Doctoral internship program: Handbook

July 2023
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Introduction

About Rogers Behavioral Health

Rogers Behavioral Health is a not-for-profit, independent, private provider of specialized mental health and addiction treatment since 1907. Based in Wisconsin, 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 Engagement and Learning, 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.

Specialized 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 adolescent stay averages 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. Caregiver or supportive loved ones 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) at some locations. Patients and the care team decide if this is the right approach.
- In addition to these evidence-based therapies, we offer mindfulness and experiential therapy such as movement, art, music, and horticultural therapy that often enhance our patients' experience and well-being. 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.
- We recognize that our patients arrive with unique identities that impact their experience of mental health symptoms and treatment. We are here to support all patients, including those who are transgender, nonbinary, gender-nonconforming or exploring their gender identity.

Quality care with demonstrated clinical outcomes

- Rogers Behavioral Health has 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.

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) and the reaccreditation site visit occurred on July 26 and 27, 2023.

Commission on Accreditation Contact information:

750 First St. NE Phone: 202-336-5979 Email: apaaccrde@apa.org
Washington DC 20002 Fax: 202-336-5978 Website: www.accreditation.apa.org

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.

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](http://www.oconomowoc-wi.gov)

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

Diverse opportunities within the metro-Milwaukee area
VISIT Milwaukee’s website has a section that highlights the variety of diverse experiences available throughout the year: [https://www.visitmilwaukee.org/about-mke/unique-unites/](https://www.visitmilwaukee.org/about-mke/unique-unites/)

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

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

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

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

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

The LGBT Center of Southeast Wisconsin offers advocacy, support groups, training, and a directory of resources: [https://lgbtsewi.org/about/](https://lgbtsewi.org/about/). In addition, there are several local LGBTQ groups, including the Milwaukee LGBT Community Center, [https://www.mkelgbt.org/](https://www.mkelgbt.org/), and LGBT Waukesha: [https://www.facebook.com/LGBTWaukesha/](https://www.facebook.com/LGBTWaukesha/)
The Cactus Club is an artist-run, queer-owned, multi-disciplinary arts and performance space in Milwaukee. Over the course of nearly 30 years, the club has progressed from niche indie venue to a cultural hub and national destination: https://www.cactusclubmilwaukee.com/
Overview of the internship

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)
- 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.

Adult OCD and Anxiety Disorders Residential Care track

As part of the comprehensive range of services offered for OCD and anxiety at Rogers Behavioral Health, our 28-bed adult facility anchors our care for OCD. The OCD and Anxiety Adult Residential Center specializes in the treatment of adults aged 18 and older with severe obsessive-compulsive disorder (OCD), obsessive-compulsive (OC) and related disorders such as trichotillomania and body dysmorphic disorder and other anxiety disorders (e.g., generalized anxiety disorder, panic disorder, agoraphobia, and social anxiety disorder). Located on a 22-acre site about a half-mile east of the hospital’s Oconomowoc campus, the center can accommodate up to 28 patients and features expansive treatment and living areas.

Prior to admission, an initial telephone screening is conducted by 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 mental health technicians (MHTs). Members of the core clinical team conduct a detailed assessment, develop the treatment goals and exposure hierarchy, then facilitate and monitor the patient’s progress. Treatment goals are accomplished through a program consisting of individual sessions and group psychotherapy.

The center’s staff uses a strict cognitive-behavioral approach and a graduated exposure hierarchy for each individual. For OCD, the main emphasis is Exposure and 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 / Visits / Free Time -- or - YMCA |        | |
| 3:00-3:30p    | -- Individual Appointments / Assignments -- |                                  |                                    |                                   |                                   | Passes / Visits / Free Time -- or - YMCA |        | |
| 3:30-5:00p    | -- supervised Individual Homework -- | With Mental health technicians |                                    |                                   |                                   | Passes / 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 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 Hospitalization and Intensive Outpatient Programs that have a psychologist who is able to supervise your experience.
Adolescent Inpatient Care track

The adolescent inpatient team’s comprehensive treatment approach helps adolescents achieve stabilization, learn new skills and gain hope in improving their overall functioning. The inpatient team works closely with the caregiver, 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, and experiential therapy in addition to psychiatric consultation. All groups are facilitated by a collaborative multidisciplinary team and incorporate a strength-based and trauma informed care model. Individual meetings and caregiver support sessions explore patient and loved ones’ dynamics, reinforce skills taught, and actively plan for follow through with aftercare. A continuum of care is available and tailored to facilitate the completion of a clinical pathway to both solidify and advance gains for each patient.

