



U.S. Department of Justice
Federal Bureau of Prisons

PROGRAM STATEMENT

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Psychology Services Manual

/s/

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1. PURPOSE AND SCOPE

This Program Statement establishes general procedures, guidelines, and priorities for the delivery of psychological services in the Federal Bureau of Prisons (Bureau).

Psychological services include the assessment and treatment of mental disorders as well as evidence-based programs to reduce the risk of recidivism and institution misconduct. In addition, psychologists provide ancillary services for staff through specialized training, professional consultation, Crisis Support Teams, and the Employee Assistance Program. Psychological services for inmates are provided by psychologists and treatment specialists; services may also be provided by psychology pre-doctoral interns and practicum students under the supervision of a licensed, doctoral level psychologist. This Program Statement references a series of other Psychology Services Program Statements, which provide more detailed procedures and guidelines for specific program areas.

a. Summary of Changes

This reissuance incorporates the following modifications:

- A refined mission statement and priorities for the delivery of psychological services, to include an increased emphasis on reentry services, to include cognitive-behavioral therapies and the Risk-Need-Responsivity model.
- Enhancement of the psychological services offered in restrictive housing settings.
- Incorporation of previously issued guidance regarding Transfer Intake Screenings.

- Updated guidance regarding the creation and maintenance of professional clinical documentation.
- Incorporation of strategies to assess and support the core clinical skills of correctional psychologists.
- Incorporation of guidance regarding the operation of graduate student practicum programs in Psychology Services.
- Removal of duplicative content addressed in other Psychology Services Program Statements.

Policy Rescinded

P5310.12 Psychology Services Manual (03/07/95)

b. **Program Objectives.** The expected results of this Program Statement are to establish:

- The mission, service delivery model, and priorities for Psychology Services.
- Procedures for administration and management of Psychology Services Departments.
- Routine and specialized clinical services for inmates.
- Professional documentation standards to facilitate continuity of care.
- Workforce development strategies for Psychology Services.
- Psychology Services' role in providing ancillary services for staff.

c. **Definition of Terms.**

- **Clinician.** A provider of psychological services (e.g., psychologist, social worker, treatment specialist, psychology intern).
- **External Core Clinical Skills Review.** A review of core clinical skills conducted outside of the purview of the employee's Warden.
- **Evidence-Based Program (EBP).** An EBP is an empirically supported intervention proven to deliver positive outcomes.
- **Initial Intake Evaluation.** The Initial Intake Evaluation is conducted with newly committed inmates to identify mental health and programming needs.
- **Psychology Data System (PDS).** The PDS is the Bureau's official documentation system for psychological services. This system is a module within the Bureau Electronic Medical Record (BEMR).
- **Senior, Licensed Psychologist.** For the purposes of training practicum students and interns, a senior licensed psychologist has obtained licensure to practice as a psychologist; completed their probationary year of employment; and completed Psychologist Familiarization Training.
- **Transfer Intake Screening.** A Transfer Intake Screening is conducted with transferred inmates or inmates who have been out of the institution for more than 30 calendar days; e.g., inmates

hospitalized in the community for an extended period of time, inmates returning from Federal or state writs, inmates returning from RRC placement.

- **Turning Point for Restrictive Housing.** The term “Turning Point” has been adopted by the Bureau to refer to pre-treatment interventions designed to move inmates through the Stages of Change, specifically from the early stages of pre-contemplation and contemplation to the stage of preparation. For information about other Turning Point protocols (e.g., Turning Point for SOMP), contact the Psychology Services Branch.

d. **Institution Supplement.** None required. Should local facilities make any changes outside the required changes in the national policy or establish any local procedures to implement the national policy, the local Union may invoke to negotiate procedures or appropriate arrangements.

2. STRUCTURE OF PSYCHOLOGY SERVICES

a. **Mission Statement.** Psychology Services Departments actively support the Bureau’s mission by contributing to the operation of safe, humane, cost-effective, and appropriately secure facilities and by providing reentry programming to reduce recidivism and facilitate offenders’ successful return to the community. Specifically, the mission of Psychology Services is to provide three key services in the Bureau:

- **Mental Health Care.** Psychology Services Departments provide mental health care for inmates, which include the assessment and treatment of a wide range of mental disorders. The mental health care provided to the inmates is consistent with professional standards and best practices in correctional psychology.
- **Reentry Services.** Psychology Services Departments offer evidence-based, cognitive-behavioral programming to address risk factors associated with criminal conduct; i.e., criminogenic needs. This programming facilitates successful reentry by reducing an offender’s likelihood of recidivism.
- **Behavioral Scientist Expertise.** Behavioral science is the systematic analysis and investigation of human behavior; psychologists are trained behavioral scientists. By sharing their understanding of human behavior, psychologists play a significant role in the orderly operation of Bureau facilities. Psychologists share their expertise during formal training events and informal, routine consultations with staff.

b. **Model of Service Delivery.** The Psychology Services Department is organized as a separate, centralized department within the institution or complex with adequate privacy, space, and resources to meet the institution’s need for psychological services as described above. The offices of residential Psychology Treatment Program (PTP) staff should be located within the respective unit. In addition, grouping of staff offices is appropriate when such grouping is done in accordance with the special Psychology Services missions of an institution.

The Bureau has chosen cognitive-behavioral therapy (CBT) as a theoretical model to guide psychological service delivery because of its proven effectiveness with inmate populations. CBT is a broad term and includes a variety of cognitive-behaviorally based treatment protocols utilized in the Bureau, to include Rational Emotive Behavior Therapy (REBT) and Dialectical Behavior Therapy (DBT). Empirical support for CBT's effectiveness is noted both in the treatment of mental disorders and criminal thinking patterns. Therefore, CBT is utilized to address two components of the Psychology Services mission – mental health care and reentry services. CBT emphasizes the learning and practice of skills associated with improved mental health and adaptive, pro-social behavior. Therefore, inmates who participate in CBT and related interventions are better able to achieve goals the Bureau has for all inmates, including responsibility, self-awareness, and independence.

Specific to reentry services, the Bureau has also organized services under a Risk-Need-Responsivity model. Here, treatment resources are directed toward inmates who are at the highest risk of re-offense based on validated assessment procedures. Treatment protocols are selected or designed to address risk factors for criminal reoffending.

These include but are not limited to those identified with substance use disorders; sex offenders; and those with offense supportive attitudes and beliefs; i.e., criminal thinking patterns. Interventions are delivered in a manner that is responsive to each inmate's unique treatment needs, to include learning style and level of motivation.

The Bureau's core value of correctional excellence underlies the service delivery model for behavioral scientist expertise. Psychology Services staff are "correctional workers first" and in this context they are uniquely situated to offer their perspective on understanding human behavior. As fellow correctional workers, psychologists work alongside their Bureau peers, offering their expertise through both formal training events and informal staff consultation. The presence of Psychology Services in the institution also increases the likelihood Bureau staff will feel comfortable utilizing Employee Assistance Program and/or Crisis Support Team services.

c. **Priorities for Delivery of Psychological Services.** The following list of priorities describes the professional duties and responsibilities of a Psychology Services Department. The Chief Psychologist is responsible for ensuring the department adheres to the priorities and for ensuring a fair and equitable distribution of the workload associated with meeting these priorities. The Chief Psychologist shares the priority list with new departmental staff during their initial orientation and with all departmental staff on at least an annual basis. In addition, Chief Psychologists are responsible for informing and educating others of the importance of performing priority tasks, as opposed to non-emergency and non-clinical tasks.

(1) Priority 1 – Priority 1 tasks are Psychology Services functions essential to the safety and security of staff and inmates.

- Inmate Suicide Prevention Program, to include risk assessment, intervention, and staff training.
- Activities geared toward staff health, wellness, and safety to include EAP, involvement in CST/CNT, suicide prevention, and related training.
- Acute crisis intervention with suicidal, dangerous, psychotic, or sexually victimized inmates, to include consultation with staff regarding the management of these inmates.
- Treatment and care of inmates diagnosed with a serious mental illness, to include the delivery of priority practices for this population.
- Initial psychological screening and evaluation of inmates, to include assessments of risk for sexual victimization or abusiveness.
- Restrictive housing rounds, reviews, and interventions.
- Compliance with professional, correctional, and other standards applicable to safety and security.

(2) Priority 2 – Priority 2 tasks are vital Psychology Services functions.

- Evidence-based individual and group treatment for inmate mental health issues that do not rise to the level of a serious mental disorder.
- Evidence-based programming aimed at reducing inmate misconduct and recidivism.
- Specialized Psychology Treatment Programs, e.g., Residential Drug Abuse Program, Sex Offender Treatment Program, Resolve Program, Mental Health Step Down Unit.
- Court-ordered forensic evaluations, other policy mandated psychological evaluations, and intellectual assessments completed in conjunction with potential referrals for a GED accommodation.
- Documentation in the Psychology Data System (PDS) in the Bureau Electronic Medical Record (BEMR), in support of continuity of care within, between, and outside of Bureau facilities.
- Consultation with Unit Disciplinary Committee (UDC) and Discipline Hearing Officer (DHO).
- Mandatory clinical training for psychologists and treatment specialists.
- Clinical supervision of psychologists and treatment specialists.
- Attendance at essential administrative meetings; e.g., Special Housing Unit (SHU) Department Head meeting.
- Recruitment and retention of psychologists, treatment specialists, and other Psychology Services staff.
- Performance of functions supporting and maintaining systems of control to ensure policy compliance, to include conducting Psychology Services Operational Reviews and Perpetual Audits.

(3) Priority 3 – Priority 3 tasks enhance and strengthen the functioning of Psychology Services Departments and the institution.

- Continuing education for Psychology Services staff in support of professional development, licensure, and/or certification.
- Training of graduate students, psychology interns, and post-doctoral residents.
- Unit team consultation regarding reentry and release planning.
- Consultation on general behavioral science topics.
- Participation in the Operational Reviews, Perpetual Audits, and/or Program Reviews of other departments/facilities.
- Coordination of special projects and/or activities within the institution; e.g., American Correctional Association Audit, Combined Federal Campaign.
- Development of novel local programs, groups, or services.
- Participation in research projects at the local, regional, or national level.
- Resource staff member or subject matter expert for the Psychology Services Branch.
- Cross development courses and other non-mandated training unrelated to the maintenance of professional licensure/certification.
- Collateral duties unrelated to Psychology Services.

d. Duties of Psychology Services Staff in Emergency Situations. Except in emergency situations, positions allocated and funded to provide psychological services are assigned for the provision of these services. Emergency situations are defined as situations requiring an immediate response (e.g., body alarm) or activation of the institution's emergency plans (e.g., escape, food strike). Except in emergency situations, psychologists and treatment specialists are not assigned non-Psychology Services duties; e.g., coverage of a custody post, unit management functions, acting department head (outside of Psychology Services), institution duty officer. This exclusion is reiterated in the Program Statements **Psychology Treatment Programs** and **Sex Offender Programs**.

Bureau psychologists do not conduct investigations or perform fitness for duty evaluations.

