

Aims of the Program:

The doctoral internship program at Rogers Behavioral Health provides a broad range of experiences working with diverse child, adolescent and adult populations. The program allows interns to apply their scholarly knowledge as they expand and refine their practice skills through clinical experiences including: completion of diagnostic interviews and assessments as well as participation in interdisciplinary treatment meetings; creation and monitoring of measurable treatment goals; development of interventions appropriate for a diagnosis; planning and implementation of psychoeducational and psychotherapy groups; development of proficiency in the modalities of individual, family and group therapy and supervision of students. The goal of these experiences is for interns to develop the skills and confidence needed to begin their career as a practicing health service psychologist. Interns will be challenged in their tasks and will be offered the support and supervision needed to be effective in their roles.

The doctoral internship program functions as one of the professional training programs within Rogers Behavioral Health. Interns will have exposure to many of the specialized behavioral healthcare services provided by Rogers Behavioral Health. They will benefit from their contact with professional staff across a broad spectrum of settings and clinical programs. Throughout the process, the Directors of Clinical Training and Chief Psychologist will be actively involved to direct and monitor the intern's experience.

Specifically, the goals for training will include producing entry level health service psychologists:

1. With competence in applying theories and methods of effective, evidence-based psychotherapeutic intervention.
2. Who possess competency in psychological assessment.
3. Who understand and appreciate the importance of maintaining and applying current knowledge of research and scholarly inquiry in the profession of health service psychology.
4. Who demonstrate competence in communication and interpersonal skills, who are adept at consultation and who function successfully as part of an interdisciplinary team.
5. With competence in professional values, professional conduct, professional ethics, and an understanding of relevant mental health law through continued professional development and appropriate use of supervision.
6. With competence in individual and cultural diversity as they relate to practice in a diverse society.
7. With competence in applying the current literature and practice in providing supervision.

About Rogers Behavioral Health:

Rogers Behavioral Health is a not-for-profit, independent, private provider of specialized mental health and addiction treatment since 1907. Based in Wisconsin with locations in seven states, Rogers is one of the largest behavioral healthcare providers in the U.S.

Specialized care

- When traditional outpatient therapy isn't enough, patients can continue treatment with intensive care options that provide more depth through comprehensive treatment.
- Rogers specializes in a broad range of mental health conditions: obsessive-compulsive and related disorders, anxiety disorders, eating disorders, depression, mood disorders, posttraumatic stress disorder, addiction

(substance use disorders), ADHD and mental health disorders affecting children and adolescents on the autism spectrum.

Access to one of the largest multi-specialty behavioral health practices in the U.S.

- Our team is backed by strong medical and clinical leadership in a private, non-academic setting. We have a medical staff of more than 140 including more than 80 psychiatrists and 40 psychologists. They are specialists in mental health and addiction and partner with a premier multidisciplinary group of behavioral specialists, nurses, therapists, and dietitians.
- The entire team is committed to the use of evidence-based therapies and medication management in order to produce the best results, particularly for those with complex cases and co-occurring disorders.
- Rogers' medical staff has the recognition and respect of its peers. Many serve as faculty at local universities, conduct research, and present regularly at state, regional, national and international conferences. Our members have led state and national associations and helped establish policy and standards within their fields.

Outpatient, residential and inpatient options for care

- Patients can access up to four levels of care:
 - Specialized outpatient treatment includes partial hospital programs that meet 6 to 7 hours a day, 5 days a week for 6 to 8 weeks (PHPs) and intensive outpatient programs that meet 3 hours a day, 4 to 5 days a week for 4 to 6 weeks (IOPs) throughout the US.
 - Ten residential programs in Wisconsin provide intensive psychiatric and addiction care typically lasting 30 to 90 days.
 - Inpatient services in Oconomowoc, West Allis, and Brown Deer, Wisconsin for stabilization during an acute episode with a length of stay based on the needs of the patient and condition. While the average adult inpatient stay is 5 to 7 days, inpatient stays for medical detox average 3 to 5 days, and inpatient stays for eating disorders average two to three weeks, and child and adolescent stays average 7 to 10 days.

Rogers' therapeutic approach

- At Rogers Behavioral Health, patients learn how to apply the tools and skills they need to give them the best chance of full recovery. We use an intensive model of evidence-based care that has been effective for thousands of patients. Family involvement is a key part of many programs.
- If applicable, Rogers provides significant individual treatment throughout all levels of care in addition to group therapy.
- We offer transcranial magnetic stimulation (TMS) that can be provided in some RBH locations. Patients and the care team decide if this is the right approach.
- In addition to these evidence-based therapies, we offer mindfulness and experiential therapy such as movement, art, music and horticultural therapy that often enhance our patients' experience and well-being. Additionally, spiritual care is available at various locations, providing a holistic approach to healing, regardless of faith or belief system. We're committed to working with patients in a warm, inviting environment to find the combination that helps patients onto a road to recovery.

Quality care with demonstrated clinical outcomes

- Rogers Behavioral Health has 20+ years of tracking clinical outcomes with nearly 100,000 of our patients participating. Patients who agree to participate are asked at admission and discharge to complete a series of questionnaires; follow-up calls on progress are made periodically after discharge. Study findings are used by our treatment teams to adjust programs to improve clinical effectiveness and to make real-time adjustments in individual treatment plans for optimal outcomes.

- With our Cerner electronic health record, we are gaining additional understanding of our clinical effectiveness across service lines, levels of care and throughout our system, including regional outpatient centers.

Training Locations:

Oconomowoc:

Rogers' Oconomowoc campus is located on 50 acres of wooded, lakefront property and is home to our nationally respected residential centers. Inpatient and partial hospitalization care is also available at our Oconomowoc campus.

The city of Oconomowoc is located in southeastern Wisconsin, about 30 miles west of metropolitan Milwaukee. Our campus is less than an hour from Madison and approximately two hours from Chicago. Additional information about the Oconomowoc area can be found at: <http://www.oconomowoc-wi.gov>

West Allis:

Rogers' West Allis campus, located near Milwaukee, provides inpatient, partial hospitalization and intensive outpatient services for children, adolescents, adults and older adults.

The city of Milwaukee is located in southeastern Wisconsin. It is approximately 1.5 hours from Madison and approximately 1.5 hours from Chicago. Further details regarding the metropolitan Milwaukee area can be found at: <http://www.milwaukee.org>

Hospital Licensing and Accreditation:

Rogers Behavioral Health is licensed as a psychiatric hospital by the State of Wisconsin and is accredited by The Joint Commission. The Pre-doctoral Psychology Internship Program is accredited by the American Psychological Association (APA) with the next accreditation review in 2021.

Hospital Mission, Vision, and Values:

Our Mission

We provide highly effective mental health and addiction treatment that helps people reach their full potential for health and well-being.

