Research in Psychology and Behavioral Sciences, 2025, Vol. 13, No. 1, 1-8
Available online at http://pubs.sciepub.com/rpbs/13/1/1
Published by Science and Education Publishing
DOI:10.12691/rpbs-13-1-1

Training Practitioners for Prison: An Undergraduate Internship Career Pipeline for Mental Health Providers in Correctional Facilities

Sean I. Gibbs*, Darci Salsberry, Logan Patterson

Psychology Program, Dillard University, New Orleans, Louisiana, United States of America
*Corresponding author: sigibbs@dillard.edu

Received July 28, 2025; Revised August 30, 2025; Accepted September 07, 2025

Abstract Providing mental health services within correctional facilities is challenging for several reasons. The high prevalence of mental illness among incarcerated individuals, prioritizing security over inmates' mental health care needs, high staff turnover, and correctional staff's lack of training in identifying mental health issues all create barriers to providing these services. However, the shortage of mental health professionals willing to work in corrections is a significant problem in delivering services in this setting. The research article explores the obstacles of providing mental health services in correctional facilities and offers a solution through an internship program focused on creating a career pipeline for mental health professionals in correctional settings. A mixed-methods approach was used to analyze existing training programs to inform the design of a new internship curriculum focused on earlier career preparation at the undergraduate level. Research limitations and implications for future exploration focus on reducing the potential risk of harm or liability for experimental pilot program studies on the internship program's ability to increase the number of mental health practitioners in correctional facilities.

Keywords: *mental health, corrections, career pipeline, undergraduate, internship, training, forensic psychology, curriculum*

Cite This Article: Sean I. Gibbs, Darci Salsberry, and Logan Patterson, "Training Practitioners for Prison: An Undergraduate Internship Career Pipeline for Mental Health Providers in Correctional Facilities." *Research in Psychology and Behavioral Sciences*, vol. 13, no. 1 (2025): 1-8. doi: 10.12691/rpbs-13-1-1.

1. Introduction

In the United States of America, a disproportionate number of incarcerated individuals are diagnosed with mental health disorders. According to the National Alliance on Mental Illness (NAMI), roughly 2 in 5 incarcerated individuals in the US have a history of mental illness [1]. Furthermore, criminal justice systems are not designed to manage mental health issues. The fact that individuals with mental illness have higher rates of recidivism and are incarcerated longer supports the idea that jails and prisons are ill-equipped to address this population. This problem is exacerbated by the limited number of mental health professionals available to provide services to this population. Research suggests that there are several reasons for this disproportionate need for services and lack of providers, but the primary belief is that mental health providers are deterred from working in correctional settings [2]. Professional careers in correctional facilities are considered less prestigious, unsafe, and undesirable. This makes recruiting and retaining mental health providers in correctional settings challenging [3]. Also, systemic barriers like logistical hurdles, poor staff training, and prioritizing security over mental health care needs lead to burnout, further contributing to a shortage of providers [2,4]. This narrative can be rectified through early exposure and training of mental health professionals. The research article explores the obstacles of providing mental health services in correctional facilities and offers a solution through an internship program focused on creating a career pipeline for mental health professionals in correctional settings. Internships provide future mental health professionals with the necessary training and skills for successful careers in corrections. Based on the analysis of existing programs, it was revealed that the majority of internships focused on doctoral-level training [5]. There is limited information available regarding undergraduate training for this setting. This gap in the literature prompts questions as to why earlier training is not more prevalent and supports the need for additional research in this area. Based on these findings, a proposed internship curriculum for undergraduate students preparing for careers as mental health providers in correctional institutions was developed. A detailed programming structure and an implementation plan for the proposal are provided. Research limitations and implications for future exploration focus on the lack of evidence-based data for undergraduate internship programs in correctional facilities because of the potential risk of harm to the students and agencies. However, with

the appropriate training and parameters, experimental pilot studies on the ability of undergraduate internship programs to increase the number of mental health practitioners in correctional facilities are suggested.

2. Literature Review

2.1. Mental Health Needs in Correctional Facilities

Mental health support services are of dire need in correctional facilities due to the complex variations of mental health status among incarcerated individuals. Many inmates who have a history of mental health problems but are stable at the time of admission may not display symptoms until after their admission. Others display psychiatric symptoms at the time of admission but go unnoticed because of the chaotic admissions process. There is also a small number of inmates who will not display psychiatric symptoms until after they are already in the institution because the environment is so stressful [6].

