</p>
<p>Megan Reese, Psy.D. Pacific University Chief of Clinical Services Special Commitment Center</p>	<p>James Vess, Ph.D. Ohio State University Group Supervision Facilitator Program Evaluation Facilitator Consultant – OFMHS</p>

Internship Program Ombudsman

Samantha Anderson, MPA
Seattle University
Deputy Director – OFMHS

OFFICE OF FORENSIC MENTAL HEALTH SERVICES

The Office of Forensic Mental Health Services (OFMHS) is a division of the Department of Social and Health Services' (DSHS) Behavioral Health Administration (BHA) that oversees the state's adult forensic mental health system. OFMHS strives to transform forensic mental health throughout Washington state by partnering with communities and law enforcement in areas such as mental health resources in jails, competency restoration, diversion programs, and community resources to better support people living with mental illnesses who come into contact with the criminal court system. The programs provide forensic services, defined broadly as the intersection of law and psychology. These services include competency evaluations, care and treatment for competency restoration, forensic navigator services, diversion work, and more.

Much of the office's efforts are aimed at coming into substantial compliance with orders in the *Trueblood v. DSHS* lawsuit, which focuses on ensuring jail-based competency evaluations and inpatient competency services occur in a timely manner. This includes the work of forensic evaluators, who evaluate Trueblood class members who are in jails, inpatient facilities, and the community, and report to the court on their findings. Forensic evaluators deliver opinions to the courts regarding the mental state and psychological functioning of defendants facing charges. Forensic evaluators employed by OFMHS are doctoral-level psychologists with additional training and expertise in the specialized field of the application of psychological principles to the courtroom. These units assist in the delivery of services that help ensure that the rights afforded to defendants by our Constitution are maintained and the safety of the public is recognized. The Centennial Building, located near downtown Tacoma, is the centralized workplace for a majority of OFMHS forensic evaluators in Western Washington.

The OFMHS Psychology Internship Program (formerly the Western State Hospital Clinical Psychology Internship Program) is accredited by the American Psychological Association (APA). The program was provisionally accredited by APA in 1986, and then fully accredited in 1989. The most recent site visit by APA was conducted in summer of 2016. The next scheduled site visit will be during the 2025 training year. The Internship Program follows the Practitioner-Scholar model. The APA Commission on Accreditation can be reached at 750 First St. NE, Washington, DC 20002, (202) 336-5979.

The internship runs from August 1 thru July 31. Each intern is expected to complete three four-month rotations and a program evaluation project. OFMHS doctoral psychology interns are able to work with a diverse array of populations across several rotations. Available settings include the Community Forensic Evaluation Services, Inpatient Forensic Evaluation Services, Fort Steilacoom Competency Restoration Program, Gage Center of Forensic Excellence, Civil Center of Excellence, Child Study and Treatment Center, and the Special Commitment Center. The rotation selection is intended to balance individual intern interests and training needs.

WESTERN STATE HOSPITAL

Western State Hospital (WSH), the first psychiatric facility in the Pacific Northwest, opened in August 1871. The hospital is a state-owned psychiatric facility for treatment of the mentally ill and is administered by the Department of Social and Health Services, Behavioral Health Administration. Western State Hospital is situated on a 264-acre campus 1/2 mile from the town of Steilacoom, which is located on Puget Sound overlooking McNeil and Fox Islands, as well as the Olympic Peninsula. The Tacoma Narrows Bridge to the Olympic Peninsula is about 10 miles distant, and the hospital is located near Tacoma and about 40 miles south of Seattle. The historic Fort Steilacoom compound, with officers' quarters and parade grounds from the days when Ulysses Grant was a Captain, remains on the Western State Hospital Campus. On clear days there is an impressive view of Mount Rainier from hospital grounds.

Western State Hospital is an integral part of a comprehensive network of mental health service providers for the State of Washington. A primary Hospital objective is to provide residential treatment for those individuals whose psychiatric condition is so severe that local community treatment is not feasible. The Hospital also offers treatment for selected legal offenders who may benefit from treatment in a hospital setting. The hospital's mission is "To promote recovery and well-being in partnership with the people we serve." The ultimate goal is to restore independent functioning and reintegrate individuals back into their communities in the shortest time compatible with sound treatment philosophy. Upon discharge, patients are referred to local community mental health centers or to private practitioners for follow-up care.

The Hospital is organized around two major treatment units: Center for Forensic Services (CFS) and Psychiatric Treatment and Recovery Center (PTRC). These two units are also known as the Gage Center of Forensic Excellence and the Civil Center of Excellence, respectively. Psychologists, physicians, psychiatrists, social workers, rehabilitation therapists and nursing staff provide care and services to a patient population of more than 800 adults.

PHILOSOPHY

All internship rotations at Western State Hospital incorporate professional practice. Professional practice provides for the application of theory and the development of rotation-specific skills under supervision. Western State Hospital seeks to train interns for independent psychological practice by exposing them to a wide spectrum of patients with severe psychiatric disorders, promoting a mentoring relationship with senior professionals, and combining psychological practice with didactic learning. Because WSH is in large part a forensic hospital, there is a forensic focus of the internship. However, it is the belief of the internship committee that training must solidify an intern's general learning and practice, not exclusive to a forensic practice.

STATEMENT OF NONDISCRIMINATION

The Division of Behavioral Health and Recovery (formerly the Mental Health Division) of the Washington State Department of Social and Health Services, which includes the Office of Forensic Mental Health Services and Western State Hospital, adopted a Diversity Initiative in 2001. The Initiative set forth goals for client services, employment, contracting, education, and training. Additionally, the Behavioral Health Administration provides regular educational events and opportunities through the Office of Equity, Diversity, Access, & Inclusion (OEDAI). As noted on their website, “OEDAI works to create an environment of mutual respect, equity, and acceptance of the persons we serve.”

The Western State Hospital Client Services Committee directs the hospital’s client services efforts. The Client Services Committee is responsible for increasing hospital-wide understanding of various cultural, racial, and ethnic influences on the people we serve, and improving direct patient care. Training in diversity issues is mandatory for all staff, and a practical guide that incorporates an understanding of cultural and ethnic differences into treatment activities is available in hospital wards.

The OFMHS Internship program is committed to respecting and understanding cultural and individual diversity as reflected in its recruitment and retention policies for interns and staff, didactic and experiential training, nondiscriminatory policies and operating conditions, and avoidance of actions that restrict program access irrelevant to success. Diversity includes but is not limited to: age, disabilities, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. We strongly encourage individuals of all ages, nationalities, sexual preference, ethnicities, religious backgrounds, genders and disabilities to apply to our program. We welcome and embrace diversity.