Our Vision

We envision a future where people have the tools to rise above the challenges of mental illness, addiction, and stigma to lead healthy lives. We bring this vision to life by constantly elevating the standard for behavioral healthcare, demonstrating our exceptional treatment outcomes, and acting with compassion and respect.

Our Values

Excellence - we are committed to continuous improvement including recruitment and retention of highly talented employees who deliver clinically effective treatments with the best possible outcomes.

Compassion - we are dedicated to a healthy culture where employees, patients, and families experience empathy, encouragement, and respect.

Accountability – we embrace our responsibility to our patients, families, referring providers, payors, and community members to provide care that is high quality, cost effective, and sustainable.

Equal Employment Opportunity / Affirmative Action:

It is the policy of Rogers Behavioral Health to provide equal employment opportunity to all individuals regardless of their race, creed, color, religion, sex, age, national origin, handicap, veteran status, or any other characteristic protected by state or federal law.

Plan Location and Sequence of Training Experiences:

While all interns overlap on many aspects of their training, the internship consists of two major track options that are separately located in either the Oconomowoc or West Allis (located in Milwaukee) sites of Rogers Behavioral Health. Two interns are chosen for the OCD and Anxiety Disorders Track in Oconomowoc, and two interns are chosen for the Child and Adolescent Day Treatment (CADT)/Partial Hospitalization Program (PHP) track in West Allis. All internship tracks are five days a week. Separate applications are required for the OCD/Anxiety or the Child and Adolescent Day Treatment track.

Training Site Descriptions:

The OCD and Anxiety Disorders Internship Track

The Obsessive-Compulsive Disorder Center

The Obsessive-Compulsive Disorder Center is one of only two residential treatment centers in the United States specializing in the treatment of males and females age 18 and older with severe obsessive-compulsive disorder (OCD), obsessive-compulsive (OC) and related disorders such as trichotillomania and body dysmorphic disorder and other anxiety disorders (i.e., generalized anxiety disorder, panic disorder, agoraphobia, social anxiety disorder, and post-traumatic stress disorder). Located on a 22-acre site about a half-mile east of the hospital's Oconomowoc campus, the center can accommodate up to 28 patients and features expansive treatment and living areas.

Prior to admission, an initial telephone screening is conducted by admissions staff and then reviewed by the key clinical and medical staff. Based on this review, a recommendation is made for the appropriate level of care. On admission, a comprehensive evaluation, which includes a battery of assessments to ascertain the patient's medical, emotional, educational, developmental and social history, is conducted. This detailed assessment also includes administration of Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) creation of a graduated exposure hierarchy based on the patient's unique concerns.

Upon admission, each patient is assigned to a core clinical team consisting of a psychiatrist, psychologist, behavioral specialist, nurse, therapist, and residential counselor. Members of the core clinical team conduct a detailed assessment, develop the treatment goals and exposure hierarchy, then facilitate and monitor the patient's progress. Treatment goals are accomplished through a program consisting of individual work sessions and group psychotherapy. The center's staff uses a strict cognitive-behavioral approach and a graduated exposure hierarchy for each individual. For OCD, the main emphasis is Exposure and Ritual Prevention (ERP). In addition to ERP, cognitive strategies and dialectical behavior therapy skills are also taught. Approximately 30 hours of cognitive-behavioral therapy treatment is provided each week. The length of stay at the Obsessive-Compulsive Disorder Center is open-ended; the average length is 50 days. Our overall goal is for patients to complete at least 70% of their hierarchy during their treatment stay before recommendation for step down to outpatient care is determined. See Sample Schedule (next page).

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7:30-8:45a	--Vital Signs Taken; Medications Dispensed, Breakfast --						
9:00-9:30a	--Homework Review Group --						AA mtg at Main 8:45 Spirituality at Crosspoint
9:00am-12:00p	--Cognitive-Behavioral Therapy--						10:10 Spirituality at Joan of Arc
12:00-12:30p	--Lunch--						
12:30-1:00p	-- Free Time / Prep for Afternoon Programming --						
1:00 – 2:00p	Process Group in Day Room	Art Therapy in Art Studio	Experiential Therapy Meet in Lobby	Art Therapy In Art Studio	DBT Skills Group in Day Room	-- Supervised Individual Homework --	
2:00-3:00p	Individual Appointments / Assignments	Experiential Therapy Meet in Lobby	DBT Skills Group in Day Room	Individual Appointments / Assignments	Experiential Therapy Meet in Lobby	Passes / Family Visits / Free Time OR YMCA	
3:00-3:30p	-- Individual Appointments / Assignments --					Passes / Family Visits / Free Time OR YMCA	
3:30-5:00p	-- supervised Individual Homework – With Residential Counselor					Passes / Family Visits / Free Time OR YMCA	
5:00-5:30p	-- Dinner --						
5:30-6:00p	-- Free Time / Prep for Evening Programming --						
6:00-6:30p	-- Check-in Group --						
6:30-8:30p	YMCA OR AA mtg at Main	Free Time	YMCA OR AA mtg at Main	Belongings Outing	Community Outing	Community Open Art Studio/Fitness	Community Outing
8:30-9:30p	Free Time	Open Art Studio/Fitness	Clean Common Areas/Bedroom (RC provide assistance)	Open Art Studio/Fitness	Community Outing Cont'd OR Free Time	Community Outing Cont'd	Open Art Studio/Fitness
9:30-11:00p	-- Preparations for quiet evening routine --						
11:00p	-- Quiet Evening Routine – (Residents in their bedrooms Sundays through Thursdays by 11pm / Fridays and Saturdays by 12am)						

Rotations:

Fourth quarter part-time rotation opportunities include: OCD and Anxiety Center Children’s Residential CD and Anxiety Adolescent Residential Care; OCD, Anxiety, and Depression Center Adolescent Residential Care; Eating Disorder Recovery Adolescent and Adult Residential Care; Focus Depression Recovery Adolescent and Adult Residential Care; Trauma Recovery Adult Residential Care. In addition, opportunities may be available in our Partial and Intensive Outpatient Programs

Child & Adolescent Intensive Outpatient Program (IOP) and Partial Hospitalization Program (PHP) Internship Track

The day treatment and PHP staff offer a comprehensive treatment approach that helps children understand and manage their behaviors. Our experienced team works closely with the family, school and primary care providers to coordinate a treatment plan the meets each child’s needs and maximizes their outcomes.