3. ADMINISTRATION AND MANAGEMENT

Psychology Services Departments are responsible for utilizing their expertise as behavioral scientists to provide informed clinical decisions and professional recommendations. Clinical decisions are the sole province of the responsible clinician and/or supervisory psychologist(s), and are not to be countermanded by non-clinicians. To deliver services efficiently and effectively, the Psychology Services Department will be:

- Staffed to meet the vital functions, congressional and Department of Justice mandates, accreditation standards, and ethical guidelines affecting the department.
- Staffed according to the mission and security of the facility and the specific treatment and reentry needs of the inmate population.
- Staffed with qualified, licensed or license eligible, doctoral level psychologists.
- Staffed with treatment specialists who are qualified in their specific area of treatment; e.g., mental health treatment, sex offender treatment.
- Organized as a separate department, ordinarily centralized according to the treatment needs, mission, and structure of the facility.
- Provided with space and resources to provide psychological treatment and programs.
- Only assigned duties consistent with their clinical training, applicable ethical standards, and mental health role in the correctional facility (i.e., similar to physicians, attorneys and chaplains) during *non-emergency* situations (i.e., situations not requiring an immediate response or activation of the institution's emergency plans). This stipulation does not apply to administrative support staff in the department.
- Expected to respond and assume duties wherever needed and assigned during *emergency* situations. As soon as possible during an institution emergency, Psychology Services staff should be used consistent with their clinical role and training; e.g., monitoring and intervention with the seriously mentally ill, assisting with the clinical care of inmates in restrictive housing, assessment and intervention with staff concerning the unique stressors in a crisis situation (i.e., CST, EAP). During emergency situations, psychologists should be active in the institution – observing inmates, consulting with staff, and intervening to achieve optimal inmate management.

a. **Organizational Structure**

(1) **Central Office Psychology Services Branch.** The Psychology Services Branch (Branch) is a component of the Reentry Services Division in Central Office. The Branch consists of the following sections: Drug Treatment Programs; Sex Offender Programs; Mental Health Programs; Evaluations; Community Treatment Services; Clinical Education and Workforce Development; and Psychology Information Systems. The Branch is responsible for directing and supporting Psychology Services in the Bureau by:

- Developing, interpreting, and administering Psychology Services policies and procedures consistent with sound correctional management principles, evidence-based psychological practices, and successful inmate reentry strategies.
- Providing administrative support for Psychology Services Departments by submitting annual budget requests; preparing Psychology Services staffing requests; offering national training events and continuing professional education opportunities; and providing general technical assistance and support.

- Advancing Psychology Services in the Bureau through the development and implementation of Strategic Plans, pilot projects, field trials, and proposals and reports for Executive Staff.
- Contributing to quality assurance in Psychology Services by collaborating with the Program Review Division to develop Program Review Guidelines; conducting remote and on-site quality assurance reviews of key programming areas; completing psychological reconstructions following an inmate suicide; and conducting peer reviews of Chief Psychologists.
- Serving as a consultant for the Regions on Psychology Services matters, to include, but not limited to recruitment, selection, and retention of psychologists and treatment specialists, policy interpretation, program evaluation, and Administrative Remedies.

In addition, the Branch is responsible for the provision of community-based treatment services for inmates transitioning through Residential Reentry Centers (RRCs) and Home Confinement. Community Treatment Services (CTS) includes assessment and treatment of inmates with substance use disorders, mental illnesses and/or a history of sexual offending. CTS is described in the Program Statement **Community Transitional Drug Abuse Treatment**.

(2) **Chief Psychologist/Deputy Chief Psychologist.** Every institution must have a licensed Chief Psychologist, who administers and monitors the implementation of psychology-related operations. The Chief Psychologist oversees clinical and administrative services for the department; communicates with the Branch regarding the needs of the department; ensures the appropriate use of Psychology Services funds and resources; provides administrative supervision for direct subordinates; and ensures the provision of clinical supervision for all clinicians in the department, to include ensuring non-licensed psychologists receive supervision as required by the state licensing board to obtain licensure.

Chief Psychologists also provide direct clinical services for inmates and share their psychological expertise through training and consultation. Chief Psychologists may serve as the institution's Employee Assistance Program Coordinator, Suicide Prevention Coordinator, and/or Mental Health Treatment Coordinator. The size of the Psychology Services department and the complexity of the institution's mission determines the proportion of the Chief Psychologist's time spent on administrative functions versus direct clinical services.

Most correctional complexes also have a Deputy Chief Psychologist(s), who assumes responsibility for a portion of the functions listed above. Chief Psychologist and Deputy Chief Psychologist positions are critical to the successful operation of the Psychology Services Department. Therefore, every effort shall be made to fill these positions in a timely manner (i.e., within six months).

(3) **Program Coordinator.** Program coordinators are psychologists who administer and oversee specific Psychology Treatment Programs; e.g., Challenge Program, Drug Abuse Program (DAP), Mental Health Step Down Unit, Resolve Program, Sex Offender Management Program (SOMP), or other agency-approved specialized programs. Program coordinators manage all aspects of a Psychology Treatment Program, ensure compliance with applicable policies, and provide both clinical and administrative supervision to subordinate staff as outlined in relevant Program Statements. Program coordinators must be fully aware of the policies, procedures, and evidence-based practices associated with their program and they must be prepared to share this expertise with their subordinates. Specific duties of program coordinators are detailed in applicable position descriptions and policies, to include: **Early Release Procedures Under 18 U.S.C. 3621(e), Psychology Treatment Programs, Sex Offender Programs, and Treatment and Care of Inmates with Mental Illness.** Program coordinator positions are critical to the successful operation of Psychology Treatment Programs and their primary responsibility is to their assigned program; therefore, every effort shall be made to fill these positions in a timely manner (i.e., within six months).

(4) **Treatment Specialists.** Under the clinical supervision of a program coordinator, or other supervisory psychologist, treatment specialists deliver an array of mental health services to include individual and group treatment for inmates in a specific Psychology Treatment Program. Treatment specialists also interact with correctional staff, unit staff, and work supervisors to identify issues that should receive attention in treatment and communicate ways staff can support positive treatment gains for participants. Specific duties of treatment specialists are detailed in applicable position descriptions and policies, to include: **Psychology Treatment Programs, Sex Offender Programs, and Treatment and Care of Inmates with Mental Illness.** Treatment specialists are critical to the effective operation of Psychology Treatment Programs; therefore, every effort shall be made to fill these positions in a timely manner (i.e., within six months).

(5) **Advanced Care Level Psychologists.** Advanced Care Level Psychologists are assigned to provide direct clinical services to inmates with mental illness and a need for services at or above the CARE2-MH level. These services may be provided on an outpatient basis, or within the context of a mental health-related Psychology Treatment Program. Advanced Care Level Psychologists providing outpatient services may be assigned the role of Mental Health Treatment Coordinator, as described in the **Treatment and Care of Inmates with Mental Illness** policy. Due to their critical clinical role in providing priority services, every effort shall be made to fill these positions in a timely manner (i.e., within six months).

(6) **Restrictive Housing Psychologists.** Restrictive housing psychologists are assigned to provide direct clinical services for inmates in restrictive housing settings, to include the Administrative Maximum Unit (ADX), Special Management Units (SMU), or SHU. Restrictive housing psychologists spend the bulk of their time delivering services in these settings, to include

screenings, evaluations, pre-treatment, and treatment services. Specific duties of restrictive housing psychologists are noted in this policy, as well as in the following policies as applicable: **Control Unit Programs, Inmate Security Designation and Custody Classification, Special Management Units, and Treatment and Care of Inmates with Mental Illness**. Due to the importance of ensuring mental health service delivery in restrictive housing settings, every effort shall be made to fill these positions in a timely manner (i.e., within six months).

(7) **Forensic Psychologists.** Forensic psychologists are assigned to conduct court-ordered outpatient and inpatient forensic evaluations. Specific duties of forensic psychologists are detailed in the **Forensic and Other Mental Health Evaluations** policy. Forensic psychologists are Central Office positions detailed to specific institutions to fulfill the Bureau's forensic evaluation program mission. Forensic psychologists may perform Psychology Services priority list services at their institution, when these services do not interfere with the primary duties of their position.

(8) **Staff Psychologists.** Staff psychologists are assigned to provide routine clinical services for the inmate population. Staff psychologist duties may include any services in the Psychology Services priority list contained in, or reasonably related to, their position description. The major duties of staff psychologists include:

- Psychological assessment and evaluation.
- Psychotherapy.
- Staff consultation.
- Training and supervision of graduate-level psychology trainees, practicum and intern students, and para-professional counselors.
- Research/program evaluation.
- Administration of Psychology Services programs; e.g., serving as the institution's Mental Health Treatment Coordinator as defined in the **Treatment and Care of Inmates with Mental Illness** policy or as the Suicide Prevention Program Coordinator as defined in the **Suicide Prevention Program** policy.

Due to staff psychologists' critical role in providing priority services for the inmate population, every effort shall be made to fill these positions in a timely manner (i.e., within six months).

(9) **Training Positions.** Psychology Services training positions fulfill a vital role in the Bureau, by supporting the development of well-trained, highly qualified correctional psychologists. Training positions include: internship program coordinators, post-doctoral residents, pre-doctoral psychology interns, and practicum graduate students appointed under Student Temporary Employment authority.

Internship program coordinators have responsibility for the administration of an Executive Staff-approved psychology internship program, including the process of recruitment and selection of students, the development and implementation of student training, the ongoing evaluation of the program, and compliance with American Psychological Association and Association of Psychology Internship Centers accreditation standards, in addition to other administrative and clinical duties.

At the discretion of the Chief Psychologist the clinical supervision of post-doctoral residents and practicum graduate students may be delegated to a licensed psychologist(s) in the department who expresses an interest in training students. Central Office-controlled training positions support specific Department of Justice and/or Bureau goals. Additional information regarding the Bureau's Psychology Services clinical education programs is contained in this policy.

(10) **Psychology Technicians and Secretaries.** Psychology technicians and secretaries provide administrative support for the delivery of clinical and consultative services. Psychology Services administrative support functions include, but are not limited to, scheduling appointments, entering PDS data, running SENTRY and PDS rosters, preparing tracking reports for programs and services, maintaining record keeping and filing systems, fielding telephone calls, and other clerical duties. In addition, if appropriately qualified, psychology technicians may administer and score a variety of psychological tests.

b. **Financial Management.** The Chief Psychologist has the primary responsibility of the management of Psychology Services funds at the institution level. The Chief Psychologist, with the Warden's approval, may delegate Cost Center Manager authority to a Program Coordinator.

(1) **Operating Funds.** The Branch is responsible for submitting annual budget requests for PTPs and other specialty program funding, to include funding for practicum and psychology pre-doctoral internship programs, forensic evaluation programs, SMU programs, CARE3-MH sites. Typically, funding is provided based upon standardized formulas developed within the Branch. Branch approval is required to reprogram these funds.

Drug abuse programs, sex offender programs, and inmate trust funds are mandated for specific program areas and are used only to fund activities related to these programs. Use of these funds for other programs or to offset deficits in other cost centers is not permitted.

All programs identified as Drug Abuse Programs are funded and paid for from local drug treatment funds. Drug Abuse Programs include Drug Education, the Nonresidential Drug Abuse Program (NRDAP), the Residential Drug Abuse Program (RDAP), and the Challenge Program. Funds for sex offender programs are provided within the general Psychology Services budget.