Historically, as resources for mental health services decrease, the number of people admitted into correctional institutions increases [7]. This highly correlates to the fact that a significant number of incarcerated people experience a combination of intellectual and physical disabilities in conjunction with histories of substance abuse. The decrease in mental health services has contributed to the plight of mental health struggles, and it is a possible culprit that has aided in the rise of undiagnosed illnesses. The service gap also highlights the critical need for a sufficient number of trained mental health professionals working in the field. Inmates with a mental health diagnosis are more likely to harm themselves and/or others, and they raise significant liability concerns for staff and management [8]. Inmates who do not suffer from a combination of multiple mental and physical health deficiencies still struggle with the daily stress of coping with life in a correctional facility, causing increased strain on the already infirm mental health status that contributed to getting incarcerated [9].

Many incarcerated individuals come from low socioeconomic backgrounds and therefore do not have the opportunity to be psychologically assessed until after they are admitted into a correctional institution [10]. Because of this, people with mental health issues are statistically more likely to become involved in the criminal justice system than the general population of people [7]. Moreover, these people have an increased likelihood of becoming either repeat offenders in the criminal legal system or transinstitutionalized if they do not receive adequate mental health care [10,11].

2.1.1. Prevalence of Mental Illness among Incarcerated Populations

A study in the New York City Mental Health Care Monitoring Initiative estimated that at least seven percent of all offenders booked annually into U.S. jails have a serious mental illness [12]. Compared to the entire general U.S. population, where 21% experience some form of mental illness, this reflects a considerably higher rate of severe mental illness among offenders, even when excluding less severe diagnoses [7]. A comprehensive examination of the *US Survey of Inmates in Local Jails* found that there are more mentally ill individuals in correctional settings than in all psychiatric hospitals across the U.S. [13]. Inmates with mental health problems are 10% more likely to be charged with breaking facility rules than those without mental health problems [13]. They are also four times more likely to be involved in a verbal or physical assault than non-mentally ill inmates and three times more likely to have been injured in a fight since admission into the local jail [11]. However, with increased access to adequately trained mental health professionals, these people can learn to live more fulfilling and happy lives post-incarceration, which may help them successfully rehabilitate, return to their respective communities, and avoid future incarcerations.

2.1.2. Existing Training and Education Programs

Previous programs, such as the Florida Department of Corrections (FDC) doctoral psychology internship program, prove the importance of psychology internship programs in correctional settings. This program resulted in many interns receiving full-time employment at their facilities after completing it. Students who participated in the program appreciated the experience because it helped them form a more accurate view of the prevalence of mental health concerns in corrections, enhanced their professional skills, gave them comprehensive training, and provided a realistic introduction to correctional mental health care, which factored in their decision to remain in corrections after their internships ended [14]. They also enjoyed the rigorous challenges of working with inmates who are coping with a wide range of serious mental health illnesses and problems [14].

Implementing such internship programs at the University of Massachusetts Medical School benefited the correctional system with enhanced services, the recruitment of skilled professionals, and the school by providing extended opportunities in research and training to its students [15]. Though few existing programs take place in undergraduate settings, the results of these programs show that it is essential to provide students with this level of education and experience.

There are currently 29 internship programs across the U.S. that are accredited by the American Psychological Association and operate within correctional facilities [16]. Many programs have yielded positive results regarding the number of practitioners working in correctional facilities after their internships. Programs such as the Wisconsin Department of Corrections Doctoral Internship in Health Service Psychology program saw as much as 63% of their cohort interns remain employed in correctional facilities [17].

These programs ensure practitioners leave with the competencies necessary for effective practice, including research skills, ethical and legal standards, professional values and attitudes, assessment, communication / interpersonal skills, intervention, and supervision [18]. They also provide specialized competency in consultation, interprofessional skills, and cultural diversity, as the unique experience of working in a correctional setting strengthens their proficiency in these areas. Of the 29 accredited programs in the United States of America, ten are located in the south, nine in the west, seven in the

midwest, and three in the northern states [16]. The southern region has the highest number of programs, with Louisiana having the highest imprisonment rate per capita. Louisiana's current imprisonment rate is 0.88%, surpassing any other state in this country [19]. Therefore, it is imperative that more internship opportunities be introduced at the undergraduate level to address this significant gap in mental health services.

2.1.3. Institutional Benefits

Mental health interns provide valuable services and benefits to correctional facilities. There is an overwhelming need for mental health services in correctional facilities and an insufficient number of practitioners to provide them. By adding undergraduate interns to the staff, correctional facilities have a cost-effective method to increase the number of therapeutic services offered to the prison or jail. The average master 's-level mental health professional salary ranges from $59,190 to $ $63,780 per year, but an undergraduate intern may work for no financial compensation [20]. Hiring less expensive interns will allow the correctional facility to increase staff and mental health services significantly. The increased access to mental health services can lead to reduced recidivism and improved mental health outcomes for the inmates.