The program provides coordinated treatment services in a safe and structured setting five days per week, for IOP in either morning (8:00 a.m. – 11:00 a.m.) or afternoon (12:30 p.m. – 3:30 p.m.) sessions for children and adolescents ages 10 to 18 at the Milwaukee campus. The PHP program also meets five days a week (8:00am to 2:00pm) and services children and adolescents at the Milwaukee campus. All patients receive individual, group, family and experiential therapy and psychiatric consultation. Specialized groups are offered for children and teens who present with externalizing behaviors or internalizing behaviors. The treatment teams also have expertise in managing high risk suicide and self-harm behaviors. Groups utilize the ARC model and DBT programming to treat a variety of diagnoses. All groups incorporate a trauma informed care model. See Sample Schedules below:

An example of a typical week schedule on the Child & Adolescent Day Treatment Program is shown:

AM GROUP	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00 - 8:15	Goals group & Safety Check-in				
8:15 - 9:30	Psycho-educational Group Topic of the Week				
9:30 - 9:45	Social Skills Communication Skills	Social Skills Feelings expression skills	Social Skills Interpersonal Skills Building	Social Skills Building Self-Esteem	Social Skills Interpersonal Skills Building
9:45 - 10:45	Experiential Therapy	Experiential Therapy	Cognitive-Behavioral Therapy	Cognitive-Behavioral Therapy	Cognitive-Behavioral Therapy
10:45 - 11:00	Responsibility, Achievement and Safety Check-in				
PM GROUP	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
12:30 – 12:45	Goals group & Safety Check-in				
12:45 – 1:45	Psycho-educational Group Topic of the Week	Cognitive-Behavioral Therapy	Experiential Therapy	Cognitive – Behavioral Therapy	Cognitive-Behavioral Therapy
1:45 - 2:00	Social Skills Communication Skills	Social Skills Feelings expression skills	Social Skills Interpersonal Skills Building	Social Skills Building Self-Esteem	Social Skills Interpersonal Skills Building
2:00 - 3:00	Experiential Therapy	Psycho-educational Group Topic of the Week			
3:00 - 3:15	Coping Skills Group				
3:15 - 3:30	Responsibility, Achievement and Safety Check-out				

An example of a typical week schedule on the Adolescent Partial Hospitalization Program is shown:

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00	Check-in Homework Review	Check-in Homework Review	Check-in Homework Review	Check-in Homework Review	Check-in Homework Review
8:30	Mindfulness Moment	Mindfulness Moment	Mindfulness Moment	Mindfulness Moment	Mindfulness Moment
9:00	Process group	Process group	Process group	Process group	Process group
10:00	DBT- Emotional Regulation	DBT - Distress Tolerance	DBT- Interpersonal Effectiveness	DBT-Walking the Middle Path	DBT-Wise Mind
11:00	Experiential Therapy	Experiential Therapy	Experiential Therapy	DBT- Emotional Regulation	DBT - Distress Tolerance
12:00	lunch	lunch	lunch	lunch	lunch
12:20	Mindfulness Moment	Mindfulness Moment	Mindfulness Moment	Mindfulness Moment	Mindfulness Moment
12:30	DBT-School Skills	DBT- IE	DBT- Mindfulness/nursing	Experiential Therapy	Experiential Therapy
1:30	Homework	Homework	Homework	Homework	Goals/Wrap up
1:45	Goals/Wrap up	Goals/Wrap up	Goals/Wrap up	Goals/Wrap up	
	Mindfulness Moment	Mindfulness Moment	Mindfulness Moment	Mindfulness Moment	Mindfulness Moment
2:00	Dismissal	Dismissal	Dismissal	Dismissal	Dismissal

As professionals in the Child & Adolescent IOP and PHP, interns will utilize Dialectical Behavioral Therapy (DBT), Cognitive Behavioral Therapy (CBT), Attachment Self Regulation and Competency model (ARC) in addition to a more broad range of theoretical approaches. Interns will complete diagnostic evaluations, have the opportunity to work with both short and long-term clinical cases and will see patients in individual, group, and family therapy. They will gain skills in managing client crises, behavioral de-escalation, and risk assessment. Interns will have the opportunity to gain specific knowledge in working with an organized trauma-informed care program, and in working with treatment groups specific to both internalizing and externalizing behaviors. They will work with clients who come from various ethnic, cultural, and socio-economic backgrounds.

Both programs incorporate trauma-informed care programming in all of the groups. Children and adolescents who attend IOP and PHP are likely to have experienced a trauma, which could include: physical or sexual abuse, the loss of a parent, sibling or significant relative due to death or incarceration, multiple transitions in the foster care system, or witnessing or experiencing of a violent crime. An awareness of the impact of multi-generational trauma and its impact is maintained on an ongoing basis.

Trauma-informed care assesses the effects of trauma on a child behavior. The treatment teams work to better understand the function of the patient's behavior and the ways it is influenced by previous trauma. The patients learn to use coping strategies to decrease symptoms, to safely express their feelings about the trauma, to come to see their own reactions as normative, to reduce their feelings of shame, to put the traumatic experience into a larger context, and to obtain a sense of mastery regarding the painful events they have experienced. Professionals who are highly trained and experienced in working with traumatized children lead all IOP groups.

A wide variety of techniques are employed based on the child and family's individualized needs, but the tools used are those demonstrated to have value in treating trauma-related symptomatology. In the adolescent groups, the teens benefit greatly by the group dynamic in terms of not feeling alone in their experiences. The adolescents also learn many of the skills taught in Dialectical Behavior Therapy to help stabilize their moods and focus on the present. Further, there is a strong family component where psycho-education, emotional support, and validation are given to parents. Parents are taught to provide the same skills to their children.

- **Internalizing Behavior Specialized Treatment Group:**

The overall focus of this specialty group is on challenging thought processes and behaviors that contribute to maintaining anxiety and depression as well as on learning positive coping skills. The adolescents enrolled in this program receive group, individual, and family therapy. There is a strong psycho-educational component regarding diagnoses for both the teens and their families. Medication consultation also takes place with a board certified child/adolescent psychiatrist. The school liaison works with the school professionals to provide additional information of the adolescent's diagnosis and how it may affect school performance.

The Internalizing Teen Group specifically addresses the core characteristics of depression and anxiety. Some patients in this group show school avoidance and staff works with the patient's school to facilitate a successful return to the academic setting. There is a heavy focus on Dialectical Behavioral Therapy (DBT) with the patients and their families. Skills for emotional regulation, distress tolerance, and problem-solving are addressed daily, in order to deter patients from expressing their anger, depression, anxiety, and frustration in a maladaptive way. Staff closely monitor and assess patients' safety risk on a daily basis. Many internalizing patients engage in self-harm or may develop suicidal thoughts or attempt suicide. This group provides patients the opportunity to express their needs in a healthy and safe manner.

