A Survey of Clinical Psychology Training in Canadian Federal Corrections: Implications for Psychologist Recruitment and Retention

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Although survey results seem to indicate an abundant interest among Canadian psychology graduate students in pursuing training in criminal justice psychology, the recruitment and retention of psychologists in the Correctional Service of Canada (CSC) has been of some concern. The present study is a 2008 survey of sites within CSC that provide opportunities for clinical psychology training with offender clientele. Survey findings demonstrated that a broad range of clinical psychology training opportunities were available across 16 sites. The most frequently cited barrier to providing training was lack of time by prospective trainers, and sites reported retaining relatively few of their trainees for subsequent psychologist positions. Information was also obtained regarding vacant psychologist positions across CSC regions. In light of survey findings, substantive discussion is devoted toward the issues of psychologist recruitment and retention in Canadian federal corrections, including a discussion of both potential and existing training initiatives.

Keywords: criminal justice, corrections, clinical psychology, training, psychologist

The Correctional Service of Canada (CSC) is a federal department responsible for the administration, rehabilitation, supervision, and management of adult male and female offenders serving custodial sentences of at least 2 years. With approximately 13,000 offenders housed in its facilities and 7,000 supervised in the community, CSC is the single largest employer of psychologists in the country, with approximately 300 psychologists employed full or part-time across its five regions (Pacific, Prairie, Ontario, Quebec, and Atlantic) (CSC, 2010).

In this paper, we direct our focus on professionals who practice clinically in criminal justice psychology, which Simourd and Wormith (1995) have defined as “any psychological knowledge, research or practice that relates to the justice system. It includes the application of psychology to legal matters (e.g., forensic evaluations, jury selection, and eye witness testimony) and the involvement of psychologists in any of the justice agencies (e.g., courts, law enforcement, correctional facilities, probation, and forensic hospitals)” (p. 213).

The duties of psychologists working in criminal justice settings are perhaps more varied than that seen with most other mental health professions (Magaletta & Verdeyen, 2005). Magaletta and Verdeyen (2005) identified two broad clusters of professional responsibilities of psychologists specifically working within correctional settings: (1) direct service provision such as assessment, specialized treatment, crisis intervention, or consultation, and (2) the coordination of programs and services, for instance through administration and clinical training and supervision (e.g., practicum students, residents, and newly licensed staff). In a survey of over 800 psychologists employed in U.S. prisons, Boothby and Clements (2000) found that administrative tasks occupied the highest proportion of psychologists’ time (30%) followed by comparatively less time in direct service provision, including treatment (26%) and assessment (18%), and the least amount of time allotted toward research (1%). Under an ideal set of circumstances, psy-
ologists surveyed expressed a preference for less administration and to devote a greater portion of their time toward research, providing training, and conducting therapy. The remaining categories—assessment, consultation, and crisis intervention—each had similar actual and ideal time allotment ratings.

In a follow-up paper, Boothby and Clements (2002) examined job satisfaction in this U.S. sample. Psychologists reported a moderate level of job satisfaction overall. Safety, job security, and relationships with clients were rated as the most positive and satisfying aspects of the work, whereas the limited opportunities for professional advancement and the work atmosphere were rated as least satisfying and most negative. In a smaller scale follow-up study of 73 psychologists working in U.S. prisons, MacKain, Myers, O斯塔piek, and Newman (2010), found that three broad domains generated from a principle components analysis of Boothby and Clements’ survey (economics, perceived organizational support, and interpersonal relationships) all significantly predicted overall job satisfaction. Similar to the findings of Boothby and Clements (2002), MacKain et al. (2010) found that job security, relationships with clients, relationships with coworkers, and safety were rated as the most positive and satisfying whereas opportunities for advancement, salary, recognition, and ability to influence decision making were rated as the least satisfying and most negative.

In a recent survey, Senter, Morgan, McDonald, and Brewley (2010) examined occupational burnout, job satisfaction, and life satisfaction in a sample of 203 doctoral level psychologists sampled evenly from four U.S. public sectors: corrections, public psychiatric hospitals, Veteran’s Affairs, and university counselling centers. Psychologists employed in correctional settings scored significantly higher on certain dimensions of occupational burnout and reported lower levels of intrinsic job satisfaction than psychologists employed with Veteran’s Affairs or in university counselling centers. Professional identity within one’s own occupational setting was negatively associated with indicators of burnout and positively associated with a sense of personal accomplishment, suggesting that enhanced professional identity may serve as a protective factor to burnout (Senter et al., 2010, p. 198).

### Interest in Training Opportunities in Criminal Justice Psychology

Providing professional psychological services in criminal justice settings requires extensive training and supervision, given the challenges endemic to providing services to offenders, working in a correctional environment, and the diverse range of professional activities facing psychologists in corrections (Magaletta & Verdeyen, 2005). The training needs of psychologists employed in criminal justice settings are further compounded by a bewildering array of confusions in terminology and the lack of a coherent framework that knits relevant theory, research, and practice involved in developing the requisite knowledge, skills, and abilities (see Magaletta & Verdeyen, 2005, for a detailed discussion of these concerns and a proposed conceptual framework for clinical practice in corrections).