OFMHS provides services to an ethnically diverse patient population, and interns have the opportunity to work with foreign language interpreters when treating patients whose first language is other than English. In addition, interns have the opportunity to work with American Sign Language interpreters to help communicate with patients who are hearing-impaired.

GOALS AND OBJECTIVES

Two primary goals flow from our philosophy to train interns as independent psychologists. First, educate interns in the specific knowledge and necessary skills readying them for independent professional practice as a psychologist. This goal is achieved by training interns in the treatment of individuals with a wide variety of psychological problems, understanding and choosing from various interventions for a given population, performing competent assessments for the courts and as part of treatment, and conducting appropriate consultation.

The second primary goal emanating from our training philosophy is to engender interns with core professional attitudes and abilities which will encourage them to function in a professional and ethical manner, appreciate the role of individual and cultural differences within the field of psychology, and conduct appropriate supervision with practicum students.

INTERNSHIP PROGRAM

The Department of Social and Health Services is committed to providing high-quality training experiences for interns. **Only those applicants from APA-accredited clinical or counseling psychology programs are considered for the four available internship positions.** Applicants from stand-alone forensic psychology programs will **not** be considered, since these programs are **not** APA-accredited. Applicants from forensic psychology programs that are affiliated with APA-accredited clinical or counseling programs will **not** be considered. Three years of graduate work and at least 500 hours of practicum experience are required prior to the internship year, with a minimum of 300 intervention hours and 100 assessment hours. Minority applicants are encouraged to apply. Applications from graduate programs outside the United States will not be considered at this time due to the limitations for retention beyond the internship year posed by the J-1 visa for non-US students. Application materials include the APPIC application form, a current vita and graduate transcript, the academic program's Verification of Internship Eligibility and Readiness section of the application signed by the Director of Training, three letters of recommendation, and a copy of a de-identified integrative psychological evaluation.

A Department of Social and Health Services background check is required after interns have been matched with our site. This form includes information regarding prior criminal convictions or charges pending for any crimes. The background check also addresses a history of physical abuse, sexual abuse, abandonment, or neglect of any person; a question regarding termination or revocation of contracts or licenses to provide care; and any court-issued orders of protection. **No intern will be accepted into the program who does not pass the background check.** If an intern matched to us wants to work at the Child Study and Treatment Center (CSTC) or in outpatient competency evaluation, further background checks are required prior to starting on those rotations. Outpatient competency evaluation background checks relate to entries into jails, and interns are required to provide information as to whether they have ever been charged with any crime, ever had a relationship with anyone who has been incarcerated, or ever bought, used, or distributed illegal substances.

Interns receive a twelve-month salary of **\$70,000** for 2000 hours of work. Interns are state employees and receive standard vacation days and sick leave time. They must coordinate their leave ahead of time with the rotation supervisors, and they are required to notify the Directors of Training when they are taking time off work. Interns are allowed two additional days to attend an approved professional conference of their choosing and one additional day to attend a licensure workshop. Approval must come from the Director of the Internship Program.

Per chapter 357-31 WAC, the following days are designated as state holidays:

- | | |
|---------------------------------|---|
| (1) New Year's Day | (7) Labor Day |
| (2) Martin Luther King, Jr. Day | (8) Veterans Day |
| (3) Presidents' Day | (9) Thanksgiving Day |
| (4) Memorial Day | 10) Native American Heritage Day (day after Thanksgiving) |
| (5) Juneteenth | (11) Christmas Day |
| (6) Independence Day | |

The program provides opportunities to work with unique populations, including mentally ill offenders, and sex offenders. Interns are allowed flexibility in structuring their activities during the year. As each unit has many different wards, opportunities for supervision and training can be unique, varied, and adapted to suit different interests and training needs. Interns are free to explore rotations on any ward where a supervisor is available, and may obtain experience in the following areas:

Evaluation of social, cognitive, psychological, behavioral, and organic factors in psychopathology. Training in clinical interviewing, and in the use of structured and unstructured psychological assessment techniques is provided. Among the assessment issues considered are diagnosis, suicide risk, trauma effects, amenability to treatment, dangerousness, need for involuntary commitment, and potential for recidivism.

Report writing and communication skills. Effective written and verbal skills are important in communicating useful treatment recommendations to other colleagues, other professionals (e.g., court) and patients. Interns are responsible for administering and interpreting psychological test batteries and preparing written reports during each rotation.

Individual and group psychotherapy. Therapeutic approaches used by current psychology staff members include behavior modification, cognitive-behavioral methods (e.g., dialectical behavior therapy, motivational interviewing, illness management and recovery), crisis intervention, trauma resolution, and skills building. Interns are expected to use these and other evidence-based treatments, as appropriate, to facilitate growth and recovery.

Consultation. Interns will be provided opportunities to collaborate with multidisciplinary treatment teams. Intern responsibilities as a team member will include consultation regarding diagnosis, treatment plan formulation and implementation, management of difficult behaviors, and discharge planning.

Forensic psychology. The interface between psychology and the legal system is prominent at Western State Hospital because most patients are involuntarily committed under civil or criminal commitment statutes. Psychologists serve as expert witnesses to the court for determining the patient's danger to self, danger to others, and/or grave disability in cases of involuntary civil commitment; and determination of competency to stand trial and criminal responsibility for cases involving criminal commitment. Interns will assist staff psychologists in various methods of evaluation, including interviewing and administering standardized psychological assessment techniques. They assist in preparing affidavits and reports for the court.

Clinical research. Interns are encouraged to pursue their independent research interests and/or to participate in ongoing research projects. Up to 10% of the intern's time is available for research and may be used for dissertation work.

AVAILABLE INTERN TRAINING ROTATIONS

OFMHS Centennial Building

The Centennial Building is the centralized workplace of a majority of forensic evaluators in Western Washington. There are three training rotations available at this setting: violence risk assessment, outpatient competency to stand trial evaluations, and inpatient competency to stand trial evaluations.

