

Doctoral Internship Program



2023-2024

(updated October 2022)

ROGERS
Behavioral Health

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Table of contents

Aims of the program	4
About Rogers Behavioral Health	5
Training location	6
Hospital licensing and accreditation	7
<i>Hospital Mission, Vision, and Values</i>	7
Plan location and sequence of training experiences	7
Training site descriptions	8
Adult OCD and Anxiety Disorders Residential Care track.....	8
Child and Adolescent Inpatient Care track	10
Adult Inpatient Care track	13
Adult Mental Health and Addiction Recovery Residential Care track.....	16
Adult Trauma Recovery Residential Care track	18
The training curriculum	20
Profession-wide competency goals & objectives and internship competencies	20
I. <i>Research/Scholarly Inquiry</i>	20
II. <i>Ethical and Legal Standards</i>	21
III. <i>Individual and Cultural Diversity</i>	22
IV. <i>Professional Values and Attitudes</i>	22
V. <i>Communication and Interpersonal Skills</i>	23
VI. <i>Assessment</i>	24
VII. <i>Intervention</i>	25
VIII. <i>Supervision</i>	26
IX. <i>Consultation and Interprofessional/Interdisciplinary Skills</i>	27
X. <i>Track-specific</i>	28
Internship format	32
Weekly intern activities	32
Didactic seminars.....	33
Accreditation	33
Program staff	34
Diversity statement	35
Intern selection	37
Interviews	37
Timeline	37
Pre-employment screening	37
APPIC ranking agreement	38
Outside employment	38
Internship program tables	39
Internship admissions, support, and initial placement data	39
Financial and Other Benefit Support for Upcoming Training Year*	41
Initial Post-Internship Positions.....	42
Questions	42

Aims of the program

The doctoral internship program at Rogers Behavioral Health provides a broad range of experiences working with diverse child, adolescent, and adult populations. The program allows interns to apply their scholarly knowledge as they expand and refine their practice skills through clinical experiences including: completion of 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 private, not-for-profit provider of specialized mental health and addiction services. Since its opening in 1907, today Rogers offers evidence-based treatment for adults, children, and adolescents with depression and other mood disorders, eating disorders, addiction, obsessive-compulsive and anxiety disorders, and posttraumatic stress disorder.

Rogers provides services throughout a growing network of communities across the U.S.

The System also includes Rogers Behavioral Health Foundation, which supports patient care, programs, and Community Learning and Engagement, an initiative that works to eliminate the stigma of mental health challenges; and Rogers Research Center, which pursues research that is directly translatable/related to the needs of the patient population we serve and to the behavioral health field.

Specialized care

- When traditional outpatient therapy isn't enough, patients can continue treatment with intensive care options that provide more depth through comprehensive treatment.
- Rogers specializes in a broad range of mental health conditions: obsessive-compulsive and related anxiety disorders, eating disorders, depression, bipolar and other mood disorders, posttraumatic stress disorder, addiction (substance use disorders), and mental health disorders affecting children and adolescents on the autism spectrum.

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

- Our team is backed by strong medical and clinical leadership in a private, non-academic setting. We have a medical staff of more than 160 including more than 90 psychiatrists, most of which are board-certified, and 40 psychologists. They are specialists in mental health and addiction and partner with a premier multidisciplinary group of behavioral specialists, nurses, therapists, and dietitians.
- The entire team is committed to the use of evidence-based therapies and medication management in order to produce the best results, even those with complex cases and co-occurring disorders.
- Rogers' medical staff has the recognition and respect of its peers. Many serve as faculty at local universities, conduct research, and present regularly at state, regional, national and international conferences. Our members have led state and national associations and helped establish policy and standards within their fields.

Outpatient, residential and inpatient options for care

- Patients can access up to four levels of care:
 - Specialized outpatient care includes partial hospitalization programs that meet 6 to 7 hours a day, 5 days a week for 6 to 8 weeks (PHPs) and intensive outpatient programs that meet 3 hours a day, 4 to 5 days a week for 4 to 6 weeks (IOPs) throughout the US.
 - Internationally recognized residential care programs at locations adjacent to our hospitals in 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 at three hospital locations in southeastern Wisconsin for stabilization during an acute episode. The length of stay is based on the needs of the patient and condition. While the average adult inpatient stay is 5 to 7 days, inpatient stays for withdrawal management averages 3 to 5 days, inpatient stays for eating disorders average two to three weeks, and child and adolescent stays average 7 to 10 days.
- Clinical outcomes research shows that patients do best, including a decrease in readmissions, using the full continuum of care completing partial hospitalization after inpatient or residential.

