

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.

Keywords: corrections, services, prisons, offenders, forensic

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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Fagan & Augustin, 2011; Faust & Magaletta, 2010; Magaletta, McLearn, & Morgan, 2007). In addition, psychologists in these settings may provide training or supervision to different levels of institution staff, consult and collaborate with other professionals in the medical, custody, case management and educational departments, and develop, implement and evaluate intervention programs. This range of services and roles is required to address the significant diversity of the offender population and the multiple disciplines that are jointly responsible for their custody and care (Aufderheide & Baxter, 2011; McLearn & Magaletta, 2011).

Research suggests that beginning psychotherapists prefer providing services to psychologically minded clients who share their values (Teasdale & Hill, 2006). Often these characteristics are not found among the offenders who need and use psychological services in prisons. Without early and practical exposure, neophyte therapists would likely fail to consider the delivery of psychological services to offenders a viable career choice. Importantly, clinical and counseling graduate students exposed to clinical practice experiences in correctional settings during training often develop successful careers in corrections (Hawk, 1997; Patry, Magaletta & Denney, 2008; Wicks, 1974). For these reasons, the systematic study of how clinical practice experiences in corrections are obtained remains an integral yet empirically unexplored facet of developing the correctional mental health workforce.

In the larger arena of how experiences in the delivery of psychology services are obtained, there is a renewed focus on competency development during practicum (Assessment of Competency Benchmarks Workgroup, 2007; Boylan & Scott, 2009; Hatcher & Lassiter, 2007; Peterson, 2003; Rodolfa et al., 2005). From this perspective, competencies typically reflect the novice level of knowledge and skill fundamental to delivery of all psychological services and include psychological assessment, intervention, consultation and interdisciplinary collaboration, and the application of research. These skills are conceptualized as building upon baseline competencies integrating personality characteristics, intellectual and interpersonal skills of the student along with their classroom knowledge

across the domains of assessment, intervention, ethics and individual and cultural differences.

Compared to the scholarship on competency development empirical research on obtaining service delivery experiences during practicum remain scant. Some studies examine the definitions of "the practicum hour" and whether it should include only direct services (Boylan & Scott, 2009; Hecker, Fink, Levasseur, & Parker, 1995; Lopez & Edwardson, 1996; McCutcheon, 2009). One study examined the supervised clinical activities reported by practicum site coordinators (Lewis, Hatcher, & Pate, 2005). Treatment and assessment activities were the most frequently supervised activities (94% and 93%, respectively), a finding that held across various practicum settings. Several other supervised clinical activities were also reported, but with much less frequency.

Unlike the services provided during internship, service delivery experiences that are supported through compensated positions in accredited programs, the services delivered throughout practicum have typically been more informal and less organized, thus leading to more variability (Thorpe, O'Donohue, & Gregg, 2005). A few extant studies in this area suggest that the variability in the clinical services delivered may result from the limited range of skills that some students possess at this level of training (Gross, 2005; Hatcher & Lassiter, 2007). For example, students who are just learning to administer an assessment may not be as facile at interpretation of results or report writing. In other instances variability might emerge from the site focusing singularly on the services most needed in the particular setting, thus limiting the availability of learning opportunities for the student (Campbell, Campbell, O'Friel, & Kennedy, 2009; Hecker et al., 1995; Lewis et al., 2005; Lopez & Edwardson, 1996). For example, a law enforcement setting that conducts suitability assessments for law enforcement personnel may not offer any experiences with interventions. Ultimately, the variability in services delivered across sites means that research on setting-specific service delivery opportunities is important. For a service delivery setting as challenging as corrections, it may be critical.

Prior studies of predoctoral psychology interns in corrections indicate the diversity and breadth of clinical services delivered remain hallmarks of the experience (Ax & Morgan,

2002; Fagan et al., 2004; Pietz, DeMier, Dienst, Green, & Scully, 1998). These applied clinical practice experiences mirror the work of correctional psychologists who engage daily in multiple roles and activities (Magaletta et al., 2007) and whose competencies manifest in the functional domains of assessment, intervention, and supervision built upon the foundation of interdisciplinary communication and collaboration (Magaletta, 2011; Magaletta & Verdeyen, 2005). Based on this literature, we suspect that obtaining clinical practice experiences through practicum in a correctional setting may afford similar opportunities. However, since practicum in correctional facilities have never been directly examined this remains only a hypothesis.