Violence Risk Assessment Rotation: Interns on this rotation work directly with forensic evaluators to conduct evaluations of Western State Hospital (WSH) patients who have been adjudicated Not Guilty by Reason of Insanity (NGRI). WSH currently has four NGRI-specific wards with approximately 120 patients. Additionally, there are a few dozen NGRI patients residing in the community on a conditional discharge from the Court. Evaluations assess for future risk of violence and provide recommendations for treatment and risk management. Interns also conduct interviews with patient treatment team members (e.g., therapists, social workers, psychiatrists, and physicians). Interns are expected to write a minimum of three to four forensic risk assessments, under supervision. Interns gain experience with actuarial and structured professional judgment assessments as well as other risk-relevant measures (e.g., VRAG-R, HCR-20v3, SAPROF, PCL-R).

Other opportunities available in this rotation may include:

- Attending a meeting of the hospital's Risk Review Board, a group of hospital personnel who review patient cases for advancement to higher privileges, conditional release from the hospital, and/or final discharge
- Observing expert testimony/depositions
- Conducting additional testing (e.g., diagnostic, personality, etc.)
- Being involved in policy-making processes
- Attend court hearings related to patient petitions for increased privileges and/or discharge



(Krystine Jackson, 2015 – 2016 Intern)

Competency Evaluation Rotation: Interns have the opportunity to work with evaluators conducting *outpatient competency evaluations* or *inpatient competency evaluations*. Outpatient forensic evaluators conduct a large percentage of adult pre-trial competency evaluations from Western Washington courts, typically in local correctional facilities. However, these evaluations may also be conducted in hospital settings, attorney offices, or courthouses, depending on the specific situation. Inpatient-based forensic evaluators primarily conduct pre-trial evaluations of patients who have been ordered to undergo competency restoration services or who require clinical observation in a hospital setting. Evaluations take place primarily at Western State Hospital (WSH), which houses approximately 300 competency patients at any given time (i.e., 10 wards, each with a capacity of 30 patients).

While interns' primary focus at both the community- and inpatient-based rotations is on competency evaluation, they also have the opportunity to participate in the following:

- Evaluations of mental state at the time of the alleged offense (e.g., sanity, diminished capacity)
- Evaluations of dangerousness (a required component of mental state evaluations and some competency evaluations)
- Administration/interpretation of psychological tests
- Observation of involuntary commitment hearings
- Observation of expert testimony in court trials

Fort Steilacoom Competency Restoration Program

The Fort Steilacoom Competency Restoration Program (FSCRCP) is a residential treatment facility located on the grounds of Western State Hospital and operated by the Department of Social and Health Services under the OFMHS. FSCRCP serves up to 30 male defendants opined as not competent to stand trial and ordered to undergo competency restoration treatment by their superior, district, or municipal court. Interns in this setting work directly with psychologists, psychology associates, social workers, recreation and athletic specialists, psychiatric prescribers, and other members of a multidisciplinary team to monitor and treat the barriers to competency identified in patients' most recent competency evaluations. While the primary focus of the rotation is to learn and facilitate competency restoration treatment groups, other opportunities during the rotation may include:

- Observing outpatient competency restoration treatment services
- Shadowing forensic navigators
- Supervision of a practicum or undergraduate student
- Providing competency restoration training to staff
- Providing secondary supervision to master's level clinicians
- Collaborating with clinical staff and OFMHS Quality Assurance to develop additional competency restoration treatment activities and programming
- Meeting with Trueblood vs. DSHS court monitors (at the monitors' request)

Gage Center of Forensic Excellence at Western State Hospital

The Gage Center at WSH (also known as the Center for Forensic Services, or CFS) houses a population of NGRI patients. As noted previously, WSH currently has four NGRI-specific wards with approximately 120 patients. Additionally, there are a few dozen NGRI patients residing in the community on conditional discharge from the Court. Interns based out of this setting engage in the treatment of NGRI patients under the supervision of a ward psychologist. They conduct group and individual therapy for NGRI patients, under the supervision of a licensed psychologist, with the primary goal of helping mitigate the patient's risk of future violent behavior. Interns work within a multidisciplinary team that includes a psychologist, psychiatrist, social worker, physician, RNs, LPNs, pharmacists, recreational and occupational therapists, and other support personnel. They consult with other treatment team members for purposes of identifying treatment needs and placement options, participate in treatment team meetings, and assist in the development of treatment plans. They may also have the opportunity to support patients as they integrate into the community through staff-escorted community outings. Depending on supervisor availability, interns may have the option of combining the NGRI treatment rotation with the forensic risk assessment rotation.

Other potential opportunities on this rotation include:

- Conducting psychological testing
- Assessing for suicide risk
- Developing new groups/curricula
- Attending meetings of the hospital's Risk Review Board
- Attend court hearings related to patient petitions for increased privileges and/or discharge



(2015-2016 Intern Emily Mackelprang)

Civil Center of Excellence at Western State Hospital

The Civil Center of Excellence (also known as the Psychiatric Treatment and Recovery Center, or PTRC) serves civil patients ranging in age from 18 to 90. Civil wards house up to 30 patients each. The primary diagnoses of these patients are schizophrenia, schizoaffective disorder, and major mood disorders. Patients are typically admitted to these wards after an initial evaluation and treatment in a community hospital. The Civil Center also houses the Habilitative Mental Health Unit, which serves up to 30 patients with developmental disabilities who require intensive, structured behavioral interventions.

The Civil Center population offers interns a unique opportunity to work with adults exhibiting a wide variety of psychological/psychiatric illnesses and a range of severity levels. In addition to working alongside a licensed psychologist, interns participate on a multidisciplinary treatment team consisting of a psychiatrist, social worker, the physician assigned to medical care, RNs, LPNs, a pharmacist, recreational and occupational therapists, and other support personnel. Specific rotation experiences can usually be tailored to accommodate interns' interests and educational/experiential needs.

Psychology interns serving a Civil Center of Excellence rotation are expected to:

- Conduct group and individual psychotherapy for selected patients
- Become knowledgeable about the civil commitment process and assist in preparing court petitions for involuntary commitment and/or conditional releases
- Observe involuntary commitment hearings
- Participate in multidisciplinary diagnostic evaluations of patients with mental, emotional, and/or organic dysfunction
- Administer, score, and interpret psychological tests and write comprehensive reports
- Develop specific behavioral treatment programs for designated patients, consulting with treatment team members and nursing staff to ensure consistent approaches to patient care

Child Study and Treatment Center

The Child Study and Treatment Center is a state and federally-funded, TJC-accredited, long-term inpatient psychiatric hospital established to treat children and adolescents who cannot be served in less restrictive settings. Located on the grounds of Western State Hospital, CSTC serves children from throughout the state and is the only state-operated children's psychiatric hospital in Washington. CSTC has a 65-inpatient bed capacity on four cottages (units). On-grounds elementary and secondary schools provided by Clover Park School District are an integral part of the treatment model. Interns are invited to attend monthly seminars and the CSTC Journal Club. Opportunities for individual and group therapy with youth on all cottages are available.

