Doctoral Internship Program

2025-2026
(updated July 2024)

ROGERS
Behavioral Health

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Aims of the program

The doctoral internship program at Rogers Behavioral Health provides a broad range of experiences working with diverse 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 clinical 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 psycho-therapeutic 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 provider of highly effective specialized mental health and addiction treatment that helps people reach their full potential for health and well-being. Rogers specializes in a broad range of mental health conditions: obsessive-compulsive and related anxiety disorders, eating disorders, depression, bipolar and other mood disorders, trauma, post-traumatic stress disorder (PTSD), and addiction (substance use disorders).

Based in Wisconsin since 1907 with locations in 10 states, Rogers is one of the largest behavioral healthcare providers in the United States. The System includes the Rogers Behavioral Health Foundation, which supports patient care programs, Community Learning and Engagement and WISE: Initiative for Stigma Elimination, a national collaboration that works to eliminate mental health stigma; as well as the Rogers Research Center, which pursues research that is directly translatable/related to the needs of the patients we serve and the behavioral health field.

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

- Rogers provides treatment in a non-academic setting. Our treatment teams are led by physicians who use a multidisciplinary model to partner with psychologists, social workers, professional counselors, nurses, registered dietitians, and other professionals to deliver care.
- The entire team is committed to the use of evidence-based therapies and medication management to produce the best patient outcomes, even for those with complex cases and co-occurring disorders.
- Rogers' clinical leaders have the recognition and respect of their peers. Many serve as faculty at local universities, conduct research, and present regularly at state, regional, national, and international conferences. Our psychologists and physicians have led state and national associations and helped establish policy and standards within their fields.

Specialized outpatient, residential and inpatient options for care

- Patients can access up to five levels of care:
    - Outpatient care includes outpatient psychiatric services and medication management, traditional outpatient therapy, and transcranial magnetic stimulation (TMS).
    - Specialized outpatient care includes partial hospitalization programs (PHPs) that meet 6.5 hours per day, 5 days a week for 4 to 8 weeks and intensive outpatient programs (IOPs) that meet 3 hours a day, 4 to 5 days a week for 4 to 8 weeks throughout the US.
    - Nationally recognized residential care programs located on our three hospital campuses in southeastern Wisconsin provide intensive psychiatric and addiction care seven days a week in safe, supportive, home-like settings with the typical length of stay lasting 30 to 90 days.
    - Inpatient care services are available at three hospitals in southeastern Wisconsin for stabilization during an acute episode. The length of stay is based on the needs of the patient and condition being treated. While the average adult inpatient stay is 5 to 7 days, inpatient stays for withdrawal management average 3 to 5 days, inpatient stays for eating disorders average 2 to 3 weeks, and adolescent stays average 7 to 10 days.
- Clinical outcomes research shows that patients do best using the full continuum of care completing partial hospitalization (PHP) or intensive outpatient (IOP) after inpatient or residential. Patients are most likely to sustain their gains, and many continue to make progress decreasing the likelihood of readmission. Patients can also step up a level, down a level or find the one level of care that works best for them. With clinics located across the country, convenient PHP/IOP care may be available close to where patients live.

- Rogers offers telehealth services in Wisconsin, Illinois, Minnesota, and Tennessee, providing patients with the opportunity to participate in PHP, IOP, and outpatient treatment from the comfort of their own homes. Research outcomes show that patient gains within telehealth programming are comparable to in-person treatment at Rogers.

Rogers' therapeutic approach

- At Rogers, 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. Caregiver or supportive loved one involvement is a key part of many programs.
- Rogers provides both individualized treatment and group therapy throughout all levels of care and as part of specific treatment programs.
- If patients have not seen improvement in depression or OCD symptoms with the combination of therapy and medication, we offer outpatient transcranial magnetic stimulation (TMS) at our West Allis, Wisconsin campus. 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. 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 best helps them on the road to recovery.
- We recognize that our patients arrive with unique identities that impact their experience of mental health symptoms and treatment. We are here to support all patients, including those who are transgender, nonbinary, gender-nonconforming or exploring their gender identity.

Quality care with demonstrated clinical outcomes

- Rogers Behavioral Health has more than 25 years of tracking clinical outcomes with nearly 65,000 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. Using more that 1 million self-assessments each year, 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 and measurement-based care.
- 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 clinics located across the country.

Training location

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

The city of Oconomowoc is located in southeastern Wisconsin, about 30 miles west of 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

Further details regarding the metropolitan Milwaukee area can be found at: http://www.milwaukee.org

Diverse opportunities within the metro-Milwaukee area

VISIT Milwaukee's website has a section that highlights the variety of diverse experiences available throughout the year: https://www.visitmilwaukee.org/about-mke/unique-unites/

WE ARE HERE MKE has a collection of culturally sensitive resources throughout Milwaukee, offering inclusive, welcoming, nonjudgmental support: https://weareheremke.org/

MKE Black celebrates and promotes Black business, events, culture, and advancement in the greater Milwaukee area. https://mkeblack.org/

The greater metro Milwaukee area has more than 1,000 houses of worship of all denominations: https://www.interfaithconference.org/

The United Way of Greater Milwaukee and Waukesha County offers a comprehensive listing of volunteer opportunities: https://volunteer.unitedwaygmwc.org/need/index/96

The Wisconsin LGBT Chamber of Commerce offers a comprehensive listing of gay, lesbian, bisexual, transgender and LGBT-allied businesses, corporations and professionals throughout the state https://wislgbtchamber.com/

The LGBT Center of Southeast Wisconsin offers advocacy, support groups, training, and a directory of resources: https://lgbtsewi.org/about/. In addition, there are several local LGBTQ groups, including the Milwaukee LGBT Community Center, https://www.mkelgbt.org/, and LGBT Waukesha: https://www.facebook.com/LGBTWaukesha/

The Cactus Club is an artist-run, queer-owned, multi-disciplinary arts and performance space in Milwaukee. Over the course of nearly 30 years, the club has progressed from niche indie venue to a cultural hub and national destination: https://www.cactusclubmilwaukee.com/

Hospital licensing and accreditation

All of the Rogers Behavioral Health service locations are licensed under Rogers Memorial Hospital, Inc. Rogers is licensed as a psychiatric hospital by the State of Wisconsin and is accredited by The Joint Commission.