As professionals on the 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 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 team work. 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 caregiver support sessions,
- 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 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 Adolescent Inpatient Unit

The Oconomowoc hospital location can accommodate up to 14 patients on the Adolescent General Mental Health unit. 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 associate, therapeutic specialists, special education teachers, and experiential therapists. The team conducts a detailed assessment, develops the treatment goals with collaboration from the patient and caregiver, then facilitates and monitors the patient’s progress throughout treatment. The inpatient hospitalization team focuses on giving a complete and accurate diagnostic assessment, stabilizing medical and emotional conditions, and helping the whole support system start a process of recovery through a solid plan for continuing care.
The inpatient unit incorporates trauma-informed care programming in all of the groups. 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 teen's behavior. The treatment team works 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. Caregiver 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.

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:**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tr>
<td>7:30-8 am</td>
<td>Breakfast</td>
</tr>
<tr>
<td>8-8:15 am</td>
<td>Medications taken</td>
</tr>
<tr>
<td>8:30-9:30 am</td>
<td>Check In; Skills group</td>
</tr>
<tr>
<td>9:30-10:15 am</td>
<td>Motivation group</td>
</tr>
<tr>
<td>10:15-10:30 am</td>
<td>Transition (Snack)</td>
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<tr>
<td>10:30-11:30 am</td>
<td>Academic support</td>
</tr>
<tr>
<td>11:30-12 pm</td>
<td>Lunch</td>
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<tr>
<td>12-1:15 pm</td>
<td>Experiential therapy group</td>
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<tr>
<td>1:15-1:30 pm</td>
<td>Transition time</td>
</tr>
<tr>
<td>1:30-2:15 pm</td>
<td>CBT education group</td>
</tr>
<tr>
<td>2:15-2:30 pm</td>
<td>Medications taken</td>
</tr>
<tr>
<td>2:30-3 pm</td>
<td>Supervised assignments / Snack</td>
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<tr>
<td>3-3:45 pm</td>
<td>Safety group</td>
</tr>
<tr>
<td>3:45-4:30 pm</td>
<td>Check out groups (Fri -Pet therapy)</td>
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<tr>
<td>4:30-4:45 pm</td>
<td>Transition time</td>
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<tr>
<td>4:45-5:15 pm</td>
<td>Dinner</td>
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<tr>
<td>5:15-6:30 pm</td>
<td>Visiting / On unit staff-led activity</td>
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<tr>
<td>6:30-6:45 pm</td>
<td>Transition time</td>
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<tr>
<td>6:45-8 pm</td>
<td>Check-out / Skills practice group</td>
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<tr>
<td>7:45-8 pm</td>
<td>Snack</td>
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<tr>
<td>8-8:15 pm</td>
<td>Medications taken</td>
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<tr>
<td>8:15-9:30 pm</td>
<td>Personal time / Room time</td>
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<td>9:30 pm</td>
<td>Lights out</td>
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</table>
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, and experiential therapy in addition to psychiatric consultation. All groups are facilitated by a collaborative multidisciplinary team and incorporate a strength-based and trauma informed care model. Individual meetings and caregiver support sessions explore patient and 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 caregiver support sessions,
- 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:

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

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

**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 and Friends 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 there prepared and have skills to grow after completing treatment.