Patients are most likely to sustain their gains and many continue to make progress. Patients can also step up a level, down a level or find the one level of care that works best for them. With outpatient clinics located across the country, convenient care may be available close to where patients live

Rogers' therapeutic approach

- At Rogers Behavioral Health, patients learn how to apply the tools and skills they need to give them the best chance of full recovery. We use an intensive model of evidence-based care that has been effective for thousands of patients. Family involvement is a key part of many programs.
- If applicable, Rogers provides significant individual treatment throughout all levels of care in addition to group therapy.
- If patients have not seen improvement in depression symptoms with the combination of therapy and medication, we offer transcranial magnetic stimulation (TMS) in Oconomowoc, WI. 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. And, spiritual care is available at various locations, providing a holistic approach to healing, regardless of faith or belief system. We're committed to working with patients in a warm, inviting environment to find the combination that helps patients onto a road to recovery.

Quality care with demonstrated clinical outcomes

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

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 exist within the metro-Milwaukee area:

<https://volunteer.unitedwaygmwc.org/need/index/96>

<https://www.visitmilwaukee.org/meetings-and-conventions/planning-resources/diversity/>

<https://mkeblack.org/business-directory/>

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 next accreditation review in 2021 (delayed due to COVID).

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 track options at Rogers Behavioral Health's Oconomowoc campus:

- Adult OCD and Anxiety Disorders Residential Care (two interns)
- Child and Adolescent Inpatient Care (two interns)
- Adult Inpatient Care (one intern)
- Adult Mental Health and Addiction Recovery Residential Care (one intern)
- Adult Trauma Recovery Residential Care (one intern)

All internship tracks are five days a week. *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 males and females 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 admissions staff and then reviewed by the key clinical and medical staff. Based on this review, a recommendation is made for the appropriate level of care. On admission, a comprehensive evaluation, which includes a battery of assessments to ascertain the patient's medical, emotional, educational, developmental and social history, is conducted. This detailed assessment also includes administration of Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) 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 psychiatrist, psychologist, behavioral specialist (BS), nurse, therapist, and residential care specialist (RCS). 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 Ritual Prevention (ERP). In addition to ERP, other evidence-based CBT and cognitive strategies and dialectical behavior therapy skills are also taught. Approximately 30 hours of cognitive-behavioral therapy treatment is provided each week. See Sample Schedule. *

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).

** Due to COVID-19, the residential program may incorporate virtual treatment with on-site duties as appropriate.*

Sample schedule:

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

Supplemental experiences:

Third and fourth quarter part-time supplemental experience opportunities include: OCD and Anxiety Center Children’s Residential Care; OCD and Anxiety Adolescent Residential Care; OCD, Anxiety, and Depression Center Adolescent Residential Care; Eating Disorder Recovery Adolescent and Adult Residential Care; Focus Depression Recovery Adolescent and Adult Residential Care; Trauma Recovery Adult Residential Care. In addition, opportunities may be available in our Partial and Intensive Outpatient Programs that have a psychologist who is able to supervise your experience on the rotation.

Child and Adolescent Inpatient Care track

The child and adolescent inpatient team's comprehensive treatment approach helps children and adolescents achieve stabilization, learn new skills and gain hope in improving their overall functioning. The inpatient team works closely with the family, school, 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, 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, family, 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 family sessions explore patient and family 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 Child and Adolescent 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 varied, 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:

- Facilitation of individual, group, and some family therapy,
- Supervision of therapeutic specialists 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/consultations,
- Offering clinical education and support to families to facilitate their follow through in completing the recommended clinical pathway,
- Monitoring of clinical fidelity to the unit 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 Child and Adolescent Inpatient Unit

The Oconomowoc hospital location can accommodate up to 22 patients on the Child and Adolescent General Mental Health units. Patients are placed into programming based on their developmental and diagnostic need. There may also be opportunities for the interns to consult on the Child and Adolescent Eating Disorder unit which can accommodate up to 15 patients.

Each patient is assigned to a core clinical team consisting of a psychologist, psychiatrist, nurses, a social worker, patient care associates, therapeutic specialists, special education teachers, and experiential therapists. The team conducts a detailed assessment, develops the treatment goals with collaboration from the patient and family, 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 family start a process of recovery through a solid plan for continuing care.

The inpatient units incorporate trauma-informed care programming in all of the groups. Children and adolescents who are in inpatient care may have experienced one or multiple traumas, which could include: physical or sexual abuse, the loss of a parent, sibling or significant relative due to death or incarceration, multiple transitions in the foster care system, or witnessing or experiencing of a violent crime. An awareness of the impact of multi-generational trauma and its impact is maintained on an ongoing basis. Trauma-informed care assesses the effects of trauma on a child behavior. The treatment teams work to better understand the function of the patient's behavior and the ways it is influenced by previous trauma. The patients learn to use coping strategies to decrease symptoms, to safely express their feelings about the trauma, to come to see their own reactions as normative, to reduce their feelings of shame, to put the traumatic experience into a larger context, and to obtain a sense of mastery regarding the painful events they have experienced.