To date, only four studies have indirectly considered practicum in corrections. In one study, Pietz and colleagues (1998) focused on the perceptions of those who were completing or had completed a correctional internship. They reported that 36% of these students had prior applied service delivery exposure to correctional or forensic work. This finding anticipates the results of a second study, in which correctional psychologists frequently recommended practicum or internship as important preparation for this line of work (Boothby & Clements, 2000). In a third, pilot study (Patry et al., 2008), it was determined that 87% of 360 psychology graduate students who had completed a clinical practice in corrections internship had obtained clinical experience in the delivery of psychological services in a criminal justice system prior to their internship match.

A fourth study examined the perceptions of 175 doctoral psychology graduate students on various elements of forensic and corrections training (Morgan, Beer, Fitzgerald, & Mandracchia, 2007). Surveyed from randomly selected clinical and counseling psychology programs, students held very positive attitudes toward offenders and perceived work with them as meaningful and challenging. In terms of practicum, 26% of the students had already completed a corrections or forensic practicum with adults (36%) or juveniles (20%), or both (42%). In addition, among those who did complete such an experience, 60% gained exposure to both male and female offenders.

Together, these four studies suggest that providing services and obtaining experience in corrections through practicum is not uncommon

and that students perceive work with offenders favorably. Unfortunately, research-informed suggestions on how to define, structure, and enhance service delivery through corrections-based practicum are impossible to make if we do not learn more about the clinical services that students are providing, the institutional context that supports them, and select aspects of the training programs that place them there. To date, research on clinical service delivery experiences in corrections has been limited to surveys of graduate students or corrections-based predoctoral internship programs. The present work bridges these two perspectives by exploring the clinical services provided and the experience obtained by students during corrections practicum.

Method

Participants

Participants were 88 chief psychologists employed with the Federal Bureau of Prisons (BOP) in psychology services departments. The chief psychologists were largely midcareer professionals. Nearly 60% ($n = 52$) had more than 13 years of experience with the agency. In general, most participants had been in their present position at their current institution for five or more years: 31% ($n = 27$) for 1–3 years; 16% ($n = 14$) for 4–6 years; 13% ($n = 11$) for 7–9 years; 17% ($n = 15$) for 10–15 years; 8% ($n = 7$) for 16 years or more. The remainder, 16% ($n = 14$) were in their current position and institution for less than a year or were serving in an acting capacity only. Of note to the workforce development theme that underlies the current study, 44.8% ($n = 39$) of the sample indicated that they first gained exposure to the BOP via a BOP student training program (i.e., they had completed a BOP practicum, internship or postdoctoral fellowship).

Procedure

A listing of all chief psychologists in the BOP ($N = 93$) was generated internally and an electronic survey was developed and distributed to each of them using an online survey package. The survey was attached to an electronic mail message from the national psychology services administrator who asked them to complete the

survey. Their participation was encouraged but not mandatory. One e-mail reminder was sent after two weeks, and the survey was closed to responses after 30 days. Eighty-eight chief psychologists responded, yielding a 95% response rate.

Measures

The entire electronic survey contained 88 items and assessed the administrative and clinical perspectives of the chief psychologists. There were 58 administrative items tapping areas such as staffing, budgets, recruitment, retention, and training. Another 30 items concerned direct clinical services or procedures, including mental health screening, record keeping, and specialty treatment referral. Within the administrative items seven ask about practicum students and six of these items produced usable responses.

These six items are the focus of the present work. Three items were forced-choice: Do practicum students work in your department? (no; yes, on occasion; yes, routinely); On average, how many hours per week do practicum students work in your department? (range of options up to 16 + hours per week); What type of degree are your practicum students pursuing? (Master's Degree; Doctoral Degree; Both Master's and Doctoral Degrees). We also asked the following questions: In what year of their graduate studies are your practicum students? (check all that apply: 1st year, 2nd year, 3rd year, 4th year, beyond 4th year); Which academic programs do your practicum students attend? (write-in); What duties do your practicum students perform? (write-in).