- **Pre-Adolescent Partial Hospitalization/Intensive Outpatient Program (PHP/IOP):**

Interns have an option to work in a combined six hour (8:00am to 2:00pm)/three hour (8:00am to 11:00am) pre-adolescent partial hospital IOP program. These programs serve pre-adolescents ages 10 to 13 years old who are struggling with depression, anxiety, ADHD, trauma, and DMDD and are high risk for impulsivity and unsafe behaviors. These programs serve as a supportive and structured step down from inpatient level of care after stabilization when patients need more assistance with these struggles. Patients generally start in partial hospitalization program and step-down to the intensive outpatient program. This group uses the ARC model (Attachment, Self-Regulation, and Competency) as the basis for the programming. Interns and staff provide individual, group, and family therapy in addition to milieu management. Medication consultation also takes place with a board certified child/adolescent psychiatrist.

- **Adolescent Partial Hospitalization Programs:**

Interns have an option to work in a six hour (8:00am to 2:00pm) adolescent partial program. These programs serve adolescents ages 12 to 18 years old who are struggling with depression, anxiety, trauma and are high risk for suicide and self-harm behaviors. This program serves as a supportive and structured step down from the inpatient level of care after stabilization and a step up from IOP when patients need more assistance with these internalizing struggles. There is a heavy focus on Dialectical Behavioral Therapy (DBT) with the patients and their families. Interns and staff provide individual, group, and family therapy in addition to milieu management. Medication consultation also takes place with a board certified child/adolescent psychiatrist.

The Training Curriculum:

Rogers Behavioral Health's internship program follows the practitioner-scholar model, which emphasizes applying scientific knowledge and scholarly inquiry to the clinical practice of psychology grounded in the belief that clinical practice must continually evolve through integrating the most current and evidenced based research practices. Interns are provided opportunities to expand their knowledge base through didactic seminars, grand rounds presentations, individual and group supervision, selected readings, and interactions with other professionals within the hospital system. In addition, interns are exposed to numerous empirically-based treatments and are taught to be excellent consumers of research to enhance their work with patients. In line with this, interns are expected to collect data, often in the form of self-report measures, throughout their patients' treatment in order to examine patient progress and alter the treatment approach as necessary.

Our training model is both developmental and competency based, with opportunities to develop and refine fundamental skills in assessment, clinical interviewing, intervention, supervision/consultation, and administration. Interns move from close supervision, mentorship, and intensive instruction to relatively autonomous functioning over the course of the year. Interns take an active and responsible role in developing their training plan and in adjusting it to meet their needs and emerging interests. The program's training model is flexible, in that it attends to each intern's individual training needs based on prior experience, skill acquisition, and comfort level. Supervisors continually assess the interns' training needs and provide the level of supervision and clinical experiences necessary to allow each intern to develop autonomy. Additionally, interns are expected to develop specific competencies and are assessed in relation to their progress with these competencies throughout the year via both their quarterly evaluations and weekly supervision sessions. Then, through this model, graduating interns develop the competencies and sense of professional identity needed for entry-level positions in psychology.

Profession-wide Competency Goals and Objectives & Internship competencies

The internship seeks to develop competencies in six areas of professional practice. The goals and objectives of the training program are outlined below.

Research/Scholarly Inquiry

Goal 1: To produce graduates who demonstrate independent ability to critically evaluate research and engage in scholarly activities related to health service psychology

Objective(s) for Goal 1: Demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities at the local, regional or national level.

Competencies:

1. Independently applies scientific methods to practice
 - a. Apply evidence-based practice in clinical work
2. Demonstrates advanced level knowledge of core science (i.e., scientific bases of behavior)
 - a. Identify and critically review current scientific research and extract findings applicable to practice
3. Independently applies knowledge and understanding of scientific foundations to practice
 - a. Apply evidence-based practice in clinical work
4. Generates knowledge (i.e. Program development, program evaluation, didactic development, dissemination of research)
 - a. Identify and critically review current scientific research and extract findings applicable to practice
 - b. Apply evidence-based practice in clinical work
5. Applies scientific methods of evaluating practices, interventions, and programs
 - a. Apply evidence-based practice in clinical work
6. Demonstrates knowledge about issues central to the field; integrates science and practice typical of the practitioner scholar model
 - a. Identify and critically review current scientific research and extract findings applicable to practice
7. Demonstrates cultural humility in actions and interactions

Ethical and Legal Standards

Goal 2: To produce graduates with competence in professional conduct, professional ethics, and an understanding of relevant mental health law through continued professional development and appropriate use of supervision.

Objective(s) for Goal 2: Understand and apply ethical and legal principles to the practice of Health Service Psychology. Develop appropriate professionalism in supervision and with other professionals and staff.

Competencies:

1. Understands the ethical, legal, and contextual issues of the supervisor role
 - a. Document clinical contacts timely, accurately, and thoroughly
 - b. Identify and respond appropriately to ethical issues as they arise in clinical practice
 - c. Interact with colleagues and supervisors in a professional and appropriate manner
2. Demonstrates advanced knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines
 - a. Identify and respond appropriately to ethical issues as they arise in clinical practice
 - b. Document clinical contacts timely, accurately, and thoroughly
3. Independently utilizes an ethical decision-making model in professional work
 - a. Identify and respond appropriately to ethical issues as they arise in clinical practice
 - b. Document clinical contacts timely, accurately, and thoroughly
 - c. Conducts self in an ethical manner in all professional activities
4. Independently integrates ethical and legal standards related to relevant laws, regulations, rules and policies governing health service psychology at the organizational, local, state, regional and federal levels with all competencies
 - a. Identify and respond appropriately to ethical issues as they arise in clinical practice
 - b. Interact with colleagues and supervisors in a professional and appropriate manner
 - c. Document clinical contacts timely, accurately, and thoroughly
5. Demonstrates cultural humility in actions and interactions

Individual and Cultural Diversity

Goal 3: To produce graduates with competence in individual and cultural diversity as it relates to practice in a diverse society.

Objectives(s) for Goal 3: Demonstrate the ability to independently apply their knowledge and approach in working effectively with a range of diverse individuals and groups encountered during internship.

Competencies:

1. Independently monitors and applies an understanding of how their own personal/cultural history, attitudes, and biases may affect assessment, treatment, and consultation
 - a. Understand and explore the impact of the one's own cultural background and biases and their potential impact on the process of treatment
 - b. Effectively engage in self-evaluation in order to utilize personal strengths in the therapeutic process
 - c. Understand how their own personal/cultural history attitudes and biases may affect how they understand and interact with people who are different from themselves
2. Independently monitors and applies current theoretical and empirical knowledge of diversity in others as cultural beings in assessment, treatment, supervision, research, training and consultation
 - a. Understand and explore the impact of the client's cultural background and biases and their potential impact on the process of treatment
 - b. Establish rapport and therapeutic alliances with individuals from diverse backgrounds
 - c. Applies current theoretical and empirical knowledge in assessment, supervision, research, training and consultation
3. Applies, knowledge, skills, and attitudes regarding dimensions of diversity to professional work
 - a. Understand and explore the impact of the one's own cultural background and biases and their potential impact on the process of treatment
 - b. Understand and explore the impact of the client's cultural background and biases and their potential impact on the process of treatment
 - c. Establish rapport and therapeutic alliances with individuals from diverse backgrounds
 - d. Applies a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of prior training
 - e. Able to work effectively with individuals whose group membership, demographic characteristics or worldviews create conflict with their own
4. Independently monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation
 - a. Provide accurate culturally and clinically relevant feedback regarding testing, assessment, and behavior modification plans to non-psychology staff
 - b. Interact professionally as a member of a multidisciplinary team
 - c. Provide culturally sensitive psychological input to improve patient care and treatment

Professional Values and Attitudes

Goal 4: To produce graduates with the ability to respond professionally in increasingly complex situations with a greater degree of independence.