General Mental Health Treatment Protocols

Each inpatient unit follows a clinical protocol of therapeutic groups that is 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. Family 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 / Changing Behavior / Motivations for Change / 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.

Impulse Control: Group leaders offer education and activities to help patients increase their awareness of impulsive behaviors and of strategies to manage impulsivity across settings.

Interpersonal Effectiveness and Social Skills: Group leaders teach and reinforce DBT skills and social skills to improve interpersonal relationships.

Behavior Chain Analysis / Learning from our Choices: 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 to Manage Distress: Group leaders teach and reinforce the DBT skills that can assist in managing distress.

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

Sample schedule:

Adolescent		Child	
7:30-8 am Breakfast			
8-8:15 am	Medications taken	8-9 am	Academic Support
8:30-9:30 am	Check In; Skills group	9-9:45 am	Psychoeducation Protocol Group
9:30-10:15 am	Motivation group	9:45-10:15 am	Social Skills Protocol Group
10:15- 10:30 am Transition (Snack)			
10:30-11:30 am	Academic support	10:30-11:30 am	Experiential Therapy Group (M-Th) Skills Practice Activity (Fri)
11:30-12 pm Lunch			
12-1:15 pm	Experiential therapy group	12-12:45 pm	Impulse Control or Safety Group
1:15-1:30 pm	Transition time	12:45-1:30 pm	Structured Outdoor Leisure
1:30-2:15 pm	CBT education group	1:30-2:30 pm	Experiential Therapy
2:15-2:30 pm	Medications taken	2:30-2:45 pm	Snack
2:30-3 pm	Supervised assignments / Snack	2:45-3:45 pm	Behavior Change Protocol Group
3-3:45 pm	Safety group		
3:45-4:30 pm Check Out Groups (Fri -Pet therapy)			
4:30-4:45 pm Transition time			
4:45-5:15 pm Dinner			
5:15-6:30 pm Visiting / On unit staff-led activity			
6:30-6:45 pm	Transition time	6:30-7:45 pm	Structured Leisure
6:45-8 pm	Check-out / Skills practice group	7:45-8 pm	Medications/Snack
7:45-8 pm	Snack	8-8:30 pm	Personal / Room Time
8-8:15 pm	Medications taken	8:30 pm	Lights out
8:15-9:30 pm	Personal time / Room time		
9:30 pm	Lights out		

Adult Inpatient Care track

The adult inpatient team's comprehensive treatment approach helps adults achieve stabilization, learn new skills and gain hope in improving their overall functioning. The inpatient team works closely with the patient's loved ones 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 psychologist, psychiatrists, registered nurses, therapeutic specialists, spiritual care staff, 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, family, 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 family/support sessions explore patient and relational 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 varied and 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 adult lifespan.

Interns will also engage in a combination of the following:

- Facilitation of individual, group, and some family/support therapy,
- Supervision of patient care associates 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/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 unit 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 Adult Inpatient Unit

The Oconomowoc hospital location can accommodate up to 22 patients on the inpatient unit with a flexible 50% split of general mental health and substance use disorder needs. Patients are placed into programming based on their diagnostic need. There may also be opportunities for the interns to consult on other units within the system. Each patient is assigned to a core clinical team which conducts a detailed assessment, develops the treatment goals with collaboration from the patient and loved ones, 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 support system start a process of recovery through a solid plan for continuing care. The inpatient units incorporate trauma-informed care programming in all of the groups. Adults who are in inpatient care may have experienced one or multiple traumas, which could include: physical or sexual abuse, the loss of a loved one due to death or incarceration or witnessing or experiencing a violent crime. An awareness of the impact of multi-generational trauma and its impact is maintained on an ongoing basis. Trauma-informed care assesses the effects of trauma on a patient's

behavior. The treatment teams work to better understand the function of the patient's behavior and the ways it is influenced by previous trauma. The patients learn to use coping strategies to decrease symptoms, to safely express their feelings about the trauma, to come to see their own reactions as normative, to reduce their feelings of shame, to put the traumatic experience into a larger context, and to obtain a sense of mastery regarding the painful events they have experienced.

General Mental Health Treatment Protocols

Each inpatient unit follows a clinical protocol of therapeutic groups that is 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. Support 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.

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.

Motivational Interviewing: Group leaders offer education and explore the motivations, costs, and benefits for behavior change.

Goal Setting: Group leaders offer education related to setting and achieving goals for behavior change.

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.

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

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

TIPP: Group leaders teach this DBT skill for use in crisis situations or situations of high emotional distress.

Developing Your 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.

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.