(2) **Tangible Incentives in PTPs.** Tangible incentives are funded by the Trust Fund. Monetary program completion awards as outlined in applicable policies (i.e., **Psychology Treatment Programs and Treatment and Care of Inmates with Mental Illness**) are deposited to the inmate's commissary account. Monetary awards should only be given in conjunction with a participant's successful completion of PTP phases or goals defined in their treatment plans.

Tangible incentives such as t-shirts, sweatshirts, food items (e.g., snacks, popcorn, drinks) or mugs with the program logo may be appropriate. The selection of tangible incentives to be offered at the institution is at the Warden's discretion. Tangible incentives are provided as special recognition for participants who demonstrate behaviors reflecting the attitudes of change, a commitment to treatment, conformity with program norms, progress on treatment plan goals, and behaviors that are expected in the general society. Behaviors which merit tangible incentives are clearly documented in PDS. These incentives are separate from the monetary awards for phase completion.

(3) **Positions.** Branch approval is also required for the reprogramming of any Psychology Services positions. Authorized positions in drug treatment cost centers are funded at 100%, due to ongoing government-wide initiatives related to drug abuse treatment. Salary savings generated by leaving a drug treatment position vacant cannot be utilized for other institution requirements.

(4) **Staff Training.** National training project codes have been established to fund all Psychology Services training. The Branch submits annual requests for national training funds and disperses these funds in a manner consistent with the Psychology Services mission; i.e., training focused on relevant clinical populations and evidence-based practices. Psychology Services operating funds are not to be utilized to fund staff training.

4. **PSYCHOLOGICAL SERVICES FOR INMATES**

The delivery of psychological services in the Bureau is guided by the American Psychological Association's (APA's) **Ethical Principles for Psychologists and Code of Conduct**, as well as the APA's guidelines for the professional practice of psychology. Psychologists are responsible for the assessment and treatment of mental disorders in the inmate population. Utilizing their clinical expertise, psychologists identify inmates in need of mental health care and determine the type of psychological services to be provided. Health Services staff perform similar functions with respect to psychiatric mental health care. Mental health providers in Psychology Services make the final determination regarding who will receive psychological care, and the nature of the care they will receive.

Chief psychologists are responsible for ensuring the psychological services provided by their departments meet or exceed professional standards and are informed by empirical data in the field

of psychology, as well as an understanding of best practices in correctional psychology. To this end, the Branch designates certain Evidence-Based Practices (EBPs) as Priority Practices. Priority Practices are:

- EBPs.
- Interventions addressing core mental health and/or reentry needs of the inmate population.
- Services for inmates with the greatest need for mental health intervention and/or the greatest risk of recidivism.
- Cost effective interventions selected and supported by the Branch as preferred service modalities for the agency.

The Branch places information regarding Priority Practices for each type of institution on Sallyport. Chief Psychologists are responsible for selecting interventions from the Priority Practices list consistent with their institution's security level, care level, and mission. Ordinarily, Psychology Services Departments are actively engaged in the provision of Priority Practices as an essential function. Priority Practices are offered before other types of programming groups.

Inmate Orientation to Psychology Services. Each institution is responsible for providing newly arriving inmates with information about available psychological services – both locally and at other Bureau institutions as applicable. This information is presented to inmates during the institution's Admission and Orientation (A&O) Program and in the A&O Handbook. In addition, inmates may be provided with additional information at the time of their psychological intake and via postings on bulletin boards and/or TRULINCS.

The Chief Psychologist ensures the Psychology Services A&O Lesson Plan and Psychology Services section of the A&O Handbook describe the services provided by the department and the procedures for inmate access to Psychology Services. Each institution will use the standardized A&O Lesson Plan available on Sallyport, with the necessary institution-specific information inserted. The Psychology A&O Lesson Plan must include, at a minimum, information on drug treatment programs, mental health programs, sex offender programs, suicide prevention, privacy and confidentiality, and local procedures for obtaining psychological services. The Psychology Services A&O Lesson Plan is presented by a psychologist. During the A&O presentation, the psychologist makes every effort to present the material in a manner which will motivate inmates with a need for services to pursue and engage in treatment.

Inmate requests for services are responded to immediately for crisis situations or potential suicide risk, and ordinarily within three (3) working days for routine requests. Responses for routine requests may include an appointment, an invitation to the department's open house hours, placement on a waiting list for the desired services, clarification, or redirection.

5. PSYCHOLOGICAL SCREENING AND ASSESSMENT OF INMATES

a. **Initial Intake Evaluation and Transfer Intake Screening.** All inmates entering a Bureau institution are screened by Health Services and Unit Management staff within 24 hours. As part of the Health Services' screening, inmates are interviewed and observed for indicators of mental illness and adjustment issues. Unit Management staff may note mental health concerns as well, either through a review of available records or through direct observation of the inmate. When Health Services or Unit Management staff note any such concerns, the inmate is referred to Psychology Services for prompt follow-up. Inmates referred to Psychology Services as a result of this preliminary screening are evaluated promptly by a psychologist. For inmates in holdover status, no further evaluation is required, unless significant mental health or PREA-related concerns are noted.

Inmates with a Psychology Alert assignment are also promptly evaluated by a psychologist, consistent with procedures outlined in the **SENTRY Psychology Alert Function Program Statement**. Details of the psychologist's evaluation are documented in PDS using the applicable note; e.g., Brief R&D Screening or Psychology Alert Screening.

Psychology Services intake screening procedures for non-holdover inmates are detailed below:

(1) **Pretrial or Pre-Sentence Detainees in MCCs, MDCs, FDCs, FTCs, or Jails.** The Psychology Services intake screening process for pretrial or pre-sentence detainees in pretrial status, in MCCs, MDCs, FDCs, FTCs, or Jail Units, provides for screening for mental health problems. Within 24 hours of an inmate's arrival, he/she completes the BP-A0519 Psychology Services Inmate Questionnaire (PSIQ). Upon completion, institution staff (e.g., Receiving and Discharge, Health Services) review the PSIQ and immediately alert Psychology Services if the inmate reports he/she is thinking of harming or killing him-/herself. If the review is conducted outside normal business hours, the on-call psychologist is contacted by telephone. If an inmate reports he/she is thinking of harming or killing him-/herself, a psychologist conducts a Suicide Risk Assessment, as described in the Program Statement **Suicide Prevention Program**.

Ordinarily, completed PSIQs for all other inmates are reviewed by a psychologist within one working day. Inmates who report current symptoms are scheduled for further evaluation and triage in a timely manner. This evaluation is documented in PDS, typically as an Initial Intake Evaluation note. All other inmate contacts are documented as appropriate.

Each Chief Psychologist is responsible for working with the Case Management Coordinator (CMC) to ensure procedures are in place to obtain adequate historical psychological information for state boarders and pretrial offenders, ideally in advance of the inmate's arrival.

(2) **Newly Committed Inmates (Initial A-Des).** The purposes of the Psychology Services Initial Intake Evaluation for newly committed inmates are to:

- Inform inmates about psychological services and the limits of confidentiality.
- Identify significant historical and current indices of inmates' emotional, intellectual, or behavioral problems.
- Assign an appropriate mental health care level.
- Identify inmates who require additional psychological assessment to confirm a suspected diagnosis or establish an appropriate mental health care level.
- Identify inmates who require psychological treatment to address mental health needs and generate the necessary referrals.
- Identify inmates who could benefit from psychological programming to address reentry needs and generate the necessary referrals.

To accomplish these objectives, a psychologist reviews the inmate's completed PSIQ, PDS records, SENTRY data, and relevant sections of the inmate's PSR, and conduct a clinical interview. The Psychology Services Initial Intake Evaluation, as documented in PDS, contains information regarding the inmate's mental health history and current symptoms, substance use, history of sexual offending and sexual victimization, adjustment to incarceration, and other relevant psychosocial information. Any intellectual disabilities noted at the time of the intake screening are also documented.

Findings, to include a mental health care level and treatment and programming recommendations, are also included in the Initial Intake Evaluation. This comprehensive intake screening is conducted only at the time of initial designation and is not repeated at subsequent transfers during a sentence, unless a significant change of status has occurred.

The Chief Psychologist ensures that inmates initially designated to FPCs, LSCIs, FCIs, USPs, general population inmates at FMCs, and work cadre inmates at MCC/MDCs, FDCs, and FTCs participate in the procedures below. **Within the first 14 calendar days of the inmate's arrival at the institution:**

- The inmate completes the PSIQ.
- A psychologist reviews available records (e.g., PSIQ, SENTRY, PDS and other relevant BEMR modules, relevant sections of the PSR).
- The psychologist conducts a clinical interview.
- The psychologist documents the Initial Intake Evaluation in PDS using the required format.

- The psychologist ensures appropriate assignments are entered into SENTRY, to include a mental health care level assignment (i.e., CARE1-MH, CARE2-MH, CARE3-MH, CARE4-MH), a DAP REFER assignment if the inmate expresses an interest in drug treatment, and a PSY ALERT assignment if relevant. Additional details regarding the assignment of mental health care levels are contained in the **Treatment and Care of Inmates with Mental Illness** Program Statement and Psychology Alert procedures are noted in the **SENTRY Psychology Alert Function** Program Statement.

(3) Transferred Inmates, Writ-Return Inmates, or Inmates in the Community for Other Reasons for More than 30 Calendar Days. A Transfer Intake Screening is required for transferred inmates or inmates who have been out of the institution for more than 30 calendar days; e.g., inmates hospitalized in the community for an extended period of time, inmates returning from Federal or state writs, inmates returning from RRC placement. In such cases, the Chief Psychologist ensures that **within 30 calendar days of the inmate's arrival at the institution:**

- The inmate completes the PSIQ.
- A psychologist reviews available records (e.g., PSIQ, SENTRY, PDS and other relevant BEMR modules) to determine the need for a clinical interview.
- The psychologist conducts a clinical interview, if needed as specified below.
- The psychologist documents the Transfer Intake Screening in PDS using the template provided and provides information to the Unit Team to facilitate inmate management and the inmate's successful reentry.

Indicators of a need for a clinical interview include, but are not limited to:

- The PSIQ reflects current symptoms of mental illness or any indication of a current need or desire for services.
- Collateral information is received from institution staff regarding behavioral observations or inmate statements suggestive of current mental health concerns.
- PDS/SENTRY indicates any of the following conditions exist:
 - A Suicide Risk Assessment in the previous 12 months.
 - A current diagnosis in PDS of a mental illness, excluding substance use disorders, antisocial personality disorder, or adult antisocial behavior.
 - A current SENTRY assignment of PSYCH ALERT.
 - A current SENTRY assignment of CARE2-MH, CARE3-MH, or CARE4- MH.

A Transfer Intake Screening is not required for inmates who have been out of the institution for less than 30 calendar days or for inmates transferred between institutions within a correctional complex served by the same Psychology Services Department.

(4) Medical Referral Center (MRC) Screening of Newly Designated or Transferred Inmates.