The program incorporates mainly evidence-based CBT treatments, while using evidence-supported techniques from related therapies (i.e., DBT, ACT, 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 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:**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>5:30 – 7 am</td>
<td>Wake up and hygiene</td>
</tr>
<tr>
<td>7 – 7:55 am</td>
<td>Meds and check-in</td>
</tr>
<tr>
<td>7:55 – 8:25 am</td>
<td>Breakfast</td>
</tr>
<tr>
<td>8:30 – 9:30 am</td>
<td>Mindful movement</td>
</tr>
<tr>
<td>9:30 – 10:30 am</td>
<td>CBT / exposures</td>
</tr>
<tr>
<td>10:30 – 11:30 am</td>
<td>Belongings run</td>
</tr>
<tr>
<td>11:30 am – 12 pm</td>
<td>CBT / BA / outcome assessments</td>
</tr>
<tr>
<td>12 – 12:20 pm</td>
<td>Phone time</td>
</tr>
<tr>
<td>12:20 – 12:50 pm</td>
<td>Lunch</td>
</tr>
<tr>
<td>12:50 – 1:15 pm</td>
<td>Transition time</td>
</tr>
<tr>
<td>1:15 – 2:15 pm</td>
<td>DBT group</td>
</tr>
<tr>
<td>2:15 – 2:30 pm</td>
<td>CBT / exposures</td>
</tr>
<tr>
<td>2:30 – 3 pm</td>
<td>Community meeting</td>
</tr>
<tr>
<td>3 – 3:30 pm</td>
<td>Phone time</td>
</tr>
<tr>
<td>3:30 – 4:30 pm</td>
<td>Art therapy</td>
</tr>
<tr>
<td>4:30 – 5 pm</td>
<td>Walk outside</td>
</tr>
<tr>
<td>5 – 5:30 pm</td>
<td>Phone time</td>
</tr>
<tr>
<td>5:30 – 6 pm</td>
<td>Dinner</td>
</tr>
<tr>
<td>6 – 7 pm</td>
<td>YMCA</td>
</tr>
<tr>
<td>7 – 7:45 pm</td>
<td>Outing</td>
</tr>
<tr>
<td>7:45 – 8 pm</td>
<td>Behavioral activation</td>
</tr>
<tr>
<td>8 – 10 pm</td>
<td>Mindfulness</td>
</tr>
<tr>
<td>10 – 11 pm</td>
<td>Clean up dayroom and head to bed</td>
</tr>
</tbody>
</table>

**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.).

Program philosophy and training curriculum

Rogers Behavioral Health’s internship program follows the practitioner-scholar model, which emphasizes applying scientific knowledge and scholarly inquiry to the clinical practice of psychology grounded in the belief that clinical practice must continually evolve through integrating the most current and evidenced based research practices. Interns are provided opportunities to expand their knowledge base through didactic seminars, 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 patients’ progress and alter the treatment approach as necessary.

Our training model is both developmental and competency based, with opportunities to develop and refine fundamental skills in assessment, clinical interviewing, intervention, supervision/consultation, and administration. Interns move from close supervision, mentorship, and intensive instruction to relatively autonomous functioning over the course of the year. Interns take an active and responsible role in developing their training plan and in adjusting it to meet their needs and emerging interests. The program’s training model is flexible, in that it attends to each intern’s individual training needs based on prior experience, skill acquisition, and comfort level. Supervisors continually assess the interns’ training needs and provide the level of supervision and clinical experiences necessary to allow each intern to develop autonomy. 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.

Aims of the program

To produce entry level health service psychologists:
1. With competence in applying theories and methods of effective, evidence-based psychotherapeutic intervention.
2. Who possess competency in psychological assessment.
3. Who understand and appreciate the importance of maintaining and applying current knowledge of research and scholarly inquiry in the profession of health service psychology.
4. Who demonstrate competence in communication and interpersonal skills, who are adept at consultation and who function successfully as part of an interdisciplinary team.
5. With competence in professional values, professional conduct, professional ethics, and an understanding of relevant mental health law through continued professional development and appropriate use of supervision.
6. With competence in individual and cultural diversity as they relate to practice in a diverse society.
7. With competence in applying the current literature and practice in providing supervision.
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 and the reaccreditation site visit occurred on July 26 and 27, 2023.