Sample schedule:

Time	Activity
7:45 – 8:15 am	Breakfast
8 – 8:30 am	Safety checks, medications & vital signs taken
8:30 – 9 am	Goals & orientation
9 – 9:15 am	Transition
9:15 – 10 am	Motivation group Day 1: Stages of change Day 2: Costs and benefits Day 3: Goal setting
10 – 10:15 am	Transition / Snack
10:15 – 11 am	Safety group Day 1: Distress protocol Day 2: Behavior chain analysis Day 3: Safety planning
11 – 11:15 am	Transition / Snack
11:15 – 11:50 am	CBT – Anxiety group Day 1: Anxiety education Day 2: Deep muscle relaxation Day 3: Respiratory control
11:50 – 12:30 pm	Lunch + 15 min transition
12:30 – 1 pm	Supervised homework
1 – 2 pm	Experiential therapy group
2 – 2:15 pm	Transition
2:15 – 3 pm	Safety group Day 1: Activities to manage distress Day 2: Mindfulness Day 3: TIPP skills
3 – 3:15 pm	Transition / Snack
3:15 – 4 pm	CBT – Depression group Day 1: Depression education Day 2: Behavioral activation – 1 Day 3: Behavioral activation – 2
4 – 4:45 pm	Supervised homework
4:45 – 5:15 pm	Dinner
5:30 – 6:30 pm	Activity group
6:30 – 8 pm	Visitation (virtual)
8:30 – 9 pm	Goal Wrap-up

Adult Mental Health and Addiction Recovery Residential Care track

Note: Individuals with a SAC-IT, SAC, or CSAC credential in Wisconsin are preferred, but not required for placement in this track. Individuals without a SAC-IT credential will be offered educational opportunities to complete the coursework and the state application to receive the credential.

The intern will work primarily at the Herrington Center for Mental Health and Addiction Recovery Adult Residential Care, which is on the forefront of evidence-based addiction treatment of individuals aged 18 and older. Often, patients are referred to our facility by nationally recognized addiction treatment facilities due to our co-occurring treatment approach.

Located on the east end of the Oconomowoc hospital campus, the center overlooks Upper Nashotah Lake and offers a serene and therapeutic setting for its 20 residents. The facilities include expansive treatment and living areas with semi-private bedrooms and bathrooms, outdoor patios, and access to the campus walking paths, bonfire pit, fishing dock, and gymnasium.

Prior to admission, an initial telephone screening is conducted by admission staff and then reviewed by the attending provider and/or the clinical supervisor. Based on this review, a recommendation is made for the appropriate level of care. On admission, a comprehensive evaluation is conducted, which includes a battery of assessments to ascertain the patient's medical, emotional, education, developmental, and social history. Admissions to the program are based on community need, which means the number of beds available for patients identifying as male, female, non-binary, or transgender is flexible depending on referrals.

Upon admission, each patient is assigned to a core clinical team consisting of a psychiatrist, psychologist, therapist, recovery support specialist, registered nurse, experiential therapists, residential care specialists, and, as needed, behavioral specialist, registered dietitian, and/or spiritual counselor. 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 sessions, group psychotherapy, and community-based support groups.

The program's staff use CBT, DBT, motivational enhancement therapy, behavioral activation, and 12-step principles. Depending on the patient's unique treatment needs, other treatment approaches are utilized such as exposure and response prevention (ERP) and medication assisted treatment (MAT). Patients receive 20+ hours of addiction treatment weekly provided by clinical team members credentialed in substance use counseling. Patients also engage in structured therapeutic assignment time, staff-led outings to practice skills in the community, and scheduled time for self-care and activities of daily living.

At the residential level of care, programming is seven days a week. Within the weekly schedule there are three topic categories for group sessions which include skills and information from Motivational Interviewing (MI), Twelve-Step Facilitation (TSF), Cognitive Behavioral Therapy (CBT) and Dialectical Behavior Therapy (DBT). The guiding framework for the Mental Health and Addiction Recovery interventions is the six dimensions of the ASAM Criteria, which guide clinicians on the individual patient's treatment plan objectives.

These group topic categories flow through a three- to four-week rotation and include:

- 1) **Substance use topics**, which concentrate on understanding addiction as a brain disease, recognizing roadblocks to recovery, and taking action to move toward living a productive and meaningful life that restores the individual's sense of integrity. Topics include: What is addiction; understanding internal and external triggers; recovery medications; relapse process and prevention; symptom accommodation; problems and obstacles to recovery.
- 2) **Mental health topics**, which emphasize working to change learned behaviors by changing thinking patterns, beliefs, and perceptions. Topics include: Understanding co-occurring disorders; psychoeducation about anxiety, depression, and behavioral activation; the role of trauma; setting SMART goals; behavior chain analysis; grief and loss.

- 3) **Recovery maintenance skills topics** that focus on helping patient maintain and sustain their recovery with skills and knowledge to anticipate, identify, and manage high-risk situations that lead to relapse. Topics include: Mindfulness and states of mind; relaxation skills; introduction to community-based groups; DEARMAN; building healthy relationships; contingency management; impulse control; communication and assertiveness; balancing stress and recovery.