Newly committed (Initial A-DES) inmates at MRCs receive an initial Intake Screening as outlined above. Inmates transferred from a Bureau facility to an MRC for treatment are screened in accordance with local procedures and do not require a Transfer Intake Screening.

b. **Screening for Risk of Sexual Predation or Sexual Victimization.** As detailed in the Program Statement **Sexually Abusive Behavior Prevention and Intervention Program**, psychologists play a role in screening inmates for risk of sexual predation or sexual victimization. Findings from these screenings are documented in PDS using the applicable Risk of Sexual Victimization or Risk of Sexual Abusiveness note and relayed to appropriate staff (e.g., via SENTRY, TRUSCOPE).

c. **Psychological Review of Inmates in Restrictive Housing.** A psychologist reviews the psychological status of any inmate confined in a SHU, SMU, ADX, or any other similar housing for more than 30 consecutive calendar days. An initial psychological review is conducted on or before the 30th calendar day of consecutive confinement in restrictive housing. Following this initial review, subsequent reviews occur approximately monthly, but not more than 35 calendar days after the preceding review.

Psychological reviews of inmates in restrictive housing rely on data from multiple sources; e.g., contact with the inmate; input from Correctional Officers working in the unit; information shared during restrictive housing meetings; and relevant documentation contained in PDS.

The results of the psychological review are documented in PDS using the appropriate note; i.e., ADX Review, SHU Review, SMU Contact. With implementation of the SHU Program, copies of SHU Reviews are no longer submitted to the Segregation Reviewing Official or to the inmate's Central File. Any concerns related to threat to self, threat to others, and adjustment to restrictive housing are summarized in the note. In addition, clinically relevant observations and findings specific to mental health status are required if the inmate meets any of the following criteria:

- A mental health care level assignment of CARE2-MH or above.
- A PSYCH ALERT assignment.
- A Suicide Risk Assessment in the previous six months.

Additional guidance regarding the review of inmates in restrictive housing is contained in the following Psychology Services Program Statements: **SENTRY Psychology Alert Function and Treatment and Care of Inmates with Mental Illness**. In addition, Correctional Services Program Statements describe psychological reviews required for inmates engaged in hunger strikes or placed in restraints; i.e., **Hunger Strikes, Use of Force and Application of Restraints**. Findings

from these reviews are documented in PDS using the applicable note; i.e., Hunger Strike Review, Restraint Review.

d. **Review of Inmates with a Psychology Alert (PSY ALERT) Assignment.** The PSY ALERT assignment is applied to inmates with substantial mental health concerns that require extra care when their housing is changed or they are transferred. Generally, the PSY ALERT assignment is to be applied in special mental health cases that will likely pose management and security concerns for the institution when an inmate's housing is changed or when a transfer occurs. The guiding principle of the PSY ALERT assignment is continuity of care. Inmates with a PSY ALERT assignment are reviewed by a psychologist upon arrival. Inmates with a PSY ALERT assignment must always have a face to face interview with a psychologist before releasing to general population. Placement in SHU in lieu of general population is not an acceptable alternative to a face to face interview with a psychologist. If an inmate with a PSY ALERT assignment arrives at the institution during a time period when no psychologist is scheduled to be on duty, the face to face interview is conducted by the Mental Health Duty Officer.

In addition, inmates with a PSY ALERT assignment are reviewed by a psychologist when under consideration for a transfer and when placed in restrictive housing. To ensure this review occurs, applicable inmates receive a PSY ALERT assignment in SENTRY, as described in the Program Statement **SENTRY Psychology Alert Function**. Enhanced psychological review procedures for inmates with a PSY ALERT assignment are detailed in the above Program Statement, as well as general guidelines for placing an inmate in PSY ALERT status.

e. **Psychological Evaluations.** Psychological evaluations are clinical assessments based on a clinical interview, behavioral observations, psychological testing, and/or review of collateral documentation, in which the psychologist reaches a conclusion based upon their clinical expertise. Psychological evaluations must be completed as mandated in policy.

Examples of policy-mandated psychological evaluations are the Initial Intake Evaluation, court-ordered forensic evaluations, and mental health evaluations conducted in conjunction with an ADX Referral. In addition, psychological evaluations may be performed at a clinician's discretion, generally to help formulate a diagnosis and/or treatment plan.

Inmates may decline to participate in a clinical interview or complete psychological testing associated with a psychological evaluation. However, an evaluation may still be completed relying on behavioral observations and a review of available documentation. The following Psychology Services Program Statements detail procedures for specific types of psychological evaluations:

- **Forensic and Other Mental Health Evaluations:** Procedures for court-ordered pretrial and post-trial forensic evaluations, Witness Security Program forensic evaluations, and evaluations for disciplinary purposes.
- **Psychology Treatment Programs:** Procedures for evaluations to determine eligibility for Psychology Treatment Programs.
- **Sex Offender Programs:** Procedures for specialized risk assessments and diagnostic assessments of psychosexual and associated disorders.
- **Treatment and Care of Inmates with Mental Illness:** Procedures for ADX Mental Health Evaluations and Extended Restrictive Housing Placement Reviews.

In addition to the above psychological evaluations, psychologists may also assist with GED accommodation requests by administering, scoring, and interpreting an intellectual assessment instrument; e.g., Wechsler Adult Intelligence Scale, and rendering a diagnosis when appropriate. These evaluations are conducted at the request of the Education Department, with a psychologist or pre-doctoral psychology intern responsible for conducting the intellectual assessment and Education staff responsible for conducting the achievement assessment.

6. PSYCHOLOGICAL INTERVENTIONS FOR INMATES

a. **Outpatient (Nonresidential) Mental Health Treatment.** Inmates with a need for mental health services may be offered group and/or individual mental health treatment. Typically, inmates receiving these services have an identified need for treatment, a current mental health diagnosis, and a treatment plan supporting individual and/or group treatment. However, inmates presenting with mild adjustment issues, or other short-term stressors, may participate in brief, individual counseling sessions which do not require a current mental health diagnosis or a treatment plan. These brief counseling sessions are documented in PDS as Clinical Contacts.

Under the supervision of the Chief Psychologist, the decision to engage an inmate in individual and/or group mental health treatment is based on clinician's professional judgment, contingent upon such factors as:

- The type of psychological problem(s) diagnosed.
- Limits of professional expertise.
- The inmate's motivation to participate in treatment.
- Departmental staffing level.
- Departmental priorities.

Individual treatment; i.e., individual therapy, while a resource-intensive intervention, is more appropriate for some inmates. The decision to offer individual therapy as opposed to group treatment may be based on several factors, such as the inmate's current diagnosis, presentation,

housing assignment, and interpersonal skills, as well as other factors; e.g., security concerns, resource limitations. Individual therapy services are documented in PDS using the Individual Therapy note, in conjunction with a current Diagnostic and Care Level Formulation and a Treatment Plan.

Group treatment has proven to be both a clinically effective and efficient use of resources in the treatment of inmates with substance use disorders, mental illnesses, or behavioral problems. Group treatments have the benefit of pro-social modeling (i.e., social learning) by the facilitator and other participants, building social support, and allowing the immediate practice of new skills. A number of evidence-based programs supported by the Bureau are offered in a group format.

The provision of outpatient mental health care for inmates with mental illness is detailed in the Program Statement **Treatment and Care of Inmates with Mental Illness**.

b. **Reentry Programming.** Psychology Services clinicians are uniquely qualified to provide reentry-related cognitive-behavioral interventions. Specifically, reentry programming is offered to address risk factors associated with criminal conduct; i.e., criminogenic needs. This programming facilitates successful reentry by reducing an offender's likelihood of recidivism. In addition, programs that effectively address criminogenic needs have also been shown to reduce institution misconduct.

Reentry programming is offered in the context of a PTP; e.g., Journal Groups in RDAP. In addition, psychologists may offer reentry programming independent of a PTP; i.e., on an outpatient (nonresidential) basis; e.g., Anger Management Group, Criminal Thinking Group. Outpatient reentry programming relies on empirically supported interventions, primarily REBT. Relying on REBT as a guiding model creates theoretical continuity, ensuring that learning and practice are built upon similar principles regardless of the institution, treatment provider, or treatment program in which they occur. REBT emphasizes the learning and practice of skills associated with adaptive, pro-social behavior. Therefore, inmates who participate in REBT are better able to achieve goals the Bureau has for all inmates, including responsibility, self-awareness, and independence.

Outpatient reentry programming groups may be open or closed, are evidence-based, and:

- Use an established Bureau protocol and demonstrate fidelity to this model.
- Are facilitated by a psychologist.
- Meet at least every other week.
- Have a continuity in membership, no greater than 12 participants.

c. **Restrictive Housing Interventions.** In conjunction with its reentry mission, Psychology Services utilizes a variety of strategies to intervene with inmates in restrictive housing settings. These strategies include:

- **Prevention.** Through early intervention, prevention strategies decrease the likelihood inmates will engage in behaviors which result in restrictive housing placement. Examples of prevention strategies include the BRAVE Program, outpatient Criminal Thinking and Anger Management groups, and outreach efforts to reduce the likelihood inmates with a history of sex offenses will seek protective custody.
- **Diversion.** Diversion strategies offer alternative approaches to the management of inmate misconduct, and other behaviors, which typically lead to restrictive housing placement. Examples of diversion strategies include Psychology Services involvement in the Inmate Discipline Program and Psychology Services review of SMU and ADX Referrals.
- **Mitigation.** Mitigation strategies reduce the likelihood restrictive housing placements will have an adverse impact on inmates. Examples of mitigation strategies are routine rounds in restrictive housing units, referrals to recreation programs, the Psychology Advisory List, and specialty mental health training for staff working in restrictive housing units.
- **Intervention.** Intervention strategies provide direct clinical and supportive services in restrictive housing settings. Intervention strategies in restrictive housing may include routine psychological services, outpatient mental health treatment, reentry programming, or protocols specifically designed for use in restrictive housing settings; e.g., Turning Point.
- **Transition.** Transition strategies provide opportunities for inmates to successfully transition from restrictive housing to general population or to the community. The Reintegration Housing Unit, which serves inmates with a lengthy history of protective custody placements, is an example of a transition strategy.
- **Oversight.** Oversight strategies involve Central Office quality assurance reviews of restrictive housing placements, to include reviews of specific inmates in long-term restrictive housing placements.

The Branch's Restrictive Housing Initiatives Sallyport page contains restrictive housing resource materials and details programs, procedures, and practices related to each Psychology Services restrictive housing strategy.

Turning Point Handouts for Restrictive Housing. The Turning Point handouts for restrictive housing offer a nationally standardized approach to pretreatment and rapport building for inmates in this setting. Turning Point handouts are to be utilized as the primary in-cell self-help resource for inmates in restrictive housing. Psychologists are required to offer Turning Point handouts to any inmate housed in SHU for more than 30 days; however, use of the protocol is voluntary and

inmates may refuse to make use of the materials. Turning Point is not a treatment program, it is a set of adjunctive materials used as a toolkit for intervening with inmates in restrictive housing.