Commission on Accreditation Contact information:

750 First St. NE     Phone: 202-336-5979     Email: apaaccred@apa.org
Washington DC 20002  Fax:  202-336-5978    Website: www.accreditation.apa.org
Profession-wide 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
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 or utilizes 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. Understands the application of scientific methods of evaluating practices, interventions, and programs
   a. Apply evidence-based practice in clinical work
6. Demonstrates knowledge about issues central to the field; integrates science and practice typical of the practitioner scholar model
   a. Identify and critically review current scientific research and extract findings applicable to practice
7. Demonstrates cultural humility in actions and interactions
   a. Identifies and considers areas of research specific to cultural considerations
   b. When engaging in research considers cultural factors

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

5. Demonstrates cultural humility in actions and interactions
   a. Identifies areas of cultural considerations as it relates to ethical decision-making

III. Individual and Cultural Diversity

1. Independently monitors and applies an understanding of how their own personal/cultural history, attitudes, and biases may affect assessment, treatment, and consultation
   a. Understand and explore the impact of the one’s own cultural background and biases and their potential impact on the process of treatment
   b. Effectively engage in self-evaluation in order to utilize personal strengths in the therapeutic process
   c. Understand how their own personal/cultural history attitudes and biases may affect how they understand and interact with people who are different from themselves

2. Independently monitors and applies current theoretical and empirical knowledge of diversity in others as cultural beings in assessment, treatment, supervision, research, training, and consultation
   a. Understand and explore the impact of the client’s cultural background and biases and their potential impact on the process of treatment
   b. Establish rapport and therapeutic alliances with individuals from diverse backgrounds
   c. Applies current theoretical and empirical knowledge in assessment, supervision, research, training and consultation

3. 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

1. Behave in ways that reflect the values and attitudes of psychology including integrity, deportment, professional identifying, accountability, lifelong learning and concern for the welfare of others.
2. Actively seek and demonstrate openness and responsiveness to feedback in supervision.
3. Respond professionally in increasingly complex situations with a significant degree of independence.
4. Accurately self-assesses competence in all competency domains; integrates self-assessment in
practice; recognizes limits of knowledge/skills and acts to address them; understands the importance of having an extended plan to enhance knowledge/skills
a. Interact with colleagues and supervisors in a professional and appropriate manner
b. Engage in self-care and appropriate coping skills in regard to stressors
c. Effectively engage in self-evaluation in order to utilize personal strengths in the therapeutic process
d. Shows awareness of need for and develops plan for ongoing learning to enhance skills
5. Self-monitors issues related to self-care and promptly intervenes when disruptions occur
a. Interact with colleagues and supervisors in a professional and appropriate manner
b. Engage in self-care and appropriate coping skills in regard to stressors
c. Effectively engage in self-evaluation in order to utilize personal strengths in the therapeutic process
6. Demonstrates reflectivity in context of personal and professional functioning (reflection-in-action); acts upon reflection; uses self as a therapeutic tool.
   a. Engages in self-reflection regarding one’s personal and professional functioning; 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
1. Develop and maintain effective relationships with a wide range of individuals including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
2. Produce and comprehend oral, nonverbal, and written communications that are informative and well integrated; demonstrate a thorough grasp of professional language and concepts.
3. Demonstrates effective interpersonal skills, manages difficult communication, and possesses advanced interpersonal skills
   a. Interact with colleagues and supervisors in a professional and appropriate manner
   b. Engage in self-care and appropriate coping skills in regard to stressors
4. Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated; demonstrates thorough grasp of professional language and concepts
   a. Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner.
b. Interact with colleagues and supervisors in a professional and appropriate manner
c. Document clinical contacts timely, accurately, and thoroughly
5. Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations
   a. Identify and respond appropriately to ethical issues as they arise in clinical practice
   b. Interact with colleagues and supervisors in a professional and appropriate manner
c. Document clinical contacts in a timely manner, accurately, and thoroughly

6. Demonstrates cultural humility in actions and interactions
   a. Is able to discuss cultural considerations and differences with both professionals and patients

VI. Assessment

1. Independently selects and implements multiple methods and means of evaluation in ways that are appropriate to the identified goals and questions of the assessment as well as diversity characteristics of the service recipient.
   a. From a variety of testing materials, select those most appropriate for the referral question
   b. Collect data from a variety of sources (interview, medical record, prior testing reports, collateral information)

2. Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning
   a. From a variety of testing materials, select those most appropriate for the referral question
   b. Collect data from a variety of sources (interview, medical record, prior testing reports, collateral information)
   c. Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process

3. Independently selects and administers a variety of assessment tools that draw from the best available empirical literature and that reflect the science of measurement and psychometrics and integrates results to accurately evaluate 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., supportive loved ones, 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
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

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

1. Determines situations that require different role functions and shifts roles accordingly to meet referral needs
   a. Interact professionally as a member of a multidisciplinary team
   b. Provide psychological input to improve patient care and treatment outcomes

2. Applies methods to enhance learning of others in multiple settings
   a. Interact professionally as a member of a multidisciplinary team
   b. Provide informative and appropriate professional presentations
   c. Engages in role-played consultation, peer consultation or provision of consultation to other trainees

3. Applies 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

1. Provide evidenced-based individual, group, and supportive loved ones sessions (if applicable) consistent with the role of a Health Service Psychologist.
2. Provide individual and group (if applicable) supervision that is consistent with currently accepted competency-based models to pre- and post-masters students working at the residential level of care.
3. Provide consultation to behavioral specialists and social service personnel to appropriately apply evidence-based treatment strategies consistent with patient needs and high-quality patient care.
4. Apply principles of ERP independently to complex cases
5. Monitor patients’ treatment progress with validated measures and offer guidance to treatment team members regarding patients’ clinical needs.
6. Apply ancillary CBT-based treatment methods independently as needed (HRT, DBT, BA, etc.)
7. Participate on and communicate effectively with members of a multidisciplinary team to achieve and maintain high-quality patient care.
8. Demonstrate high level knowledge of CBT and conceptualization of complex cases using a CBT framework
9. Demonstrates cultural humility in actions and interaction
   a. Integrates discussions and considerations regarding diversity and culture throughout clinical work.
Adolescent Inpatient Care
1. Provide evidenced-based individual, group, and caregiver support sessions consistent with the role of a Health Service Psychologist.
2. Provide individual supervision in direct practice that includes observing, evaluating, and giving guidance and that is consistent with currently accepted competency-based models to assigned staff members or students. Provide group supervision as appropriate.
3. Provide thoughtful and complete clinical conceptualizations and corresponding treatment recommendations at staffing to assist in developing targeted goals and behavior plans.
4. Provide training and mentorship to staff to enhance their clinical knowledge in applying evidence-based treatment strategies consistent with patient needs and service delivery goals.
5. Complete high quality diagnostic assessments/formal consultations as assigned to clarify patient needs.
6. Provide informal consultation to the treatment team to strengthen their ability to maintain a trauma informed milieu that shows awareness of diversity needs.
7. Provide direct observation of programming and feedback about the fidelity to the treatment protocols for unit staff.
8. Provide leadership within the clinical team to assess, debrief and intervene/resolve issues of acuity, self-harm, and behavioral crises with evidence-based treatment strategies.
9. Apply principles of evidenced based treatment as appropriate to patient population (i.e., DBT, CBT, MI, TIC, PCIT, ARC, CAMS, Pisani risk formulation, etc.)

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

Adult Mental Health and Addiction Recovery Residential Care
1. Provide evidenced-based individual, group, and supportive loved ones sessions (if applicable) consistent with the role of a Health Service Psychologist.
2. Provide individual 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**

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

2. Provide individual and group (if applicable) supervision that is consistent with currently accepted competency-based models to pre- and post-masters students working at the residential level of care.

3. Provide consultation to therapists and social service personnel to appropriately apply evidence-based treatment strategies consistent with patient needs and high-quality patient care.

4. Apply principles of Prolonged Exposure and other exposure variants independently to complex cases.

5. Monitor patients’ treatment progress of symptoms reduction and increased life engagement with validated measures and offer guidance to treatment team members regarding patients’ clinical needs.

6. Apply ancillary CBT-based treatment methods independently as needed (DBT, ACT, Schema Therapy, BA, etc.)

7. Participate on and communicate effectively with members of a multidisciplinary team to achieve and maintain high-quality patient care.