Academic institutions also benefit significantly from undergraduate mental health internships in correctional facilities. In addition to providing interns with professional experiences, educational institutions can enhance their profiles in community engagement, research, and publications. Student participation in research is a requirement for the proposed undergraduate internship. An influx of student publications can bring notoriety to colleges and universities. Moreover, interns may have exceptional opportunities to contribute to developing and designing research within correctional facilities. This is particularly advantageous considering that only around 20% of state correctional mental health departments conduct research [21,22]. Academic institutions will benefit from developing esteemed alumni with advanced skill sets and lucrative career opportunities in correctional facilities. Having successful graduates will only bolster the school's reputation and lead to partnerships, grants, and other funding opportunities for the academic institution.

2.2. Challenges and Safety

2.2.1. Physical Safety

Mental health professionals face several concerns in every setting. However, interns working in correctional facilities face unique challenges concerning safety. Jails and prisons are known for the fact that they house individuals who engage in violent crimes. This fact may lead mental health interns to think that they are in danger of being victims of physical assault by the inmates. However, mental health providers working in correctional settings are just as likely or less likely to be victims of workplace violence in a correctional setting as they would be in an inpatient or outpatient treatment facility [23]. Correctional facilities have safety measures, protocols, and specialized trained professionals to ensure the safety of the inmates and staff. The fact that a correctional setting's primary focus is the safety of the community and the custody of inmates may be one of the reasons why working in such facilities is statistically safer for mental health professionals.

Although the facilities have safety measures, the intern and all staff must remain mindful of their surroundings and follow all safety protocols. Training curricula for interns provide detailed instructions on addressing safety concerns, and correctional facilities provide safety training as a part of the onboarding process for all correctional employees [5,20]. As part of the proposed internship program, interns will receive training on security protocols, emergency procedures, and de-escalation techniques.

2.2.2. Emotional Safety

Physical safety concerns are not the only perceived challenge for mental health interns, but working in correctional settings may also impact an individual's emotional or psychological health. Mental health provider employee turnover rates are higher in correctional facilities due to emotional health or burnout [2]. Hiring and retaining mental health professionals is difficult, which contributes to shortages of providers who can provide care to incarcerated individuals [3]. This shortage may result in providers attempting to compensate for the inadequate staffing by taking on larger caseloads [2,24]. Unreasonably large caseloads affect the mental health providers' ability to give each client the specific attention needed for their care, making them ineffective in performing their job duties. This could lead to the mental health provider feeling incompetent, anxious, depressed, helpless, hopeless, or experiencing other symptoms. Mental health providers may also experience vicarious symptoms or secondary trauma from providing therapeutic services [25].

Working with such a large number of clients who are also facing life-altering consequences because of their alleged crimes and poor boundaries may also contribute to mental health provider burnout. Self-care is a vital component in preventing burnout in mental health providers. Interns should learn earlier in their careers to prioritize maintaining work-life balance to avoid burnout. The proposed mental health internship program will educate students at the undergraduate level about the importance of establishing clear boundaries between work and personal life as part of healthy career development.

2.2.3. Law and Ethics

Providing mental health services in a correctional facility can also raise possible legal or ethical safety concerns. The ethical codes of mental health providers may often conflict with the policies of correctional facilities. The struggle to balance the commitment to clients with the expectations of the correctional facility may result in a dual loyalty conflict for mental health providers [26]. This conflict between mental health providers' ethics and correctional facilities' procedures regarding an inmate's needs may cause tension and affect the collaboration of interdisciplinary services. Health Insurance Portability and Accountability Act (HIPAA) rules apply to incarcerated individuals [27]. However,

certain rights, like receiving standard informed consent and confidentiality protections, are modified to address security and safety concerns of the correctional facilities [27]. A mental health provider may have to break confidentiality if an inmate shares information about a crime or an ongoing case [28]. That breach could affect the therapeutic alliance, making further trust and rapport building impossible. Furthermore, interns will not be independently licensed to practice mental health services. They will require insurance coverage under an independently licensed clinical supervisor. This added legal concern increases the liability for the academic institution, licensed supervisor, and correctional organization. To minimize the risk, all parties need updated and regular training on ethics and legal policies regarding mental health services in correctional facilities.

3. Methodology

A mixed-methods approach was used to comprehensively analyze existing programs and assess needs to inform the design and implementation of a new internship curriculum for undergraduate students preparing for careers as mental health providers in correctional institutions. The first step involved collecting archival data through professional databases with keywords focusing on internships, mental health professionals, correctional facilities, and the impacts of mental illness on the criminal justice system. Themes emerged through the analysis, showing a pattern of common training goals, standards of practice, learning outcomes, and evaluation procedures. Themes regarding the prevalence and impact of mental illness among incarcerated populations were also identified.

