

Clinical Practice in Corrections: Providing Service, Obtaining Experience

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Clinical practice experiences involving the delivery of psychological services in correctional and forensic settings can improve quality of care for underserved populations. The systematic study of how and where these experiences are obtained is also an integral yet empirically unexplored aspect of developing a workforce uniquely qualified for clinical practice in corrections. This study examines the clinical services provided by psychological practicum students to offenders in corrections, the clinical expertise they gain from doing so, and selected aspects of the training programs that place them in correctional settings. Eighty-eight chief psychologists from the Federal Bureau of Prisons (BOP; response rate = 95%) provided information on psychology services delivered as part of practicum training. Twenty-six institutions were identified as hosting doctoral level psychology students. The most frequent clinical services provided were in individual therapy, group therapy, and assessment. More than a third of the institutions had students on site for 16 hours or more per week. Among the 26 institutions, urban and Mid-Atlantic correctional institutions were most likely to be guiding students to provide services and obtain experience. As students gain and refine their clinical practice skills in corrections, it is hoped that these skills will later be applied in criminal justice systems to the benefit of both offenders and the staff responsible for their custody and care.

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Correctional institutions routinely benefit from the established skills of counseling and

clinical psychologists. These psychologists provide a wide range of services, and the spectrum of psychopathology they encounter daily requires the application of a broad skill set (Boothby & Clements, 2000; Boothby & Clements, 2002; Brandt, 2005; Corsini, 1945; Levinson, 1985; Magaletta, Patry, Dietz & Ax, 2007; Norton, 1990; Sell, 1955; Silber, 1974; Smith & Sabatino, 1990). Correctional mental health services entail screening, assessment, diagnosis, individual therapy, group work, crisis intervention, and treatment planning with multiple offender groups. These groups encompass the full range of psychopathology—serious mental illnesses, personality disorders, substance abuse, traumatic brain injuries and aggression—as well as asymptomatic offenders who are constitutionally entitled to receive mental health care (Brandt, 2005; Fagan, 2003;

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