In addition to these survey items, two additional sources of data were harvested to extend the scope of this study. The first entailed descriptive data on doctoral programs in clinical and counseling psychology accredited by the American Psychological Association (Norcross, Sayette, & Mayne, 2008). These data included the program area (clinical, counseling or combined), geographic location, degree awarded, institutional setting, self-reported rating on a research-practice continuum, and a listing of the practicum settings available to students in that program. The second source was correctional institution-level data. These data allowed us to gain a deeper understanding of the psychology

department referenced, as the departments are housed within the institutions. These data included the institution security level, the geographic region, the extent to which it was part of a corrections complex of institutions, and the facility mission type. Through the zip code of the institution, we used the United States Department of Agriculture's (USDA, 2004a, 2004b) classification system of Rural Urban Continuum Codes (RUCC) to develop a Rural-ity Index score for each institution. The scores ranged from 1 to 9, with more rural locations receiving higher values. The scores allow for differentiation between metropolitan and non-metropolitan counties throughout the U.S. based on their proximity to metro areas and level of urban population. Within each classification category, counties are coded into groups that represent their population and location.¹

Results

We first inquired whether chief psychologists had practicum students in their Psychology Services Department. Fifty-seven percent ($n = 50$) of responding chief psychologists indicated that they had practicum students working in their departments either routinely or on occasion. Forty-three percent ($n = 38$) responded "no" to having practicum students in their department. We elected to focus hereafter on only those institutions hosting doctoral-level practicum students, as graduate programs data were available only for this education level. By this criterion, 30% ($n = 26$) of the institutions were

¹ The metro counties are represented by code values of 1–3: 1 = counties in metro areas of 1 million population or more; 2 = counties in metro areas of 250,000 to 1 million population; and 3 = counties in metro areas of fewer than 250,000 population. Non-metropolitan counties are similarly coded and classified by their amount of urban population and proximity to metropolitan areas. A code of 4 represents a county with an urban population of 20,000 or more and adjacent to a metro area; 5 signifies an urban population of 20,000 or more with no adjacency to a metro area; 6 represents an urban population of 2,500 to 19,999 with adjacency to a metro area; 7 represents an urban population of 2,500 to 19,999 with no adjacency to a metro area. Codes of 8 signify a rural county or less than 2,500 urban population that is adjacent to a metro area; and 9 is a rural county or less than 2,500 urban population with no adjacency to a metro area.

included in subsequent analyses.² Table 1 provides descriptive data on all of the institutions in the sample ($N = 88$) as well as for the subsample of institutions ($n = 26$) hosting doctoral-level practicum.

We were first interested in the range of clinical services provided by psychology service students. Toward this end, we asked the chief psychologist to write-in the duties performed by the students. Responses were coded by two subject matter experts and placed into one of nine general clinical activity categories. These categories comported with the clinical activities outlined in Lewis et al. (2005), and were labeled intervention, assessment, consultation, administration, program development, program evaluation, quality assurance, teaching/supervision, and other. The two raters achieved a high rate of agreement in their coding; the average Kappa was .89 for the nine clinical activity categories from the 21 doctoral level institution sites that provided this information. The frequency of specific responses was also recorded within each clinical activity. These were also summed and described as subactivity services.

The results are summarized in Figure 1, which summarizes the nine clinical activities. The two most commonly reported clinical activities were intervention (95.2%, $n = 20$) and assessment (76.2%, $n = 16$). Seven additional clinical activities were also available for coding. Only two of these received any narrative responses that could be coded: consultation (19%, $n = 4$) and administration (14.3%, $n = 3$). No responses were provided that could be coded for program development, program evaluation, quality assurance, teaching and supervision, and "other."

Figures 2 and 3 present the specific services within the two most commonly reported clinical activities. Within the intervention activity, the most frequent types of services were individual therapy (76.2%, $n = 16$) and group therapy (61.9%, $n = 13$). Within the assessment activity, the most frequent types of service were intakes (47.6%, $n = 10$) and general assessment (28.6%, $n = 6$).