The interest in criminal justice training among psychology graduate students in North America appears strong. Simourd and Wormith (1995) conducted a survey of graduate training programs in criminal justice psychology at Canadian universities. Of the 28 universities that responded, 15 identified having criminal justice training opportunities (e.g., coursework, internships/practicum, criminal justice faculty, departmental contact with outside criminal justice agencies). The majority of programs (80%) were individualized and self-directed whereas three were structured with a formal training curriculum. Helmus, Babchishin, Camilleri, and Olver (2011) conducted a follow-up survey of Canadian graduate programs in criminal justice psychology using adapted materials from Simourd and Wormith (1995). Of the 36 (92%) programs that responded 24 (67%) reported having some form of criminal justice psychology training. The large proportion of graduate programs that offer criminal justice psychology training indicates student interest has been sustained over the last 15 years. Still, relatively few programs had a formal forensic concentration with extensive correctional/forensic coursework, practicum, and research opportunities, and the number of clinical psychologists trained for forensic work coming from Canadian universities may be smaller than the survey results indicate.

In terms of clinical psychology training, a survey of 53 internship training directors based in U.S. criminal justice settings (Ax & Morgan, 2002) found substantial diversity in the available training opportunities with respect to client presenting concerns and the range of possible direct service activities. Eighty-five percent of training directors reported that their staff valued the clinical training they provided. The programs also tended to be very well staffed with an average of 13.2 licensed psychology staff members available per setting to supervise interns and the staff to intern ratio was 2.6 to 1. In a subsequent survey of clinical and counselling psychology programs in the U.S., Morgan, Beer, Fitzgerald, and Mandracchia (2007) examined the interest level among practicum students and interns in correctional and forensic psychology training. Of the 175 students surveyed, 27% expressed an interest in possibly pursuing careers in correctional and forensic psychology and 17% explicitly voiced plans to do so. Earlier results from a survey of APA-accredited internships in U.S. criminal justice agencies also showed that interns reported a high level of satisfaction with their training, felt well prepared for future employment, and finished the training experience with an even higher level of interest in the field than when they had initially started (Pietz, DeMier, Dienst, Green, & Scully, 1998).

### The Need for Clinical Training in Criminal Justice Psychology

Since 1997, there has been a 71% increase in offenders diagnosed with mental health conditions as well as an 80% increase in offenders on prescribed medication (CSC, 2006). Although strategies have been put in place to meet the mental health needs of offenders, recent reports from the Office of the Correctional Investigator (OCI; Sapers, 2009a, 2010) have criticised the Service for an overreliance on the use of segregation for mentally disordered offenders, argued that mental health resources for inmates are not sufficient, and recommended that the Service enhance the recruitment of mental health professionals. Prisons are stressful environments, inmates present with high base rates of mental illness, and are at increased risk for suicide and self-harm. Resources, especially access to registered psychologists, to help the men and women housed in these facilities are scarce (Clements, Althouse, Ax, Magaletta, Fagan, & Wormith, 2007). As Magaletta...
and Verheyen (2005) cogently assert, “As the offender population . . . continues its ascent, there is simply no other population more in need of the best and brightest minds among our best and brightest public service psychologists” (p. 42).

As well, recent and proposed federal legislative changes, which include imposition of mandatory minimum sentences and reduction of judicial discretion in sentencing, as well as “transformation” of CSCs operations, policies, administration, program prioritization, and some release mechanisms (Jackson & Stewart, 2009), could translate into a substantial increase in the offender population and consequent need for psychological services.

**Rationale**

The interest and demand for clinical psychology training in criminal justice settings appears to be strong as evidenced by the growing number of clinical and applied Canadian programs in this field with healthy enrolments. Despite this interest, the recruitment and retention of psychologists in Canadian Federal Corrections has been cause for concern with some regions being more heavily impacted by the shortage in staffing than others. As well, most of the published contributions on training, staffing, and clinical service provision in clinical-forensic psychology have been on U.S. samples and settings. The present study is a nationwide survey of clinical training opportunities in the CSC. Through contacting psychologists employed within this Federal department, the primary goals of the survey were to identify sites that provide clinical training opportunities, to increase understanding of possible barriers to training, and to investigate issues concerning staffing and trainee retention. Implications for clinical training in correctional psychology and strategies for recruitment and retention in CSC are discussed.

**Method**

**Survey Content**

A 15-item survey of training opportunities, including a French translation, was drafted by the study authors with input from collaborators in the field. The survey content consisted of three broad areas:

1. Summary of training experiences available, including whether the site provided such training and supervision (or if they were interested in doing so if they did not currently provide this service), the frequency with which such professional experiences were provided, and the nature of any contact or collaboration with the local university clinical psychology program or internship.

2. Perceived barriers to training. Three possible barriers were listed: not enough time/too busy, lack of support, lack of interest to provide training/supervision. Responding sites could add additional barriers as they saw fit.

3. Staffing and retention, including retention of trainees for future jobs, satisfaction with trainee retention, adequacy of staffing, and so forth.

Sites were also invited to provide their contact information to draft a registry of CSC sites that provide clinical training and supervision, as well as to add any further comments.

**Procedure**

Participants were registered or provisionally registered psychologists employed within the CSC. Psychologists across all five CSC regions (Pacific, Prairie, Ontario, Quebec, and Atlantic) were contacted via an internal email listserve specifically for psychology staff. The psychologists were employed in various facilities including prisons and regional treatment centers (collectively referred to as institutions) and parole offices.

