

# Federal Correctional Complex

## Butner, North Carolina



Doctoral Psychology Internship

2018/2019

Member

Association of Psychology Postdoctoral and Internship Centers

Accredited

American Psychological Association

This program abides by the APPIC policy that no person at these facilities will solicit, accept, or use any ranking-related information from any internship applicant.

Last Updated on: 7/28/17

## Introduction

This document describes the internship in clinical psychology offered by the Federal Correctional Complex (FCC) in Butner, North Carolina for the 2018/2019 training year. This is a full-time, one year program. There are seven positions in five tracks available for 2018/2019 (Two additional half-time positions are available through the University of North Carolina). This program is accredited as an internship in Professional Psychology by the American Psychological Association and maintains membership in the Association of Psychology Postdoctoral and Internship Centers (APPIC). As will be discussed below, for a number of years FCC Butner has also shared an internship program with the University of North Carolina, which also holds APA accreditation. With this option, two trainees spend equal time at each site. Applications are accepted from students in APA accredited doctoral programs in clinical and counseling psychology who have completed all course work and required practica for a doctoral degree. Application procedures for each option will be addressed in detail below.

## Training Model and Goal

The internship component of the Psychology Service strives to meet the training needs of doctoral candidates in applied psychology through supervised experience, didactic programs, and focused scholarship. Our aim is to help doctoral candidates transition from student to practitioner; becoming well-rounded generalists in the clinical applications of psychology, using experiences with correctional populations to facilitate this process. The internship takes a developmental approach such that students' progress toward increased responsibility and autonomy over the year. We view interns as colleagues in training who are valued members of our staff. Our philosophy of training emphasizes creating an environment that simultaneously nurtures and challenges interns, both as professionals and people.

The FCC Butner internship espouses a *practitioner-scholar* model which seeks "the productive interaction of theory and practice in a primarily practice-based approach to inquiry" (Hoshmand

and Polinghorne, 1992). As an internship, the primary mode of education is experiential, yet supported by didactic programs, modeling, supervision, and inquiry relevant to clinical work. The goal is to develop critical thinking, conceptualization, research, problem-solving, and other scientific skills that are particularly pertinent to clinical practice. All interns receive exposure to empirically validated treatments and empirically-based methods of assessment. While the program is informed by the practitioner-scholar model, many of our interns come from scientist-practitioner graduate programs and we believe our program is consistent with the long-term goals of scientist-practitioner training.

The goals of the internship program derive simultaneously from the mission of the agency and from values of the professional psychological community. Both the training program and the service as a whole are guided by the philosophy that clinical practice within a correctional setting requires the same core clinical skills and knowledge base as professional practice generally, but takes place within a complex legal, political, and social context. Thus, the goal of the program is to train entry-level professional psychologists who can also function competently in a correctional environment

***Generalist Training*** - At the most fundamental level the main goal of any internship is to provide broad and general preparation for entry into the professional practice of psychology. The internship experience is the capstone to a foundation of knowledge, skills, and attitudes acquired through graduate training. Interns are selected based on appropriate preparation for more intensive, primarily applied work in the core areas of assessment, intervention, consultation, ethics, cultural sensitivity, scholarship, and management/administration. The program emphasizes the applicability of training to a wide variety of client populations and settings.

Four interrelated aims can be identified that support our program goal:

***Acquisition of Knowledge Specific to Correctional and Psycholegal Practice*** -



Realistically, most Interns seek a position in a setting that matches some important interest in addition to providing good general training. This internship strives to impart a core knowledge base regarding the law, public policy, and social factors as they relate to the practice of psychology, particularly in a correctional environment. Though development of specific expertise as a correctional or forensic psychologist requires additional training and experience after the internship year, the program serves as a foundation for such specialization.

***Development of Professional Autonomy*** - Consistent with the role of internship as a transition from student to practitioner, the program emphasizes development of attitudes and values consistent with entry into the profession. Interns are offered and should accept a significant degree of autonomy. Trainees are recognized as full participants in the business of the department, such that they receive experience that will prepare them to lead other professionals at the appropriate time in their own careers. Supervisory staff recognize that Interns are "colleagues in training," a reality borne out by the presence of many supervisors who themselves trained at a Bureau facility.