Next, we explored aspects of the correctional institution context for the provision of these services. Among the corrections practicum sites the matriculation year for students was asked. Because chief psychologists could host multiple students, each possible response received a

yes/no answer. The most frequent response was the third year of graduate studies (61.5%, $n = 16$), followed by fourth year (50%, $n = 13$), and second year (38.5%, $n = 10$). The least frequent response was first year (15.4%, $n = 4$). Over a third of responding chief psychologists who hosted doctoral-level practicum (34.6%, $n = 9$) indicated their practicum students were on-site more than 16 hours per week; the next most common response was 8 hours per week (26.9%, $n = 7$), followed by exactly 16 hours per week (19.2%, $n = 5$).

We used logistic regression to determine whether any institutional characteristics related to the likelihood of hosting a doctoral-level practicum (see Table 2). Initially, we entered five variables into the equation, trying to predict which institutional characteristics favored practicum training. Institution security level and whether the institution was part of a complex of prisons were excluded due to nonsignificant findings. Nor was facility type (administrative detention, administrative medical center, or mainline facility) related to likelihood of hosting practicum students. The final model contained two statistically significant predictors: Mid-Atlantic Region versus all other regions and the Rurality Index score (Chi-Square (4, 88) = 14.83, Nagelkerke R -square = .221, $p = .005$). As can be seen in Table 2, institutions in the Mid-Atlantic region were more likely to host practicum students.³ In addition, the institution's rurality was negatively related to providing doctoral-level practicum; that is, urban

² Of those institutions hosting students, 34 provided information on the degree being pursued by the students: 32.4% ($n = 11$) reported their students were pursuing a masters degree, 41.2% ($n = 14$) indicated their students were doctoral-level, and the remaining 26.5% ($n = 9$) said they hosted both masters and doctoral-level students. The doctoral level subsample included the 23 institutions which reported hosting doctoral-level students, plus three additional institutions that identified their practica students as being in their third year or higher of graduate training.

³ Earlier regression models utilized a series of four dummy-coded binary comparisons between geographic regions, using the South Central region as the comparison group (chosen because of its central location and the fact that it was tied for the largest number of facilities represented in the facilities sample). Consistently, Mid-Atlantic compared to South Central Region showed the only significant relationship with presence of a doctoral-level practicum. Thus, in the interest of parsimony, the final model presented here shows Mid-Atlantic vs. all other institution regions combined.

Table 1
Descriptive Data on Participant's Institutions and Those Sponsoring Doctoral Practica

	Participant's institutions (N = 88)	Doctoral practica institutions (n = 26)
Security level*		
Minimum	8 (9.1%)	3 (11.5%)
Low	25 (28.4%)	6 (23.1%)
Medium	34 (38.6%)	11 (42.3%)
High	21 (23.9%)	6 (23.1%)
Region		
Mid-Atlantic	14 (15.9%)	8 (30.8%)
North Central	14 (15.9%)	4 (15.4%)
Northeast	16 (18.2%)	4 (15.4%)
South Central	16 (18.2%)	3 (11.5%)
Southeast	16 (18.2%)	5 (19.2%)
Western	12 (13.6%)	2 (7.7%)
Correctional Complex		
Yes	12 (13.6%)	3 (11.5%)
No	76 (86.4%)	23 (88.5%)
Facility Type		
Administrative: Medical	5 (5.7%)	3 (11.5%)
Administrative: Detention	11 (12.5%)	5 (19.2%)
Mainline	72 (81.8%)	18 (69.2%)
Rurality Index		
Metro (1-3)	54 (61.4%)	20 (76.9%)
Non-Metro (4-9)	34 (38.6%)	6 (23.1%)
Mean (SD)	3.3 (2.4)	2.7 (2.3)

* Security level for Administrative facilities, which host multiple levels of offenders, were identified in terms of the offender security level that practicum students were most likely to encounter in their work.

institutions were more likely to be hosting students.