8. Demonstrate high level knowledge of CBT and conceptualization of complex cases using a CBT framework

9. Demonstrates cultural humility in actions and interaction
   a. Integrates discussions and considerations regarding diversity and culture throughout clinical work.
Clinical experience

Sample time commitment

<table>
<thead>
<tr>
<th>Weekly intern activity</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual therapy</td>
<td>3-4</td>
</tr>
<tr>
<td>Interdisciplinary treatment team meetings</td>
<td>4-5</td>
</tr>
<tr>
<td>Group therapy</td>
<td>2-3</td>
</tr>
<tr>
<td>Didactic seminars</td>
<td>2</td>
</tr>
<tr>
<td>Supportive loved ones / Caregivers sessions</td>
<td>1-2</td>
</tr>
<tr>
<td>Assessment/Consultation</td>
<td>4</td>
</tr>
<tr>
<td>Psychological/Diagnostic assessment</td>
<td>2-3</td>
</tr>
<tr>
<td>Documentation</td>
<td>5</td>
</tr>
<tr>
<td>Report writing</td>
<td>3</td>
</tr>
<tr>
<td>Supervision /Research/Professional development</td>
<td>4</td>
</tr>
<tr>
<td>Individual supervision</td>
<td>2</td>
</tr>
<tr>
<td>Program development/ Milieu management/ Other admin. work</td>
<td>5</td>
</tr>
<tr>
<td>Supervision of supervision/Group supervision</td>
<td>2</td>
</tr>
</tbody>
</table>

Assessment / Consultation

Formal consultation vs informal consultation

Formal consultation involves:
- A conversation with the requesting provider about the specific reason for the request
- A comprehensive chart review to gather background information on the patient
- One or more meetings with the patient to gather information that may include direct observations of the patient in milieu
  - In some cases, talk with caregivers
- A discussion with your supervisor to share information and recommendations based off the chart review and patient meeting
- A written summary of your consultation that includes, at minimum:
  - The reason for the consultation request
  - A summary of the information gathered
  - Your recommendations for the patient and treatment team

Informal consultation involves:
- A request from a treatment team member to discuss challenges or concerns regarding a process or patient specific need.
- Meeting with the treatment team member and discussing specific needs.
- May include looking at charting or observing patients or processes.
- There is no formal documentation needed for this process though if meeting with any patients that may be charted.
- A discussion with your supervisor to share information and recommendations which may occur after the consultation is completed.

Adult OCD and Anxiety Disorders Residential Care track:

The intern will have the opportunity to meet with current patients and new admissions in order to assess their diagnoses and develop treatment recommendations. Diagnostic assessment will be a part of the service offered by the intern. In addition, the intern may complete formal psychological testing as assigned with patients. The intern is expected to have basic training in cognitive, personality, and diagnostic assessment prior to starting internship.
The intern will also function as a consultant to other units, such as on a non-OCD unit, with a patient who may potentially be referred to the OCD unit. In this case, the intern will meet with the patient, assess the patient’s primary diagnosis as well as co-morbid conditions, and assess for other factors that may interfere with appropriateness of the patient for an OCD unit (e.g., ongoing drug or alcohol abuse). The intern, along with other treatment team members, will then make a recommendation to the Supervising Psychologist, about whether the patient would be a good fit for admission to an OCD program, and, if so, which level of care (e.g., residential versus intensive outpatient) would be best for that patient. In addition, the intern may be asked to meet with patients within the OCD programs to provide treatment recommendations to the staff. Primary goals for completing consultations and assessments include improving diagnostic clarity, making treatment recommendations, and determining recommendations for discharge.

**Adolescent Inpatient Care / Adult Inpatient Care tracks:**
Interns are expected to have basic training in cognitive, personality, and diagnostic assessment prior to starting internship. Training in psychological assessment and brief screening is an important component of the internship experience. All aspects of assessment, including test selection, administration, report writing, and patient and provider feedback are supervised by the licensed psychologist supervising the assessment case. The supervisor also reviews and co-signs the completed report. At the end of the internship year, the intern will be prepared to conduct and complete assessment batteries and brief screenings with many different populations and at different levels of care.