The Turning Point handouts build on the concepts and skills taught in the Bureau's evidence-based PTPs (e.g., RDAP, Challenge Program) and outpatient Priority Practices (e.g., Criminal Thinking Groups). The two primary goals of the Turning Point handouts are: (1) to engender positive rapport and cooperative interaction with Psychology Services staff, and (2) to motivate and prepare inmates for participation in evidence-based programs upon their return to the general population. The handouts also offer suggestions to improve coping and adjustment in SHU, as well as a preliminary discussion of reentry-related issues; e.g., preparing to change attitudes, and criminal thinking. The handouts are organized into sets or series, which are generally completed in a prescribed sequence. The Turning Point handouts for restrictive housing, and accompanying resource materials, are available on the Branch's Restrictive Housing Sallyport page. For information about how to obtain other Turning Point protocols (e.g., Turning Point for SOMP), contact the Psychology Services Branch.

d. **Crisis Intervention.** The Chief Psychologist ensures a system is in place to respond promptly to emergency Psychology Services referrals, to include establishment of a fair and equitable on call Mental Health Duty Officer rotation for the department. After-hours referrals by staff are discussed by telephone with the Mental Health Duty Officer, who assesses and responds to the mental health needs of the inmate in ways that meet acceptable clinical, community, and correctional standards. The Mental Health Duty Officer determines how best to respond to the emergency, using a full range of clinical options; e.g., talking with the inmate and staff via telephone, or going into the institution. When a staff member makes a referral based on observed behavior or inmate statements, the psychologist who interviews the inmate ordinarily interviews the referring staff member. The referring staff member's remarks are summarized in the clinical notes.

Psychologists provide crisis intervention services in a variety of contexts. Most importantly, psychologists work actively to prevent inmate suicides. Suicide prevention is a vital function of the agency, which contributes directly to the safety and security of staff and inmates. Specific requirements for intervening with suicidal inmates are found in the Program Statement **Suicide Prevention Program.**

Potentially suicidal inmates are not the only inmates who may warrant crisis intervention services. For example, inmates who have recently experienced a very significant loss, a serious assault or injury, or a highly charged interpersonal conflict may benefit from crisis intervention services. In these instances, when there is no suggestion of suicide risk, crisis intervention contacts are documented in PDS as a Crisis Intervention note.

e. **Management of Disruptive Behaviors.** The Chief Psychologist ensures Psychology Services staff assist appropriately with the identification and management of disruptive inmates, in particular those inmates with mental illness. Identification of potentially disruptive inmates reduces the risk of harm to staff and other inmates. Potentially disruptive inmates may be highlighted in the institution's Psychology Advisory List.

Bureau psychologists may be asked to lend their expertise as behavioral scientists to the management of disruptive inmates. Psychologists' understanding of de-escalation techniques and other communication skills; antisocial attitudes and behaviors; interactions between criminality, mental illness, and substance abuse; and basic principles of behavior therapy contribute to their ability to assist in the management of disruptive behavior.

Psychologists' value as behavioral scientists lies in two primary domains. First, psychologists have the ability to advise Executive Staff on broad environmental issues that, if changed, may prevent or minimize future incidences of disruptive behavior and ensure all staff appreciate the essential role of positive reinforcement, consistency, and responsiveness in the effective management of inmates. Second, psychologists have the ability to actively engage in rapport building with inmates to increase their leverage and credibility in confrontation avoidance situations.

Although Psychology Services Departments are committed to applying behavioral sciences expertise to assist with inmate management, the effectiveness of these approaches is limited by the institutional context. Specifically, contingencies cannot be closely controlled in most settings, therefore, the impact of behavioral management interventions on an individual level is often constrained. When lending their behavioral sciences expertise to inmate management, psychologists must ensure any efforts to manipulate environmental factors to control inmate behavior are consistent with relevant ethical guidelines; i.e., the efforts are not limited to various forms of deprivation.

Collaboration with Correctional Services staff in the development of contingency contracts, which rely heavily on positive reinforcement, is the behavioral management approach most likely to result in favorable behavior change. Additional information regarding the use of contingency contracts is available on the Branch's Sallyport page.

When psychologists intervene with disruptive inmates, these contacts may be documented in PDS in a variety of notes, depending on the specific nature of the contact; e.g., Disruptive Behavior Interventions, Suicide Risk Assessment, Suicide Risk Management Plan, Contingency Contract.

7. SPECIALTY PSYCHOLOGICAL TREATMENT PROGRAMS AND SERVICES

Inmates with significant mental health, substance abuse treatment, or sex offender treatment needs are offered programs and/or services targeted to their specific needs. These specialty programs and services are described in the applicable Program Statements noted below. PTPs are unified clinical activities organized to treat inmates' complex psychological and behavioral problems throughout the course of incarceration. PTPs are designed using the most recent research and evidence-based practices in psychological treatment and recidivism reducing interventions.

a. **Mental Health Treatment Services.** Specifics are described in the Program Statement **Treatment and Care of Inmates with Mental Illness** and the Program Statement **Psychology Treatment Programs**.

b. **Drug Treatment Services.** Specifics are described in the Program Statements **Psychology Treatment Programs, Early Release Procedures Under 18 USC 3621(e), and Community Transitional Drug Abuse Treatment**.

c. **Sex Offender Treatment Services.** Specifics are described in the Program Statement **Sex Offender Programs**.

8. PSYCHIATRIC SERVICES

Psychology Services staff collaborate routinely with Health Services staff to ensure inmates with a need for psychiatric consultation and treatment receive these services. Psychology Services staff play a significant role in referring inmates for psychiatric treatment, promoting medication compliance, and identifying a need for involuntary medication. Specific strategies to support collaboration between Psychology Services and Health Services are detailed in the Program Statement **Treatment and Care of Inmates with Mental Illness**. In addition, Psychology Services staff may consult with Health Services staff in the treatment of inmates with substance use disorders and sex offense histories. Psychologists should be familiar with the Program Statements governing the delivery of psychiatric services, to include **Psychiatric Evaluation and Treatment and Psychiatric Services**.

9. CONTINUITY OF CARE

Ensuring continuity of care for inmates throughout their incarceration and as they reenter society is an essential Psychology Services function. Psychology services staff support continuity of care through:

- Provision of community-based treatment services for inmates transitioning through RRCs and Home Confinement, to ensure mental health needs are appropriately addressed during this critical time.
- Clear, accurate, and sufficiently detailed documentation in PDS, to include timely completion of Mental Health Transfer Summaries as appropriate.
- Timely and appropriate follow-up care consistent with the treating clinician's professional judgment and stated recommendations.
- Review of available relevant documentation; e.g., PDS, BEMR, SENTRY.
- Communication with Psychology Services staff in other relevant institutions.
- Collaborative reentry partnerships with key Bureau staff in Unit Management, Health Services, Community Treatment Services, Reentry Affairs, and Residential Reentry Management.
- Collaborative reentry partnerships with key agencies and organizations; e.g., U.S. Probation, Court Services and Offender Supervision Agency, Social Security Administration.

Continuity of care procedures are detailed in program-specific Psychology Services Program Statements; i.e., **Psychology Treatment Programs, Sex Offender Programs, Treatment and Care of Inmates with Mental Illness, and Community Transitional Drug Abuse Treatment.**

10. PROFESSIONAL DOCUMENTATION

Professional documentation benefits inmates and mental health clinicians through the documentation of treatment plans, services provided, and progress in treatment. Per the APA's current guidelines on record-keeping: "Record keeping documents the psychologist's planning and implementation of an appropriate course of services, allowing the psychologist to monitor his or her work. Records may be especially important when there are significant periods of time between contacts or when the client seeks services from another professional. Appropriate records can also help protect both the client and the psychologist in the event of legal or ethical proceedings."

The Chief Psychologist ensures all relevant psychological information about inmates is documented and communicated to appropriate staff. He/she must implement a system of control to ensure timely recording of verbal and written psychological information about inmates.

a. **PDS.** The PDS is the Bureau's official documentation system for psychological services. Consequently, all psychological services provided by Psychology Services staff are to be documented in PDS. Psychology Services staff strive to maintain accurate, current, and pertinent records of professional services. Crisis-related contacts should be documented as soon as possible, and always within 24 hours; crisis-related contacts include Suicide Risk Assessments, Suicide Watch Contacts, Post Suicide Watch Reports, Crisis Interventions, and Sexual Assault Interventions. Other individual clinical contacts are documented in PDS normally on the day they occur, or within three working days.

Psychology Services staff use the formats, headers, and templates provided in PDS for their documentation. PDS also allows local templates to be developed for most types of contacts or services. If documentation templates are developed locally, they must include the basic requirements of the national templates provided in PDS, and may not reduce or eliminate any documentation categories required by the national format.

Psychology Services is committed to maintaining electronic files whenever possible. Consequently, supplemental mental health documentation (e.g., forms, outside records) is uploaded to the Document Manager in BEMR. All supplemental mental health documentation placed in the Document Manager is linked to a clinical note in PDS to facilitate easy identification of the document. Supplemental documentation should be legible, to ensure the electronic record has the same integrity as a hard copy paper file.

Clinical services and corresponding PDS-generated entries documented by practicum students, psychology pre-doctoral interns, and post-doctoral residents are reviewed by a licensed psychologist within the department before being released to the inmates' permanent PDS record.

PDS documentation guides and resource materials are available on Sallyport.

b. **SENTRY.** In addition, Psychology Services SENTRY assignments are utilized to document and disseminate information to Bureau staff working outside of Psychology Services and Health Services. Psychology Services SENTRY assignments communicate essential psychological information to Bureau staff. For example, DRG and PTP assignments provide the Unit Team with information regarding an inmate's participation in programs, and the CMA assignment of PSY ALERT (Psychology Alert) advises Correctional Officers of an inmate who may experience significant adjustment issues at the time of transfer. Psychology Services SENTRY assignments are referenced in applicable Program Statements and referenced on Sallyport.

c. **Privacy and Confidentiality.** Psychology Services staff respect the privacy of inmates who disclose personal information. Inmates should be informed PDS data is not entirely confidential and can be released to a law enforcement entity with a need to know; e.g., Bureau attorney, U.S. Department of Justice employee, U.S. Probation Officer, or other law enforcement personnel. The Limits of Confidentiality statement should be provided to the inmate at the time of the Intake Screening – in verbal and/or written form – and posted in the Psychology Services area.

Psychology Services staff are responsible for safeguarding sensitive mental health information. Everyday tasks often present opportunities for staff to accidentally disclose sensitive information; therefore, staff must be vigilant in protecting this information. Staff avoid confidentiality violations by:

- Being cognizant of inmates who may overhear discussion of sensitive information.
- Verifying email addresses and FAX numbers before sending.
- Locking file cabinets and doors.
- Logging off of computer screens before leaving a work area.
- Saving sensitive information on approved devices.
- Never sending inmate information, or other sensitive data, to a personal email account.

d. **Internal Information Sharing.** In furtherance of suicide prevention and the effective management of inmates with significant mental health issues, the Chief Psychologist is responsible for sharing basic mental health information about inmates on a “need to know” basis. Specifically, Psychology Services Departments ensure institution staff are made aware of inmates with serious mental illnesses, risk of suicide, and/or risk of sexual predation. This information is communicated to staff via the Psychology Advisory List, which is disseminated electronically to all staff. In addition to identifying an inmate with significant mental health issues, the list advises staff regarding potential behaviors of concern and offers recommendations for interacting effectively with the inmate. Important information related to the mental health issues of inmates in restrictive housing is also shared during SHU meetings and/or via the SHU Report.

e. **Release of Information.** An inmate may review his/her PDS records by submitting a request to Psychology Services. Prior to releasing the inmate’s records, a psychologist must review the records to determine if release of this information would present harm to either the inmate or other individuals. If concerns are noted, the psychologist consults the Chief Psychologist to determine an appropriate course of action. Any record determined not to present harm will be released to the inmate at the conclusion of the review. If any records are identified by a psychologist as not to be releasable based upon the presence of harm, the Chief Psychologist will review the records and make the final determination regarding appropriateness for release. If a portion of the records are withheld, the inmate will be so advised in writing and provided the address of the Freedom of Information Act office to which the inmate may address a formal request for the withheld records. Proprietary information (e.g., raw test data or answer sheets) should not be released if disclosure would compromise the integrity and usefulness of the test. Inmates may not review the electronic medical record directly. Inmates may only review and/or receive copies of records printed from the electronic medical record. The Psychology Services Branch is available for consultation regarding the release of mental health information, if necessary.