The survey process was initiated in March 2008. An electronic email letter was drafted and sent by the second study author. Two Microsoft Word document attachments were included consisting of a cover letter describing the nature and purpose of the survey and the 15-item survey itself. A request was made that the Chief of the facility’s Psychology Department (or designate) complete the survey and return it electronically to the author of the original email. Alternatively, sites could also mail a hard copy of the survey to the principal survey author, who was not employed by CSC. Each survey was intended to represent the collective responses of one site. The survey and cover letter were sent to all psychologists employed in CSC with the intention of being as inclusive as possible (i.e., to ensure that at least one psychologist in all departments received the survey). Psychologists were also broadly targeted to provide opportunities for psychology staff to discuss the survey and items amongst themselves, if desired. After a 6-week period, a reminder email was sent out with the cover letter and survey reattached. A second reminder, with the attached survey and cover letter, was sent out approximately 4 months later and was successful in generating some additional replies from sites.

In addition, the five Regional Psychologists, one representing each of the five CSC regions, were contacted and asked follow-up questions. Specifically, the Regional Psychologists were asked about their knowledge of training opportunities within their respective regions (i.e., number of sites and which sites), as well as psychologist positions that were currently filled and those that were vacant (see Results for further detail).

**Results**

**Summary of Available Training Opportunities**

Fifteen responses were received representing 18 facilities. Two (11%) came from Atlantic region, 4 (22%) from Quebec, 5 (28%) from Ontario, 3 (17%) from Prairies, and 4 (22%) from Pacific.¹ Sixteen facilities reported providing training opportunities in clinical-forensic psychology, with the sites representing nine pris-

¹ At the time of the survey, the Pacific Region previously operated according to a cluster model, in which four sites participated in intern and practicum student clinical training coordinated through one training director. The four sites are treated as separate entities in the reporting of different training opportunities; however, the region is treated as one collective response for all remaining survey responses given that it operates as a single entity and it was uncertain if certain items (e.g., staffing, retention, etc.) applied to some training sites in the cluster but not others.
ons, five regional treatment centre sites, and two community facilities (e.g., parole offices).

Table 1 summarizes the training opportunities available to trainees across the 16 facilities that reported training opportunities. As shown in Table 1, the clinical training opportunities were broad and varied. The most frequently provided training experiences included general clinical services with forensic populations such as mental disorder diagnosis, suicide/crisis intervention, risk assessment, and individual therapy. Clinical training opportunities with specific offender groups (e.g., sexual offenders, female offenders) tended to be somewhat less frequent but still readily available, while training in specialized services (e.g., neuropsychological assessment) was least frequent. Some sites explicitly reported providing training in research activities for theses and dissertations.

On average, sites reported supervising about two trainees per year (M = 1.8, SD = 1.3). Most training sites (67%) reported having some form of coordinated contact with the local university or internship site. From the comments provided by respondents, such contact occurred through meetings with interns, contact with the director of clinical training (DCT), presentations to the psychology department at the local university, presence of a staff member designated as a liaison to the university, and in some cases, sites had representatives who were members of the internship/residency committee for a given internship site.

Although not formally surveyed, it was apparent that the training sites varied in the type of clinical-forensic training experience provided. While some sites supervised weekly practicum for clinical psychology students, some also provided training for internship/residency rotations, had summer-long placements, or accepted students from clinical psychology programs out of town or out of province.

Perceived Barriers to Training

A further intention of the survey was to identify possible obstacles or barriers that may interfere with the ability or availability of psychologists employed by the CSC to provide clinical training and supervision. In the original survey, three sets of barriers were listed: not enough time, lack of support to provide training, lack of staff interest. Opportunities were also provided for respondents to add further options. It should be noted that none of the responding sites identified a lack of staff interest as being a potential barrier to providing training opportunities (and thus this is not listed in the table). This, taken in conjunction with additional comments, suggested that psychologists in CSC tended to view the training of students and interns in positive terms. Rather, out of 15 respondents, the most frequently identified barrier was simply being too busy or not having enough time (67%, n = 10), followed by a lack of support (53%, n = 8) to provide training/supervision (e.g., through a reduction in workload to accommodate the additional time demands of clinical training/supervision). Respondents also identified a lack of other resources for training/supervision (27%, n = 4) as a possible barrier such as lack of office space or adequate facilities, lack of money to compensate trainers/trainees (e.g., interns), or a lack of registered psychology staff who would be eligible to provide such training or supervision. A further possible obstacle identified by one site was that few of the training experiences had CPA or APA accreditation. As well, the suggestion had been raised that some trainees may not be interested in working for the broader CSC organisation, and thus training may be viewed as an investment with proportionally little return.

Staffing and Trainee Retention

A further issue pertains to the adequacy of site staffing and the retention of trainees for future employment at that site. While the site provides an important training service, ideally, at least some interns and practicum students would be hired into future positions. The sites’ responses regarding staffing and the retention of trainees are summarised in Table 2.