To explore select aspects of the training programs that sent students to corrections practi-

cum, the Chief psychologists were asked the names of the colleges or universities that provided practicum students at their institution. The 26 doctoral-level practicum institutions

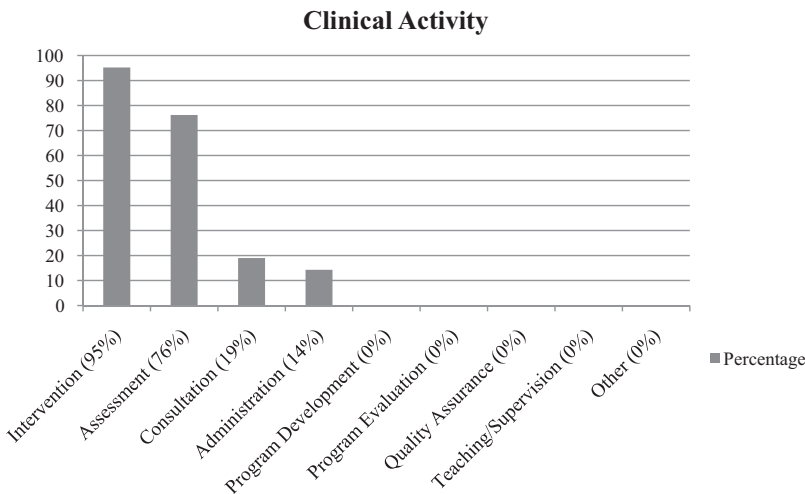


Figure 1. Clinical activities coded from the 21 participants who hosted doctoral level practica and answered the question “What duties do your practicum students perform?”

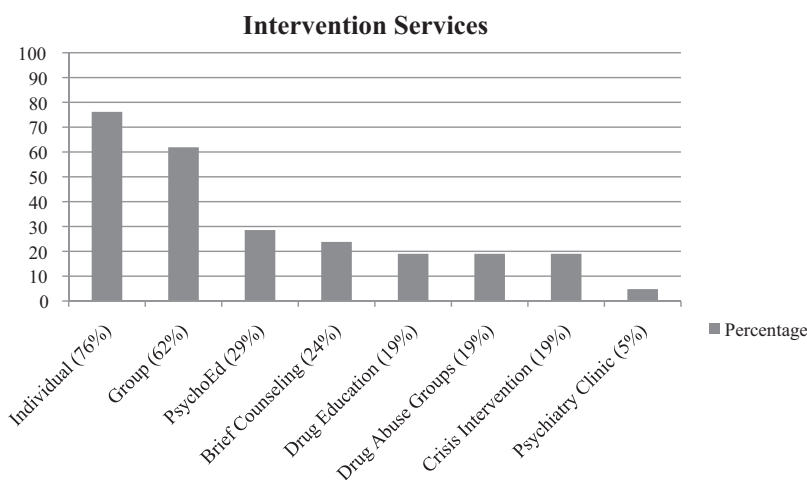


Figure 2. Responses received from among 21 participants and coded as an intervention services clinical activity.

produced a list of 69 colleges or universities. Next, we determined if the colleges or universities had a doctoral level graduate psychology program accredited by the American Psychological Association for the program areas of clinical or counseling or combined psychology. This was accomplished using a deductive process including searching the Internet, the *Guide to Graduate School in Psychology* (American Psychological Association, 2009) and the *Insider's Guide to Graduate Programs in Clinical and Counseling Psychology* (Norcross et al., 2008). Colleges or universities that had a match to a specific and singular program area (clinical or counseling or combined) and a specific and singular degree type (PhD or PsyD) were identified. Through this process, we determined that 43 of those programs (62%) could be identified as having received accreditation by the American Psychological Association (APA) in clinical or counseling psychology or combined psychology, and offered either the PhD or the PsyD degree. The remaining colleges and universities programs were either not in counseling or clinical or combined psychology, or were not APA accredited. In some instances, the college or university name matched to both clinical and counseling programs or PhD and PsyD degrees. When this occurred the case could not be included as it could not be further delineated to the necessary level of analysis (i.e., program type, degree type).⁴ Next, for the 43 programs

identified, 37 were determined to be specific and unique APA-accredited programs and that the others were “multiples”, meaning a program had been identified as supplying students to more than one correctional institution.