The Doctoral Psychology Internship Program is accredited by the American Psychological Association (APA) with the reaccreditation site visit occurring on July 26 and 27, 2023. Questions related to the program's accredited status should be directed to the Commission on Accreditation. Contact information:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE
Washington, DC 20002
Phone: (202) 336-5979
Email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

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 **five separate track options** at Rogers Behavioral Health's Oconomowoc campus:

- Adult OCD and Anxiety Disorders Residential Care (two interns)
- Adolescent Inpatient Care (two interns)
- Adult Inpatient Care (one intern)
- Adult Trauma Recovery Residential Care (one intern)
- Adult Eating Disorder Recovery Residential Care (one intern)

All internship tracks are five days a week (Monday through Friday). *A separate application is required for each track.*

Training site descriptions

Adult OCD and Anxiety Disorders Residential Care track

As part of the comprehensive range of services offered for OCD and anxiety at Rogers Behavioral Health, our 28-bed adult facility anchors our care for OCD. The OCD and Anxiety Adult Residential Center specializes in the treatment of adults aged 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 (e.g., generalized anxiety disorder, panic disorder, agoraphobia, and social anxiety 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 the Rogers admissions department 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) self-report and 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 psychologist, psychiatrist, therapist, behavioral specialist (BS), nurse, and mental health technicians (MHTs). 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 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 response prevention (ERP). In addition to ERP, other evidence-based CBT and cognitive strategies and dialectical behavior therapy (DBT) skills are also taught. Approximately 30 hours of cognitive-behavioral therapy treatment is provided each week.

The length of stay at the residential center is open-ended; the average length is approximately 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 (50% of hierarchy if attending a partial hospitalization program specializing in ERP).

Interns will have the opportunity to work with patients from various ethnic, cultural, and socio-economic backgrounds with complex clinical needs. They will gain skills in crisis prevention and intervention, risk assessment and risk management, coaching and mentoring of staff, and in the facilitation of effective clinical teamwork.

Interns will also engage in a combination of the following:

- Enhancing skills specific to CBT and ERP to provide high quality interventions that are consistent with the Rogers Behavioral Health treatment model,
- Carrying an independent caseload within their treatment teams,
- Leading CBT group weekly,
- Completing diagnostic assessments and consultations,
- Offering clinical education and support to loved ones to facilitate their follow through in completing the recommended clinical pathway,
- Monitoring of clinical fidelity to the treatment protocols,
- Modeling trauma-informed and diversity-sensitive clinical milieu management,

- Supervising line staff and/or practicum students,
- Providing consultation within the program teams and across other programs,
- Participating in weekly staffing and treatment team meetings.

Over the course of the year, the intern will increase their role in supervisory, leadership, research, and program evaluation experiences. This developmental training approach will support the intern in moving from interdependent to independent practice as a psychologist.

Adolescent Inpatient Care track

The inpatient team's comprehensive treatment approach helps patients achieve stabilization, learn new skills, and gain hope in improving their overall functioning. The inpatient team works closely with the caregiver/support persons and community providers to facilitate services that meet the needs of the patient and that promote improved functioning across settings. The inpatient treatment team includes psychologists, psychiatrists, registered nurses, therapeutic specialists, spiritual care staff, special education teachers (for the adolescent unit), social workers, patient care associates, and experiential therapists.

Treatment is provided in a safe, structured therapeutic setting that allows for around-the-clock intensive care. Patients receive developmentally appropriate therapeutic services including individual, group, and experiential therapy in addition to psychiatric consultation. All groups are facilitated by a collaborative multidisciplinary team and incorporate a strength-based and trauma-informed care model. Individual meetings and caregiver support sessions explore patient and loved ones' dynamics, reinforce skills taught, and actively plan for follow through with aftercare. A continuum of care is available and tailored to facilitate the completion of a clinical pathway to both solidify and advance gains for each patient.

As professionals on the inpatient services team, interns will utilize a range of theoretical approaches while focusing on evidence-based practices including cognitive-behavioral and dialectical-behavior therapies. They will be actively involved in applying a curriculum that has demonstrated high levels of clinical effectiveness for group therapy. Interns will have the opportunity to work with patients from various ethnic, cultural, and socio-economic backgrounds with complex and diverse clinical needs. They will gain skills in crisis prevention and intervention, risk assessment and risk management, coaching and mentoring of staff, and in the facilitation of effective clinical teamwork. They will gain exposure to a broad range of acute clinical presentations across the developmental span.

Interns will also engage in a combination of the following:

- Provision of individual sessions with highly acute patients alongside the larger treatment team,
- Facilitation of weekly group and some caregiver support sessions,
- Supporting interventions and case conceptualizations of the clinicians,
- Supervision of mental health technicians and unit staff/students,
- Attendance at staffing to offer clinical case conceptualizations and clinical guidance,
- Clinical training and mentorship of unit staff,
- Completion of diagnostic assessments and consultations,
- Offering clinical education and support to loved ones to facilitate their follow through in completing the recommended clinical pathway,
- Monitoring of clinical fidelity to the treatment protocols,
- Modeling trauma-informed and diversity-sensitive clinical milieu management,
- Development and supervision of clinical/behavioral plans for patients who are struggling on the unit.