Camano Cottage (ages 5-12): This cottage uses a cognitive behavioral milieu based on a developmental teaching/developmental therapy model. The program emphasizes family involvement (family therapy, multiple family group treatment). Youth are reinforced for demonstrating positive behavior and working

towards concrete, measurable goals. All children are assigned an individual therapist and provided with applicable evidence-based therapies. Interns on Camano meet twice weekly with individual clients and co-facilitate treatment groups.

Ketron Cottage (ages 12-14): This cottage uses a cognitive-behavioral model with a focus on a strong community. Ketron youth participate in psychoeducation and recreation therapy groups where they learn and practice skills to be more effective with interpersonal interactions and manage emotions and maintain safe behavior. Much effort is spent helping youth generalize improvement to home environments with home visits and regular passes. Interns on Ketron meet at least once weekly with individual clients and co-facilitate treatment groups.

Orcas Cottage (ages 14-17): This cottage includes two programs. The General Program is for older adolescents who have demonstrated safe behavior and are able to participate in off-cottage programming including school, recreation, and community outings. The Close Attention Program is for older adolescents who, due to their own functioning or legal status, are allowed less access to potentially dangerous items and receive most of their care on-cottage. Dialectical behavior therapy, social skills, and human sexuality groups are examples of the patient education and patient therapy groups offered. Interns on Orcas meet at least once weekly with individual clients and co-facilitate treatment groups.

San Juan Cottage (ages 15-17): This 18-bed facility has 8 beds for forensic evaluation and restoration patients, while the remaining 10 beds are for youth referred through the state's Children's Long-term Inpatient Programs system. The milieu program is heavily influenced by Dialectical Behavior Therapy strategies. Interns in San Juan meet at least once per week with individual clients and co-facilitate treatment groups.

Forensic Services (ages 8-17): Evaluators at CSTC conduct pretrial forensic evaluations of minors for juvenile and adult courts across the state. Most evaluations produce opinions regarding clinical diagnosis, competence to stand trial, and likelihood of restoration. Interns participate in interviews, evaluations, report-writing for legal personnel, restoration to competence services for court-referred youths, and individual and group supervision. Less frequent types of evaluations (e.g., capacity to commit a crime, mental state at the time of the offense, suitability for adult criminal court, and long-term risk assessment) may also be available for interns to observe. Interns are invited to observe court testimony and attorney consults as time and interest allow. The extent of involvement in cases depends on the intern's interests, experience, and availability.

Intern Activities: Interns at CSTC may choose to have a clinically or forensically focused rotation. There are also opportunities for cross-cottage experiences and participation.

The minimum expectation for a clinically-focused rotation includes:

- Testing and formal write-up of at least one comprehensive cognitive or educational assessment
- A minimum of two individual therapy cases
- Construction and implementation of at least one behavior management program
- Participation as a co-therapist in at least two psychoeducational groups

- Ongoing participation on a multidisciplinary team, including attending treatment plan meetings
- Participating in case reviews, rounds, family staffing, clinical meetings, intake evaluations, etc.
- Participation in a cottage-wide behavioral management program (milieu)

Minimum expectations for a rotation for a forensically-focused rotation include:

- Weekly participation in forensic group supervision
- Participation in observing or conducting supervised interviews with referred youth and/or their parents
- As appropriate, providing psychological testing with clinical and/or forensic measures
- Independent research of issues as needed for evaluations (e.g., relevant child and adolescent diagnosis, normal child development, best forensic practices in juvenile forensic evaluations, statutes and case law)
- As available and needed, participation in psycho-educational treatment for one juvenile found incompetent to stand trial and hospitalized at CSTC
- As available, observation of a juvenile court hearing addressing a forensic evaluation

Special Commitment Center

The Special Commitment Center provides evaluation and treatment of nearly 200 civilly committed sex offenders, all of whom have committed prior acts of sexual violence (e.g., rape, child molestation, incest, indecent liberties by forcible compulsion). Approximately 120 residents currently reside in the total confinement facility on McNeil Island, while approximately 65 live in less restrictive community placements. SCC forensic evaluators conduct legally mandated annual reviews of residents to assess whether they continue to meet criteria as sexually violent predators. SCC psychologists and psychology associates provide treatment services in a secure environment, with close monitoring. The clinical program is housed on McNeil Island, while the forensic services unit is housed on the mainland in Steilacoom.

Legal Status

Chapter 71.09 of the Revised Code of Washington provides for the indefinite civil commitment of individuals designated “sexually violent predators”.

A Sexually Violent Predator is defined as “any person who has been convicted of or charged with a crime of sexual violence and who suffers from a mental abnormality or personality disorder which makes the person likely to engage in predatory acts of sexual violence if not confined in a secure facility.”

Mental abnormality is defined as “a congenital or acquired condition affecting the emotional or volitional capacity which predisposes the person to the commission of criminal sexual acts in a degree constituting such person a menace to the health and safety of others.”

Predatory is defined as *“acts directed toward strangers or individuals with whom a relationship has been established or promoted for the primary purpose of victimization.”*

Detainees are initially placed at the SCC under a “hold” order pending their initial commitment trial. A community psychologist with expertise in sex offender issues provides an evaluation to the Court as part of the commitment process. Such psychologists, who complete assessments and compile a summary recommendation to the Court of Commitment, evaluate all detainees. Their recommendations address three critical commitment questions:

- Has the individual been convicted of or charged with a crime of sexual violence?
- Does the individual suffer from a mental abnormality or personality disorder that predisposes the person to the commission of legally defined sexually violent acts?
- Is the individual likely to engage in predatory acts of sexual violence if not confined in a secure facility?

If the initial commitment evaluation recommends commitment, a trial is held to determine whether or not the person meets statutory criteria defining a "sexually violent predator." A resident determined by the Court to meet these criteria is then placed in SCC as a resident, rather than a “detainee” awaiting a court hearing.

Residents committed to the SCC as “sexually violent predators” are subject to procedures governing the management of persons committed as mentally ill and dangerous who are court-ordered to reside in secure surroundings until the Court allows greater freedom.

SCC psychologists report to the Court annually regarding a resident's progress at SCC and whether the individual's risk of re-offending has changed. The resident may petition the Court for release at any time. If residents successfully complete designated treatment goals, SCC staff will support them in moving to a community transition program.