The Program Statement **Release of Information** contains detailed guidance regarding release of information procedures. If additional questions concerning disclosure arise, Psychology Services staff should seek guidance from the Freedom of Information/Privacy Act (FOIA/PA) Branch.

f. **Record Retention.** BOP-RIDS, also known as RIDS, is the Bureau's Records and Information Disposal Schedule system. The system contains information management guidance, including a description of Bureau records, the organization and location of these records, and the legal authority governing their retention and ultimate dispositions. BOP-RIDS is accessible on Sallyport and provides specific guidance regarding Psychology Services records.

11. PSYCHOLOGY SERVICES WORKFORCE DEVELOPMENT

Psychology Services workforce development efforts are broad in scope and include discipline specific and interdisciplinary professional development activities. Discipline specific workforce development activities include training and continuing professional education for Psychology Services staff; scholarly professional activities; community outreach and other recruitment strategies; the demonstration of maintenance of clinical proficiency; and student training programs.

a. **Recruitment and Retention.** The responsibility for recruiting and retaining a highly qualified Psychology Services workforce is shared by all agency psychologists, as well as Executive Staff. The Bureau employs a series of targeted recruitment strategies aimed at maximizing the agency's ability to recruit capable and skilled mental health professionals. These recruitment and retention strategies include, but are not limited to:

- Comprehensive knowledge of Bureau hiring procedures and practices.
- Close tracking and monitoring of Psychology Services vacancies.
- Ties to professional colleagues and academic institutions.
- Community outreach efforts; i.e., professional publications and presentations.
- Recruitment booths, and related efforts, at professional conferences.
- Student training programs; i.e., psychology practicum, internship, and post-doctoral resident programs.
- Paid advertisements in professional trade journals, publications, and websites.
- Use of social media to raise awareness of the Bureau as a desirable career path.
- Employee incentives; e.g., above the minimum rate, entry age waiver, student loan repayment, recruitment/relocation/retention incentive.
- Support for professional licensure and certification.

b. **Professional Education for Psychology Services Staff.** Bureau psychologists and treatment specialists are expected to develop and maintain expertise as correctional mental health professionals. Specifically, Psychology Services clinicians must be knowledgeable about a wide range of diagnoses, assessment instruments, and evidence-based treatment interventions. Psychologists and treatment specialists working in specific program areas are also required to develop and maintain expertise specific to these areas; e.g., sex offender treatment, substance abuse treatment. In support of this expertise, mandatory national training is provided for

psychologists and treatment specialists, as detailed in the Program Statement **Employee Development Manual**. Clinical supervision is also provided to develop and maintain the expertise of Bureau clinicians.

Continuing Professional Education. The Bureau is committed to providing continuing education opportunities to psychologists and treatment specialists to increase their expertise in working with correctional populations. Staff are afforded adequate time to participate in continuing education opportunities recommended by the Branch. Subject to the availability of funding, the Bureau's Continuing Professional Education (CPE) Program offers psychologists and treatment specialists the opportunity to address individual continuing education needs through participation in workshops, seminars, and training sessions. Priority is given to those who need access to CPE hours for licensure or certification; i.e., seeking or maintaining professional licensure or certification.

Funding of CPE is limited to training that offers knowledge and skills directly related to clinical practice in corrections. The Branch identifies and approves training consistent with this objective.

The Branch has been approved by the APA, under current guidelines, to sponsor continuing education for psychologists for certain Bureau-sponsored training programs. The Branch maintains responsibility for this program and its content. Chief Psychologists are encouraged to gain approval from the Branch to provide local CPE training for psychologists at their facility and nearby facilities. The Branch may also grant National Association of Drug Abuse and Alcohol Counselors (NAADAC), International Credentialing and Reciprocity Consortium (ICRC), or state-approved CPE hours or credits for Bureau-sponsored programs. To maximize taxpayer value, CPEs are offered in the most cost-effective format available. When feasible, web-based and self-study training opportunities are the preferred method of obtaining CPEs. However, the distinct value of in-person, interactive CPE training is recognized and supported when funding allows. These programs offer Bureau psychologists and treatment specialists additional opportunities to accumulate CPE hours or credits necessary to maintain professional licensure or certification.

c. **Scholarly Professional Activities.** The academic preparation that many psychologists acquire during their graduate training in such areas as basic statistics and research design enables them to be useful in the production of scholarship, including designing and participating in institutional, local, regional, or national research and program evaluation efforts. Such professional activities contribute to the information and knowledge available in the field of corrections. As a mechanism for learning and making practice more effective, scholarly activities may assist in staff retention. Finally, these activities support the profession and help recruit new staff who, as graduate students in doctoral-level clinical and counseling psychology programs, are often consumers of the scholarship.

(1) **Research Approval Process.** Research proposals generated at the institution level are submitted to and reviewed by the institution's Local Research Review Board Research Committee and the Warden. Research proposals submitted by Bureau psychologists should be, as much as possible, of an applied nature. Typically, the Chief Psychologist chairs the institution's Local Research Review Board, and may have primary responsibility to ensure project completion. When research is being proposed by a psychologist, another psychologist is always the chairperson for that reviewing research committee.

Following approval at the institution level, research proposals are submitted to the Regional Director for review. Following Regional Office approval, the Chief, Office of Research and Evaluation, reviews and approves all research for the Director of the Bureau. Proposals for research that include subject sampling from multiple sites are routed directly to the Chief, Office of Research and Evaluation. Additional details are available in the Program Statement **Research**.

(2) **Publications and Presentations.** Psychologists may communicate their expertise to other professionals in the field to share information, coordinate activities, and find solutions to common problems. To this end, psychologists may publish professional articles or present at professional conferences. Officially assigned publication and presentation activities, such as a journal article or a conference presentation, are reviewed by the employee's supervisor, as with any other work product. A disclaimer is required for publications when the topic is corrections or criminal justice, and if the employee will be identified as a Bureau or Department of Justice (DOJ) employee or the publication's content could be construed as representing the views, policies, or practices of the Bureau or DOJ. Disclaimers read: "Opinions expressed in this article are those of the author and do not necessarily represent the opinions of the Federal Bureau of Prisons or the U.S. Department of Justice." The Program Statement **Employee Speeches and Publications Review Process Policy** contains more detailed information about publication reviews.

d. **Assessment of Psychologist Competencies.** Psychologists provide clinical care consistent with their requisite knowledge and skills. Psychologists' expertise is maintained over time through continuing practice and professional education. As evidence-based treatments evolve over time and new treatment technologies emerge, psychologists are responsible for maintaining and improving professional competencies. Through the assessment of professional competencies, the Bureau ensures psychologists deliver quality care consistent with current standards of practice.

Consistent with professional standards, psychologists are expected to demonstrate and maintain clinical proficiency. Psychologists' competencies are demonstrated through professional credentials and core clinical skills, and maintained through participation in clinical supervision and the completion of CPE.

(1) **Professional Credentials.** Consistent with professional standards, Bureau psychologists are doctoral-level, licensed or license-eligible clinical or counseling psychologists. Bureau psychologists are strongly encouraged to obtain and maintain professional licensure. Certain positions require licensure to satisfactorily perform their duties; e.g., Chief Psychologist, Internship Program Coordinator, Forensic Psychologist.

The Chief Psychologist maintains a current credentials portfolio for each psychologist in the department. This portfolio will be secured in a GSA security-approved safe or equivalent as approved by the institution's Information Security Officer. Safes will be locked when staff members are not in their office. Each employee has the right to review or receive a copy of any information in his/her credentials portfolio. The portfolio contains the following documents, along with primary source verification for these credentials:

- Documentation of professional education (diploma or transcript).
- Documentation of post-graduate specialization or credentials (if applicable).
- A copy of current professional licensures/certifications (if applicable).
- Documentation of an externally validated Core Clinical Skills Review (as applicable).

If applicable, psychologists are responsible for providing a copy of their renewed professional licenses or certifications, or evidence of application to renew, to the Chief Psychologist or Competency Assessment Psychologist on or before the date the current license or certification expires. The Chief Psychologist or Competency Assessment Psychologist, as applicable, verifies the renewed license or certification with the primary source.

(2) **Core Clinical Skills of Correctional Psychologists.** The work of Bureau psychologists is routinely reviewed to ensure adherence to professional standards. The primary purpose of this review is to identify and address training needs in order to ensure the quality of the Bureau's clinical services. At a minimum, a review of core clinical skills is conducted every two years. Core clinical skills include:

- Screening for mental health concerns.
- Psychological assessment.
- Diagnostic formulation.
- Treatment planning.
- Clinical intervention.
- Professional documentation.

Reviews of clinical skills are conducted by doctoral-level, license-eligible psychologists. For bargaining unit psychologists, the clinical supervisor conducts the review. Under no circumstances

does a bargaining unit psychologist conduct a clinical skills review of another bargaining unit psychologist. Typically, reviews of non-bargaining unit psychologists are also conducted by their clinical supervisor; however, they may be conducted by other non-bargaining unit psychologists. Non-clinicians are not qualified to conduct a review of clinical skills; therefore, reviews of Chief Psychologists are conducted by psychologists in the Psychology Services Branch.

New Bureau psychologists receive their first clinical skills review at the conclusion of the first year of their appointment, in conjunction with completion of their annual performance appraisal. All clinical skills reviews are submitted to the Psychology Services Branch for external review and validation. Specific review procedures for bargaining unit psychologists, non-bargaining unit psychologists, and Chief Psychologists are described below.

Core clinical skills may be reviewed through:

- Clinical supervision.
- Review of clinical documentation.
- Direct observation of the delivery of treatment services.
- Informal discussion of clinical cases and formal case presentations.

At a minimum, clinical skills are assessed through a review of key clinical documentation with feedback, using the Core Clinical Skills Review Form. Completed forms are submitted to the Psychology Services Branch for review and external validation.

(3) **Chief Psychologists.** The Psychology Services Branch is responsible for conducting clinical skills reviews of Chief Psychologists; these reviews are to be conducted every two years. Clinical skills reviews of Chief Psychologists address:

- The Chief Psychologist's effectiveness in the performance of professional duties, which include providing services and programs to address inmate needs.
- The Chief Psychologist's ability to establish and maintain communication within and outside the organization to provide effective services.
- The Chief Psychologist's skill in extending professional and technical advice, including clinical supervision, to improve the effectiveness of services to offenders.

For Chief Psychologists, the clinical skills reviews consist of a telephonic interview and completion of the Core Clinical Skills Review Form. The form is used to document the review findings. The Chief Psychologist is provided with a copy of the form and the original is retained in the Psychology Services Branch.