The systematic analysis was also used to identify gaps in the literature and assess needs. The needs assessment revealed that the number of mental health providers in correctional facilities is completely disproportionate and understaffed in comparison to the large number of incarcerated individuals dealing with mental health disorders. The assessment also revealed that most internship training models are designed for graduate-level mental health professionals in correctional facilities. This lack of research on internship programs at the undergraduate level and the disproportionate ratio of trained mental health providers to incarcerated individuals with mental illness were identified as the primary research problems.

The analysis of current internship and training programs for mental health professionals in correctional facilities was also used to identify barriers to implementation. Common barriers discovered were concerns for safety, a high turnover rate, a stress-inducing environment, high demand for services, burnout, and poor implementation of mental health services in correctional settings. This critical evaluation of the needs and standard training curriculum was synthesized into key findings to develop the proposed internship program objectives, learning outcomes, and training structure standards of practice that align with current training models.

4. Results

A mixed-methods analysis and needs assessment of existing mental health internship programs in correctional facilities revealed three main themes and several sub-themes. The main themes include: *1. the impact of mental illness among incarcerated individuals and the resulting high demand for services, 2. gaps in the literature and professional standards of practice, and 3. barriers to program implementation.* Each emerging theme and its relationship are described, analyzed, and interpreted to provide a complete imagery of the research problem. Based on these findings, internship program objectives, learning outcomes, and training structure standards of practice were developed to align with current best practices in mental health training.

4.1. Needs Assessment Themes

The analysis findings indicate that there is 1. a disproportionate number of incarcerated individuals with mental health disorders and 2. a limited number of practitioners available to provide services in correctional settings. Roughly 40% of incarcerated individuals in the US have a history of mental illness, 33% have a serious mental illness, and 21% experience some form of mental illness [1,7]. Individuals with mental illness also have higher rates of recidivism and are incarcerated longer. Undergraduate correctional-based programs can assist in addressing the overabundance of unmet needs that incarcerated individuals face, while supporting facilities by alleviating practitioner shortages and cultivating students' professional development.

4.2. Standards of Practice Themes

The analysis of existing programs indicates that 29 graduate-level, accredited mental health internships within correctional facilities operate across the United States [16]. 34% of internship programs are located in the south, 31% in the west, 24% in the midwest, and 10% in the northern states [16]. Research findings suggest that there is a gap in the literature on internship programs at the undergraduate level. Training goals and standards of practice themes included a focus on *1. proficiency in providing mental health services, 2. awareness of cultural factors and diversity impact on clients, 3. knowledge of ethical and legal principles, 4. assessing one's knowledge and skills, 5. interdisciplinary treatment, 6. applying and conducting research, 7. collecting clinical information and identifying mental health issues, and 8. demonstrating proficiency in accepting constructive feedback and applying new knowledge to enhance performance [29]*.

4.3. Implementation Barriers and Perception Themes

Research findings suggest that the perception of correctional facilities is 1. dangerous, 2. a high-burnout and vicarious-trauma environment, and 3. an elevated

liability risk. This perception makes professional careers in corrections undesirable and negatively influences recruitment efforts. Internships have been noted as a recruitment strategy for correctional facilities. However, mental health internship programs are primarily focused on graduate-level professionals. Undergraduate internship programs provide early exposure to practicum in correctional settings, which may ultimately encourage mental health workforce development through the precursory introduction of academic training in correctional-based careers. This is identified as a gap in the literature, has implications for future research, and is also a potential solution.

4.4. Interpretive Analysis and Synthesis

Providing mental health services in a correctional facility is seen as challenging. The implementation barriers and perception themes of potential danger, burnout, and legal complexities create a narrative that the mental health work in corrections is unfulfilling and difficult. However, the needs assessment themes demonstrated how services are greatly needed in jails and prisons because of disproportionate numbers of incarcerated individuals with mental health disorders. Coupled with the stress of being incarcerated, the need for this service is magnified by the exacerbation of symptoms. The allocation of services benefits incarcerated populations and additional stakeholders, including correctional facilities and students. Correctional and mental health administrators recognize these challenges and have developed several measures to address these concerns. The standards of practice themes explain how rigorous internship training is held to high standards to ensure safety and adequate services. Furthermore, correctional facilities are unique in that many of the staff are specifically hired to execute safety measures, which decrease the incidence of violence compared to inpatient facilities. The emerging themes converge into clear solutions to address this issue. Hands-on clinical experience as a mental health practitioner in a forensic setting, alignment with training standards, administrative support, and research opportunities for early-career mental health practitioners can provide a steady stream of well-trained professionals. These results and key findings were used to develop the proposed internship program training curriculum model.

5. Program Description

The Mental Health Correctional Provider Internship Program is a 15-week training opportunity designed to prepare undergraduate students for careers as mental health providers in correctional facilities. Through practical experience, students will learn how to assess, diagnose, and treat incarcerated individuals with mental illness through an interdisciplinary, multicultural approach. The clinical and administrative skills developed during this program will empower students to become leaders and make meaningful changes in the mental health care service corrections system.