The Inpatient Units

Each patient is assigned to a core clinical team. The treatment team conducts a detailed assessment, develops the treatment goals with collaboration from the patient and caregiver/support system, then facilitates and monitors the patient's progress throughout treatment. The inpatient hospitalization team focuses on giving a complete and accurate diagnostic assessment, stabilizing medical and emotional conditions, and helping the whole support system start a process of recovery through a solid plan for continuing care.

The inpatient unit incorporates trauma-informed care programming in all groups. Individuals who are in inpatient care may have experienced one or multiple traumas. An awareness of the impact of multi-generational trauma is maintained on an ongoing basis. The treatment team works to better understand the function of the patient's behavior and the ways it is influenced by previous trauma. The understanding of this then leads to more effective interventions and focused treatment that helps them move along the trajectory of the clinical pathway.

General Mental Health Treatment Protocols

Each inpatient unit follows a clinical protocol of therapeutic groups that are designed to address the patient's developmental and diagnostic needs. The skills learned in group are then reinforced in individual sessions and in the therapeutic milieu. Caregiver/support system sessions focus on reinforcement of the skills taught in these groups to increase generalization across settings. The skills taught have evidenced high levels of clinical effectiveness.

Group topics differ slightly based on the patient's developmental level. Basic descriptions of the group topics are as follows:

Psychoeducation about Depression: Group leaders offer psychoeducation on the signs, symptoms and management of depression.

Psychoeducation about Anxiety: Group leaders offer psychoeducation on the signs, symptoms and management of anxiety.

Psychoeducation about Behavior Activation: Group leaders offer psychoeducation on the uses and benefits of behavioral activation strategies, then help patients work to apply the principles of behavior activation in their lives.

Problem-solving: Group leaders offer education on the steps of problem-solving and help patients apply these steps to real world examples for use across settings.

Goal Setting / Motivational Interviewing / Stages of Change and Cost-Benefits of Changing Behavior: Group leaders offer education related to setting goals and explore the motivations, costs, and benefits for behavior change**.**

Behavior Chain Analysis: Group leaders teach skills in behavior chain analysis to assist patients in identifying the steps involved in identifying vulnerabilities, thoughts, feelings, and actions when making behavior choices and changing behaviors.

Deep Muscle Relaxation (DMR) / Relaxation Skills: Group leaders teach skills in deep muscle relaxation, discuss the application of these skills in the management of emotion and practice applying these skills across settings.

Respiratory Control (RC) / Relaxation Skills: Group leaders offer psychoeducation on respiratory control skills, discuss the application of these skills in the management of emotion and practice applying these skills across settings.

Distress Protocol and Safety Planning: Group leaders teach the steps needed to increase awareness of and management of distress. Group members develop individualized safety plans for use across settings. Group members are taught distress tolerance skills.

Use of Activities and Use of Mindfulness to Manage Distress: Group leaders teach and reinforce the DBT skills that can assist in managing distress.

Differences between Adolescent and Adult Inpatient Care Tracks

While the two inpatient programs run very similarly there are a few differences that should be noted:

- The adolescent unit is a 14-bed unit that is all general mental health and can provide care for adolescents with a wide range of diagnoses ages 13 through 17. The adolescent unit also provides an education group daily to help create and maintain healthy school-based skills.
- The adult unit has 22-beds with a flexible split between general mental health and substance use disorder needs. This serves patients ages 18 and older with a wide variety of diagnoses and life circumstances. There are two treatment protocols: one based on general mental health, and one based on substance use diagnoses provided for this unit.

Important application note:

The adult and adolescent tracks are *two separate tracks* for the internship year:

- Interns who match on the Adolescent track do *not* spend time on the Adult track.
- Interns who match on the Adult track do *not* spend time on the Adolescent track.

On the application materials please note in the check boxes which track(s) you are applying for. The track an intern matches to is the track they will remain on for the full internship year.

Adult Trauma Recovery Residential Care track

There are only a few dozen non-VA residential programs treating trauma/PTSD in the United States. The Trauma Recovery program at Rogers is one of the few that emphasizes two goals:

1) Addressing symptom reduction in trauma and comorbid conditions, and
2) Helping the patient develop meaning and values in life so that there prepared and have skills to grow after completing treatment.

The program incorporates mainly evidence-based CBT treatments, while using evidence-supported techniques from related therapies (i.e., DBT, ACT, compassion focused therapy, schema therapy). It is principles-based, as our clinicians look for ways to support exposures for symptom reduction, while teaching skills for increasing in value-based behavioral activation, mindfulness, self-compassion, and interpersonal connection and support. The residential program has a census of 12 adult patients who come to live in our facility, engaging in experiential therapy (art, exercise, yoga), individual and self-directed CBT techniques, group therapy (with psychoeducation, skills focused, and process groups), and nursing, mindfulness, and other adjunctive groups as needed. The patients begin treatment with evidenced-based assessments, including self-report measures of symptom severity, processing targets, and signs of growth, and structured or semi-structured clinical interviews. Many assessments are repeated on a weekly basis to help monitor progress and determine when changes in approach are needed. Almost all patients step down to a partial hospitalization or intensive outpatient program.

Prior to admission, an initial telephone screening is conducted by the Rogers admissions department 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.