For these 37 unique APA-accredited programs 81.1% ($n = 30$) were in clinical psychology and 18.9% ($n = 7$) were in counseling psychology. Consistent with the regression results on the institutional level data, the most common regional locations for the graduate programs were the Mid-Atlantic (18.9%, $n = 7$). The degree most commonly awarded across the 37 programs was the PhD (62.2%, $n = 23$) followed by the PsyD (37.8%, $n = 14$). In terms of the institutional setting of the PsyD programs, the majority ($n = 8$) were housed in freestanding professional schools of psychology. Three were located in university-based professional school programs, two were offered within University departments of psychology and one could not be determined.

Data were also available on these 37 programs' self-rating on a practice-research contin-

⁴ In several instances participants provided the college or university name and the specific program area, thus allowing for “dual program cases” to be included. For example, the response: “University of Memphis, both Clinical and Counseling Programs”, allowed the researchers to separately code both the clinical and the counseling programs from this university for analysis.

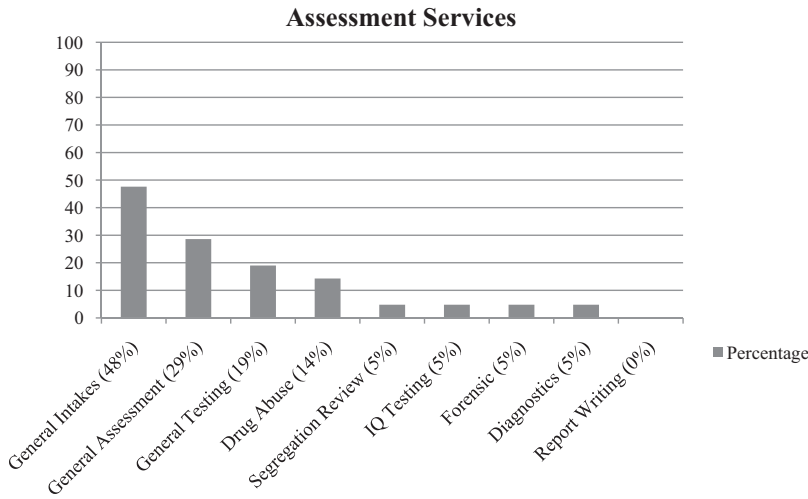


Figure 3. Responses received from among 21 participants and coded as an assessment services clinical activity.

uum (1 = *practice oriented*, 4 = *equal emphasis*, and 7 = *research oriented*; Norcross, Ellis, & Sayette, 2010). We determined that a majority of these graduate programs (43.2%, $n = 16$) rated themselves as practice-oriented (1–3). Almost a third (29.7%, $n = 11$) rated themselves as equal emphasis. The remaining 27% ($n = 10$) of programs characterized themselves as research oriented (5–7). Overall, the majority of psychology practicum students in federal correctional institutions hail from practice-oriented or equal emphasis programs. Next, we compared the practice-research ratings of these 37 APA-accredited programs to the remaining 266 APA-accredited programs that, in this study did not link to a doctoral-level BOP practicum site. This comparison revealed that the doctoral programs with BOP practicum had significantly lower ratings compared to the remaining accredited programs [$t(301) = 2.86$, $r_{pb}(303) = -.163$, $p = .004$], indicating a greater emphasis

on practice among those graduate programs with a BOP practicum link.

Each of the 37 APA-accredited programs had a student or students placed in a corrections practicum, but we wondered if they publicly announced the availability of such training sites. To investigate this possibility, we checked each program’s self-reported listing of their practicum settings in the *Insider’s Guide to Graduate School in Clinical and Counseling Psychology* (Norcross et al., 2008). Interestingly, only 13 of the 37 programs (35.1%) reported offering practicum in “forensic” settings, only two (5.4%) reported offering practicum in “corrections,” and one (2.7%) reported offering practicum in both forensic and corrections. In effect, this means more than half of these programs (56.8%, $n = 21$) did not self-report in a popular guide their corrections or forensic opportunities, despite having such opportunities.