In addition to the group sessions there is a dedicated time each day for individual work time. Based on individual needs and interventions informed by research and best practice guidelines, patients will have treatment-specific assignments to work on during this time, either individually or with staff assistance.

The center is uniquely connected to alumni members of the program through the Herrington McBride Alumni Association. The alumni lead weekly community-based support groups, share personal recovery stories during weekly speaker sessions, provide literature and resources to the program, and host an annual picnic and retreat for current and former patients.

The length of stay at the Herrington Center for Mental Health and Addiction Recovery is open-ended; the average length is approximately 30 to 45 days. Our overall goal is for patients to complete at least 80% of the standard protocol program modules during their treatment stay before recommendation for step down to outpatient care is determined.

Sample schedule:

Please note: The weekday schedule is shown. On weekends and holidays, the schedule is adjusted to include on- and off-campus activities, a free Family and Friends program, and visiting hours.

	Mon	Tues	Wed	Thurs	Fri
6 am	Medications administered				
7 am	Breakfast				
8 am	Art/recreational therapy				
9 am	Recovery process group				
11 am	Co-occurring 1				
12 pm	Lunch				
12:30 pm	Experiential therapy group/assignment time				
2 pm	Co-occurring 2				
3 pm	Assignments				
4 pm	Recovery groups				
5 pm	Dinner				
5:30 pm	Personal/assignment time				
7 pm	Community based support groups (12-step meetings, SMART recovery, or Refuge Recovery)				
8:30 pm	Reflections group				
9:30 pm	Therapeutic tasks				
11 pm	Quiet time (all residents in their rooms)				

Supplemental experiences:

Research responsibilities: The Addiction Recovery track trainee may participate in the collection and analysis of outcome study data collected from the various programs. This data is collected electronically at admission, bi-weekly, and upon discharge for each patient to examine treatment effectiveness in each of the programs; frequent comorbid conditions; and identify areas for improvement. There are opportunities to use this data to modify programming and present findings internally.

Program Development: The intern may also have opportunities for experiences such as assisting with program and curriculum development, supporting the Family & Friends educational program, and aiding the facility in implementation of accreditation requirements (e.g., ASAM, WI DHS 75). A significant strength of the Rogers Behavioral Health doctoral training program is the considerable flexibility afforded to interns. While there are specific guidelines in place regarding the duties of the intern, they will also work with their supervising psychologist to tailor the training experience to best suit the needs and interests of the trainee.

Adult Trauma Recovery Residential Care track

There are only a few dozen trauma non-VA residential Trauma/PTSD programs in the United States, and even fewer that use evidence-based treatments as the main treatment approach for symptom reduction. The Trauma Recovery program at Rogers is one of the few that emphasizes time on two goals: 1) Addressing symptom reduction in trauma and comorbid conditions, and 2) Helping the patient develop meaning and values in life so that they are 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, CFT, Schema Therapy). It is principles-based and our staff are looking 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 assessments consisting of evidence-based self-report measures of symptom severity, processing targets, and signs of growth, in addition to a number of 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 the partial hospitalization or intensive outpatient program.

Prior to admission, an initial telephone screening is conducted by admissions staff and then reviewed by the clinical director and key clinical staff. Based on this review, a recommendation is made for the appropriate level of care. On admission, a comprehensive evaluation is conducted, which includes a battery of assessments to ascertain the patient's medical, emotional, educational, developmental, and social history.

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 program's staff 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. 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.

Sample schedule:

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
5:30 – 7 am	Wake up and hygiene						
7 – 7:55 am	Meds and check-in						
7:55 – 8:25 am	Breakfast						
8:30 – 9:30	Mindful movement			Belongings run	Mindful movement		
9:30 – 10:30 am	CBT / exposures				CBT / BA / exposures	Outing (inning if bad weather)	
10:30 – 11:30 am							
11:30 am – 12 pm	Walk outside						
12 – 12:20 pm	Phone time						
12:20 – 12:50 pm	Lunch						
12:50 – 1:15 pm	Transition time					CBT / exposures / BA / outcome assessments	CBT / exposures / BA / outcome assessments
1:15 – 2:15 pm	DBT group	Spiritual care group	DBT group / SURG	DBT group	DBT group		
2:15 – 2:30 pm	CBT / exposures	DBT group	CBT / exposures	CBT / exposures	CBT / exposures		
2:30 – 3 pm	Community meeting						
3 – 3:30 pm	Phone time						
3:30 – 4:30 pm	Art therapy		Rec therapy			YMCA	
4:30 – 5 pm	Walk outside						Walk outside
5 – 5:30 pm	Phone time						
5:30 – 6 pm	Dinner						
6 – 7 pm	YMCA 6:15 – 7:45	Yoga / stretching	Outing	Behavioral activation	Mindfulness	Behavioral activation	Spiritual / self-care
7 – 7:45 pm		Gym	Game room		Gym		Self-care
7:45 – 8 pm							
8 – 10 pm	Free time / Hygiene / Meds						
10 – 11 pm	Clean up dayroom and head to bed (turn in phone at 10 pm)						

Supplemental experiences:

Non-Clinical Research Possibilities: 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 in order 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. In addition to using these data internally, there will be opportunities for conference presentations (e.g., poster presentations, symposium presentations, etc.) as well as 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.).