Objective(s) for Goal 4: Demonstrate values consistent with the professional practice of psychology.

Competencies:

1. Behave in ways that reflect the values and attitudes of psychology including integrity, deportment, professional identify, accountability, lifelong learning and concern for the welfare of others.
2. Actively seek and demonstrate openness and responsiveness to feedback in supervision.
3. Respond professionally in increasingly complex situations with a significant degree of independence.
4. Accurately self-assesses competence in all competency domains; integrates self-assessment in practice; recognizes limits of knowledge/skills and acts to address them; has extended plan to enhance knowledge/skills
 - a. Interact with colleagues and supervisors in a professional and appropriate manner
 - b. Engage in self-care and appropriate coping skills in regard to stressors
 - c. Effectively engage in self-evaluation in order to utilize personal strengths in the therapeutic process
 - d. Shows awareness of need for and develops plan for ongoing learning to enhance skills
5. Self-monitors issues related to self-care and promptly intervenes when disruptions occur
 - a. Interact with colleagues and supervisors in a professional and appropriate manner
 - b. Engage in self-care and appropriate coping skills in regard to stressors
 - c. Effectively engage in self-evaluation in order to utilize personal strengths in the therapeutic process
6. Demonstrates reflectivity in context of personal and professional functioning (reflection-in-action); acts upon reflection; uses self as a therapeutic tool.
 - a. Engages in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, wellbeing, and professional effectiveness.
 - b. Effectively engage in self-evaluation in order to utilize personal strengths in the therapeutic process
 - c. Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.
7. Conducts self in a professional manner across settings and situations
 - a. Interact professionally as a member of a multidisciplinary team
 - b. Provide informative and appropriate professional presentations
8. Demonstrates cultural humility in actions and interactions

Communication and Interpersonal Skills

Goal 5: To produce graduates that are able to respond professionally in increasingly complex situations with a significant degree of independence.

Objective(s) for Goal 5: Demonstrate professional competence in interpersonal skills across activities and interactions.

Competencies:

1. Develop and maintain effective relationships with a wide range of individuals including colleagues, communities, organizations, supervisors, supervisees and those receiving professional services.
2. Produce and comprehend oral, nonverbal, and written communications that are informative and well integrated; demonstrate a thorough grasp of professional language and concepts.
3. Demonstrates effective interpersonal skills, manages difficult communication, and possesses advanced interpersonal skills
 - a. Interact with colleagues and supervisors in a professional and appropriate manner
 - b. Engage in self-care and appropriate coping skills in regard to stressors
4. Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated; demonstrates thorough grasp of professional language and concepts

- a. Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner.
 - b. Interact with colleagues and supervisors in a professional and appropriate manner
 - c. Document clinical contacts timely, accurately, and thoroughly
5. Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations
- a. Identify and respond appropriately to ethical issues as they arise in clinical practice
 - b. Interact with colleagues and supervisors in a professional and appropriate manner
 - c. Document clinical contacts in a timely manner, accurately, and thoroughly
6. Demonstrates cultural humility in actions and interactions

Assessment

Goal 6: To demonstrate skill in the selection, administration, scoring, interpretation, and integrated report-writing of assessment/testing batteries within the scope of Health Service Psychology.

Objective(s) for Goal 6: To demonstrate skill in the selection, administration, scoring, interpretation, and integrated report-writing of assessment/testing batteries within the scope of Health Service Psychology.

Competencies:

1. Independently selects and implements multiple methods and means of evaluation in ways that are appropriate to the identified goals and questions of the assessment as well as diversity characteristics of the service recipient.
 - a. From a variety of testing materials, select those most appropriate for the referral question
 - b. Collect data from a variety of sources (interview, medical record, prior testing reports, collateral information)
2. Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning
 - a. From a variety of testing materials, select those most appropriate for the referral question
 - b. Collect data from a variety of sources (interview, medical record, prior testing reports, collateral information)
3. Independently selects and administers a variety of assessment tools that draw from the best available empirical literature and that reflect the science of measurement and psychometrics and integrates results to accurately evaluate presenting question appropriate to the practice site and broad area of practice
 - a. From a variety of testing materials, select those most appropriate for the referral question
 - b. Administer, score, and interpret testing results correctly
4. Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity
 - a. Collect data from a variety of sources (interview, medical record, prior testing reports, collateral information)
 - b. Incorporate data into a well-written, integrated report
 - c. Demonstrate a working knowledge of DSM-5 nosology and multiaxial classification
5. Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment
 - a. Collect data from a variety of sources (interview, medical record, prior testing reports, collateral information)
 - b. Incorporate data into a well-written, integrated report
6. Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner
 - a. Incorporate data into a well-written, integrated report
 - b. Demonstrate a working knowledge of DSM-5 nosology and multiaxial classification
7. Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question
 - a. Provide accurate and clinically relevant feedback regarding testing, assessment, and behavior modification plans to non-psychology staff
 - b. Provide psychological input to improve patient care and treatment outcomes
8. Applies knowledge to provide effective assessment feedback and to articulate appropriate

- recommendations
 - a. Provide accurate and clinically relevant feedback regarding testing, assessment, and behavior modification plans to non-psychology staff that is sensitive to a range of audiences
 - b. Interact professionally as a member of a multidisciplinary team
 - c. Apply evidence-based practice in clinical work
- 9. Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
 - a. Provide accurate and clinically relevant interpretation regarding testing, assessment, and behavior modification plans to non-psychology staff
 - b. Apply evidence-based practice in clinical work
- 10. Demonstrates cultural humility in actions and interactions

Intervention

Goal 7: To produce graduates with competence in theories and methods of effective, empirically-supported psychotherapeutic intervention.

Objective(s) for Goal 7: To demonstrate skill in case conceptualization, treatment goal development, and evidence-based therapeutic interventions consistent with the scope of Health Service Psychology.