5.1. Mission Statement

Our mission is to prepare undergraduate students for rewarding career opportunities as mental health providers in correctional facilities. The large number of incarcerated individuals dealing with mental health issues and the lack of trained professionals to meet this need have created a complex problem in our society. We aim to create a pipeline for future mental health professionals by teaching them earlier in their careers to become compassionate, culturally competent practitioners who are prepared to address the challenges of mental health care services in correctional systems.

5.2. Program Objectives and Goals

Table 1. Program Learning Outcomes

Professional Behavior	Students will demonstrate proficiency in providing mental health services consistent with professional values, beliefs, and practices within the correctional environment.
Individual and Cultural Diversity	Students will demonstrate awareness of how cultural factors and diversity impact mental health services within the correctional environment.
Ethical Legal Standards and Policy	Students will demonstrate proficiency in practicing mental health services within the boundaries of the ethical and legal principles governing professional behavior within the correctional environment.
Self-Assessment	Students will accurately assess competence in providing mental health services within the correctional environment and develop plans to enhance knowledge and skills.
Professional Relationships and Interdisciplinary Systems	Students will demonstrate the ability to function as part of an interdisciplinary treatment team and collaborate with colleagues, administrators, and correctional staff.
Evidence-Based Knowledge and Practice	Students will demonstrate proficiency in interpreting and applying research to the practice of mental health services within the correctional environment.
Research/Evaluation	Students will actively participate in research, contributing to their understanding of mental health services within the correctional environment and professional knowledge.
Assessment	Students will demonstrate the ability to collect clinical information, administer intake screeners, identify mental health issues, and integrate the information and data into a coherent report.
Intervention	Students will demonstrate competency in conducting therapeutic interventions, crisis intervention, case management, and consultation within the correctional environment.
Supervision	Students will demonstrate proficiency in accepting constructive feedback and applying new knowledge to enhance performance in all duties.

The proposed curriculum outcomes are adapted from and aligned with the American Psychological Association (APA) Core Competencies [29].

Primary Objective: To provide undergraduate students with practical exposure to mental health issues in correctional settings and develop clinical competencies in this unique environment.

Secondary Goals: Enhance students' understanding of

the intersection of mental health, criminal justice, and rehabilitation. Prepare students for future careers in forensic psychology, correctional counseling, or social work. Promote ethical decision-making and trauma-informed care approaches in a correctional context [5,30].

5.3. Program Structure and Training Activities

The Mental Health Correctional Provider Internship Program is a 15-week training opportunity designed to prepare undergraduate students for careers as mental health providers in correctional facilities. Students must register for the course, submit an internship application, and complete all necessary background checks, substance use, and agency screeners before starting the course. Once approved, students will attend training orientation to learn all required documentation, systems, safety protocols, tour the facility, and meet agency staff [5]. Under the supervision of the onsite Clinical Director and Academic Director of Training, students will be expected to perform the duties of mental health staff in correctional settings to develop their clinical competencies. These duties include, but are not limited to, the following: completing intake assessments, risk screeners, any other initial client documentation, and progress notes, co-facilitating individual and group sessions, and participating in interdisciplinary treatment team meetings [20,30,31]. All assignments and activities must be approved and cosigned by the onsite Clinical Director and Academic Director of Training or delegated supervisor.

5.4. Assessment and Intervention

The following training activities correspond with learning outcomes 1, 2,3, 5,8, and 9.

Students are expected to complete at least one (1) biopsychosocial intake or initial screening report per week, as scheduled by the onsite Clinical Director or delegated supervisor. Upon inmate admission, students will administer a biopsychosocial intake or initial screening based on the agency's policy. Each intake will include a clinical interview and screening to identify risk factors, determine mental health needs, and provide treatment recommendations. [30,32]. The onsite Clinical Director or delegated supervisor will review and cosign all intake documents.

During the course, the students will be expected to co-facilitate at least one (1) psychoeducational group session per week. Groups will be scheduled and led by a licensed mental health professional. The onsite Clinical Director or delegated supervisor will review and cosign all group notes. Students are required to participate in interdisciplinary treatment team meetings and research projects. During meetings, students will present client cases for team review, discussion, and treatment planning [30,31]. Students will also be encouraged to develop research proposals or participate in ongoing projects. Research findings will be presented in professional journals and conferences. Active involvement in this process allows the interns to build on their clinical knowledge and develop their professional identity.

5.5. Training and Supervision

The following training activities correspond with learning outcomes 1, 2, 3,4, 6,7, and 10.