The training curriculum

Rogers Behavioral Health's internship program follows the practitioner-scholar model, which emphasizes applying scientific knowledge and scholarly inquiry to the clinical practice of psychology grounded in the belief that clinical practice must continually evolve through integrating the most current and evidenced based research practices.

Interns are provided opportunities to expand their knowledge base through didactic seminars, grand rounds presentations, individual and group supervision, selected readings, and interactions with other professionals within the hospital system. In addition, interns are exposed to numerous empirically based treatments and are taught to be excellent consumers of research to enhance their work with patients. In line with this, interns are expected to collect data, often in the form of self-report measures, throughout their patients' treatment in order to examine patient progress and alter the treatment approach as necessary.

Our training model is both developmental and competency based, with opportunities to develop and refine fundamental skills in assessment, clinical interviewing, intervention, supervision/consultation, and administration. Interns move from close supervision, mentorship, and intensive instruction to relatively autonomous functioning over the course of the year. Interns take an active and responsible role in developing their training plan and in adjusting it to meet their needs and emerging interests.

The program's training model is flexible, in that it attends to each intern's individual training needs based on prior experience, skill acquisition, and comfort level. Supervisors continually assess the interns' training needs and provide the level of supervision and clinical experiences necessary to allow each intern to develop autonomy. Additionally, interns are expected to develop specific competencies and are assessed in relation to their progress with these competencies throughout the year via both their quarterly evaluations and weekly supervision sessions. Then, through this model, graduating interns develop the competencies and sense of professional identity needed for entry-level positions in psychology.

Profession-wide competency goals & objectives and internship competencies

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

I. Research/Scholarly Inquiry

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

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

Competencies:

1. Independently applies scientific methods to practice
 - a. Apply evidence-based practice in clinical work
2. Demonstrates advanced level knowledge of core science (i.e., scientific bases of behavior)

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

II. Ethical and Legal Standards

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

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

Competencies:

- 1. Understands the ethical, legal, and contextual issues of the supervisor role
 - a. Document clinical contacts timely, accurately, and thoroughly
 - b. Identify and respond appropriately to ethical issues as they arise in clinical practice
 - c. Interact with colleagues and supervisors in a professional and appropriate manner
- 2. Demonstrates advanced knowledge and application of the 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

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

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

Competencies:

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

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

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

Competencies:

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

V. Communication and Interpersonal Skills

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

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

Competencies:

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

- b. Engage in self-care and appropriate coping skills in regard to stressors
- 4. Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated; demonstrates thorough grasp of professional language and concepts
 - a. Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner.
 - b. Interact with colleagues and supervisors in a professional and appropriate manner
 - c. Document clinical contacts timely, accurately, and thoroughly
- 5. Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations
 - a. Identify and respond appropriately to ethical issues as they arise in clinical practice
 - b. Interact with colleagues and supervisors in a professional and appropriate manner
 - c. Document clinical contacts in a timely manner, accurately, and thoroughly
- 6. Demonstrates cultural humility in actions and interactions
 - a. Is able to discuss cultural considerations and differences with both professionals and patients

VI. Assessment

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

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

Competencies:

1. Independently selects and implements multiple methods and means of evaluation in ways that are appropriate to the identified goals and questions of the assessment as well as diversity characteristics of the service recipient.
 - a. From a variety of testing materials, select those most appropriate for the referral question
 - b. Collect data from a variety of sources (interview, medical record, prior testing reports, collateral information)
2. Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning.
 - a. From a variety of testing materials, select those most appropriate for the referral question
 - b. Collect data from a variety of sources (interview, medical record, prior testing reports, collateral information)
 - 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 presenting question appropriate to the practice site and broad area of practice.
 - a. From a variety of testing materials, select those most appropriate for the referral question
 - b. Administer, score, and interpret testing results correctly
4. Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity.
 - a. Collect data from a variety of sources (interview, medical record, prior testing reports, collateral information)
 - b. Incorporate data into a well-written, integrated report

- c. Demonstrate a working knowledge of DSM-5 nosology and multiaxial classification
- 5. Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment
 - a. Collect data from a variety of sources (interview, medical record, prior testing reports, collateral information)
 - b. Incorporate data into a well-written, integrated report
 - 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 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

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

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

Competencies:

- 1. Independently applies knowledge of evidence-based practice, including empirical bases of assessment, clinical decision making, intervention plans, and other psychological applications, clinical expertise, and client preferences
 - a. Utilize theory and research to develop case conceptualizations
 - b. Identify and utilize appropriate evidence-based group and individual interventions

- 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 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

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

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

Competencies:

- 1. Apply knowledge of supervision models and practices in direct practice with psychology trainees or other mental health professionals (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.
 - 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

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

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

Competencies:

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

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

X. Track-specific

Adult OCD and Anxiety Disorders Residential Care

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

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

Competencies:

1. Provide evidenced-based individual, group, and family therapy (if applicable) consistent with the role of a 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
 - a. Integrates discussions and considerations regarding diversity and culture throughout clinical work.