Competencies:

1. Independently applies knowledge of evidence-based practice, including empirical bases of assessment, clinical decision making, intervention plans, and other psychological applications, clinical expertise, and client preferences
 - a. Utilize theory and research to develop case conceptualizations
 - b. Identify and utilize appropriate evidence-based group and individual interventions
2. Independently plans interventions; case conceptualizations and intervention plans are specific to case and context
 - a. Develop treatment goals that correspond to the case conceptualization
 - b. Identify and utilize appropriate evidence-based group and individual interventions
 - c. Effectively manage behavioral emergencies and crises
 - d. Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation
3. Displays clinical skills with a wide variety of clients, establish and maintain effective relationships with the recipients of psychological services, and uses good judgment even in unexpected or difficult situations
 - a. Identify and utilize appropriate evidence-based group and individual interventions
 - b. Effectively manage behavioral emergencies and crises
 - c. Establish and maintain effective relationships with the recipients of psychological services.
 - d. Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
 - e. Modify and adapt evidence-based approaches effectively when a clear evidence base is lacking.
4. Demonstrates cultural humility in actions and interactions

Supervision

Goal 8: To produce graduates who are knowledgeable in supervision models and practices and act as role models for the individuals they supervise within the scope of Health Service Psychology.

Objective(s) for goal 8: Demonstrate the ability to apply supervision models and practices with trainees.

Competencies:

1. Apply knowledge of supervision models and practices in direct practice with psychology trainees or other mental health professionals.
2. Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and

- effectively addresses limits of competency to supervise
 - a. Identify and respond appropriately to ethical issues as they arise in clinical practice
 - b. Interact with colleagues and supervisors in a professional and appropriate manner
 - c. Engage in self-care and appropriate coping skills in regard to stressors
- 3. Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients
 - a. Identify and respond appropriately to ethical issues as they arise in clinical practice
 - b. Interact with colleagues and supervisors in a professional and appropriate manner
 - c. Engage in self-care and appropriate coping skills in regard to stressors
- 4. Provides effective supervised supervision, including direct or simulated practice, to less advanced students, peers, or other service providers in typical cases appropriate to the service setting
 - a. Interact with colleagues and supervisors in a professional and appropriate manner
 - b. Document clinical contacts timely, accurately, and thoroughly
- 5. Independently seeks supervision when needed
 - a. Engage in self-care and appropriate coping skills in regard to stressors
 - b. Identify and respond appropriately to ethical issues as they arise in clinical practice
- 6. Demonstrates cultural humility in actions and interactions

Consultation and Interprofessional/Interdisciplinary Skills

Goal 9: To produce graduates who are adept at consultation and who function successfully as part of a multidisciplinary team.

Objective(s) for Goal 9: Apply knowledge in direct or simulated consultation with individuals and their families, other healthcare professionals, interprofessional groups, or systems related to health and behavior.

Competencies:

1. Determines situations that require different role functions and shifts roles accordingly to meet referral needs
 - a. Interact professionally as a member of a multidisciplinary team
 - b. Provide psychological input to improve patient care and treatment outcomes
2. Applies teaching methods in multiple settings
 - a. Interact professionally as a member of a multidisciplinary team
 - b. Provide informative and appropriate professional presentations
 - c. Engages in role-played consultation, peer consultation or provision of consultation to other trainees
3. Applies literature to provide effective consultative services (assessment and intervention) in most routine and some complex cases
 - a. Provide accurate and clinically relevant feedback regarding testing, assessment, and behavior modification plans to non-psychology staff
 - b. Provide psychological input to improve patient care and treatment outcomes
 - c. Apply evidence-based practice in clinical work
4. Demonstrates knowledge of didactic learning strategies and how to accommodate developmental and individual differences across multiple settings.
 - a. Interact professionally as a member of a multidisciplinary team
 - b. Provide informative and appropriate professional presentations
 - c. Apply evidence-based practice in clinical work
5. Demonstrates awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems; demonstrates intermediate level knowledge and respect of common and distinctive roles and perspectives of other professionals
 - a. Interact professionally as a member of a multidisciplinary team
 - b. Effectively engage in self-evaluation in order to utilize personal strengths in the therapeutic process
6. Demonstrates beginning, basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning
 - a. Provide accurate and clinically relevant feedback regarding testing, assessment, and behavior modification plans to non-psychology staff

- b. Interact professionally as a member of a multidisciplinary team
 - c. Effectively engage in self-evaluation in order to utilize personal strengths in the therapeutic process
7. Participates in and initiates interdisciplinary collaboration/consultation directed toward shared goals
 - a. Provide accurate and clinically relevant feedback regarding testing, assessment, and behavior modification plans to non-psychology staff
 - b. Provide psychological input to improve patient care and treatment outcomes
 8. Develops and maintains collaborative relationships over time despite differences
 - a. Interact professionally as a member of a multidisciplinary team
 - b. Effectively engage in self-evaluation in order to utilize personal strengths in the therapeutic process
 9. Develops and maintains effective and collaborative relationships with a wide range of clients, colleagues, organizations and communities despite potential differences
 - a. Interact with colleagues and supervisors in a professional and appropriate manner
 - b. Engage in self-care and appropriate coping skills in regard to stressors
 10. Demonstrates cultural humility in actions and interactions

CADT/PHP track – West Allis Location

Goal 10: To produce graduates who are able to function confidently as an Attending Psychologist within an Intensive Outpatient or Partial Hospitalization Program

Objective(s) for Goal 10: Demonstrate the ability to provide high quality individual, group and family therapy to child and adolescent patients who present with a variety of diagnoses. Provide high quality consultation and supervision to team members, effectively apply milieu management and problem solving strategies, monitor and guide treatment progress, and provide accurate and thorough diagnostic evaluations for the CADT/PHP patients.

Competencies:

1. Provide evidenced-based individual, group, and family therapy consistent with the role of a Health Service Psychologist.
2. Provide individual and group supervision that is consistent with currently accepted competency based models to pre-masters students working on IOP/PHP.
3. Provide consultation to TS, MHTs, and social service personnel to appropriately apply evidence-based treatment strategies consistent with patient needs.
4. Apply the principles of Irwin Yalom to group based treatment for high quality patient care and milieu management.
5. Apply principles of DBT as appropriate to an internalizing patient population.
6. Complete high quality diagnostic evaluations in an accurate and timely manner that delineate patient needs and goals using DSM-5 nosology.
7. Monitor patient treatment progress and offer guidance to team members regarding pt clinical needs
8. Demonstrates cultural humility in actions and interactions

OR

Anx/OCD Track – Oconomowoc Location

Goal 10: To produce graduates who are able to function confidently as Psychologist within an evidence-based residential program

Objective(s) for Goal 10: Demonstrate the ability to deliver high quality evidence-based treatment to patients who present with an anxiety disorder and/or obsessive-compulsive related disorder in individual and group format. Provide high quality consultation and supervision to team members, effectively apply milieu management and problem solving strategies, monitor and guide treatment progress, and participate on and support a multidisciplinary team.