A majority of sites (92%) responding across regions reported being understaffed. With regards to trainee retention, the majority (67%) of responding sites reported retaining none or very few of their trainees, while the remainder (33%) reported retaining “some” or even “half or more” of their trainees. Half of the sites

<table>
<thead>
<tr>
<th>Training experience</th>
<th>Number of facilities (out of 16)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental disorder diagnosis</td>
<td>14</td>
<td>88</td>
</tr>
<tr>
<td>Crisis/suicide intervention</td>
<td>13</td>
<td>81</td>
</tr>
<tr>
<td>Individual treatment</td>
<td>12</td>
<td>75</td>
</tr>
<tr>
<td>Risk assessment</td>
<td>12</td>
<td>75</td>
</tr>
<tr>
<td>Sex offender assessment</td>
<td>11</td>
<td>69</td>
</tr>
<tr>
<td>Sex offender treatment</td>
<td>9</td>
<td>56</td>
</tr>
<tr>
<td>Group treatment</td>
<td>8</td>
<td>50</td>
</tr>
<tr>
<td>Violent offender assessment</td>
<td>8</td>
<td>50</td>
</tr>
<tr>
<td>Violent offender treatment</td>
<td>5</td>
<td>31</td>
</tr>
<tr>
<td>Female offender assessment</td>
<td>4</td>
<td>25</td>
</tr>
<tr>
<td>Female offender treatment</td>
<td>4</td>
<td>25</td>
</tr>
<tr>
<td>Neuropsychological assessment</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>Cognitive/academic assessment</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>Other (e.g., research opportunities)</td>
<td>2</td>
<td>13</td>
</tr>
</tbody>
</table>

Note. Given the small number of total respondents, percentages may not be stable and the resulting values are rounded to whole numbers.
First, the Regional Psychologists identified relatively few institutions and parole offices that, to their knowledge, provided clinical forensic training throughout the CSC. There is an important caveat, however; not all facilities are potential training agencies. For one, not all facilities, such as some parole offices, have a psychologist staff member (i.e., a potential trainer) on site. Moreover, some facilities are positioned in very remote locations, several hours from urban centers where universities and training programs are located, and thus may not be able to feasibly provide clinical practicum or may have difficulty attracting clinical psychology students. Given this caveat, the ratio of current training agencies to potential facilities that could realistically provide training could be smaller in several regions. In Quebec Region, for instance, while 5 out of 22 facilities (22%) were identified as providing clinical psychology training, realistically, about 14 agencies could provide a clinical training experience given these considerations, which would bring the total up to approximately 36%.

Second, with respect to psychologist staffing, all regions had vacant psychologist positions, although this also varied across regions (see Figure 2). As of 2008, the highest proportions of reported vacancies were in the Prairie (29.2%) and Ontario (30.7%) regions, followed by the Pacific (18%), Atlantic (14.3%), and Quebec (11.1%) regions. As of late 2010, some of these numbers have changed somewhat because of recruitment initiatives within individual regions (e.g., the vacancies in Quebec region have been reduced further to approximately 6–7%). To our knowledge, however, such changes have been sufficiently modest in magnitude that in our estimation the figures continue to accurately represent psychologist vacancies across CSCs five regions.

**Discussion**

The present undertaking was a survey of clinical training opportunities for aspiring psychologists in the CSC. There seemed to be a broad range of excellent professional opportunities among the sites that reported providing training. It also seemed apparent that staff tended to regard the opportunity to train and supervise clinical psychology interns and practicum students quite positively, given that none identified a lack of interest as being a possible barrier to increasing training opportunities, and some respondents voiced a desire to provide training, even though they were not currently doing so. There are still many potential sites that do not provide clinical training, perhaps owing in part to some of these identified barriers.

### Table 2

**Staffing and Retention of Clinical Forensic/correctional Psychology Trainees**

<table>
<thead>
<tr>
<th>Survey item</th>
<th>n responses</th>
<th>None/very few</th>
<th>Some/half</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainees retained?</td>
<td>12</td>
<td>8 (67)</td>
<td>4 (33)</td>
</tr>
<tr>
<td>Satisfied with number of trainees retained?</td>
<td>11</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Current staff who were prior trainee?</td>
<td>14</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Understaffed?</td>
<td>12</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

*Note. Given the small number of total respondents, percentages may not be stable and the resulting values are rounded to whole numbers.*
Barriers to Training

The chief barrier identified to providing training was simply being too busy while the second most frequent was a perceived lack of support from the organisation. These two barriers go hand-in-hand. First, given the staffing shortages identified above, CSC psychologists would subsequently be left with a large workload with no reduction in volume; departments shrink in size, while the demand for psychological services remains the same or may even increase. Effective training and supervision is a rewarding yet time consuming task, which requires active teaching, mentoring, discussion, reviewing and editing written work, and of course, face-to-face supervision. Teaching hospitals, for instance, not uncommonly provide a reduction in workload to professional staff to accommodate the demands of intern/resident/practicum student training and supervision. However, without such accommodations made at the organisational level, which may not be feasible in an understaffed department, providing training and supervision may not be practical or possible. Indeed, owing to staffing shortages, some sites that had previously identified providing training opportunities in this survey have recently postponed taking future interns and practicum students until psychologist staffing has become better stabilized.