Child and Adolescent Inpatient Care

Goal: To produce graduates who are able to function confidently as a Health Service Psychologist on a child/adolescent inpatient psychiatric unit.

Objective(s): Provide high quality intervention, consultation, and clinical supervision, effectively teach, model and apply trauma informed milieu management strategies, provide case conceptualizations and consultation regarding effective evidence-based interventions, monitor program fidelity, and complete accurate and thorough psychological assessments as requested.

Competencies:

1. Provide evidenced-based individual, group, and family therapy 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

Goal: To produce graduates who are able to function confidently as a Health Service Psychologist on an adult inpatient psychiatric unit.

Objective(s): Provide high quality intervention, consultation, and clinical supervision, effectively teach, model and apply trauma informed milieu management strategies, provide case conceptualizations and consultation regarding effective evidence-based interventions, monitor program fidelity, and complete accurate and thorough psychological assessments as requested.

Competencies:

1. Provide evidenced-based individual, group, and family therapy 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 Mental Health and Addiction Recovery Residential Care

Goal: To produce graduates who are able to function confidently as a Health Service Psychologist within an evidence-based mental health and substance use treatment residential program.

Objective(s): Demonstrate the ability to deliver high quality evidence-based treatment to patients who present with substance use disorder and co-occurring mental health disorders in individual and group format. Provide high quality consultation and supervision to team members, effectively apply milieu management and problem-solving strategies, monitor, and guide treatment progress, and participate on and support a multidisciplinary team.

Competencies:

1. Provide evidenced-based individual, group, and family therapy (if applicable) consistent with the role of a Health Service Psychologist.
2. Provide individual or group supervision in direct practice that includes observing, evaluating, and giving guidance that is consistent with currently accepted competency-based models to assigned staff members or students.
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. Complete high quality diagnostic assessments to clarify patient needs, diagnosis, and recommended course of treatment.
5. Monitor patients' treatment progress with validated measures and offer guidance to treatment team members regarding patients' clinical needs.
6. Apply evidence-based treatment methods independently as needed (CBT, MI, ERP, 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 clinical conceptualizations and corresponding treatment recommendations at staffing to assist with developing targeted goals and behavior plans.
9. Provide case management services through identification of resources and community-based support groups.
10. Provide informal consultation to the treatment team to strengthen their ability to maintain a trauma informed environment that shows awareness of diversity needs.

Adult Trauma Recovery Residential Care

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

Objective(s): Demonstrate the ability to deliver high quality evidence-based treatment to patients who present with PTSD, Complex trauma, or trauma-related conditions in individual and group format. Provide high quality consultation and supervision to team members, effectively apply milieu management and problem-solving strategies, monitor, and guide treatment progress in both symptom reduction and engagement in life, and participate on and support a multidisciplinary team.

Competencies:

1. Provide evidenced-based individual, group, and family therapy (if applicable) consistent with the role of a 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.

Internship format

Interns will work 12 consecutive months, 40 hours a week. Their 2,080 hours will be spent in direct service, indirect service, didactic training, and supervision. Ten days of paid time-off and holiday pay for Rogers 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 2 hours per week. Group supervision takes place at a minimum of two hours weekly. Informal supervision will be frequent as interns will be in close proximity to their supervisors daily. Interns indicate their training status when meeting with clients and families. Supervisors are actively involved with each case and accept ultimate clinical responsibility for case direction and management.

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

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

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 Internship Handbook provided at the start of the internship year.

Due to COVID-19, accommodations were made for activities to be held virtually when appropriate.