Upon admission, each patient is assigned to a core clinical team consisting of a psychiatrist, psychologist, clinical therapist, registered nurse, social worker, and experiential therapist (and, as needed, registered dietitians). Members of the core clinical team conduct a detailed assessment,

develop treatment goals, and facilitate and monitor the patient's progress throughout treatment. Treatment goals are accomplished through a program consisting of individual work sessions and group psychotherapy. The treatment team uses a cognitive-behavioral approach, with supportive third-wave behavioral therapies for each individual. To address trauma symptoms, the main emphasis is on prolonged exposure (PE). However, other CBT strategies are utilized as needed depending on any additional diagnoses or needs. While most of the direct therapeutic applications happen during a nine-hour window each weekday, assignments and other activities designed to promote recovery occur at night and on weekends.

Interns will have the opportunity to work with patients from various ethnic, cultural, and socio-economic backgrounds with complex and diverse clinical needs. They will gain skills in crisis prevention and intervention, risk assessment and risk management, coaching and mentoring of staff, and in the facilitation of effective clinical teamwork.

Interns will also engage in a combination of the following:

- Gaining skills in the treatment approach that Rogers utilizes,
- Carrying a caseload within the treatment team,
- Leading group weekly,
- Supervising mental health technicians and/or practicum students,
- Completing diagnostic assessments and consultations,
- Offering clinical education and support to loved ones to facilitate their follow through in completing the recommended clinical pathway when applicable,
- Monitoring of clinical fidelity to the unit protocols,
- Modeling trauma informed and diversity-sensitive clinical milieu management,
- Attendance at staffing to offer clinical case conceptualizations and clinical guidance,
- Clinical training and mentorship of unit staff,
- Providing consultation within and across other programs,
- Participating in weekly self-care groups for clinicians.

Over the course of the year, the intern will increase their role in supervisory, leadership, and research and program evaluation experiences. This developmental training approach will support the intern in moving from interdependent to independent practice as a psychologist.

Interns may also have the opportunity to participate in the following:

Non-clinical research: Although not a main focus during internship training, an intern may become involved in available research opportunities including analyzing the outcome studies data collected from trauma programs. These data are collected from admission, weekly assessments, and discharge packets for each patient and are used to examine treatment effectiveness in each of the programs; further clinical research on trauma and frequently comorbid conditions; and identify areas for improved treatment effectiveness.

Manuscript authorship: In addition to using these data internally, there may be opportunities for manuscript authorship. We have existing databases with admission, discharge, and weekly assessments on hundreds of patients and have current research projects in various stages, as well as the opportunity for new endeavors. Our research focuses on many symptom measures, but also possible mechanisms of change, personality variables, therapeutic alliance, and improvements in life (e.g., quality of life, defining meaning and values, interpersonal growth, self-compassion, etc.).

Adult Eating Disorder Recovery Residential Care track

Rogers Behavioral Health is one of just a few eating disorder programs in the nation that provides comprehensive treatment for both adults and adolescents across all higher levels of care (inpatient, residential, partial hospitalization, intensive outpatient).

This internship track takes place at the Eating Disorder Recovery adult residential center, a 24-bed facility located about two miles down the road from our main campus in Oconomowoc, Wisconsin. The center treats people aged 18 and up who present with a wide range of eating disorders spanning all Feeding and Eating Disorders.

Whereas most patients present with a primary diagnosis of anorexia nervosa, bulimia nervosa, binge eating disorder, or avoidant-restrictive food intake disorder, many also present with complex co-occurring conditions, including diagnoses of obsessive-compulsive disorder, generalized anxiety disorder, posttraumatic stress disorder, and/or a personality disorder.

For these primary eating disorder diagnoses, the program utilizes an evidence-based treatment approach grounded in enhanced cognitive-behavioral therapy for eating disorders (CBT-E), exposure therapy, and dialectical behavior therapy (DBT), with other ancillary treatment offerings. Under the supervision of the psychologist, the treatment team provides evidence-based interventions for co-occurring disorders as well, including behavioral activation and prolonged exposure therapy.

Prior to admission, an initial telephone screening is conducted by the Rogers admissions department 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. Patients work with an interdisciplinary treatment team consisting of an attending provider, psychologist, nursing staff, therapist, registered dietitian, behavioral specialist, experiential therapist, and movement specialist. The treatment team then formulates a case conceptualization in conjunction with the patient, with careful consideration of which treatment targets to prioritize at the residential level. Whereas the majority of clinical programming occurs during the day, patients participate in supplemental programs on evenings and weekends and staff are on sight 24/7 to provide additional clinical support as needed.

As part of the treatment team in the program, the intern will have the opportunity to work with patients of diverse ethnicities, cultures, and socioeconomic statuses. The intern will gain skills in crisis prevention and intervention, risk assessment and risk management, coaching and mentoring of staff, and in the facilitation of effective clinical teamwork. Throughout the course of the year, the intern will engage in the following activities:

- Gain skills in the provision of CBT-E, DBT, exposure therapy and other interventions
- Carry a caseload within the treatment team
- Lead DBT and psychoeducation groups
- Supervise masters-level practicum students or early career staff members
- Complete diagnostic assessments and consultations
- Offer education and support to patients' support persons
- Monitor clinical fidelity to unit and to the treatment protocols
- Attend staffing to offer clinical case conceptualizations and clinical guidance
- Offer clinical training and mentorship of unit staff
- Provide eating disorder consultation across Rogers Behavioral Health system
- Develop individual and/or group programming for use on unit

Over the course of the year, the intern will increase their role in supervisory, leadership, research, and program evaluation experiences. This developmental training approach will support the intern in moving from interdependent to independent practice as a psychologist.