***Integration of Science and Practice*** - Interns have received extensive training in the empirical and theoretical bases of applied psychological methods. In this setting, psychologists are often called to account for the methods and procedures they employ. Staff model the value of remaining current in empirical, theoretical, and scientific knowledge relevant to this setting. In the provision of information and training to varied groups such as other Bureau of Prisons staff, probation officials, attorneys, judges, and in courtroom testimony, our staff, including Interns, are called upon to represent accurately the current science and practice of psychology.

***Service to Diverse and Under-served Clients*** - While many trainees may later choose to practice in non-correctional settings, the program strives to develop an appreciation for the provision of service to client populations that exhibit diversity in presenting complaints, age, ethnicity, linguistic preference, socioeconomic background, and education, to name a few areas of variability. As our clients come from all over the United States and the territories, and from

all walks of life, staff of necessity confront an extraordinary range of client circumstances. In addition, psychologists in this setting provide services to groups that are traditionally under-served, such as individuals from financially impoverished urban areas and rural backgrounds.

Though it may seem tautological, the first priority of the training program is training. While our institutions derive clear benefits from the work of interns, training activities are chosen for their value for learning rather than material benefit to the agency. Interns are not expected to perform tasks that are not regular duties of the permanent staff. To the contrary, our goal is to fully prepare interns to assume such roles in this agency or other professional positions upon completion of the program.

### Mission and Philosophy

The Bureau of Prisons is the largest division of the United States Department of Justice, with over 34,000 employees. Organized in 1930 under the direction of Assistant Attorney General Mabel Walker Willebrandt, the BOP differs from other federal organizations in that political appointments have not been significant in the agency's development. Following the appointment of Sanford Bates in 1930, the remaining five of the Bureau's Directors have been career employees of the agency. A past Director, Kathleen Hawk-Sawyer, Ed.D., began her career as a Psychology Intern at FCI Morgantown, West Virginia. Psychologists are the primary providers of mental health services in the Bureau, with about 450 doctoral-level staff throughout the country. The agency has been able to offer career appointments to many graduating interns and there are opportunities for rapid advancement. Roughly half of the agency's psychology staff completed one of the Bureau's internship programs. Career opportunities are discussed in greater detail below.

The mission of the Federal Bureau of Prisons is "***to protect society by confining offenders in the controlled environments of prison and community-based facilities that are safe,***

*humane, cost efficient, and appropriately secure, and that provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens."*

Psychology programs, particularly at the Butner facilities, are among the most important of the self-improvement and re-entry opportunities available to inmates. The Bureau, like any other organization, has a set of core values and shared attitudes that guide staff actions. These core values are reflected in the implementation of our programs, including the internship.

The Bureau recognizes and facilitates the integral role of the community in accomplishing its mission, and works cooperatively with the courts, law enforcement agencies, and other components of government, as well as the public at large. The internship program actively seeks community involvement through many avenues, including utilization of training opportunities at local institutions, membership of the staff in local and national organizations, outreach programs to offer specialized training to other professionals and trainees, and participation in local volunteer organizations.

### The Setting

Despite (or perhaps because of) movie and television depictions, the public often have little accurate information about life as a resident or employee of a modern prison. It is not surprising then, that many students may have questions about what it is like to work in a prison environment. Beyond these basic concerns, our facilities are clearly different from most other correctional settings and while being unique, do not reflect the day to day professional life in most other Bureau of Prisons facilities. To fully appreciate the Butner milieu, a visit to the Complex is required. However, a brief historical overview may shed some light on the quality of this experience.



The Butner site was originally slated to house a facility with a unique design concept and mission that would distinguish it from other correctional institutions. Conceived in the late 1950's as a model prison psychiatric facility, the formal proposal for the "Eastern Psychiatric Institute for Federal Prisoners" was approved in 1961 and land at the current site was acquired. Over one-million (1960's) dollars were spent in the planning phase alone, and budgetary



constraints delayed construction for over a decade. Despite these obstacles and iterative changes in mission and programming, the institution now called FCI Butner was dedicated May 13, 1976, and was immediately dubbed "the most advanced prison facility on earth." Since that time, the institution has been at the forefront of innovative correctional mental health programs. The FCI remains a flagship facility, and is frequently chosen to pilot new programs such as the Sex Offender Commitment and Treatment Program, Drug Abuse, and Step-Down programs described below. The FCI also serves a general population of inmates that includes a range of clinical problems from adjustment disorders to severe mental illness with an overlay of severe personality disorders.