Since the survey was conducted in 2008, consultation with the Regional Psychologists has demonstrated that vacancies continue to be a concern in some regions. Although active attempts at recruiting have filled some gaps, the pressing need for psychologists has resulted in the hiring of “underfills” (i.e., a PS-02 level) to fill vacant psychologist positions (i.e., PS-03 level). “Underfilling” refers to the circumstance in which an individual is hired into a psychology position without necessarily having the clinical training and competencies ordinarily required to fully perform the job responsibilities in their role. In some circumstances, the individual coming into the position may have a nonclinical master’s or online counselling degree and may not be readily eligible for registration in their jurisdiction. As such, substantive on-the-job training and supervision is required to train the individual to capably perform the clinical responsibilities of their position. The training of underfills, given that they do not initially have the required specific criminal justice psychological knowledge, coursework, and/or clinical training up front, requires substantial staff resources to clinically train, supervise, and quality control reports and clinical paperwork. Moreover, underfills require considerable staff resources on an ongoing basis because they may always have to work under supervision, with all of their clinical documentation cosigned (depending on their jurisdiction of licensure). The time and resources that go into underfill training can pay off, although in the end, there is no guarantee that the individual will necessarily stay after receiving this extensive on-the-job training. Some CSC regions, however, have set time-limits for underfills to receive the supervision and degree requirements to become licensed in their jurisdiction to make this a worthwhile training investment.

There is a potentially worrisome possibility that threatens the long-term viability of hiring underfills. This concerns replacing experienced registered psychologists when they retire. A void is left each time a registered psychologist leaves the CSC, both in terms of direct clinical service provision and in terms of clinical
training. Internships and practicum require that clinical psychology students receive supervision by registered psychologists; however, if the number of registered psychologist positions began to proportionately decline, it would seem the capacity to provide clinical training would also decrease.

Clinical Training and Issues of Recruitment and Retention

Getting trainees in through the door is one thing; keeping them there is another. About half the sites reported having a current psychology staff member with graduate training who completed a previous internship rotation or practicum there. Otherwise, a sizable majority of sites reported retaining few of their trainees for future jobs and being dissatisfied with the number of people they retain. So why does there seem to be so much difficulty retaining new trainees and/or psychologists?

Boothby and Clements (2002) pointed out, “Not only should correctional systems be concerned with recruiting new psychologists, they should also strive to maintain work environments that are conducive to retaining qualified psychologists and other mental health professionals. . . Large and overcrowded institutions appear to foster lower levels of job satisfaction as indicated by correctional psychologists” (p. 314). The recent Senter et al. (2010) survey also documented higher levels of burnout and lower levels of intrinsic satisfaction among correctional psychologists compared to psychologists employed within other areas of the public sector. Although we did not formally survey the sites’ perspectives on reasons behind problems in retention, some voiced that trainees tend to enjoy the nature of the work, but may be reluctant to remain with CSC for other reasons. One concern may include difficulties relating to workload and narrowed professional roles.

In some cases, institutions with several hundred inmates may have a psychology department staffed by only a handful, or fewer, psychologists. Because of staffing shortages, psychologists can become very narrow in their professional roles as departments try to provide the required services to crowded facilities. For instance, some prison psychology departments are inundated by demands for parole board and intake assessments. Crisis situations need to be skillfully managed, inmates in segregation need to be seen, and waitlists of inmates requesting individual therapeutic services continue to accumulate. Working in an understaffed psychology department in a prison can seem a bit like triage. Moreover, as one’s professional role becomes increasingly narrowed and repetitious (e.g., limited to conducting a large number of assessments), we suspect this could reduce the meaning and enjoyment some find in their work. As such, it is possible that these types of conditions can have a deleterious impact on retention and increase the risk for occupational burnout. It is also worth noting that being the lone or one of a very few psychologists in an institutional setting can be a very professionally isolating experience. Although it is important to maintain harmonious and effective interprofessional collaborative and consultative ties with other professional groups, psychologists also need to work with other psychologists. Our psychologist colleagues share common training backgrounds and professional experiences and are an important source of consultation, guidance, and support; all of which are particularly important given that offenders tend to be a challenging population to work with and correctional facilities can be stressful environments to work in.
Moreover, CSC is not the only employer of correctional or forensic psychologists and the organisation faces competition from other sectors, which can contribute to vacancies. Specifically, there are provincial correctional jurisdictions and health authorities, and within these sectors there are youth and adult services located within inpatient, outpatient, custodial, and community settings. This is an important source of competition, and it has been the observation of the first author, albeit anecdotal, that many of these agencies are adequately staffed with psychologists. So, although a graduate from a clinical-forensic psychology training program at a Canadian university may not seek employment within CSC, she or he could very well do so in provincial corrections or health and we suspect that this could be another barrier to recruitment. It may also serve as a barrier to retention, for instance, in the case of psychologists who leave CSC to do forensic work in other public sectors.