Third and fourth quarter part-time supplemental experience opportunities may be available within other residential centers, as well as partial hospitalization and intensive outpatient programs within the Rogers system, so long as that program has a psychologist who is able to provide supervision.

Additionally, interns may have the opportunity to participate in the following:

Non-clinical research: Although not a main focus during internship training, an intern may become involved in available research opportunities. These include facilitating ongoing research ventures between Rogers Behavioral Health and major universities as well as analyzing the outcome studies data collected from eating disorder programs. These data are collected from admission, weekly assessments, and discharge packets for each patient and are used to examine treatment effectiveness in each of the programs; further clinical research on eating disorders and frequently comorbid conditions; and identify areas for improved treatment effectiveness.

Manuscript authorship: In addition to using these data internally, there may be opportunities for manuscript authorship. We have existing databases with admission, discharge, and weekly assessments on hundreds of patients and have current research projects in various stages, as well as the opportunity for new endeavors. Our research focuses on many symptom measures, but also possible mechanisms of change, personality variables, therapeutic alliance, and improvements in life (e.g., quality of life, defining meaning and values, interpersonal growth, self-compassion, etc.).

Overarching program philosophy and 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, 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 patients' 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. 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.

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.

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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 and internship competencies

The internship seeks to develop competencies in the following areas of professional practice.

I. Research/Scholarly Inquiry

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., case conferences, presentations or publications)
    a. Show independent ability to critically evaluate research/scholarly activities
3. Independently applies knowledge and understanding of scientific foundations to practice
    a. Apply evidence-based practice in clinical work
4. Generates or utilizes knowledge (i.e., program development, program evaluation, didactic development, dissemination of research or scholarly activities at the local, regional or national level)
    a. Identify and critically review current scientific research and extract findings applicable to practice
    b. Apply evidence-based practice in clinical work
5. Understands the application of 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
    a. Identifies and considers areas of research specific to cultural considerations
    b. When engaging in research considers cultural factors

II. Ethical and Legal Standards

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 current 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. Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve the dilemmas.
    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
    a. Identifies areas of cultural considerations as it relates to ethical decision-making

III. Individual and Cultural Diversity

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. Integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles

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 outcomes
5. Demonstrates cultural humility in actions and interactions
   a. Considers and explores one's own areas of weakness with regard to cultural understandings

IV. Professional Values and Attitudes

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; understands the importance of having an 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; engages 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
    a. Role models cultural humility with the interdisciplinary team

V. Communication and Interpersonal Skills

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
    a. Is able to discuss cultural considerations and differences with both professionals and patients

VI. Assessment

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)
    c. Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process
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 the referral 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
   c. Demonstrate understanding of human behavior within its context (e.g., family, social, societal, and cultural)
6. Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
   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 the 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. Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
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
    a. Seeks out further knowledge regarding cultural considerations in the process of assessment.

VII. Intervention

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
   c. Demonstrate the ability to apply the relevant research literature to clinical decision making
2. Independently plans interventions; case conceptualizations and intervention plans are specific to case and context
   a. Develop evidence-based treatment goals that correspond to the case conceptualization and service delivery goals.
   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
   a. Considers evidence-based treatment in the context of patient's cultural needs

VIII. Supervision

1. Apply knowledge of supervision models and practices in direct or simulated practice with psychology trainees or other mental health professionals (i.e., role play, peer supervision).
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 using the skills of observing, evaluating, and offering feedback and guidance.
   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
    a. Discusses cultural considerations related to all aspects of roles and responsibilities as an intern within supervision.

IX. Consultation and Interprofessional/Interdisciplinary Skills

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 methods to enhance learning of others 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 knowledge of consultation models and practices in direct or simulated with individuals and their families, other healthcare professionals, interprofessional groups or systems related to health.
    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 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
    a. Adds to the cultural competence and knowledge base of the team.

X. Track-specific

Adult OCD and Anxiety Disorders Residential Care

1. Provide evidenced-based individual, group, and supportive loved ones sessions (if applicable) consistent with the role of a Health Service 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 residential level of care.
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

Adolescent Inpatient Care

1. Provide evidenced-based individual, group, and caregiver support sessions consistent with the role of a Health Service Psychologist.
2. Provide individual supervision in direct practice that includes observing, evaluating, and giving guidance and that is consistent with currently accepted competency-based models to assigned staff members or students. Provide group supervision as appropriate.
3. Provide thoughtful and complete clinical conceptualizations and corresponding treatment recommendations at staffing to assist in developing targeted goals and behavior plans.
4. Provide training and mentorship to staff to enhance their clinical knowledge in applying evidence-based treatment strategies consistent with patient needs and service delivery goals.
5. Complete high quality diagnostic assessments/ formal consultations as assigned to clarify patient needs.
6. Provide informal consultation to the treatment team to strengthen their ability to maintain a trauma informed milieu that shows awareness of diversity needs.
7. Provide direct observation of programming and feedback about the fidelity to the treatment protocols for unit staff.
8. Provide leadership within the clinical team to assess, debrief and intervene/resolve issues of acuity, self -harm, and behavioral crises with evidence-based treatment strategies.
9. Apply principles of evidenced based treatment as appropriate to patient population (i.e., DBT, CBT, MI, TIC, PCIT, ARC, CAMS, Pisani risk formulation, etc.)