Due to the tremendous resources in this area and the Butner site's history of excellence, the Bureau of Prisons targeted the location for development of one of the first Federal Correctional Complexes. In addition to the FCI, the 770 acre reservation now includes a minimum security Federal Prison Camp (FPC), a Low Security Correctional Institution (LSCI), a JCAHO accredited Federal Medical Center (FMC), and a higher security facility known as FCI-II.



***LSCI Butner***

The Low Security, Camp, and FCI-II facilities serve general offender populations with appropriate security needs.



***FCI-II Butner***



***FMC Butner***

The Federal Medical Center serves the needs of both voluntary and committed mentally disordered offenders, assists the federal court system by providing forensic evaluation services for pretrial and presentence detainees, and delivers a range of inpatient medical care specializing in oncology, diabetes, dialysis services, surgery, and evaluations for organ transplant candidates.

With a diverse mission, the Butner complex provides a wide range of psychological and rehabilitative services to a varied population including numerous special needs offenders, and trains and develops specialized staff for the Bureau of Prisons. Combined, these facilities offer an extraordinary range of internship training experiences.

Given the variety of program areas at the Butner complex, detailed below, and the diverse backgrounds of the various client populations, staff encounters a wide range of cultures and presenting complaints. Currently, there are more seriously mentally ill persons in U.S. prisons and jails than hospitals. Our client populations include extreme forms of psychopathology rarely seen in any other setting.

The client populations are demographically and culturally diverse. At least 40 nationalities are represented at any one time, with the largest number coming from Mexico, various Central and South American nations, West Africa, and Asia. Federal inmates are extremely heterogeneous, ranging from sophisticated white collar criminals from upper class backgrounds to those who have committed violent offenses in territorial jurisdictions of the United States. A significant minority of inmates are politicians, lawyers, physicians, and computer programmers, while others are poorly educated and unskilled.

Visitors generally remark on the openness of the facilities and the relaxed atmosphere evident from staff and inmate behavior, as both contrast sharply with their expectations. The architecture is modern and the facilities are meticulously clean and well-maintained. Despite



inevitable pressures to house large inmate populations, common areas and the housing units provide ample public space and remain free of a sense of crowding. While most correctional facilities resist outside scrutiny of their operations, our facilities welcome visitors of varied types, including members of Congress, local high school students, professional staff from neighboring state institutions, federal judges, defense attorneys, and delegations from other countries interested in correctional reform.

### *Psychology Programs*

The Complex provides a broad spectrum of services to over 5,000 adult inmates, including a general correctional population of approximately 4,000 men, 300 medical and 300 psychiatric inpatient beds; a 200 bed Residential Drug Abuse Treatment Program, a Commitment and Treatment Program for Sexual Offenders, and 100 individuals in the mental health Step-Down unit. About half of the beds at the FCI-II are earmarked for inmates with Level III medical needs. Psychology Services is crucial to operations in all of these areas. Interns participate in three different service areas appropriate to the emphasis of the track for which they match, as discussed later.

#### Complex-Wide Services:

General Population ( "G.P." or General Practice ) areas, are located at each complex facility and are most representative of the psychology functions in mainstream correctional settings. Inmate clients are served in several ways. New arrivals to the institutions participate in an Admission and Orientation program which includes individual interview, an orientation to available services, and basic drug abuse education. Diagnostic services include clinical evaluation of highly varied mental disorders including the full range of Axis I and II conditions, risk assessments for suicide and danger to others, and treatment program suitability. Treatment services include crisis intervention, short and long-term individual therapy, group psychotherapy, psycho-educational groups, and counseling regarding adjustment and family

issues. Psychologists also serve as members of interdisciplinary unit teams and assist in planning programs and reviewing progress of inmates.