The issue of psychologist compensation is a related consideration and another possible source of competition from other sectors. As of October 2010, the salary for a fully registered psychologist in CSC (PS-03) ranges from approximately $68,000 to $80,000 on the nonmanagerial pay scale, with an added terminable allowance of $12,000 for doctoral level psychologists or up to $6,000 for master’s level (Treasury Board of Canada Secretariat, 2010). It is also important to note that CSC psychologist salaries have increased by roughly an average $1,000 per year over the past 5 years across all levels (Treasury Board of Canada Secretariat, 2010). Factoring in the terminable allowance plus benefits would bring the salary range to $80,000 to $92,000, with an added Penological Factor Allowance (ranging from $800 to $2,000) and possible bilingualism bonus ($800), although this still may not be competitive with many positions advertised in the public sector. For instance, according to the 2009 Report of the Market Supplement Review Committee (Health Sciences Association of Saskatchewan, 2009), psychologist positions in the Alberta health regions start at $40.12 per hour (i.e., approximately $82,000 per year based on a 37.5 hr work week) and peak at $53.28 per hour (i.e., approximately $104,000), and the rates are generally comparable among the health authorities in BC and Saskatchewan. In the MacKain et al. (2010) survey, salary received the second lowest satisfaction rating out of 18 items, although in the Boothby and Clements (2002) survey, it had a considerably higher satisfaction rating as the 10th highest item rated out of the 18.

Why is salary important, other than the obvious reasons? Arguably, the support, recognition, and appreciation that people perceive to get from their place of work, is based in part on how much money they make. People also want to be appropriately recognised for their training and expertise, and the contributions they bring to the workplace. Part of doing this is in paying them a competitive salary. After roughly 10 years of postsecondary education, including completing the grueling demands of graduate school, completing hundreds of hours of training and supervision, including a year-long predoctoral internship, achieving one’s Ph.D. or Psy.D. (or 3–6 years of supervision for master’s level psychologists) and going through the hurdles of registration, psychologists, as with other professional groups, understandably would desire to be compensated in a manner that is commensurate with their training and qualifications.

Collectively, these issues speak to the broader issue of perceived respect for psychologists and their training in CSC. Why do we matter? Psychologists receive specialized training in assessment and therapy, learn to link research and clinical practice, and have skills to form complex case conceptualisations that can inform service delivery and case management. Offenders have complex mental health and criminogenic needs, and require a competent and coordinated response. What this means is that psychologists have something important and unique to contribute in the planning and delivery of assessment, treatment, and case management services to ameliorate behavioural, emotional, and mental health concerns. Psychologists also perform the complex and integrative task of conducting risk assessments for CSC, and ultimately the Parole Board of Canada, as part of prerelease evaluation, planning, or preventative detention. Such assessments, in turn, contribute to effective offender management and thus public safety through assisting in the successful reintegration of offenders who are prepared for release, or preventing the premature release of individuals who may still pose an unmanageable risk. It seems for many of us, unfortunately, advocacy has not always been our forte.

It is important to emphasise that mental health professionals have the potential to be most effective, and for client care to be maximized, when services can be delivered and coordinated interprofessionally. There are many skilled, empathic, talented, and knowledgeable clinicians from social work, nursing, addictions, and occupational therapy among other health related fields. Such professionals play an important role as program facilitators who provide correctional group treatment services. Indeed, there has been a movement afoot in CSC for program facilitators to provide much of the treatment services, a development that has been especially apparent in sex offender treatment. Particularly relevant in this regard is the broader issue of ensuring the availability of adequate mental health and correctional treatment services to meet the clinical demand. Therapy is not the exclusive right or property of psychologists; however, we argue that psychologists can, and probably should have some involvement in the provision of treatment, whether this is in direct service delivery or the supervision of treatment services (e.g., monitoring service delivery, evaluating therapeutic progress, or incorporating treatment information into posttreatment or prerelease evaluations). This may also be beneficial from a retention standpoint through diversifying the range of professional activities.

### Moving in a Positive Direction: Training, Recruitment, and Retention Initiatives

### Setting up a predoctoral internship in a federal department

In 2008, a CSC-based clinical psychology internship was developed based out of the Ontario Region (Preston, 2008). Spearheaded in part by the second author, who was the Regional Psychologist of Ontario at the time, this was a lengthy process with several considerations including attention to CPA accreditation standards, clinical psychology graduate training requirements, Association of Psychology Postdoctoral and Internship Centers (APPIC) and Canadian Council of Professional Psychology Programs (CCPPP, n.d.; CCPP, n.d.) internship guidelines, developing a mission statement, as well as designing the training program, identifying potential supervisors, and increasing student awareness of this opportunity. The final product consisted of two to four rotations with training opportunities in assessment, treatment, program development, and consultation within different CSC sites.
Rotation location and training content would vary according to the interns’ interest, supervisor availability, program schedules and operational issues. One intern completed the internship in 2008–2009 and efforts to further develop and formalize a CSC-based clinical psychology internship have since continued. At the writing of this article, the Correctional Service of Canada (Ontario Region) Pre-Doctoral Internship in Psychology (CSC, 2010) recently became part of the APPIC, thus participating in the annual APPIC matching process, as well as a member of the CCPPP. In early 2011, the CSC-internship has placed two new clinical psychology residents for the 2011–2012 training year. It is also worth noting that Ontario Region has continued to provide clinical training to psychology graduate students, including the provision of summer clerkships for out-of-province students to promote training and future recruitment.

In addition to infrastructural and psychologist staffing resources, dedicated funding from CSC is required to cover intern stipends. Effective January 2011, the rate of pay for a doctoral student employed by the Federal Government now ranges from $19.79 to $23.52 (Treasury Board Secretariat of Canada, 2010), translating into a possible stipend of about $38,000 to $45,000 per year based on a 37.5 hr work week. Information we gathered from the CCPPP Directory of Canadian Internship Settings indicated that the average stipend was approximately $28,000 across 26 paid settings that had an adult training component (we did not include child only internships, given that CSC clients are all adult, and sometimes stipends may differ among client groups). As such, the current doctoral student pay scale from the Federal Government would be very competitive with existing settings. The secure establishment of a predoctoral internship is one of many possible ways to display a commitment to training criminal justice psychologists, and the CSC predoctoral internship is an important step forward.