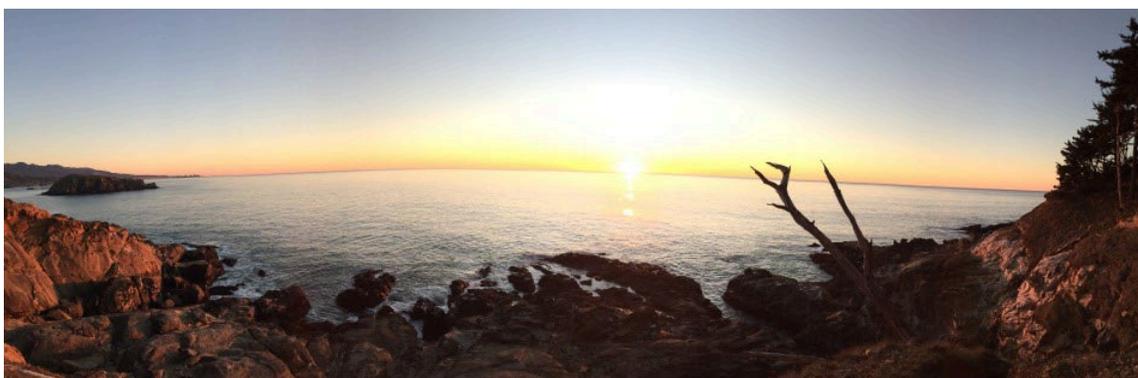
SCC’s treatment program and residential environment are geared to help residents maintain responsible and appropriate interpersonal behavior that is respectful of privacy, boundaries, rules and limits. Respect for the welfare and dignity of others is considered an essential goal of treatment and a necessary component of any realistic re-offense prevention plan. Individual and group treatments are initiated following a comprehensive assessment to determine an appropriate treatment plan. Risk-Need-Responsivity (RNR) and Relapse Prevention (RP) strategies provide the guiding principles of treatment. Psychoeducational services (i.e., social and interpersonal skills training and aggression replacement, which incorporates conflict resolution, anger management, and moral reasoning) provide detainees and residents opportunities to acquire knowledge and skills deemed necessary to cope with life in the community. In addition to sex offender-specific programming, other services provide for medical, psychiatric, chemical dependency, educational, vocational, religious, cultural, and recreational needs. Due to the prevalence of personality disorders within this population, it provides the intern with an opportunity to work with numerous residents with significant interpersonal and cognitive deficits.

Committed residents must successfully complete the treatment program before a recommendation for release to a less restrictive placement is made to the Court of Commitment. Residents who successfully complete all designated treatment goals receive staff support for a less restrictive placement. Those who are discharged from the SCC main facility must continue with outpatient community treatment.

Intern rotations at the SCC can either be within the clinical department on the island, with an emphasis on group and individual therapy, or within the Forensic Services Department, with a focus on assessment. SCC interns may also attend a weekly meeting with the senior clinical team to discuss cases and a therapist or psychologist presents a case for review.

Clinical Rotation: Interns completing a clinical rotation on the island will co-facilitate sex offender treatment groups and rehabilitative groups such as dialectical behavior therapy, healthy relationships, social skills, etc. Interns will have the opportunity to perform cognitive, achievement, and personality assessments in order to inform treatment. Interns may also have the opportunity to provide brief, solution-focused individual therapy. Interns will be expected to complete all corresponding documentation for their resident interactions and participate in interdisciplinary treatment team meetings to discuss client progress. In this rotation, interns will also have the opportunity to participate in monthly didactics and case consultations in addition to their individual supervision.

Forensic Rotation: Interns participating in the forensic rotation will learn the essential components of assessing sexual offenders, with an emphasis on SVPs. Given the high level of knowledge that is required of individuals working in this specialized area of the field, this rotation will have a strong didactic component, with an emphasis on becoming familiar with the relevant literature. The intern will have the opportunity to practice scoring actuarial risk measures, participate in case conceptualization, and observe interviews of SCC residents. However, the intern will not complete an evaluation of a resident, given the possibility of intense legal scrutiny on any such evaluation. Rather, another option will be chosen, with input from the intern, for the written component of this rotation. (This frequently takes the form of a “shadow report” written by the intern). Interns will have the opportunity to observe expert witnesses’ testimony and/or depositions. Interns will also prepare a lecture on a related topic of interest for presentation at the Forensic Services meeting.



(Cape Sebastian, by 2015-2016 Intern Krystine Jackson)

Research

Program Evaluation: Interns are required to complete a yearlong program evaluation project under the supervision of a licensed psychologist. The focus of the project is expected to be on a subject relevant to OFMHS, WSH, CSTC, or SCC. The goal of the program evaluation is to provide useful feedback to the specific stakeholders. Each intern is responsible for conducting any necessary literature review and collecting appropriate data for the research. The program evaluation projects are of particular interest to the senior management at the individual facilities. Opportunities for publication of this research may be available upon completion of the project.

Research Committee: In addition to their required Program Evaluation project, interns may also elect to participate in the OFMHS Research Committee, which is composed primarily of OFMHS psychologists and postdoctoral fellows.



(Cape Flattery, by 2015-2016 Intern Krystine Jackson)

DIDACTICS

Throughout the internship year, Fridays are devoted to group supervision and a series of didactic seminars.

Assessment Seminar: The assessment seminar is a biweekly, one-hour series designed to help interns gain familiarity and proficiency in using assessment tools in various areas relevant to the practice of clinical and forensic psychology. It aims to improve interns' understanding of considerations for selecting a testing battery as well as their ability to think critically about the measures and how to incorporate testing into forensic case conceptualization.

Case Law Seminar: The case law seminar is a biweekly, 90-minute series that focuses on federal and state case law pertaining to the practice of forensic psychology and psychiatry in the legal system. The seminar is intended to complement the Forensic Seminar (described further below) by focusing on the legal precedents that dictate our interactions with the court. Cases covered include landmark cases in the suggested reading list from the American Academy of Forensic Psychology, as well as Washington state-specific cases. Participants gain practice in reading and summarizing case law, learn from professionals with varied experiences in the field, and complete the seminar series with a collection of case briefs that can serve as reference/study materials.