Adult Inpatient Care

1. Provide evidenced-based individual, group, and supportive loved ones sessions consistent with the role of a Health Service Psychologist.
2. Provide individual supervision in direct practice that includes observing, evaluating, and giving guidance and that is consistent with currently accepted competency-based models to assigned staff members or students. Provide group supervision as appropriate.
3. Provide thoughtful and complete clinical conceptualizations and corresponding treatment recommendations at staffing to assist in developing targeted goals and behavior plans.
4. Provide training and mentorship to staff to enhance their clinical knowledge in applying evidence-based treatment strategies consistent with patient needs and service delivery goals.
5. Complete high quality diagnostic assessments/ formal consultations as assigned to clarify patient needs.
6. Provide informal consultation to the treatment team to strengthen their ability to maintain a trauma informed milieu that shows awareness of diversity needs.
7. Provide direct observation of programming and feedback about the fidelity to the treatment protocols for unit staff.
8. Provide leadership within the clinical team to assess, debrief and intervene/resolve issues of acuity, self -harm, and behavioral crises with evidence-based treatment strategies.
9. Apply principles of evidenced based treatment as appropriate to patient population (i.e., DBT, CBT, MI, TIC, ARC, CAMS, Pisani risk formulation, etc.)

Adult Trauma Recovery Residential Care

1. Provide evidenced-based individual, group, and supportive loved ones sessions (if applicable) consistent with the role of a Health Service 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 residential level of care.
3. Provide consultation to therapists and social service personnel to appropriately apply evidence-based treatment strategies consistent with patient needs and high-quality patient care.
4. Apply principles of Prolonged Exposure and other exposure variants independently to complex cases.
5. Monitor patients' treatment progress of symptoms reduction and increased life engagement with validated measures and offer guidance to treatment team members regarding patients' clinical needs.
6. Apply ancillary CBT-based treatment methods independently as needed (DBT, ACT, Schema Therapy, 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
    a. Integrates discussions and considerations regarding diversity and culture throughout clinical work.

Adult Eating Disorder Recovery Residential Care

1. Provide evidenced-based individual, group, and supportive loved ones sessions (if applicable) consistent with the role of a Health Service Psychologist
2. Provide individual and group (if applicable) supervision that is consistent with currently accepted competency-based models to pre- and post-master's degree students or early career staff working at the residential level of care

3. Provide consultation to behavioral specialists, master's level therapists, and registered dietitians to appropriately apply evidence-based treatment strategies consistent with patient needs and high-quality patient care
4. Apply principles of CBT-E and exposure therapy 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 (DBT, BA, PE, 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. Demonstrate cultural humility in actions and interaction
    a. Integrate discussions and considerations regarding diversity and culture throughout clinical work.

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 Rogers Behavioral Health 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 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 two hours per week. Group supervision takes place at a minimum of three hours weekly and offers a 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 patients and loved ones. 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. Some interns have found it helpful to explore this information here:

Requirements to Practice - The Association of State and Provincial Psychology Boards (asppb.net)

HSP Credential for Licensed Psychologists - National Register

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. They will additionally need to follow hospital policies for COVID vaccines, screenings, and management.

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. Additionally, internship specific policies are applicable. 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 and to the Internship Handbook provided at the start of the internship year.

Weekly intern activities

Activity	Hours
Individual therapy	3-4
Interdisciplinary treatment team meetings	4-5
Group therapy	2 -3
Didactic seminars	2
Supportive loved ones / Caregivers sessions	1-2
Assessment/Consultation	4
Psychological/Diagnostic assessment	2-3
Documentation	5
Report writing	3
Supervision/Research/Professional development	4
Individual supervision	2
Program development/Milieu management/Other admin. work	5
Supervision of supervision/Group supervision	2

Didactic seminars overview

Interns meet weekly for two hours of didactic seminars as part of their activities (didactic summary descriptions are below). Following is a list of scheduled seminars:

- Assessment and Treatment of Eating Disorders
- Assessment and Treatment of Generalized Anxiety Disorder
- Assessment and Treatment of OCD
- Assessment and Treatment of PTSD
- Careers in Psychology: Things We Wish We Knew
- Creating Connection: Communicating Effectively with Non-Clinical Audience
- Current Topics in Psychology
- Effectively Engaging in Self-Evaluation
- Ethical Issues in Psychology
- Symptom Accommodation
- Racial and Identity Based Trauma Considerations
- History of Psychology in a Social Context
- Keys to Developing and Conducting Professional Presentations
- Mental Health and Development: Considerations for Intensive Treatment of Children and Adolescents
- Motivational Interviewing
- Micro-aggressions in Real Time
- Process-based CBT
- Psychological Consultation
- Psychological Testing and Integrated Report Writing
- Role of the Psychologist in the Hospital Setting
- Self-care and its Role in a Psychologist's Ethical and Competent Practice and Secondary Traumatic Stress
- Sleep Awareness and Mental Health
- Stigma Reduction / Engaging in Social Justice as a Psychologist
- Strategies to Implement Culturally Responsive Behavioral Activation
- Substance Use Disorders
- Suicide and Self-Harming Behaviors
- The Art and Science of Supervision
- The Psychologist's Role in Patient Advocacy with Payors
- Trauma-focused CBT
- Tween and Adolescent ADHD
- Understanding and Exploring Gender and Sexuality

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. The reaccreditation site visit occurred on July 26 and 27, 2023 and we are awaiting the final decision as per the standard reaccreditation process. Questions related to the program's accredited status should be directed to the Commission on Accreditation. Contact information:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979 / Email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