As part of the course, students will participate in at least four (4) hours of training and supervision per week. The Clinical Director or delegated supervisor will schedule individual and group supervision. During supervision, the student is expected to discuss clinical and professional development. Training seminars are designed to expose the student to evidence-based practices and therapeutic interventions. The Clinical Director and Academic Director of Training will design the training schedule, but suggested topics should include mental illness identification, risk assessment, treatment planning, cultural competency education, documentation, HIPAA and confidentiality, professional ethics, and legal issues [30,31,32]. Students are responsible for keeping track of all assignments, trainings, and supervision hours through a personal log submitted to the Clinical Director and Academic Director of Training weekly. Students are expected to submit progress notes for each client interaction. All progress or contact notes will be reviewed and cosigned by the on-site Clinical Director or delegated supervisor.

5.6. Evaluation Process

Performance evaluations are essential to an internship program and the student's professional growth. The Clinical Director and Academic Director of Training will be responsible for identifying the students' strengths and areas that need improvement in writing. The performance evaluations will be completed monthly [31,32]. The Clinical Director and Academic Director of Training will meet with each student to discuss their performance, provide feedback, and modify training to meet their needs or the program's requirements [30,31,32]. The academic program, correctional agency, and student will receive a copy of the written evaluations. The performance evaluations will be used to appraise the students' clinical and professional skills as part of the grading system for their academic program.

5.7. Admission Requirements and Procedure

Interested students must be enrolled in an accredited four-year undergraduate program. Students of any major may apply to participate in this program, but psychology, sociology, social work, and criminal justice majors are the target audience. Students must complete the internship application form at least two weeks before the start of the program. Some academic programs may require students to apply as part of registering for the course. Each academic program or agency may modify the application to meet the individual needs, but suggested components include information about the student's experience, research interest, G.P.A., and references [30,31,32]. Before starting the program, students must also complete all necessary background checks, substance use, and agency screeners. The Academic Director of Training will review applications and submit a list of applicants to the Clinical Director for an interview. Successful candidates

will receive a formal offer letter detailing the duration, responsibilities, and other relevant internship information. Students must confirm their acceptance at least one week before the start of the program so orientation can be scheduled.

6. Limitations

This mental health internship curriculum has potential limitations that must be considered. Liability must be considered a limitation, as placing undergraduate students in high-risk forensic settings may raise concerns for correctional agencies and academic institutions. Academic institutions and correctional facilities alike may be hesitant to place undergraduate students within these facilities unless the students adhere to the strict training and safety protocols outlined in the curriculum, which maintain active and adequate legal protections. In addition to liability concerns, the lack of licensure or certification for undergraduate students poses a concern for the opportunity for malpractice via practicing outside of one's scope. Explicit descriptions of predefined roles, required documentation pertaining to practicing in the correctional facility, and a minimum of four hours of supervision per week are included in the proposal to ensure that ethical boundaries are established and maintained, guaranteeing that students are performing within their allocated scope of practice.

Beyond the risk of malpractice, potential exposure to several traumas, such as violence or systemic disparities, may harm the psychological well-being of the students within the program who are in the beginning stages of their career path, which can be discouraging in the long-term pursuit of a mental health profession in forensic settings. To mitigate this risk, students are provided with a robust support system and training in trauma-based care alongside safety protocols to encourage student preparedness in a potentially distressing scenario. Amongst concerns of the effects of potential trauma exposure, the lack of pre-existing undergraduate internship models or literature, specifically within correctional facilities, allows for potential limitations by way of trial-and-error application issues in the program's execution. The curriculum is based on archival data of doctoral and undergraduate-level internship programs to mitigate inefficiency within the program.

7. Discussion and Future Research Implications

There is a severe lack of mental health professionals in correctional and forensic facilities, in addition to a high turnover rate in the field. The disproportionate prevalence of poor mental health, corroborated with substance abuse, physical and intellectual disabilities, and the failure to diagnose mental health issues during the correctional onboard processing or before, contributes to the exaggerated rates of mental health issues and intricate variations of mental health status witnessed within correctional facilities [6,8,12]. There is a significant prevalence of poor psychological conditions in forensic facilities, with mental health issues contributing to in-facility offenses such as rule-breaking in addition to verbal and physical fighting [1,11]. This high frequency of mental illness and offending, alongside the severe lack of practitioners, highlights the need for additional mental health professionals in these spaces who are adequately trained to help inmates.