The interns will be responsible for providing psychological consultation/case formulation services to the inpatient teams. This will include chart review, staff consultation, individual meeting with patients, case conceptualization, and/or a written set of recommendations such as therapeutic interventions and contingency management protocol and potential provision of follow up intervention.

**Adult Mental Health and Addiction Recovery Residential Care track:**
The intern is expected to have basic training in cognitive, personality, and diagnostic assessment prior to starting internship. Training in psychological assessment and brief screening is an important component of the internship experience. All aspects of assessment, including test selection, administration, report writing, and patient and provider feedback are supervised by the licensed psychologist supervising the assessment case. The supervisor also reviews and co-signs the completed report. At the end of the internship year, the intern will be prepared to conduct and complete assessment batteries and brief screenings with a variety of diagnostic presentations.

The intern will complete assessments related to the diagnosis of substance use disorders and appropriate level of care placement. Interns will gain extensive knowledge of the American Society for Addiction Medicine (ASAM) level of care assessment, as well as report findings of other assessments to the patient and treatment team.

**Adult Trauma Recovery Residential Care track:**
The intern will have the opportunity to meet with current patients and new admissions in order to assess diagnoses and develop treatment recommendations. Diagnostic assessment will be a part of the service offered by the intern. The intern may additionally complete formal psychological testing as assigned with patients. Interns are expected to have basic training in cognitive, personality, and diagnostic assessment prior to starting internship. While most assessments explore diagnoses and symptom severity, a number of measures assess areas of growth (e.g., self-compassion, interpersonal awareness/skills), or other important therapeutic constructs (e.g., alliance).

The intern will also function as a consultant to other units, including other services lines (i.e., mood, OCD/anxiety, substance use, and eating disorders), with a patient who may potentially be referred to the Trauma program. In this case, the intern will meet with the patient, assess the patient’s primary diagnosis as well as co-morbid conditions, and assess for other factors that may interfere with
appropriateness of the patient for a Trauma program (e.g., suicidality, level of dissociation, etc.). The intern, along with other treatment team members, will then make a recommendation to the Supervising Psychologist, about whether the patient would be a good fit for admission to a Trauma program, and, if so, which level of care (e.g., residential versus intensive outpatient) would be best for that patient. In addition, the intern may be asked to meet with patients within the Trauma programs to provide treatment recommendations to the staff. Primary goals for completing consultations and assessments include improving diagnostic clarity, making treatment recommendations, and determining recommendations for discharge, and extended recovery plans.

**Intervention**

**Adult OCD and Anxiety Disorders Residential Care track:**

The intern will have the opportunity to assist with the treatment of patients in the OCD program. There will be many opportunities for the intern to become involved in Exposure and Ritual Prevention (ERP) treatment for OCD. In addition, the intern will have the opportunity to treat patients with particularly complex diagnostic presentations, and to provide empirically supported treatments for a variety of diagnoses. In addition to OCD, many patients in the OCD programs present with other anxiety disorders (e.g., generalized anxiety disorder, panic disorder, social anxiety disorder, post-traumatic stress disorder), body dysmorphic disorder, trichotillomania, and tic disorders. In addition, personality psychopathology may be present on the adult units. At times, the intern may also be responsible for crisis management and intervention.

**Adolescent Inpatient Care / Adult Inpatient Care tracks:**

**Individual Psychotherapy:** Interns are responsible for the management of individual therapy cases on the unit. Although the intern is responsible for the administrative and clinical oversight of this function at the unit level; interns are provided guidance and training by the psychology department. Individual therapy work is conducted under the supervision of a licensed psychologist.

**Group Psychotherapy:** Interns provide group psychotherapy and are an integral part of the planning, implementation, and fidelity monitoring of the group psychotherapy program on the unit. Group therapy employs empirically supported principles of treatment and is developed with a respect for both diagnostic and developmental needs of the group. Group therapy topics include, but are not limited to psychoeducation about depression, psychoeducation about anxiety, psychoeducation about behavior activation, mindfulness, distress tolerance and safety planning, problem solving, impulse control, goal setting and the principles of behavior change, and social skills training. Interns are integral in the modeling of fidelity to a group protocol and in mentoring of staff to this protocol.