Table 2
Logistic Regression Analysis For Presence of Doctoral-Level Practicum Training

Independent variable	<i>B</i>	<i>SE(B)</i>	<i>Exp(B)</i>	Wald	<i>p</i>
Mid Atlantic compared to All Other Regions	2.2	0.8	9.2	8.2	.004
Medical Centers compared to Mainline facilities	0.9	1.0	2.4	0.7	.402
Detention Centers compared to Mainline facilities	0.7	0.7	2.0	1.0	.331
Rurality Index	−0.3	0.1	0.8	4.2	.040

Discussion

This study represents, to our knowledge, the first to exclusively examine the applied service experiences afforded through corrections practicum, from the correctional institution's perspective. Our results are strengthened by a very high response rate and from inclusion of an educational systems perspective. As the largest corrections systems in the U.S., the BOP is an ideal location to begin studying and defining the clinical practice experiences leading to the development of future correctional psychologists. The number of psychology service departments supervising practicum students who are providing services to offenders suggests that correctional practicum in the federal sector are plentiful.

In this study the clinical services delivered during corrections practicum clearly lean toward intervention and assessment. These findings mirror those of Lewis and colleagues (2005) with a few twists. In both studies, intervention was more frequently performed than assessment. In the current study, however, this difference was marked. This suggests that corrections work in general, and training in particular, may be more focused upon changing behaviors as opposed to measuring them. Another difference is that we were able to delve further into the types of services represented under the intervention activity. Here, the high degree of substance abuse and also group work is noted and may provide service delivery opportunities that are not available in other service settings.

Given the growing offender population and the overall volume of service need in this group, there is obvious benefit to the corrections systems where these *additional* services are provided. By extending the reach of existing psychology service departments, more offenders receive more psychological services. It would also seem that there is a mutual benefit to the student. Exposure to an underserved population that is diverse in terms of their presenting problem and clinical need, and also a higher likelihood of encountering more complex service needs, such as substance abuse. Findings suggest that students providing services in this setting develop a diverse set of intervention skills, including exposure to individual and group modalities as well as psycho-educational approaches. They may also gain additional mar-

ketability in their search for internship placements, particularly in the criminal justice sector.

Although an emphasis on proving intervention and assessment services remains key to the development of generalist correctional psychologists, focusing solely upon these clinical activities, as our findings may suggest, is troubling. It could ultimately lead to a high number of correctional practitioners untrained in other important service areas. Certainly, many psychologists working in jails and prisons spend the bulk of their time engaging in intervention and assessment, but it would be erroneous to assume that other competencies are not essential to well-rounded practitioners. Thus, a prime concern raised by the findings here is that program evaluation and development were not ever indicated as clinical activities. One unintended consequence of this practice could be the creation of a correctional mental health workforce unprepared for implementing or evaluating new treatments or for empirically studying current practices. Relatedly, Boothby and Clements (2000) noted that clinical psychologists in correctional settings may be so inundated with service provision demands that they have no time to engage in evaluation or research, let alone finding time to teach or supervise it with their students. Others too note that the center of gravity for corrections research lies outside of corrections and this creates unique problems in developing research-supported, clinician-adaptable change strategies for offenders (Magaletta, Morgan, Reitzel, & Innes, 2007). While it is encouraging to find students providing intervention and assessment services and honing their practice skills in correctional environments early on in their clinical careers, more balance in developing other relevant clinical activities is warranted.

In terms of the institutional context that is supporting the services delivered during practicum, findings are congruent with research suggesting that more rural institutions struggle. Although rurality is an obvious barrier to hosting students because of the decreased density of schools in nearby areas, several other barriers should be considered. For example, institutional cultures in more rural institutions may be less supportive toward student's ability to provide services and less aware of how students and student programs facilitate workforce development. It is

also possible that these institutions have been trying to recruit students, but have not been successful in their efforts. To overcome these types of struggles it is necessary to promote the service findings above, and to recall the benefit gained by the correctional facility in the form of more services delivered to more offenders.

Contextual findings also suggest variability in areas of the country where students might obtain their applied experience in corrections. Results clearly indicate institutions in the Mid-Atlantic region, compared to other BOP regions, are the leaders in training doctoral-level clinical and counseling psychology practicum students. This finding held regardless of the rurality of the institution. Although this benefits the corrections system in part, it remains unclear why one region of the country would be more likely to host students at this level. Certainly, the location and density of graduate programs are factors, but these alone do not explain the difference. Regardless, this finding may have implications for later workforce retention. If persons living in these areas are participating in correctional practicum at higher rates than those living elsewhere, it is possible to create an imbalance of practitioners desiring to live in these urban Mid-Atlantic locations rather than elsewhere, including rural Mid-Atlantic locations.