Existing programs focusing on correctional facility-based internships emphasize professional progression, concise training, and research opportunities, while allocating authentic experience of working in a forensic setting as a mental health practitioner [14,15]. Due to the perception that correctional facilities can be dangerous, students may be fearful of physical retaliation by inmates. Despite the low probability that this will occur, correctional facilities utilize safety protocols and training to ensure the safety of all parties; this includes security and emergency procedure training for internship participants in the suggested program [5,23,32]. High caseloads, burnout, and vicarious trauma pose potential regions of challenge in correctional facilities in terms of emotional safeguarding; interns will be taught to prioritize self-care and mental well-being while learning how to advocate for professional boundaries [2,25]. Meticulous supervision and adequate program training will protect students from liability concerns such as confidentiality breaches and dual conflicts [26,28]. Previous programs conducted in correctional facilities exemplify that curricula based on practical experience, administrative support, and creating genuine impact in incarcerated individuals' lives diminish the burden of the overwhelming presence of mental health issues and the underwhelming presence of mental health providers in correctional facilities. Within the proposed curriculum, participants' emotional and physical safety will be ensured through in-depth safety instructions, allowing students to maximize their use of the program.

Limitations pertaining to an absence of evidence-based data for undergraduate internship programs in correctional facilities, possible exposure to secondary trauma, the risk of malpractice, and the placement of undergraduate students in correctional facilities are present in the curriculum. Future research should focus on the long-term effects of undergraduate internship programs in increasing the number of practitioners in mental health support services within correctional facilities. The immense necessity for mental health services in correctional institutions, accompanied by the scarcity of trained professionals, emphasizes the need for organized undergraduate internship opportunities that can both enhance the support system for those incarcerated and foster well-equipped mental health service practitioners for the future.

References

[1] National Alliance on Mental Illness (NAMI). (2023). Mental Illness and The Criminal Justice System.Mental health by the numbers. https:// www.nami.org/ about-mental-illness/mental-health-by-the-numbers/.

[2] Forman-Dolan, J., Caggiano, C., Anillo, I., & Kennedy, T.D. (2022). Burnout among Professionals Working in Corrections: A Two Stage Review. International Journal of Environmental

Research and Public Health. 19(16):9954.

[3] Morris, N.P., & West, S.G. (2020). Misconceptions About Working in Correctional Psychiatry. Journal of the Academy of Psychiatry and the Law. 48(2):251–258.

[4] Canada, K., Barrenger, S., Bohrman, C., Banks, A., &Peketi, P. (2022). Multi-Level Barriers to Prison Mental Health and Physical Health Care for Individuals With Mental Illnesses. Frontiers in Psychiatry. 3; 13:777124.

[5] Darani, S.A., McMaster, R., Wolff, E., Bonato, S., Simpson, A., Glancy, G., Sandhu, K., & Quinn, J. (2023). Addressing the Mental Health Needs of Inmates Through Education for Correctional Officers—A Narrative Review. The Journal of Continuing Education in the Health Professions, 43(4):247–253.

[6] Shingler, J., Sonnenberg, S. J., & Needs, A. (2019). 'Their life in Your hands': The experiences of prison-based psychologists conducting risk assessments with indeterminate sentenced prisoners in the United Kingdom. Psychology, Crime & Law, 26(4), 311–326.

[7] Hailemariam, M., Bustos, T. E., Montgomery, B. W., Brown, G., Tefera, G., Adaji, R., Taylor, B., Eshetu, H., Barajas, C., Barajas, R., Najjar, V., Dennis, D., Hudson, J., Felton, J. W., & Johnson, J. E. (2024). Mental health interventions for individuals with serious mental illness in the criminal legal system: A systematic review. BMC Psychiatry, 24(1), 50–64.

[8] Mellifont, D., Smith-Merry, J., McKenzie, K., & Clenaghan, P. (2018). A narrative review of mental health support for people during transition from incarceration to community: The Grass can be greener on the other side of the fence. Journal of Mental Health, 28(2), 189–197.

[9] Han, B. H., Williams, B. A., & Palamar, J. J. (2020). Medical multimorbidity, mental illness, and substance use disorder among middle-aged and older justice-involved adults in the USA, 2015–2018. Journal of General Internal Medicine, 36(5), 1258–1263.

[10] Primeau, A., Bowers, T. G., Harrison, M. A., &Xuxu. (2013). Deinstitutionalization of the mentally ill: Evidence for transinstitutionalization from psychiatric hospitals to penal institutions. Comprehensive Psychology, 2(2), 1–10.

[11] Rio, J., Heckman, L., & Tippett, H. (2021). A content analysis of the offender population in counseling journals. Journal of Addictions & Offender Counseling, 42(1), 50–64.

[12] Pope, L., Smith, T., Wisdom, J., et al (2013). Transitioning between systems of care: Missed opportunities for engaging adults with serious mental illness and criminal justice involvement. Behavioral Sciences & the Law, 31, 444-56.

[13] Olley, M., Nicholls, T., Brink, J. (2009). Mentally ill individuals in limbo: Obstacles and opportunities for providing psychiatric services to corrections inmates with mental illness. Behavioral Sciences & the Law, 27, 811-31.