If the core clinical skills review identifies significant concerns regarding clinical competency, an improvement plan to address the concerns is required. This plan details the area(s) of practice requiring improvement to meet accepted standards, recommended actions to improve performance, and time frame(s) in which improvement is expected. The Branch develops this plan in collaboration with the Chief Psychologist. The completed plan is shared with the Chief Psychologist's Associate Warden to engender his/her support for the plan. Recommended actions typically include additional clinical training or increased clinical supervision. Upon successful completion of the plan, a follow-up clinical skills review is conducted and the Chief Psychologist and the Associate Warden are provided with copies of the completed review.

(4) Non-Bargaining Unit Psychologists. The Chief Psychologist, or another non-bargaining unit psychologist designated by the Chief Psychologist, reviews the core clinical skills of non-bargaining unit psychologists in the department. These clinical skills reviews are conducted every two years. The clinical skills review considers the psychologist's effectiveness in the performance of clinical duties, as reflected in the quality of the following documentation:

- Intake Screenings.
- Suicide Prevention Contacts.
- Diagnostic and Care Level Formulations.
- Treatment Plans.
- PREA Interventions.
- Group Treatment.
- Clinical Supervision.

The Core Clinical Skills Review Form is used to conduct the documentation review. Behavioral observations and clinical supervision data may also inform the clinical skills review. In addition, the psychologist's participation in professional development activities may also be noted, as the primary purpose of this review is to identify training needs and develop a plan to address any identified needs.

Completed Core Clinical Skills Review Forms are submitted to the Psychology Services Branch for external review and validation. The Branch provides the Chief Psychologist with written verification of their findings. Once the form has been validated, the non-bargaining unit psychologist is provided with a copy of the completed form. A copy of the completed form is retained in the psychologist's credentials portfolio.

If the clinical skills review identifies areas for improvement, the Chief Psychologist or Deputy Chief Psychologist is responsible for developing a training plan for the non-bargaining unit psychologist. This plan details the area(s) of practice requiring improvement to meet professional standards, recommended training activities, and time frame(s) in which improvement is expected.

The Psychology Services Branch will maintain a list of recommended training activities to address each core clinical skill.

This list will be available on Sallyport; Chief Psychologists and Deputy Chief Psychologists are encouraged to consult this list when developing training plans. The Chief Psychologist or Deputy Chief Psychologist develops the training plan in collaboration with the non-bargaining unit psychologist and shares responsibility for its successful completion. Upon successful completion of the plan, a follow-up review may be conducted using the same procedures.

(5) **Bargaining Unit Psychologists.** The bargaining unit psychologist's clinical supervisor assesses his/her core clinical skills every two years, at a minimum. The clinical skills review considers the psychologist's effectiveness in the performance of clinical duties, as reflected in the quality of the following documentation:

- Intake Screenings.
- Suicide Prevention Contacts.
- Diagnostic and Care Level Formulations.
- Treatment Plans.
- PREA Interventions.
- Group Treatment.
- Clinical Supervision.

The Core Clinical Skills Review Form will be the standard form used to conduct the documentation review. Behavioral observations and clinical supervision data may also inform the clinical skills review. In addition, the psychologist's participation in professional development activities may also be noted, as the primary purpose of this review is to identify training needs and develop a plan to address any identified needs.

Completed Core Clinical Skills Review Forms are submitted to the Psychology Services Branch for external review and validation. The Branch provides the Chief Psychologist with written verification of their findings. The reviewer implements the Branch's recommendations, which do not alter the psychologists' performance appraisal. Once the form has been validated, the bargaining unit psychologist is provided with a copy of the completed form by the reviewer.

If the clinical skills review identifies areas for improvement, the bargaining unit psychologist's clinical supervisor is responsible for developing a training plan for the bargaining unit psychologist. This plan details the skills enhancement required to meet professional standards, recommended training activities, and time frame(s) in which the employee will be provided the training. The Psychology Services Branch will maintain a list of recommended training activities to address each core clinical skill. This list will be available on Sallyport; supervisory

psychologists are encouraged to consult this list when developing training plans. The supervisory psychologist develops the training plan in collaboration with the bargaining unit psychologist and shares responsibility for its successful completion.

If the Chief Psychologist position is vacant at the time a clinical skills review is due, the Acting Chief Psychologist should contact the Psychology Services Branch for guidance.

e. **Student Training Programs.** Student training programs fulfill a vital role in the Bureau by the supporting the development of a well-trained pool of correctional psychologists for future Bureau employment. These students also provide a valuable service to the Bureau, by providing direct care for inmates.

(1) **Graduate Student Practicum.** A senior licensed psychologist with an expressed interest in training students is designated by the Chief Psychologist to oversee the graduate student practicum program. This psychologist is primarily responsible for organizing and supervising a graduate student practicum. He/she administers the practicum curriculum at his/her institution, is responsible for the integrity and quality of the training, and has administrative authority commensurate with those responsibilities. The curriculum is tailored to each student's level of experience and a signed training agreement is kept by the supervising psychologist. The student's level of experience may be assessed through an interview of the student, a review of his/her educational transcript and prior training experiences, and consultation with his/her clinical director. A non-bargaining unit psychologist, ordinarily the Chief Psychologist, will make the final determination regarding the duties to be assigned to the student.

Graduate students enrolled in clinical or counseling doctoral-level psychology programs or related mental health professions may be considered for a practicum. One purpose of the practicum is to expose students to direct services offered to inmates and help them become familiar with the policies and procedures of Psychology Services. The other purpose is to assess the students' fit with corrections work and to encourage consideration of corrections as a career choice. Practicum is designed to build upon, not introduce, foundational competencies of professional psychology. Thus, students selected for practicum are ordinarily in their second or third year of graduate study and have already had one supervised direct service training experience.

A graduate student practicum may be offered through volunteer, contractor, or student temporary employment position authorities. Upon completion of personnel procedures, typically completed by Human Resources staff unless other procedures are negotiated at the local level, students appointed as volunteers may be issued unescorted volunteer badges. Wardens are the approving authority for unescorted volunteer badges. Students may also have access to document clinical services within PDS. Documentation of services provided is reviewed by the supervising licensed

psychologist before release to the inmate's record. Regularly scheduled supervision is provided by the licensed supervising psychologist.

(2) **Pre-doctoral Internship Program.** Pre-doctoral Internship Programs are approved by Executive Staff and are seeking or have obtained accreditation by the APA. The Psychology Services Branch maintains oversight of these programs. The Central Office allocates internship positions to specific institutions that have met guidelines for clinical training.

Pre-doctoral Internship Programs are available to psychology graduate students in Clinical or Counseling Psychology and provide a high-quality, generalist training experience. The goal of the program is to prepare entry level professional psychologists who can also function competently in a correctional environment.

- **Professional Standards.** Pre-doctoral Internship Programs operate in accordance with the most recent APA Ethical Principles of Psychologists and Code of Conduct, APA Practice Standards, and Bureau Standards of Employee Conduct. The programs are accredited based on criteria established by the APA and membership criteria and bylaws of the Association of Psychology Post-doctoral and Internship Centers (APPIC).
- **Administration.** The Chief of Clinical Education and Workforce Development administers the Pre-doctoral Internship Programs. The Chief of Clinical Education and Workforce Development, in consultation with Psychology Services staff, recommends the selection of internship program sites and the placement of internship positions to Executive Staff. Guidelines for the assignment of internship sites are posted on Sallyport. Funding is provided for such activities as additional training experiences for interns, meeting and travel expenses incurred by interns during their internship year, application fees and membership dues in APPIC, and fees related to getting and maintaining APA accreditation.
- **Selection of Interns.** Sites with internship programs are members of APPIC, are listed in the APPIC Directory, and adhere to all current APPIC membership criteria. Internship applicants must be matriculating in a regionally accredited educational institution and complete the APPIC Application for Pre-doctoral Internship, which includes a transcript of graduate school work and three letters of recommendation. Applicants also complete a standard Office of Personnel Management Application (SF-171) and any other materials requested by the particular internship site (work samples, letter of intent, etc.). These are sent to the Internship Program Coordinator (IPC) at the institution(s) at which they wish to be considered. Prospective intern applicants are made aware of two limiting factors related to consideration. The pre-doctoral internship program is the Bureau's core strategy for recruiting psychologists who are uniquely qualified for clinical practice in the Bureau. Thus, applicants who do not fit

employment criteria outlined in Public Law 100-238 may not be selected. **This information will be clearly conveyed to all intern applicants on the Bureau's public website.**

Prospective interns selected for interviews complete a pre-employment interview, including fingerprinting, NCIC check, urinalysis, and physical examination, at the nearest Bureau institution before beginning their training. Internship candidates must meet all criteria for Bureau employment. **Offers of internship positions are made according to APPIC guidelines and are considered tentative until pre-employment personnel procedures are successfully completed and until funding for the program is allotted by Congress. This information will be clearly conveyed to applicants on the Bureau's public website.**

- Interns ordinarily begin their internship in July or August. They complete the equivalent of 1 year of full-time training in no less than 12 months. Interns complete Introduction to Correctional Techniques I. Failure results in dismissal from the program.
- **Supervision and Intern Evaluations.** IPCs are designated at each facility with a Pre-doctoral Internship Program. Their primary responsibilities include intern recruitment and selection, as well as coordinating, directing, and organizing training activities and curriculum at their facility. Training for practice is reflected in the curriculum, since training activities chosen are sequential, cumulative, and graded in complexity. These include:
 - Theories and methods of assessment and diagnosis and effective intervention, including evidence-based practices for mental health, substance abuse, and criminality.
 - Theories and methods of consultation, evaluation, and supervision.
 - Strategies of scholarly inquiry.
 - Issues of cultural and individual diversity relevant to all of the above.

Guidelines for core curriculum items across Bureau internship sites are posted on Sallyport.

The IPC is a licensed psychologist and has overall responsibility for the supervision of psychology interns. The IPC devotes at least 50 percent of his/her time to activities directly related to the internship program. The program also has intern training supervisors who are licensed doctoral level psychologists. In a program with a one-day-per-week outplacement at a co-located Bureau facility, the intern is supervised by a licensed psychologist at that site. The intern training supervisor ensures the following supervision and evaluation requirements:

- They meet with the intern and jointly review course work and job experiences and plan a training program that best meets the training needs of the intern.
- They meet with the intern and jointly review the prerequisite internship hours required by the program and by the state that the intern seeks to become licensed in.

- Full-time interns receive, at a minimum, four hours of regularly scheduled supervision per week, at least two hours of which include individual, face-to-face supervision while working in the facility. Supervision reviews direct psychological services rendered by the intern.
- The intern's training supervisor or IPC completes a Psychology Intern Evaluation **Form** at least three times per year. These evaluative reports are discussed with and initialed by the intern, who receives a copy. At least semi-annually, a copy is sent to the intern's college or university. The IPC keeps the original in a local file. Psychology Intern Evaluation Form examples are posted on Sallyport.
- Interns complete the Psychology Training Program Evaluation quarterly. This is used to determine what changes might need to be made in the intern's training experience to enhance the remainder of his/her internship. The original is kept by the IPC. Psychology Training Program Evaluation examples are posted on Sallyport.
- The number of hours allotted for scholarship and dissertation research varies according to the program and the stage of the dissertation process. The Chief Psychologist and IPC closely monitor this activity and structure the intern's training to encourage completion of the dissertation by the end of the internship year.