Weekly intern activities

Activity	Hours
Individual Therapy	3-4
Interdisciplinary Treatment Team Meetings.....	4-5
Group Therapy	2 -3
Didactic Seminars	2
Family Therapy	1-2
Informal consultation	4
Psychological testing/formal consultation	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

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

- Assessment and Treatment of Eating Disorders
- Assessment and Treatment of GAD
- Assessment and Treatment of Hoarding Disorder
- Assessment and Treatment of OCD
- Assessment and Treatment of Panic Disorder
- Assessment and Treatment of PTSD
- Careers in Psychology: Things We Wish We Knew
- Comorbid Autism Spectrum Disorder and Depression / Anxiety
- Current Topics in Psychology
- Data Analytics in Behavioral Health
- Effectively Engaging in Self-Evaluation
- Ethical Issues in Psychology
- Family Accommodation
- Functional Analytic Psychotherapy
- Integrated Health Psychology
- 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
- Program Development
- Psychological Consultation
- Psychological Testing and Integrated Report Writing
- Role of the Psychologist in the Hospital Setting
- Role of the Psychologist in Providing Community-based Services
- Self-care and its Role in a Psychologist's Ethical and Competent Practice and Secondary Traumatic Stress
- Sleep Awareness and Mental Health Strategies to Implement Culturally Responsive Behavioral Activation
- Stigma Reduction / Engaging in Social Justice as a Psychologist
- Suicide and Self-Harming Behaviors
- Supervision of Supervision
- Trauma-focused CBT
- Tween and Adolescent ADHD
- Understanding and Exploring Gender and Sexuality
- Working with Adolescents

Accreditation

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

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

Kristin Miles, Psy.D., Supervising Psychologist

Bradley Riemann, Ph.D., Chief Operating Officer, Chief Clinical Officer

Rachel Leonard, Ph.D., Chief Psychologist

Brenda Bailey, Ph.D., Supervising Psychologist

Dave Jacobi, Ph.D., Clinical Director and Supervising Psychologist

Lauren Scaletta, Psy.D., Supervising Psychologist

Chad Wetterneck, Ph.D., Supervising Psychologist

Other contributing psychologists

Brandon DeJong, Ph.D.

Martin Franklin, Ph.D.

Amanda Heins, Psy.D.

Kaitlin Hill, Ph.D.

RaeAnne Ho Fung, Ph.D.

Sonia Izimrian, Ph.D.

Kristine Kim, Psy.D.

Amy Kuechler, Psy.D.

Sarah Lee, Ph.D.

Rose Luehrs, Ph.D.

Lauren Mascari, Ph.D.

Adrienne McCullars, Ph.D.

Patrick Michaels, Ph.D.

Joshua Nadeau, Ph.D.

Angela Orvis, Psy.D.

Jennifer Park, Ph.D.

Ajeng Puspitasari, Ph.D.

Rob Reff, 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 abuse 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.
- Residential care specialists (RCS) provide supervision and assistance as needed. They are available to all residents 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.
- 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

Rogers Behavioral Health (Rogers) is committed to enhancing multicultural competence and diversity 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 families. 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 families, 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 family 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 families may experience frequent moves and housing upheaval throughout their lifetime. Food insecurity is another consequence of living in poverty and is experienced by our families on a frequent basis.

Many of our families present with experiences of multi-generational trauma and engaging the family system to support them 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 with their families. Cultural factors, such as immigration and documentation status are also important considerations among some of the families that we serve. These factors impact the family and patient comfort in disclosing needs and in fully engaging with the treatment team.

Amidst the aforementioned populations discussed, Rogers also serves patients and families 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.

According to the Wisconsin Caregiver Law, any employer identified as a caregiver institution must conduct background checks. On background checks, applicants must disclose all crimes and offenses including all civil forfeitures, misdemeanors, ordinance violations, or fines. Applicants will also need to disclose any pending charges for crimes or offenses including civil forfeitures, misdemeanors, ordinance violations, or fines. Failure to disclose this information on your application or misrepresentation of a disclosure will be considered falsification and may remove you from eligibility for employment. All disclosures will be evaluated for relevancy to the job.

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.

APPIC ranking agreement

The internship program at Rogers Behavioral Health abides 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: 07/29/2022

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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:
<p>Applicants must be a student in an APA-accredited clinical or counseling psychology program. Occasionally the program may consider applicants from programs with pending applications for accreditation. At least three years of graduate education have been completed by the applicant, and a master's degree in psychology or a closely allied field conferred by the start date of the internship. Completion of 1,000 of clinical practice, including at least 400 hours of direct patient care, is required. A picture for identification purposes may be brought to the interview. Due to COVID, interviews may be held virtually via the Microsoft Teams application or similar platform.</p> <p>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.</p>

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 goals and objectives;
6. Must have successfully completed all necessary coursework. Completion of dissertation proposal preferred by December 15 in the year prior to internship.

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

1. Cover letter clearly indicating their professional goals and interests and the internship track for which you are applying
2. Curriculum vitae
3. Three letters of recommendation
4. Writing sample (psychological report or treatment summary)
5. Completed AAPI (APPIC Application for Psychology Internship)
6. All graduate school transcripts

This information should be submitted through the AAPI online portal.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$30,000
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)
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
<p>Other Benefits (please describe):</p> <ul style="list-style-type: none"> • 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)

	2018-2021	
Total # of interns who were in the three cohorts	11	
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	0	0
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	0	0
Veterans Affairs Health Care System	0	0
Psychiatric facility	6	4
Correctional facility	0	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	1	0
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.