Program staff

Supervising psychologists

Nancy Goranson, Psy.D., Director of Clinical Training

Brenda Bailey, Ph.D., Chief Psychologist

Sam Cares, Ph.D., Supervising Psychologist

Kristin Miles, Psy.D., Supervising Psychologist

Angela M. Orvis, Psy.D., Supervising Psychologist

Stephan Siwiec, Ph.D., Supervising Psychologist

Nicole Stettler, Ph.D., Supervising Psychologist

Chad Wetterneck, Ph.D., Supervising Psychologist

Other contributing psychologists

Martin Franklin, Ph.D.
Amanda Heins, Psy.D.
RaeAnne Ho Fung, Ph.D.
Sonia Izmirian, Ph.D.
Amy Kuechler, Psy.D.
Sarah Lee, Ph.D.
Adrienne McCullars, Ph.D.
Patrick Michaels, Ph.D.
Beth Reeder, Ph.D.
Lauren Scaletta, Psy.D.
Johanna Younce, Ph.D.
Carly Wallace, Psy.D.
Johanna Younce, Ph.D.
Jen Yukawa Ph.D.

Additional treatment providers

Psychology interns routinely interact with the following team members:

- Attending providers (psychiatrists, nurse practitioners or physician assistants) who manage and monitor the patient's medications and consult with members of the treatment team regularly to address diagnostic and clinical issues.
- Master-level therapists 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.
- A certified substance use counselor to provide assessment, treatment recommendations and a weekly group therapy session as needed to adult patients who may benefit.
- Mental health nursing staff consists of Registered Nurses (RNs) and Licensed Practical Nurses (LPNs), who assist the patient with routine medical needs and dispense medications within the treatment setting.
- The consulting primary care provider is responsible for the initial physical exam at admission and work with the nursing staff to address any medical needs that may come up during treatment.
- The teacher/education specialist meets with pediatric patients to do a basic assessment of their academic level, meets with patients each weekday in a classroom setting, and coordinates communication with the patients' school 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 psychoeducational groups to improve the patient's self-esteem and increase their repertoire of coping skills.
- Patient care associates (PCAs) and patient safety associates (PSAs) help patients de-escalate and process feelings and behaviors when they become emotionally overwhelmed or disruptive in the group setting.
- Behavioral specialists (BS) who develop a treatment hierarchy and then work individually with each patient to complete his or her daily exercises and assignments.
- Mental health technicians (MHT) provide supervision and assistance as needed. They are available to patients at all times to encourage treatment progress, problem solving, crisis management and activities for daily living
- Registered dietitians who provide nutritional education and counseling.
- Spiritual care staff are responsible for assessing the patient's spiritual needs and providing offerings which aid the patient in accessing their spirituality as a tool in their healing and recovery. *All spiritual care offerings are voluntary for the patient and may require the approval of the treatment team.*
- Post-doctoral staff who assist the psychologists and treatment teams with their needs.
- The care transition specialist who coordinates discharge resources per patient, arranges appointments and assists in facilitating treatment through communications to other disciplines.
- The care advocate monitors patient treatment progress from admission to discharge, communicating with their insurance carrier about the need for continued treatment at the level of care.
- For people who are in Mental Health and Addiction Recovery programs, the continuing care specialist contacts them after discharge to ensure they have appropriate continuing care.
- Clerical support is provided in each department by the unit secretary, as well as the Medical Records Department. Rogers has an electronic medical record (Cerner) and technical assistance is provided at all times via the Clinical Technology Services Department staff.

Diversity statement

knowledge within our training activities and within our organization as a whole. An overarching goal of our training activities is to heighten awareness of and respect for individual differences and diverse needs within the clinical needs of our population.

Rogers has an active equity, diversity and inclusion (EDI) department that is focused on continually growing and humbly holding ourselves accountable to being an equitable, diverse, and inclusive environment for employees while offering culturally responsive and affirming care for our patients and their loved ones. EDI advocates for social justice and the right of all people to reach their full potential. EDI works collaboratively with our community partners and harnesses our internal resources to bring about meaningful and sustainable solutions to behavioral health inequities and systemic oppression for employees, patients, their loved ones, and our communities. Interns are welcomed as members of this department and related committees.

EDI is committed to offering both educational and experiential activities that promote inclusion, equity and diversity. For example, there are employee resource groups for Black, Indigenous, and people of color (BIPOC), LGBTQIA+, and military veterans that all are welcome to join. Additionally, there are multiple resources related to BIPOC behavioral health, LGBTQIA+ behavioral health,

systemic oppression, white privilege and anti-racism, and military veterans and supporters. Interns are encouraged to participate in these activities and access these resources.

Rogers training programs offer interns an opportunity to work with diverse patient populations. We serve individuals with varying identities including but not limited to White, Hispanic/Latinx, Asian American Pacific Islander, Black American, and Indigenous people. Patient ages span from elementary school aged children to adults in their late seventies. Patients hold diverse spiritual and religious beliefs, including various sects of Christianity, Judaism, and Islam, as well as Atheism and Agnosticism. They present with a range of gender and sexual identities. They represent geographic diversity. They come from extreme poverty and from financial privilege. They additionally present with neurodiversity, including cognitive and/or memory challenges, neurodevelopmental disorders (e.g., autism spectrum disorder, attention-deficit/hyperactivity disorder), or learning disabilities (e.g., dyslexia).

The life challenges facing our patient population present trainees with substantial opportunities to learn to address diverse patient and caregiver needs. Our patient population is impacted by many social and environmental stressors, including those related to basic needs such as access to fair wages and steady employment, stable housing, and adequate food. The greater metropolitan Milwaukee area has a long-standing history of being one of the most segregated cities in the United States. Poverty in the Milwaukee metro area has consistently been one of the city's most pressing concerns, as a high percentage percent of the city of Milwaukee's children live below the poverty line. When there is less access to stable income, there is also less access to stable housing, so our children, teens, and caregivers may experience frequent moves and housing upheaval throughout their lifetime. Food insecurity is another consequence of living in poverty and is experienced by our patients on a frequent basis.