Non-Residential Drug Treatment is provided at each Bureau of Prisons facility, including those at the complex. A Drug Education program, while targeted to inmates with significant substance abuse problems, is also open to all interested residents, and is an informational program based upon a biopsychosocial model. Non-residential treatment also includes both preparatory and maintenance treatment in coordination with residential substance abuse treatment, as described below.

Additionally, Care Level Three inmates (chronically mentally ill persons) who can function adequately on an outpatient basis are housed throughout the complex. These inmates receive varying levels of treatment and support from psychology and psychiatry staff. Individual therapy, group therapy, and ancillary treatments (e.g., "Re-entry Group") are provided under the direction of the Care Level 3 Psychologist. As discussed below, many of these inmates participate in the residential Step-Down program, while others are housed in general population.

### FCH Services

The Residential Drug Abuse Program was one of three pilot programs instituted as part of the Bureau of Prisons' effort to evaluate diverse treatment orientations in an era of rising prison populations associated with drug use. Under the direction of a psychologist, this residential program involves comprehensive treatment of the convicted offender using an Integrative model that includes strong Cognitive - Behavioral and Relapse Prevention components. Participants proceed through a state of the art, planned treatment program. Implemented as a modified therapeutic community, it emphasizes personal accountability and decision-making, as well as the connection of substance abuse to faulty/criminal patterns of thought and action that affect other areas of participants' lives. Confrontation plays a primary role during the initial

orientation phase of treatment; this is followed by a second phase focusing on treatment and change and includes a wide range of interventions; the last phase of the program, transitional care, emphasizes adjusting to being drug free. Those completing the program are subject to required post-release supervision, and aftercare is planned by program staff. Given the high base rate for substance abuse in any population, this training has very wide applicability.

Commitment and Treatment Program for Sexually Dangerous Persons - Following Congress's passage of the Adam Walsh Child Protection and Safety Act of 2006 and the Bureau's implementation of components of the Act, the Sex Offender Treatment Program (SOTP) and Forensic Evaluation Service at FCI Butner have undergone considerable changes in their missions. FCI Butner's SOTP was recently replaced by the Commitment and Treatment Program (CTP) for Sexually Dangerous Persons (i.e., treatment for civilly committed offenders). The Clinical Service component of the CTP is responsible for provision of the psychological treatment of the inmate, implementation of behavior management plans, and coordination of the multidisciplinary treatment team. Treatment is holistic and multidimensional with the ultimate goal of reducing sexual dangerousness and criminal recidivism potential. The Forensic Evaluation Service conducts psychological evaluations and provides documentation pursuant to civil commitment hearings, subsequent progress reviews, and other reports.

Mental Health Step-Down - The Mental Health Step-Down Program is a residential treatment program for inmates with severe, persistent mental illness, typically (although not limited to) an Axis I diagnosis of the Schizophrenic type. The goal of the step-down unit is to provide treatment for chronic mental illness that is evidence-based, maximizes functioning, and minimizes relapse and hospitalization. Interns are involved in the clinical management of cases, providing group therapy, and short term individual therapy and crisis intervention. Interns are also involved in teaching psycho-educational modules aimed at cognitive rehabilitation and life skills training. Interns become familiar with medications prescribed to these patients through collaboration with Psychiatry Services as part of an outpatient medication clinic. Consultation with other departments (e.g., Education, Recreation, Religious Services) is an integral part



of the program.

Forensic Evaluation - As described above, the FCI-I forensic program staff are tasked with performing detailed "outpatient" pretrial evaluations of criminal defendants at the behest of federal courts from throughout the United States. Evaluations frequently include assessments related to competency to stand trial and mental state at the time of the offense (*sanity*). Interns receive training in forensic evaluation and related services at the FMC Inpatient Forensic Program, as described below.