Internship Seminar: The internship seminar is a biweekly, 90-minute series of presentations on topics pertaining to general clinical practice (e.g., psychological disorders, case formulation; treatment modalities; psychological assessment) and professional development. Presenters consist of WSH and OFMHS staff, as well as outside providers. Topics include ethics, diversity, licensure, private practice, and psychopharmacology.

Forensic Seminar: This weekly 3-hour seminar addresses a wide range of basic to advanced topics related to forensic practice, forensic research, and professional ethics. Topics follow the specialty training of the American Board of Professional Psychology reading and focus list. Seminars are three hours long and provide a deep dive into the historical progression, critical conceptual underpinnings, associated case law, and recent research of each topic. Presentations are given by local as well as national experts. Previous speakers have included Stan Brodsky, Sarah Desmarais, Stephen Hart, and Richard Rogers.

RECORDS RETENTION AND MAINTENANCE

All trainee files and records are retained in accordance with Washington State and APA regulations and kept in a filing cabinet in the secured office of one of the Directors.

REQUIREMENTS FOR COMPLETION OF INTERNSHIP PROGRAM

1. Satisfactorily complete three different four-month rotations, of which one must be a treatment-focused rotation.
2. Perform at least one psychological evaluation (including testing) per rotation, depending on individual training needs. Satisfactorily complete a minimum of 10 psychological and/or forensic assessments for the training year. At least one evaluation must be completed during each rotation.
3. Demonstrate competence in co-leading group psychotherapy.
4. Demonstrate competence in conducting individual therapy. (Per discretion of the particular supervisor).
5. Demonstrate competence in conducting supervision of practicum students.
6. Attend required Intern Seminars, Case Law Seminars, Testing Didactics, and Forensic Seminars.
7. Conduct at least one case presentation during each rotation per the discretion of the supervisor and the needs of the rotation setting. This provides experience in explaining cases to other professionals.
8. Develop and present a lecture on a selected topic in the Intern Seminar Series.
9. Complete a minimum of 2000 hours of internship experience.
10. Demonstrate ethical conduct at all times. This includes full compliance with the American Psychological Association's Code of Ethics, Washington State's Ethics in Public Service Law, and Western State Hospital's Code of Ethics.
11. Complete and present a program evaluation. This will include writing an evaluation report.
12. Conduct at least one interview with an interpreter. Give a presentation on that case and the culture of the client to directors and fellow interns, discussing the cultural nuances of the case.
13. Complete a cultural diversity project as assigned by the Director.

RECENT INTERNS' UNIVERSITIES AND POST-INTERNSHIP POSITIONS

2022-2023

- Sam Houston State University - University of Massachusetts Post Doc
- Sam Houston State University – OFMHS Post Doc
- Simon Fraser University – Denver First Post Doc
- University of Wisconsin - OFMHS Post Doc

2021-2022

- University of Alabama – OFMHS Post Doc
- University of North Texas – OFMHS Post Doc
- Sam Houston State University – University of Massachusetts Post Doc
- Sam Houston State University – Minnesota Forensic Post Doc

2020-2021

- University of Alabama – OFMHS Post Doc
- John Jay University – Psychology Associate position with OFMHS
- University of North Texas – OFMHS Post Doc
- University of North Texas – Denver First Post Doc

2019-2020

- Central Michigan University – UMass Forensic Post Doc
- Palo Alto University – Academic Position with Valparaiso University
- Sam Houston State University – OFMHS Forensic Post Doc
- Simon Fraser University – UMass Forensic Post Doc

THE PACIFIC NORTHWEST

The Seattle-Tacoma area provides a wealth of opportunities for recreation and education. Amenities such as shopping, dining, and medical facilities are easily accessible in both cities and environs. The Canadian border and the city of Vancouver, British Columbia are within a 3-hour drive and the city of Portland, Oregon is just over 2 hours away. The maritime climate is moderate, with temperatures rarely reaching more than 90 degrees in the summer or falling below 25 degrees in the winter.

Nearby recreational opportunities include skiing, boating, fishing, clamming, hiking and mountain climbing. Mount Rainier, at over 14,000 feet, is approximately 70 miles from Tacoma. Music, theater, and other arts activities are available, with opportunities for participation as well as attendance. Institutions of higher learning in the area include the University of Washington, Seattle Pacific University, Pacific Lutheran University, Seattle University, University of Puget Sound, and several community colleges, including Pierce College, which is located adjacent to Western State Hospital.



SAMPLE PROGRESSIVE LEARNING PLANS

Forensic Risk Assessment Rotation

Overall Objectives of Rotation

- Learn the process of forensic risk assessment at Western State Hospital, including identifying referral questions, reviewing collateral documentation, consulting with treatment team members, and conducting interviews.
- Demonstrate proficiency in writing forensic risk assessments.
- Demonstrate understanding of and proficiency with commonly used forensic risk assessment measures, including the HCR-20^{v3}, PCL-R, and VRAG-R.
- Be able to articulate differences between clinical/structured professional judgment and actuarial methods of assessment and the strengths/limitations of each method.
- Complete a minimum of three forensic risk assessments, including one initial risk assessment.

Weekly Progressive Learning Plan

Weeks 1 – 2

Readings

- American Psychological Association. (2013). Specialty guidelines for forensic psychology. *American Psychologist*, 68 (1), 7-19.
- Dawes, R.M., Faust, D., & Meehl, P.E. (1989). Clinical versus actuarial judgment. *Science*, 243: 1668-1674.
- Heilbrun, K. (2009). *Best practices in forensic mental health assessment. Evaluation for risk of violence in adults*. Oxford University Press.
- *Violent Offenders: Appraising and Managing Risk* (3rd Edition); Chapter 1
- HCR-20^{v3} manual
- PCL-R manual
- VRAG-R manual
- Sample FRA reports by supervisor

Activities/Experiences

- Orient to FRA procedures at WSH
- Observe an FRA interview
- Identify patient for first FRA and begin records review
- Score practice cases for the VRAG-R and/or PCL-R
- Possible webinar trainings in violence risk assessment
- Attend at least two hours of individual supervision per week

Weeks 3 – 4

Readings

- Ross v. Inslee (first amended complaint)
- Ross Settlement
- *Violent Offenders* Chapters 2
- RCW 10.77 (forensic commitment and procedures)
- FRA report samples from other evaluators

Activities/Experiences

- Complete records review for first FRA
- Conduct FRA interview and score measures with assistance from supervisor
- Conduct any collateral interviews
- Begin writing first FRA report
- Attend at least two hours of individual supervision per week