Many of our patients present with lived experiences of multi-generational trauma and engaging the support system becomes an arm of the patients' treatment for the intern. A number of our teens come to treatment after direct and indirect experiences with sex trafficking. Additionally, a high percentage of our patients identify anxiety and depression related to gender and sexual identity needs as central to their reason for seeking treatment. Our youth who are gender non-binary and non-heterosexual have also shown increased risk of self-harm and suicide behavior, as aspects of their identity are societally marginalized and frequently points of conflict. Cultural factors, such as immigration and documentation status are also important considerations among some of the patients that we serve. These factors impact their loved ones and patient comfort in disclosing needs and in fully engaging with the treatment team.

Amidst the aforementioned populations discussed, Rogers also serves patients and their loved ones who come from financial privilege. Our program serves as a forum within which this diverse patient group can work on their individual treatment needs while being supported by their diverse peers within the group setting. Trainees are encouraged to explore all pertinent aspects of diversity and equity in their daily roles.

Intern selection

All application materials will be thoroughly reviewed, with particular focus on the goodness of fit between the applicants' training experiences and the tasks on the track to which they are applying (Intern Selection Policy). To guide this process, members of the internship selection committee will complete an Applicant Evaluation Form on which they will rate applicants based on a number of criteria, including the quality of their letters of recommendation, academic qualifications, clinical qualifications, match between their theoretical orientation and experience and the track to which they

are applying, ability and willingness to work as part of a multidisciplinary team, and research/scientist potential. As part of this form, members of the training committee are asked if they would recommend granting an interview to the applicant.

Interviews

Following an in-depth review of all applicants' materials, some applicants will be asked to complete an in-person interview. If unable to attend an in-person interview, applicants may schedule a Microsoft Teams or telephone interview. A picture for identification purposes may be brought to the interview or taken at the interview. Applicants will be notified if they have received an interview no later than **December 15.** *Due to the events related to COVID 19, interviews may be held via Microsoft Teams or a similar platform. All efforts will be made to help the candidates experience the environment, similar to as if they were on site.*

Applicants invited for an interview will meet with the supervisor(s) for their track and a current intern. They will also be provided with information about the hospital system and the track to which they applied, be given a tour of the facility and have ample time to ask questions. Interviews are held in January.

Timeline

Application materials due: **November 15**

Interview notification: **December 15**

Interviews conducted: Interviews will be conducted throughout the month of January.

Match date: Annually match dates are listed on APPIC's website: http://www.appic.org/directory/program_cache/1328.html

Pre-employment screening

After the applicant is matched to the doctoral internship, they 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. They will additionally need to follow hospital policies for COVID vaccines, screenings, and management.

While the program is aware that states differ in regard to legalization of marijuana and related substances, because the program is in the state of Wisconsin in which it is still an illicit drug if it is found in a drug screen the results would be prohibitive of eligibility for hiring along with all other illicit drugs.

In regard to criminal background checks, Rogers aligns with applicable state and federal laws and regulations for healthcare organizations and reviews for any convictions to understand if they are job related and with consideration for quality standards of care and to maintain patient and employee safety. Having a criminal history does not automatically disqualify an applicant from the doctoral internship. Several factors will be taken into consideration, including but not limited to the nature, gravity of the crime and its relationship to the position and time since the conviction. Please be complete in your responses when filling out the background check form.

APPIC ranking agreement

The internship program at Rogers Behavioral Health abodes by all APPIC and APA regulations and policies regarding the match process. No person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. For additional information, please see www.appic.org.

Outside employment

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

Internship program tables

Internship admissions, support, and initial placement data

Date Program Tables are updated: 07/22/24

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	_____ **Yes** __X__ **No**
If yes, provide website link (or content from brochure) where this specific information is presented:	

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. At least three years of graduate education needs to have been completed by the applicant, and a master's degree in psychology or a closely allied field needs to be 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 requested at the interview. Interviews can be held virtually via the Microsoft Teams application or similar platform. Endorsement from the applicant's director of graduate training or department chair that they are prepared for internship, on the standard forms designated as part of the universal application is required.

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	**Yes**		Amount: **400 hours**
Total Direct Contact Assessment Hours		**No**	Amount:

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 competencies;
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	$35,568	
Annual Stipend/Salary for Half-time Interns	NA	
Program provides access to medical insurance for intern?	**Yes**	
If access to medical insurance is provided:		
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) plus 3 additional days (2 wellness and 1 cultural holiday)	
Hours of Annual Paid Sick Leave	Encompassed in 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 (please describe):

- Health, Dental, and Vision Insurance
- Flexible Spending Accounts
- Life, Long & Short Term Disability
- Voluntary Life and AD&D Insurance
- Paid Time Off Plan
- Continuing Education Reimbursement
- Retirement – 401(k) Plan
- Employee Assistance Program
- Wellness Program

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

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding Three Cohorts)

	2020-2023	
Total # of interns who were in the three cohorts	12	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	**EP**
Academic teaching	0	0
Community mental health center	2	0
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	2	2
Veterans Affairs Health Care System	0	0
Psychiatric facility	0	5
Correctional facility	0	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	0	1
Other	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, select the setting that represents their primary position.

Questions

Questions regarding the program may be directed to Nancy Goranson, Psy.D., Director of Clinical Training at Nancy.Goranson@rogersbh.org.