Competencies:

1. Provide evidenced-based individual, group, and family therapy (if applicable) consistent with the role of a Psychologist.
2. Provide individual and group (if applicable) supervision that is consistent with currently accepted

- competency based models to pre- and post-masters students working at the OCD Center.
3. Provide consultation to behavioral specialists and social service personnel to appropriately apply evidence-based treatment strategies consistent with patient needs and high quality patient care.
 4. Apply principles of ERP independently to complex cases
 5. Monitor patients' treatment progress with validated measures and offer guidance to treatment team members regarding patients' clinical needs.
 6. Apply ancillary CBT-based treatment methods independently as needed (HRT, DBT, BA, etc.)
 7. Participate on and communicate effectively with members of a multidisciplinary team to achieve and maintain high quality patient care.
 8. Demonstrate high level knowledge of CBT and conceptualization of complex cases using a CBT framework
 9. Demonstrates cultural humility in actions and interaction

Internship Format:

Interns will work 12 consecutive months, 40 hours a week, Monday through Friday. Their 2,080 hours will be spent in direct service, indirect service, didactic training and supervision. Two weeks of paid time-off and holiday pay for RMH approved holidays will also be offered, with the exception of Labor Day. Professional development time will be offered for activities such as post-doctoral interviews, dissertation defense, professional development conferences and job interviews. Interns will receive release time to complete additional educational activities as necessary. Interns will be evaluated on an ongoing basis throughout the internship year, with formal evaluations taking place quarterly. Individual supervision occurs formally for a minimum of 2 hours per week. Group supervision takes place at a minimum of two hours weekly and offers an interdisciplinary team format for training. Informal supervision will be frequent as interns will be in close proximity to their supervisors daily. Interns indicate their training status when meeting with clients and families. Supervisors are actively involved with each case and accept ultimate clinical responsibility for case direction and management.

All states regulate the practice of psychology and have different requirements for licensure. It will be important for the intern to thoroughly understand the expectations of the state in which they intend to practice. In Wisconsin, a year of post-doctoral supervision is a requirement of licensure.

After being matched to the doctoral internship, the intern must successfully complete the Rogers Behavioral Health application process, which includes completing a written application, passing a criminal background check, TB test, physical examination and a drug screen.

Interns will be offered a pay of \$26,000.00 over the course of the year, paid out hourly. They will receive a hospital orientation and training as a member of the staff. In addition, they will be offered enrollment within the hospital's health insurance and/or dental insurance programs and are covered by the organization's liability insurance during their temporary twelve (12) months of employment (see applicable Summary Plan Descriptions for further details regarding service, cost and plan administration). Medical/Dental insurance coverage begins the first of the month after 30 days of employment.

Since interns are employed by the hospital for their temporary twelve (12) months of employment, they are covered by and must comply with all policies of the hospital, including but not limited to grievances, anti-harassment, and performance expectations. Interns can access these policies during the hospital's orientation process and in full through the Rogers Behavioral Health website. Interns can also refer to the Rogers Behavioral Health Corporate Compliance Handbook available to all employees through the Human Resources Department.

Weekly Intern Activities:

Internship Activity	Hours
Direct Clinical Services	
Individual Therapy	4
Group Therapy	2
Family Therapy	3-4
Diagnostic Interviews	3-4
Psychological Testing	2-3
Subtotal Direct Services	14-17
Supervision	
Individual Supervision	2
Supervision of Supervision	2
Intern provided Supervision	2
Subtotal Supervision	6

Internship Activity	Hours
Training	
Interdisciplinary Treatment Team Meetings.	2
Didactic Seminars	2
Subtotal Training	4
Indirect Services	
Documentation	8
Report Writing	3
Research/Professional Development	3
Program Development/ Milieu Management/ Other Admin. work	2
Subtotal Indirect Services	16
Total Hours/Week	40-43

Didactic Seminars:

Interns meet weekly for two hours of didactic seminars as part of their activities. Following is the list of scheduled seminars:

- Clinical Documentation
- Post-Doctoral Opportunities
- Effectively Engage in Self-Evaluation
- Mandated Reporting to Child Protective Services (CPS)
- Keys to Developing and Conducting Professional Presentations
- Suicide and Self-Harming Behaviors
- Working With Adolescents
- Engaging Challenging Families and Obtaining Aftercare Options
- Functional Analytic Psychotherapy
- The EPPP and Licensure
- Testifying in Court
- Ethical Issues in Psychology
- Diagnostic Evaluations and Differential Diagnoses with Children and Adolescents
- Psychological Testing and Integrated Report Writing
- The Role of the Psychologist in the Hospital Setting
- Assessment and Treatment of Eating Disorders
- Assessment and Treatment of Depressive Disorders
- Assessment and Treatment of PTSD
- Assessment and Treatment of OCD
- Assessment and Treatment of Generalized Anxiety Disorder
- Assessment and Treatment of Social Anxiety Disorder
- Licensure Complaints
- Self-Care and its Role in a Psychologist's Ethical and Competent Practice and Secondary Traumatic Stress
- Micro-aggressions in Real-Time
- AODA and Adolescent Mental Health
- Program Development
- Critical Review of Research Manuscripts
- Understanding and Exploring Gender & Sexuality
- Assessment and Treatment of Panic Disorder
- Anxiety and Depression with Children and Adolescents in the Age of Social Media
- Management of a Trauma Informed Milieu
- Assessment and Treatment of Obsessive-Compulsive Spectrum Disorder
- Psychological Consultation
- Assessment and Behavioral Treatment for Psychosis
- Structure and Theory of Group Psychotherapy
- Developing Professional Identity
- Supervision of Supervision

Accreditation:

The internship is a member in good standing of the Association of Psychology Post-doctoral and Internship Centers (APPIC). The internship is accredited by the American Psychological Association (APA) as of 2014 with the next site visit scheduled for 2021.

Supervising Psychologists:

Nancy Goranson, Psy.D., Director of Clinical Training and Supervising Psychologist, Partial Hospitalization Program and CADT- Milwaukee

Kristin Miles, Psy.D., Co-Director and Supervising Psychologist, CADT – Milwaukee

Bradley Riemann, Ph.D., Chief Psychologist, Clinical Director, Obsessive-Compulsive Disorder Center and Cognitive-Behavioral Therapy Services

Brenda Bailey, Ph.D., Supervising Psychologist, Obsessive-Compulsive Disorder Center and Cognitive-Behavioral Therapy Services

David Jacobi, Ph.D., Supervising Psychologist, Obsessive-Compulsive Disorder Center and Cognitive-Behavioral Therapy Services

Other Contributing Psychologists:

Heather Jones, Ph.D.