Weeks 5 – 6

Readings

- Hare, R.D. (2016). Psychopathy, the PCL-R, and criminal justice: Some new findings and current issues. *Canadian Psychology/Psychologie canadienne*, 57(1), pp. 21-34. doi: 10.1037/cap0000041.
- *Violent Offenders*: Chapter 3
- *Violent Offenders*: Chapter 4

Activities/Experiences

- Complete FRA report and submit to supervisor for review
- Go over FRA report with supervisor, make any necessary revisions before final submission
- Attend at least two hours of individual supervision per week

Weeks 7 – 8

Readings

- Hart, S.D., Douglas, K.S., & Guy, L.G. (2016). The structured professional judgment approach to violence risk assessment. In L.A. Craig & M. Rettenberger (Eds.), *The Wiley handbook on the theories, assessment, and treatment of sexual offending* (pp. 643-666).
- *Violent Offenders*: Chapter 5

Activities/Experiences

- Select second FRA case and complete records review
- Begin writing FRA report

- Attend at least two hours of individual supervision per week

Weeks 9 – 10

Readings

- Abbiati, M., Golay, P., Gasser, J., & Moulin, V. (2020). Protective factor assessments: What are we measuring?—An investigation of the internal validity of the Structured Assessment of Protective Factors for Violence Risk. *Criminal Justice and Behavior*, 47(4), pp. 383–398. <https://doi-org.libproxy.library.unt.edu/10.1177/0093854819901157>.
- Hogan, N.R. & Olver, M.E. (2016). Assessing risk for aggression in forensic psychiatric inpatients: An examination of five measures. *Law and Human Behavior*, 40(3), pp. 233-243. doi: 10.1037/lhb0000179.
- de Vries Robbé, M., de Vogel, V., Wever, E.C., Douglas, K.S., & Nijman, H.L.I. (2016). Risk and protective factors for inpatient aggression. *Criminal Justice and Behavior*, 43(10), pp. 1364-1385.
- *Violent Offenders*: Chapter 6

Activities/Experiences

- Conduct a second FRA interview, and score measures with supervisor assistance
- Conduct any collateral interviews
- Begin writing second FRA report
- Attend Risk Review Board meeting (flexible date, dependent on schedules/availability)
- Attend at least two hours of individual supervision per week

Weeks 11 – 12

Readings

- Harris, G.T. & Rice, M.E. (2015). Progress in violence risk assessment and communication: Hypothesis versus evidence. *Behavioral Sciences and the Law*, 33: 128-145.
- Klepfisz, G., Daffern, M., & Day, A. (2015). Understanding dynamic risk factors for violence. *Psychology, Crime & Law*, DOI: 10.1080/1068316X.2015.1109091.
- *Violent Offenders*: Chapter 7

Activities/Experiences

- Complete second FRA report and submit to supervisor for review
- Go over FRA report with supervisor, make any necessary revisions before final submission
- Attend at least two hours of individual supervision per week

Weeks 13 – 14

Readings

- de Vogel, V., Bruggeman, M., & Lancel, M. (2019). Predictive validity of six tools in female forensic psychiatric patients. *Criminal Justice and Behavior*, 46(4), pp. 528-549. doi: 10.1177/0093854818824135.
- Shepherd, S.M. & Lewis-Fernandez, R. (2016). Forensic risk assessment and cultural diversity: Contemporary challenges and future directions. *Psychology, Public Policy, and Law*, 22(4), pp. 427-438. doi: 10.1037/law0000102.
- Venner, S., Sivasubramaniam, D., Luebbbers, S., & Shepherd, S. M. (2020). Cross-cultural reliability and rater bias in forensic risk assessment: A review of the literature. *Psychology, Crime & Law*, 27(2), pp. 105-121. <https://doi-org.libproxy.library.unt.edu/10.1080/1068316X.2020.1775829>.
- *Violent Offenders*: Chapter 8

Activities/Experiences

- Select third FRA case, complete records review, and conduct interview
- Conduct any collateral interviews
- Begin writing third FRA report
- Attend at least two hours of individual supervision per week

Weeks 15 – 16

Readings

- Mossman, D. (2013). Evaluating risk assessments using receiver operating characteristic analysis: Rationale, advantages, insights, and limitations. *Behavioral Sciences & the Law*, 31(1), pp. 23-29.
- *Violent Offenders*: Chapter 9
- Optional: Female Additional Manual: Additional guidelines to the HCR-20^{v3} for assessing risk for violence in women.

Activities/Experiences

- Score FRA measures with supervisor assistance, complete third FRA report and submit to supervisor for review
- Go over FRA report with supervisor, make any necessary revisions before final submission
- Attend at least two hours of individual supervision per week

Competency Evaluation Rotation

Overall Objectives of Rotation

- Demonstrate minimum proficiency of competence to stand trial (CST) evaluations by:
 - completing at least 10 CST evaluations from start to finish (with at least one evaluation following a period of competency restoration treatment);
 - describing the CST evaluation process, including sources of data to be considered;
 - verbalizing reasoning of what data is appropriate for inclusion in/exclusion from the report;
 - distinguishing between data, inferences, and opinions, and;
 - articulating reasoning for opinions.
- Involvement in mental state at the time of offense evaluation (after proficiency in CST evaluations is met or largely achieved)
- Observe contested competency hearing and/or civil commitment hearing

Notes:

- “Involvement” means anything from observation, contact of collaterals, partial writing of the report, first author of the report
- The rotation supervisor for any case is responsible for case selection, to ensure the intern is not the first author on any case that is likely to require testimony (e.g., felony assault 3)
- Proficiency is more important than the location of the evaluation
- Once proficiency is established, have the intern go with other examiners for breadth of experiences with other psychologists
- Internship supervisors of IFES and CFES coordinate with each other to ensure a variety of objective experiences are included for each intern

Weekly Progressive Learning Plan

Weeks 1 – 2

Activities/Experiences

- Observe primary supervisor conduct a competence to stand trial evaluation
- Observe secondary supervisor (or other examiners) conduct competence to stand trial evaluation
- Review and discuss CST reports for the cases observed
- Tour and observe mental health courts
- Attend jail orientations if necessary
- Review readings with supervisor(s)

Readings

- RCW 71.05 – Civil Commitment
 - LaBelle and Beyond: Defining Grave Disability (PowerPoint presentation, Dr. Yocum)
 - Case: *In re LaBelle* (1985)
- RCW 10.77 - Criminal Evaluations
 - Melton et al. (2007): Chapter 1 - Law and the Mental Health Professions: An Uneasy Alliance
 - Therapeutic and Forensic Roles
 - Greenberg, S.A., & Shulman, D.W. (1997). Irreconcilable conflict between therapeutic and forensic roles. *Professional Psychology: Research and Practice*, 28, 50-57.
 - Greenberg, S.A., & Shulman, D.W. (2007). When worlds collide: Therapeutic and forensic roles. *Professional Psychology: Research and Practice*, 39, 129-132.
 - Heltzel, T. (2007). Compatibility of therapeutic and forensic roles. *Professional Psychology: Research and Practice*, 38, 122-128.
 - Morse, J.F. (2008). The ethics of forensic practice: Reclaiming the wasteland.
 - Melton et al. (2007): Chapter 3 - The Nature and Method of Forensic Assessment
 - DeMier, R. (2013). Forensic report writing. In R. K. Otto (Ed.), *Forensic psychology* (2nd ed.)