Arguably there is also an ethical or professional obligation on the part of CSC to take an active role in the clinical training of its psychologists. Other public sectors, such as schools and health authorities, take responsibility for participating in the clinical training of their future psychologists through formal practicum and internships. They do not necessarily expect a psychologist, fully trained, eligible for registration let alone already registered, with specialized knowledge in the agency’s area of practice, to walk through the door ready to work without the agency having at least played some part in the training of the professional; often, there is some contribution made in advance to training that individual initially. In Canada, there are over 40 predoctoral clinical psychology internships that are members of CCPPP. These internship programs take an active and committed role in providing the requisite training and supervision to psychologist trainees to commence autonomous practice, and then, happily, they frequently retain some of the individuals they train. Hospitals also play a role in training doctors and nurses before they hire them. Public school boards play a role in training schoolteachers before they hire them. The contributions that CSC and its psychologists provide toward clinical student training are important, valuable, and even essential as the present survey has shown; but is it sufficient? It seems paradoxical that the largest employer of psychologists in the country would possibly leave the bulk of training responsibilities to psychology internships funded and delivered by universities and health authorities. Certainly, CSC would not expect its correctional officers (who comprise 41% of its total workforce; CSC, 2010) to come pretrained. Understandably, substantial resources are devoted to ensure the proper and thorough training of these employees; but why should it be any different for psychologists?

**Building links and connecting programs.** Considering a substantial number of graduate programs in criminal justice psychology already exist (Helmus et al., 2011), a potentially effective way to improve recruitment and retention is to establish official relationships between CSC and such programs. A few successful collaborations are already in place.

For instance, the Regional Psychiatric Centre (RPC; Saskatoon, Prairie Region) has an affiliation agreement with the University of Saskatchewan (U of S), supervises clinical psychology practicum students and participates in the accredited Saskatoon Royal University Hospital predoctoral residency program; it is one of the very few CSC institutions involved specifically in a residency. More than 10 years ago, CSC contributed funding through a 5-year contract to hire a Forensic Chair at the U of S, a faculty member who would contribute to criminal justice psychology research, collaboration, and student training (Nafekh & Allegri, 2004). Although the term for the Chair expired in 2007 and the position was formally absorbed into university faculty, there are currently at least a dozen graduate clinical psychology students specializing in forensic and correctional psychology at the U of S and another half-dozen in applied social psychology. Seeing the benefit of such an agreement, CSC has contributed new funding in the spirit of the original Agreement for a Centre for Forensic Behavioural Science and Criminal Justice Studies, to promote research, collaboration, and student training at the U of S. Healthy training links also exist between law, psychiatry, nursing, and other health science fields with the RPC and the Prairie Centre. Elsewhere in the Prairie Region, CSC, Grant MacEwan College and hospitals in Alberta Health have partnered in sponsoring joint training initiatives including professional workshops and local conferences. In Atlantic Region, the clinical psychology program at l’Université de Moncton commenced their Psy.D. Program in fall 2010 and has a committed training relationship with institutions in New Brunswick. Many of the psychologist positions in these Atlantic Region facilities are filled by clinical psychology practicum trainees from this university program.

Given the number of prominent psychology graduate programs in Canada that provide criminal justice training, a funding and training initiative such as a Forensic Chair, or perhaps a Public Safety Psychology Chair, funded directly through the Department of Public Safety, to which CSC belongs, could pay important dividends and would send a more definitive message about commitment to training. The Prairie Region, for example, has benefited tremendously from this outstanding training opportunity. Perhaps the possibilities would be even greater if Chaired positions (or Centres) were established to promote clinical training, research, and collaboration with the CSC in universities across the other four regions.

There may also be merit in connecting programs from different universities. There are additional prominent and successful criminal justice psychology programs in Canadian universities that do

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2 This hourly rate is confirmed in the CSC Ontario Region predoctoral clinical psychology internship brochure.
not necessarily include a clinical training component. One viable direction may be to coordinate training between university psychology programs for training in subspecialties (e.g., criminal justice). For instance, one department may have a clinical psychology training program but no formalized forensic subspecialty, while another may have a formalized criminal justice or forensic component but no clinical training program (University of Ottawa and Carleton University, respectively, are good examples, as would be the University of New Brunswick’s Fredericton and Saint John campuses). A future possibility may be for professional psychology programs to coordinate training resources between clinical and nonclinical programs in colocализed universities. For instance, a somewhat analogous arrangement has been accomplished with Simon Fraser University’s Law and Forensic stream (which includes experimental or clinical psychology training), which has been coordinated with the University of British Columbia’s Law School, such that students may complete both graduate training in forensic psychology as well as obtain a law degree (Simon Fraser University Psychology Website, 2010). In short, there may be some room for cautious optimism to build links and connect programs, given some of the positive developments in place, and the tremendous potential for further growth.