Chad Wetterneck, Ph.D.

RaeAnne Frey, Ph.D.

Jennifer Carrasco, Ph.D.

Amanda Heins, Ph.D.

Samuel Gontkovsky, Psy.D.

Colleen Drosdeck, Psy.D.

Kristine Kim, Psy.D.

Natalie Scanlon, Ph.D.

Nicholas Farrell, Ph.D.

Jamie Roberts, Psy.D.

Martin Franklin, Ph.D.

Angela Orvis, Psy.D.

Amy Kuechler, Psy.D.

Lauren Ehret, Ph.D.

Additional Treatment Providers: Psychology interns routinely interact with the following team members:

- Child and adolescent psychiatrists who manage and monitor the patient's medications and consult with members of the treatment team regularly to address diagnostic and clinical issues.
- Social workers who provide the majority of the individual, family, and group therapy throughout a patient's stay. Working with the social worker and the entire treatment team, psychology interns will formulate treatment goals for their patients and assess progress towards these goals. They will manage the individual and family therapy for children on the social worker's and counselor's clinical caseload.
- Registered nurses who assist the patient with routine medical needs and dispense medications within the treatment setting.
- The school liaison who takes responsibility for communicating with a child's school and shares needed information to prepare a successful return to school after discharge.
- The experiential therapist who addresses a child's treatment needs through the use of group therapy, recreation, art, movement, and socialization.
- The therapeutic specialist who provides psycho-educational groups to improve the patient's self-esteem and increase their repertoire of coping skills.
- The mental health technician who helps children de-escalate and process feelings and behaviors when they become emotionally overwhelmed or disruptive in the group setting.
- Behavioral Specialists who develop a treatment hierarchy and then work individually with each patient to complete his or her daily exercises and assignments.
- Registered Dieticians who provide nutritional education and counseling.
- Post-doctoral staff who assist the psychologists and treatment teams with their needs.
- Patient Safety Associates who serves as a support and coach for the treatment team and will respond to patient crisis situations, model de-escalation techniques and train safe patient intervention techniques.
- The Care Transition Specialist who coordinates discharge resources per patient, arranges appointments and assists in facilitating treatment through communications to other disciplines.

Clerical support is provided in each department by the unit secretary, as well as by the secretary for the Center for Research and Training and via the Medical Records Department. RMH has an electronic medical record and technical assistance is provided at all times via the IT department staff.

APPIC Ranking Agreement:

This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

Outside Employment:

Interns are asked not to participate in employment outside of their internship without prior permission.

Diversity Statement:

Our training program resides within Rogers Behavioral Health, which is an Equal Opportunity Employer. We are committed to creating a learning environment that welcomes diversity and select candidates representing a variety of programs and theoretical orientations, geographic areas, ages, racial and ethnic backgrounds, sexual orientations, disabilities, and life experiences. All things being equal, consideration is given to applicants who identify themselves as members of historically underrepresented groups on the basis of racial or ethnic status; as representing diversity on the basis of sexual orientation; or as representing diversity on the basis of disability status. These factors may be indicated on their application.

Internship Admissions, Support and Initial Placement Data

INTERNSHIP PROGRAM TABLES

Date Program Tables are updated: July 30th, 2019

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

Applicants must be a student in an APA-accredited clinical or counseling psychology program. Occasionally the program may consider applicants from programs with pending applications for accreditation. At least three years of graduate education have been completed by the applicant, and a master's degree in psychology or a closely allied field conferred by the start date of the internship. Completion of 1,000 of clinical practice, including at least 400 hours of direct patient care, is required. A picture for identification purposes may be brought to the interview or taken at the interview.

Endorsement from the applicant's director of graduate training or department chair that s/he is prepared for internship, on the standard forms designated as part of the universal application.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours	Y	Amount: 400
AND/OR		
Total Direct Contact Assessment Hours	Y	Amount: 400

Describe any other required minimum criteria used to screen applicants:

1. Currently enrolled in an APA-accredited Ph.D. or Psy.D. program in clinical or counseling psychology (occasionally the program may consider applicants from programs with pending applications for accreditation);
2. Have completed adequate and appropriate supervised clinical practicum training which must include at least 400 assessment and/or intervention hours and a minimum of 1000 total clinical hours (as indicated on the AAPI);
3. Must be in good academic standing in their academic departments;
4. Must have the AAPI readiness form completed by their academic program's director of training with no indications of concern about professionalism or ethical behavior;
5. Have interests, aptitudes, and prior academic and practicum experiences that are appropriate for the internship's goals and objectives;
6. Must have successfully completed all necessary coursework. Completion of dissertation proposal preferred by December 15 in the year prior to internship.

Students from doctoral programs who have met all the requirements of their program and are able to apply for internship must submit the following materials:

1. Cover letter clearly indicating their professional goals and interests and the internship track for which you are applying
2. Curriculum vitae

3. Three letters of recommendation
4. Writing sample (psychological report or treatment summary)
5. Completed AAPI (APPIC Application for Psychology Internship)
6. All graduate school transcripts

This information should be submitted through the AAPI online portal.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns: \$26,000

Annual Stipend/Salary for Half-time Interns: NA

Program provides access to medical insurance for intern?	Yes
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
Hours of Annual Paid Personal Time Off (PTO and/or Vacation):	80 hours (10 days)
Hours of Annual Paid Sick Leave: This is encompassed in the PTO	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes

Other Benefits:

Eligibility by FTE	Benefit
.75 – 1.0	Health Insurance
.75 – 1.0	Dental Insurance
.75 – 1.0	Vision Insurance
.75 – 1.0	Flexible Spending Accounts
0.5 – 1.0	Life, Long & Short Term Disability
0.5 – 1.0	Voluntary Life and AD&D Insurance
0.5 – 1.0	Paid Time Off Plan
0.5 – 1.0	Continuing Education Reimbursement
All	Tuition Reimbursement
All	Retirement – 401(k) Plan
All	Employee Assistance Program
All	Wellness Program

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

Initial Post-Internship Positions
(Aggregated Tally for the Preceding 3 Cohorts)

	2015-2018	
Total # of interns who were in the 3 cohorts:	17	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree:	1	
	PD	EP
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	0	0
Military health center	0	0
Academic health center	0	0
Other medical center or hospital	1	0
Psychiatric hospital	4	3
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	2	1
School district/system	0	1
Independent practice setting	0	4
Not currently employed	0	0
Changed to another field	0	0
Other	0	0
Unknown	0	0

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, the primary position setting is represented.

Questions can be directed to Nancy Goranson, Psy.D., Director of Clinical Training at Nancy.Goranson@rogersbh.org or Kristin Miles, Psy.D., Co-director of Clinical Training at Kristin.Miles@rogersbh.org