[14] Florida Department of Corrections. (2011). FDC's doctoral psychology internship program achieves APA accreditation. https:// www.fdc.myflorida.com/ health-services/ doctoral-internship- program-in-clinical-psychology.

[15] Fuehrlein, B. S., Jha, M. K., Brenner, A. M., & North, C. S. (2013). Availability and attitudes toward correctional psychiatry training: Results of a national survey of training directors. The Journal of Behavioral Health Services & Research, 41(2), 244–250.

[16] American Psychological Association (APA). (2025). APA-accredited programs. American Psychological Association. https://apps.apa.org/accredsearch/?_gl=1%2A1bxk90y%2A_gcl_au%2AMTIzNTEzOTcuMTc1MzEzMjE1MQ..%2A_ga%2AMjA5ODU3MTIwOC4xNjk1NDMwNTYw%2A_ga_SZXLGDJGNB%2AczE3NTMxMzIxNTIkbzE2JGcxJHQxNzUzMTMyMjAzJGo0OSRsMCRoMA.

[17] Wisconsin Department of Corrections. (2023). Wisconsin Department of Corrections APA-Accredited Doctoral Internship in Health Service Psychology Brochure. Madison, Wisconsin; Wisconsin DOC. https:// doc.wi.gov/ Documents/ AboutDOC/ AdultInstitutions/ 2023-2024% 20Internship% 20Brochure. pdf.

[18] FMC Fort Worth. (2024). FMC Fort Worth Psychology Doctoral Internship Brochure. Fort Worth, Texas; FMC Fort Worth. https://www.bop.gov/jobs/docs/ftw_internship_brochure.pdf.

[19] Turkington, C. H. (2017). Louisiana's Addiction to Mass Incarceration by the Numbers. Loyola Law Review, 63(3), 557–591.

[20] U.S. Department of Labor Statistics. (2025). Occupational Outlook Handbook. https:// www.bls.gov/ooh/community-and-social-service/substance-abuse-behavioral-disorder-and-mental-health-counselors.htm.

[21] Ax, R. K., & Morgan, R. D. (2002). Internship Training Opportunities in Correctional Psychology. Criminal Justice and Behavior, 29(3), 332–347. https:// www.researchgate.net/ publication/237459654_Internship_Training_Opportunities_in_Correctional_PsychologyA_Comparison_of_Settings.

[22] Prins, S. J. (2014). Prevalence of mental illnesses in US State prisons: a systematic review. Psychiatric Services (Washington, D.C.), 65(7), 862–872.

[23] Lim, M.C., Jeffree, M.S., Saupin, S.S., Giloi, N., & Lukman, K.A. (2022). Workplace violence in healthcare settings: The risk factors, implications, and collaborative preventive measures. Annals of Medicine and Surgery. 78:103727.

[24] Dean, L., Butler, A., &Cuddigan, J. (2021). The Impact of Workplace Violence Toward Psychiatric Mental Health Nurses: Identifying the Facilitators and Barriers to Supportive Resources. Journal of the American Psychiatric Nurses Association. 27(3):189-202.

[25] Kounenou, K., Kalamatianos, A., Nikoltsiou, P., &Kourmousi, N. (2023). The Interplay among Empathy, Vicarious Trauma, and Burnout in Greek Mental Health Practitioners. The International Journal of Environmental Research and Public Health. 20(4): 3503.

[26] Glancy, G. (2025). Ethics Challenges in Correctional Mental Health. Journal of the American Academy of Psychiatry and the Law. 53(1):74–82.

[27] U.S. Department of Health and Human Services (HHS). (2025). Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule Law Enforcement Purposes. https:// www.hhs.gov/ hipaa/for-professionals/privacy/laws-regulations/index.html.

[28] Merkt, H., Haesen, S., Eytan, A., Habermeyer, E., Aebi, M.F., Elger, B., & Wangmo, T. (2021). Forensic mental health professionals' perceptions of their dual loyalty conflict: findings from a qualitative study. BMC Medical Ethics. 22(1):123.

[29] American Psychological Association (APA). (2023). Competency Benchmarks in Professional Psychology. https:// www.apa.org/ ed/graduate/revised-competency-benchmarks.doc.

[30] Southern California Department of Corrections and Rehabilitation. (2023). Psychology Internship Program Handbook. https:// cchcs.ca.gov/wpcontent/uploads/sites/60/Careers/SCDCRCPsychologyInternshipHandbook.pdf.

[31] Louisiana State University. (2024). LSU Clinical Psychology Handbook. https://www.lsu.edu/hss/psychology/grad/prospective-student/areas-of-specialization/clinical_handbook_2024_25.pdf.

[32] U.S. Medical Center for Federal Prisoners. (2022). Psychology Internship Program. https:// www.bop.gov/ jobs/docs/ spg_ internship_brochure_100521.pdf.