Weeks 3 – 4

Activities/Experiences

- Conduct CST evaluation with primary supervisor
- Supervision of evaluations conducted, review of forensic psychology perspective on evaluations
- Review readings with supervisor(s)

Suggested Readings

- Melton et al. (2007): Chapter 6 – Competency to Stand Trial
- Frederick et al. (2014)
 - Table of Contents
 - Introduction to Volume
 - Section 1: Standards of Competency
 - *Youtsey v. U.S.*
 - *Dusky v. U.S.*
 - *Wieter v. Settle*
 - Appendix A – Legal Citation
 - Appendix B – Relevant Clauses and Amendments of the U.S. Constitution
- Case: *Dusky v. U.S.*, 362 US 402 (1960)
- Frederick et al. (2014): Section 2 – Thresholds for Competency Examinations

- *Kenner v. U.S.*
- *Pate v. Robinson*
- *Drope v. Missouri*
- *Seidner v. U.S.*

Weeks 5 – 6

Activities/Experiences

- Conduct CST evaluation with primary supervisor and other examiners, as appropriate
- Supervision of evaluations conducted, review of forensic psychology perspective on evaluations
- Observe mental state at the time of offense evaluation conducted by primary or secondary supervisor
- Review/discuss mental state at the time of offense evaluation completed by supervisor(s)
- Review readings with supervisor(s)

Suggested Readings

- Frederick et al. (2014): Section 3 – Constitutional & Judicial Considerations
 - *McDonald v. U.S.*
 - *Medina v. California*
 - *Cooper v. Oklahoma*
 - *Godinez v. Moran*
 - *Indiana v. Edwards*
 - *North Carolina v. Alford*
 - *U.S. v. Greer*
- Case: *Estelle v. Smith*, 451 U.S. 454 (1981)

Weeks 7 – 8

Activities/Experiences

- Conduct CST evaluation with primary supervisor and other examiners, as appropriate
- Supervision of evaluations conducted, review of forensic psychology perspective on evaluations
- Observe and/or conduct mental state at the time of offense evaluation with primary or secondary supervisor
- Review/discuss mental state at the time of offense evaluation completed by supervisor(s)
- Review readings with supervisor(s)

Suggested Readings

- Frederick et al. (2014): Section 4 – Incompetent Defendants
 - *Riggins v. Nevada*
 - *U.S. v. Brandon*

- *Sell v. U.S.*
- *U.S. v. White*
- *U.S. v. Valenzuela-Puentes*
- *U.S. v. Evans*
- *Jackson v. Indiana*
- *U.S. v. Duhon*

Weeks 9 – 10

Activities/Experiences

- Conduct CST evaluation with primary supervisor and other examiners, as appropriate
- Supervision of evaluations conducted, review of forensic psychology perspective on evaluations
- Observe and/or conduct mental state at the time of offense evaluation with primary or secondary supervisor
- Review/discuss mental state at the time of offense evaluation completed by supervisor(s)
- Review readings with supervisor(s)

Suggested Readings

- Frederick et al. (2014): Section 5 – Amnesia & Competency
 - *Wilson v. U.S.*
 - *U.S. v. Swanson*
 - *U.S. v. Borum*
 - *U.S. v. Stevens*
- Frederick et al. (2014): Section 6 – Adjudicative Competency in Juveniles
 - *In re Causey*
 - *G.J.I. v. State of Oklahoma*
 - *In the Interest of S.H.*

Weeks 11 – 12

Activities/Experiences

- Conduct CST evaluation with primary supervisor and other examiners, as appropriate
- Supervision of evaluations conducted, review of forensic psychology perspective on evaluations
- Observe and/or conduct mental state at the time of offense evaluation with primary or secondary supervisor
- Review/discuss mental state at the time of offense evaluation completed by supervisor(s)
- Review readings with supervisor(s)

Suggested Readings

- Mental State at the Time of the Offense: Sanity and Mens Rea

- Melton et al. (2007): Chapter 8 – Mental State at the Time of the Offense
- *Daniel M’Naghten’s Case* (1843)
- *State v. Atsbeha*, 142 Wn.2d 904 (2001)

Weeks 13 – 14

Activities/Experiences

- Conduct CST evaluation with primary supervisor and other examiners, as appropriate
- Supervision of evaluations conducted, review of forensic psychology perspective on evaluations
- Observe and/or conduct mental state at the time of offense evaluation with primary or secondary supervisor
- Review/discuss mental state at the time of offense evaluation completed by supervisor(s)
- Review readings with supervisor(s)

Suggested Readings

- Frederick et al. (2007)
 - Table of Contents
 - Introduction to Volume
 - Introductions and Summaries from Sections:
 - State and Federal Statutes in the U.S. Pertaining to Insanity
 - Roots of the Insanity Defense
 - Insanity and the U.S. Constitution
 - The D.C. Experiment
 - What is “Wrongfulness”?
 - What to Do With Insanity Acquittees
 - Prosecuting the Mentally Ill
 - Appendix A – Legal Citation
 - Appendix B – Relevant Clauses and Amendments of the U.S. Constitution

Weeks 15 – 16

Activities/Experiences

- Conduct CST evaluation with primary supervisor and other examiners, as appropriate
- Supervision of evaluations conducted, review of forensic psychology perspective on evaluations
- Observe and/or conduct mental state at the time of offense evaluation with primary or secondary supervisor
- Review/discuss mental state at the time of offense evaluation completed by supervisor(s)
- Review readings with supervisor(s)
- Completion of final intern evaluation.
- Discuss intern recommendations for Forensic Assessment Rotation