There are other benefits that may be realised by expanding training options. There has been an important movement toward increasing and formalizing interprofessional education (IPE) and collaboration in health science disciplines, including clinical psychology (Priest, Roberts, Dent, Blincoe, Lawton, & Armstrong, 2008). Recommendations have been advanced to develop clinical psychology training programs that combine elements across health professions such as nursing, social, work, medicine, and law among others (DeLeon, Dubanoski, & Oliveira-Berry, 2005). Moreover, linkages to training communities (e.g., university psychology departments, internship programs, CCPPP) may also help foster supervision training for prospective supervisors working in Corrections. In turn, clinical psychology residents may also receive experience and training in providing supervised supervision to practicum students. Such initiatives may be conducive to creating a positive culture of supervision and build supervision resources.

Creating opportunities for professional growth and development. Clinical psychology is an active and diverse field and clinical psychologists are trained in a wide range of professional activities. It is important to finding meaning in one’s job, including being involved in a variety of professional activities and having opportunities to explore and meet one’s potential without being overloaded. This also applies to correctional psychologists as the work of Boothby and Clements (2002) has shown. Being limited to one class of tasks (e.g., assessments) with little flexibility might reduce the enjoyment, meaning, and satisfaction that our professional work brings and may contribute to increased turnover and burnout. This situation seems to be a type of professional stalemate. Prison psychology departments, for instance, first need to have adequate psychology staff to meet the bare minimum service requirements before the expansion of professional roles can occur.

Some efforts have been afoot in developing professional development initiatives to promote psychologist retention in CSC. For instance, in the Pacific Region several professional development subcommittees are in the process of being formed dedicated toward research, training, new psychologist orientation, practicum/internship, practice advisory, and leadership opportunities. Psychologists are also supported in the pursuit of their registration (e.g., paid study time for EPPP, examination fees are covered, and study materials are provided). Elsewhere, other survey participants suggested increasing opportunities for education leaves for CSC employees who may wish to receive clinical psychologist training or to upgrade their current degrees. It seems intuitive that targeting individuals employed within the ranks of CSC for additional training could be another viable means of increasing psychologist staffing. The availability of ongoing training and professional development opportunities (e.g., attending professional conferences and workshops) is a critical part of keeping current and maintaining competence for psychologists in general, and those who are employed in correctional settings in particular. Not only does this help psychologists do their jobs better when keeping abreast of new developments in research practice, but it is extremely important to help meet the continuing education requirements in provincial licensing jurisdictions.

A further step forward may be found in innovative methods for service delivery and training, such as telehealth and tele-education (Miller, DeLeon, Morgan, Penk, & Magalatta, 2006). Although such innovative strategies may possibly allow for the expansion of services (e.g., providing treatment to offenders in remote communities, as well as supervision and training to psychologists practicing in similar settings), we argue that it would not obviate the need for hiring further psychologists, for the reasons outlined above.

Limitations, Conclusions, and Future Directions

The most significant limitation of the present survey is that we sampled only CSC facilities and did not include provincial corrections or health authorities across the country. A number of provincial departments of corrections (Ontario, Quebec, British Columbia) and mental health centres (Centre for Addiction and Mental Health, Alberta Hospital, Pinel Institute, BC Forensic Services, Royal Ottawa Hospital Group, Nova Scotia Provincial Forensic Services) have sizable psychology departments. These agencies not only staff many correctional/forensic psychologists, they also participate in their clinical training. An important direction for continued work would be to contact and survey these agencies one province/territory at a time. Despite this limitation, we hope the present survey has accurately captured the state of the clinical forensic psychology training landscape in Canadian Federal Corrections. Indeed the results indicate that psychologists employed in CSC tend to enjoy providing such training opportunities as their workloads and time permit. The CSC has been, and continues to be, a world leader in the humane and effective administration, rehabilitation, and reintegration of offenders; the responsibilities of this department are essential and daunting, if not a bit unwieldy, as is the potential role the organisation has to play in the training of the psychologists that take part in the provision of these services. It is hoped that the present survey and discussion has highlighted some of the issues and challenges, as well as brought to bear some positive and constructive suggestions regarding psychologist training and staffing in Canadian federal corrections.
Résumé

Selon des enquêtes, il existe un grand intérêt à l'égard de la psychologie en milieu judiciaire parmi les diplômés en psychologie au Canada. Toutefois, le recrutement et la rétention de psychologues au sein de Service correctionnel du Canada (SCC) soulèvent certaines préoccupations. La présente étude porte sur une enquête réalisée en 2008 dans les établissements de SCC offrant des possibilités de formation en psychologie clinique en milieu judiciaire. Les résultats de l’enquête ont révélé que 16 établissements offraient une vaste gamme de telles possibilités de formation. L’obstacle le plus fréquemment cité au sujet de l’offre de formation était le manque de temps de la part d’éventuels formateurs. En outre, les établissements ont rapporté avoir pu retenir relativement peu de stagiaires en vue de pourvoir des postes de psychologues. De l’information a aussi été obtenue au sujet des postes vacants de psychologues dans les régions administratives de SCC. Compte tenu des résultats de l’enquête, une grande part de la discussion porte sur le recrutement et la rétention de psychologues au sein des établissements correctionnels du Canada, notamment sur les initiatives actuelles et potentielles en matière de formation.

Mots-clés : justice pénale, services correctionnels, psychologie clinique, formation, psychologue.

References


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