(3) **Post-doctoral Residency Training.** The Bureau's Post-doctoral Residency Training is a 12-month training opportunity offered to doctoral-level psychologists seeking advanced training in correctional psychology or a specialty area of emphasis. The specialty area represents an emerging, established, or growing agency need; e.g., sex offender treatment, substance abuse treatment, intervening with violent offenders. Post-doctoral training and these positions are used to provide the Bureau with a well-trained pool of applicants to fill psychologist vacancies at the GS-12/13 levels.

- **Professional Standards.** Bureau Post-doctoral Residencies operate per APA Ethical Standards, APA Practice Standards, and Bureau employment and ethics standards. In addition, they comply with the Post-doctoral program membership criteria and bylaws of APPIC.
- **Administration.** The Chief of Clinical Education and Workforce Development administers Post-doctoral Residency Programs. The Chief of Clinical Education and Workforce Development, in consultation with Psychology Services staff, recommends the placement of residency positions to Executive Staff. Because these positions are used to meet agency staffing needs that change rapidly, they are reviewed, and may be relocated, annually. Guidelines for assigning residency sites are posted on Sallyport. Funding is provided for such activities as additional training experiences for residents, meeting and travel expenses, application fees, and membership dues in APPIC.
- **Selection of Residents.** Residency positions are announced through Delegated Examining Unit authority. Interested applicants complete all application materials requested in the

announcement and are expected to complete the Bureau's pre-employment screening process before being formally offered a position. Residents' training is ordinarily completed in no less than 9 and no more than 12 months. Residents complete Introduction to Correctional Techniques I and II. Failure results in dismissal from the residency program. The resident position is a career-conditional appointment. However, residents are required to acknowledge a mobility statement, thus agreeing to relocate at the convenience of the Bureau upon completion of their training.

- **Program Development, Supervision, and Residency Evaluations.** A senior licensed psychologist who expresses an interest in training residents is designated by the Chief Psychologist to oversee the Post-Doctoral Residency Program. This psychologist is primarily responsible for recruiting and selecting residents, as well as administering the training curriculum at his/her institution. The designated psychologist has expertise in the area of Post-doctoral training offered and has credentials such as an American Board of Professional Psychology diploma, a record of active research productivity, or clear evidence of professional competence and leadership. This individual may be the IPC at an institution with an internship program. The designated psychologist is responsible for the training program's integrity and quality, and has administrative authority commensurate with those responsibilities. He/she ensures that the following occurs:

- Post-doctoral training follows completion of doctoral degree requirements and a pre-doctoral internship meeting APPIC standards. APA guidelines on specialty change are followed.
- A written training plan exists for each resident that specifies clinical duties, training opportunities, supervision requirements, and Bureau job search strategies.
- Individuals in post-doctoral residency positions have a title, such as "Post-Doctoral Resident," indicating their training status.
- The program site has a written statement or brochure that describes the goals and content of the program, program organization, entrance requirements, and mechanisms for evaluation. This is made available to prospective residents.
- There is documentation of due process procedures, including notice, hearing, and appeal, for post-doctoral residents, which are given to residents at the beginning of the post-doctoral training period.
- The post-doctoral training program (minimum 1,500 hours) must be at least 9 and no more than 24 months.
- The program has a minimum of two hours per week of regularly scheduled, face-to-face, individual supervision with the intent of dealing with psychological services rendered directly by the resident.
- Clinical supervision is provided by a licensed psychologist who is a staff member of the sponsoring institution and who carries clinical responsibility for the cases being supervised.

There must be at least two additional hours per week in learning activities, such as case conferences, involving cases in which the resident is actively involved; seminars dealing with clinical issues; co-therapy with a staff person, including discussion; group supervision; and additional individual supervision.

- The clinical supervisor ensures that the resident receives a level of supervision consistent with APPIC standards and a written evaluation of his/her performance quarterly. The evaluation should be discussed with and initialed by the resident, who receives a copy. The clinical supervisor retains the original in a local file. Examples of the evaluation are posted on Sallyport.
- Each resident has an opportunity to evaluate his/her training site quarterly; this should be used to determine what changes might be made in the resident's training experience to enhance the remainder of his/her residency. The original evaluation is kept by the clinical supervisor. Examples of the training evaluation are posted on Sallyport.
- A certificate of completion is granted upon fulfillment of the program requirements.

12. ANCILLARY STAFF SERVICES

Bureau psychologists bring significant behavioral scientist expertise to the agency, which is of benefit not only to inmates, but also to staff. Psychologists are typically involved in a number of institutional activities aimed at enhancing the knowledge, professionalism, and mental well-being of staff. In this context, psychologists are tasked with providing a variety of services for Bureau staff, to include staff training, professional consultation, and Employee Assistance Program (EAP) services.

a. **Staff Care.** Psychologists take an active role in facilitating care for Bureau staff through their involvement in the EAP, as described in the Program Statement **Employee Assistance Program**, and Crisis Support Teams, as described in the Program Statement **Correctional Services Manual**.

b. **Staff Training.** Psychologists assist in the provision of mandatory staff training, to include an active role in Introduction to Correctional Techniques – I, Annual Training, Semi-Annual Suicide Prevention Training, and Quarterly Suicide Prevention Training for SHU Officers.

(1) **Introduction to Correctional Techniques - Phase I (ICT-I).** Psychologists provide training to new employees during ICT-I. Ordinarily, this training includes:

- How to recognize and manage inmates with mental illness.
- How to recognize and intervene with potentially suicidal inmates.
- How to refer inmates to Psychology Services, to include Psychology Treatment Programs.
- The availability of services through the EAP.

(2) **Annual Training.** The core curriculum for Annual Training is determined annually by the Bureau's Executive Staff. Typically, psychologists are involved in presenting information related to suicide prevention, mental illness, and EAP services. In addition, institutions with special missions/programs related to Psychology Services; e.g., SOMP, RDAP, Skills Program, are afforded the opportunity to raise staff awareness about these missions/programs during Annual Training.

(3) **Suicide Prevention Training.** The Program Statement **Suicide Prevention Program** details mandatory suicide prevention training requirements.

In addition, the Program Statement **Treatment and Care of Inmates with Mental Illness** outlines specialty mental health training available at select sites.

In addition to mandatory training, psychologists may offer supplemental psychological training to interested Bureau staff. Additional psychological knowledge can be a valuable resource, enhancing staff's ability to effectively manage inmates. Learning more about key topics, such as cognitive behavioral treatment, criminal thinking, mental illness, and behavioral principles, affords Bureau staff the opportunity to increase their expertise in these important areas and apply this knowledge directly to their interactions with inmates. Supplemental behavioral sciences-informed training and resource materials have been developed by the Branch and are made available to staff on Sallyport and BOP-Learn.

c. **Professional Consultation.** In addition to formalized staff training, psychologists also consult with Bureau staff, offering their behavioral scientist expertise in a variety of settings. Oftentimes, this consultation involves providing staff with guidance on the management of an inmate with mental health issues or an inmate engaging in disruptive behaviors. Opportunities for this type of professional consultation are noted in the "Routine Psychological Services for Inmates" section of this Program Statement. In addition, psychologists are required to lend their expertise in addressing human resource matters, as described in the following Program Statements: **Drug Free Workplace, Workplace Violence Prevention.**

REFERENCES

Program Statements

P1070.07 Research (5/12/99)

P1210.23 Management Control and Program Review Manual (8/21/02)

P1351.05 Release of Information (3/9/16)

P1411.01 Employee Speeches and Publications Review Process Policy (1/28/99)

P2100.04 Budget Execution Manual (3/8/14)

P5310.17 8/25/2016

P2310.03 Use of Appropriations (7/13/00)
P3000.03 Human Resource Management Manual (12/19/07)
P3420.11 Standards of Employee Conduct (12/16/13)
P3730.05 Workplace Violence Prevention, Staff (3/23/04)
P3735.04 Drug Free Workplace (6/30/97)
P3792.07 Employee Assistance Program (12/30/06)
P3906.22 Employee Development Manual (4/30/15)
P4500.11 Trust Fund Manual (4/9/15)
P5070.12 Forensic and Other Mental Health Evaluation (4/16/08)
P5270.09 Inmate Discipline Program (7/8/11)
P5290.14 Admission and Orientation Program (4/3/03)
P5290.15 Intake Screening (3/30/09)
P5300.20 Volunteers and Citizen Participation Programs (6/1/99)
P5310.16 Treatment and Care of Inmates with Mental Illness (5/1/14)
P5321.07 Unit Management Manual (9/16/99)
P5324.07 Sentry Psychology Alert Function (3/13/07)
P5324.08 Suicide Prevention Program (4/5/07)
P5324.12 Sexually Abusive Behavior Prevention and Intervention Program (6/4/15)
P5330.11 Psychology Treatment Programs (3/16/09)
P5331.02 Early Release Procedures under 18 U.S.C. 3621(e) (3/16/09)
P5562.05 Hunger Strikes (7/29/05)
P5566.06 Use of Force and Application of Restraints (8/29/14)
P6010.03 Psychiatric Evaluation and Treatment (7/13/11)
P6340.04 Psychiatric Services (1/15/05)
P7331.04 Pretrial Inmates (1/31/03)
P7430.02 Community Transitional Drug Abuse Treatment (4/14/99)

Other References

Federal Personnel Manual

Title 5, U.S. Code, Section 552 and 552a Title 18, U.S. Code, Section 4241-4247

Federal Rules of Criminal Procedures, Rule 12.2

ACA Standards

- American Correctional Association Standards for Adult Correctional Institutions, 4th Edition: 4-4071, 4-4256, 4-4281-2, 4-4281-4, 4-4281-5, 4-4350, 4-4351, 4-4362, 4-4368, 4-4370, 4-4371, 4-4372, 4-4373, 4-4374, 4-4377, 4-4399, 4-4428, 4-4435, 4-4441.
- American Correctional Association Performance Based Standards for Adult Local Detention Facilities, 4th Edition: 4-ALDF-4D-10, 4-ALDF-4D-22-1, 4-ALDF-4D-22-3, 4-ALDF-4D-22-4, 4-ALDF-4C-07, 4-ALDF-4C-08, 4-ALDF-4C-22, 4-ALDF-4C-27, 4-ALDF-4C-28, 4-ALDF-

4C-29, 4-ALDF-4C-30, 4-ALDF-4C-31, 4-ALDF-4C-32, 4-ALDF-4C-34, 4-ALDF-4C-37, 4-ALDF-4C-40, 4-ALDF-4D-25, 4-ALDF-5A-03, 4-ALDF-5A-08.

Other Standards

- American Psychological Association Ethical Principles of Psychologists and Code of Conduct (2003).
- American Psychological Association Standards for Educational and Psychological Testing (1999).
- Specialty Guidelines for Forensic Psychologists, Division 41, American Psychological Association and the American Psychology-Law Society (1991).
- American Psychological Association Committee on Accreditation Guidelines and Principles for Accreditation of Programs in Professional Psychology (January 1, 2008).
- American Psychological Association Standards and Criteria for Approval of Sponsors of Continuing Education for Psychologists (July 2007).
- Association of Psychology Post-doctoral and Internship Centers Membership Criteria, Doctoral Psychology Internship Programs (January 2008).
- Association of Psychology Post-doctoral and Internship Centers Membership Criteria, Post-doctoral Training Programs (February 2008).

Records Retention Requirements

Requirements and retention guidance for records and information applicable to this program are available in the Records and Information Disposition Schedule (RIDS) on Sallyport.