### FMC Services

The Inpatient Forensic program at the FMC accepts inmates at the discretion of the federal courts for various pre- and post-trial forensic evaluations (e.g., competency, sanity, violence risk), for voluntary hospitalization for mental health treatment, or subject to federal quasi-criminal commitment. Given the highly charged legal atmosphere, court-ordered evaluations involve intensive psychological evaluation, understanding of legal standards and procedures, and highly refined report-writing. Staff, including interns (with supervision), provide expert testimony in federal courts throughout the United States when called upon to do so. Members of the public may be aware of Butner's forensic evaluation program by virtue of high publicity cases that attract national attention. In addition to evaluation, the inpatient treatment service involves the same skills as in community psychiatric hospitals, including clinical interviewing, treatment planning, group therapy and education, and supportive, behavioral and insight-oriented individual psychotherapies. Work at the FMC involves extensive collaboration with Psychiatry, Medicine, and allied health professionals.

The Behavioral Medicine program involves working with inmates who present with psychophysiological disorders, psychological factors affecting their physical conditions, and/or physical conditions which have psychological sequelae. Staff serve as consultants when psychological factors are adversely affecting engagement in or compliance with medical care,

and work in concert with Health Services staff (physicians, physician assistants, physical therapists, nurses and social workers) to identify, diagnose and treat inmates for whom the interplay of physical and psychological factors is significant. Staff may provide group and individual treatment for psychophysiological disorders, including hypertension, chronic pain, tension and migraine headaches, anxiety disorders, etc., and inmates with terminal or severe diseases, such as cancer, heart disease, and AIDS. Staff also assist in the implementation of the Palliative Care Program for terminally ill patients nearing death.

### *Training Tracks*

FCC interns participate at the FMC and FCI-I, FCI-II, and/or LSCI at various points in the training year. This plan assures exposure to a continuum of psychology services ranging from outpatient services through residential treatment programs to inpatient hospital facilities. The programs for training include: General Population (Cadre and Behavioral Medicine); Forensic Assessment and Treatment; Chronic Mental Illness; Residential Drug Abuse; and Commitment and Treatment for Sexual Offenders.



2016-2017 Interns

Interns at this site develop the essential skills for a Staff Psychologist in a mainstream correctional facility by completing a minimum of 500 hours of direct experience in a General Practice rotation. These experiences are obtained with general inmate populations at one of the complex facilities under the direct supervision of staff with primary responsibility as unit psychologist.

Typical intern duties mirror those of entry-level staff, including completion of intake screenings, group and individual psychotherapy, crisis intervention, suicide risk assessment, and consultation with medical and psychiatric staff and members of unit teams.

Beyond the foundational experiences noted above, interns typically receive training in one residential treatment program and one inpatient treatment service. Experiences in residential



programs include group and individual therapy, intake assessments tailored to the program, large therapeutic community group meetings, team-based treatment planning, implementation of a standard program curriculum, and participation in discipline and motivation for program participants. Applied activities in inpatient services include monitoring treatment compliance, collaboration with medical and psychiatric staff, directing paraprofessionals such as nurses and technicians, and completing elaborate psychological evaluation reports for the courts.

Skills practiced in general population areas, unit-based treatment programs, and inpatient settings are not mutually exclusive. Group and individual treatment is offered across the board. Assessment of risk for suicide, and for violent acting out or other threat to security, is of interest with all inmate populations. Interns may assist in facilitating the outpatient psychiatry medication clinic, in addition to gaining experience in medical and psychopharmacology at the FMC. Extensive psychological evaluations take place in each of the residential programs as well as on the inpatient mental health service. Medical patients are found in every inmate group throughout the complex, not just in the inpatient medical units. Practicing pertinent skills in more than one work area reinforces an integrated view of the complex needs of clients and of psychology services in this setting.

Applicants should indicate interest in one or two of the training tracks described below. The specific track for which one matches determines the combination of applied activities, including a full time, six month rotation in the "home" track. Those who match for the Residential Drug Treatment, Chronic Mental Illness (Step-Down), or CTP tracks will spend six months of the internship year at the FCI, with time devoted primarily to activities in the relevant program area. Those matching for the Inpatient Forensic track will complete a six month rotation at the FMC, participating in activities appropriate to that track. Those matching for the Correctional Psychology track will complete a six month rotation at the FCI-I or FCI-II. The remaining half-year is spent at one or more of the "other" facilities, where interns spend the equivalent of half time in an activity which complements the training in the home track, and the other half time in General Practice activities as described above. (About one fifth of each intern's