Correctional institutions benefit from the extended reach of students providing services in highly relevant areas such as intervention and assessment. Therefore, it is incumbent upon psychologists to develop such opportunities that are more equally dispersed throughout all regions and to consider how they might better link rural departments with student supply. A proactive stance at national and regional administrative levels for introducing rural institutions and their clinical service delivery opportunities to university training programs in rural settings is recommended. Funding such clinical practice opportunities and similar strategies for increasing the demand that these slots be filled might also prove fruitful (Jameson, Blank, & Chambless, 2009). In addition, given that rural institutions may take longer to travel to, the development of condensed, high-intensity opportunities should be considered. For example, summer

institutes and winter sessions could be structured so that students from geographically dissimilar areas could become viable candidates for placement.

In addition to these specific targeted approaches for rural locations, psychologists must remain proactive in advocating with correctional administrators generally for the value of assisting students to gain applied experience in corrections. Under proper supervision students can add value to a psychology services department (Andrews & Gendreau, 1976). This value initially manifests as increased service provision to offenders and later as a more robust pipeline of applicants who may consider working in this setting. Hosting students who are maturing into their professional roles also requires supervisors to communicate and stay abreast of developments in their field. This reinforces staff professionalism and may support unity within a department—both of which are essential to job satisfaction and work performance. Thus, it is plausible that departments with a sustained focus on services delivered by students could lead to increased psychology services staff retention.

Finally, from the perspective of doctoral programs, it is problematic that the majority of programs that had students placed in correctional settings did not self-identify these service delivery settings as available to their students. The absence of this information may suggest that corrections is unappealing in some ways and might be directing students away from considering delivering services to offenders. Particularly for professional schools that offer an array of concentrations and tracks, this finding was curious (McIlvried, Wall, Kohout, Keys, & Goreczny, 2010).

In terms of study limitations, data were collected using self-report survey responses from chief psychologists in the federal sector. Consequently, other psychologists that are potentially involved with the selection and daily supervision of the practicum students were not assessed. Outside of the federal sector, psychology departments and correctional mental health systems may be organized differently and may offer clinical service opportunities different from the ones examined here (Ax & Morgan, 2002; Brandt, 2005); or they may not offer such training at all. A second data limitation is that clinical activities and service findings represent

only a subsample of those institutions actually hosting practicum. Finally, clinical activities and services were only assessed at the level of frequency and type of activities and services, not actual performance measures of these services.

Correctional institutions and systems will benefit from future research exploring a number of factors in this area. For example, we do not know if security level of an institution interacts with the clinical services that are needed or available, nor do we understand the types of instruments used when conducting assessment or the types of evidence based practices used when conducting interventions. Against the burgeoning literature on preferred assessment instruments for risk prediction (Campbell, French, & Gendreau, 2009; Lally, 2003) as well as empirically supported intervention principles (Andrews & Bonta, 2010) this limitation must be addressed. In addition, future research should consider the nexus of developmental service delivery opportunities and downstream workforce development. From a workforce development perspective, nearly half of the respondents indicated they first gained exposure to corrections as a career through a BOP training program. Further research is required to determine the exact nature of the relationships between providing services during practica in this setting, internship matching, and later career choices. Consistent with other workforce literature it is likely that providing services and obtaining experience in corrections, early and often, influences later employment decisions.

In conclusion, the fact that numerous federal prisons host doctoral-level correctional practicum suggests that emergent career paths may be embarked upon quite early on in the graduate training process. This is an important observation for corrections administrators, who have long known that correctional mental health professionals can be difficult to recruit and retain (Glueck & Glueck, 1930; Gondles & Kehoe, 2007; Magaletta, McLearn, & Patry, 2008; National Institute of Corrections, 2002). As students gain and refine their service delivery skills in this setting it is hoped that they will later be applied in criminal justice systems that need and will benefit from the skills of these uniquely qualified clinicians.

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