**Milieu Management:** The interns are to model a trauma-informed approach when interacting with patients and managing unsafe, challenging, and treatment interfering behaviors that may arise on the units. The interns will provide consultation and direction to milieu staff as a means of promoting a trauma informed and diversity sensitive care approach.

**Adult Mental Health and Addiction Recovery Residential Care track:**

**Individual Psychotherapy:** The intern is responsible for the management of individual therapy cases on the unit. Although the intern is responsible for the administrative and clinical oversight of this function at the unit level, the intern is provided guidance and training by the psychology department. Individual therapy work is conducted under the supervision of a licensed psychologist.

**Group Psychotherapy:** The intern provides group psychotherapy and are an integral part of the planning, implementation, and fidelity monitoring of the group psychotherapy program on the unit. Group therapy employs empirically supported principles of treatment guided by the treatment manual supplied by Rogers Behavioral Health. Group therapy includes both therapeutic processing and
psychoeducation topics such as relapse prevention, support system dynamics, psychoeducation about depression, anxiety, and behavioral activation, and distress tolerance and safety planning.

**Milieu Management:** The intern is to model a trauma-informed approach when interacting with patients and managing unsafe, challenging, and treatment interfering behaviors that may arise on the units. The intern will assist in motivation enhancement techniques for patients in the pre-contemplative and contemplative stages of change. The intern will provide consultation and direction to milieu staff as a means of promoting a trauma informed and diversity sensitive care approach.

**Case management:** The intern is responsible for aftercare planning such as assessment for appropriate level of care, hand-off communication to patient support systems, referral to step-down programs, accessing housing and sober living facilities, and connecting patients with community-based support groups (e.g., 12-step, SMART, Dharma). The intern will also collaborate with professionals in patient support systems such as probation officers, case managers, and outpatient providers.

**Adult Trauma Recovery Residential Care track:**

**Individual Therapy:** The intern will have the opportunity to assist with the treatment of patients in the Trauma recovery program. There will be many opportunities for the intern to become involved in Prolonged Exposure for PTSD/trauma and many of the variations utilized in our program (e.g., written exposures, schema imaginals, etc.). Most of the patients have complex diagnostic presentations, and the intern will learn to provide empirically supported treatments for a variety of diagnoses. In addition to Trauma/PTSD, many patients present with other anxiety disorders, mood disorders, eating disorders, or are in recovery from substance use disorders. In addition, personality psychopathology may be present on the adult units. At times, the intern may also be responsible for crisis management and intervention.

**Group Psychotherapy:** The intern will be able to offer a number of types of group psychotherapy as this is an integral learning portion for the patients, as well as a place for them to practice and improve upon interpersonal connection skills. Three groups per week focus on psychoeducation about mental health, trauma, and related difficulties (e.g., dissociation), or skill growth and development (e.g., DBT skills, defusion, values, or other topics). Twice a week, process groups are run in which patients declare goals to work on in the service or values or interpersonal connections and where interaction between groups members and support of each other’s goals is a primary method of practice and change.

**Treatment team meetings**

Interns represent psychology in interdisciplinary treatment team meetings, as well as case conferences. Treatment teams on each unit meet at least weekly to review the progress, treatment and discharge plans for patients on the unit. Interns learn how to communicate treatment progress succinctly and accurately (both individual and group), as well as the results of psychological testing. Additionally, interns gain an understanding of the roles of psychiatry, social work, nursing, and allied therapies in the treatment of individuals. Interns collaborate with other treatment team members to develop individualized treatment plans, including assessment and discharge decisions.

**Supervision**

**Individual supervision**

Individual supervision will occur formally for a minimum of two hours per week. Supervision of interns includes a review of documentation (e.g., progress notes, testing reports) and a review of the case conceptualization and case plan. Cultural considerations are formally addressed. Professional development and professional identity needs are processed as appropriate.
**Supervision of students and assigned staff members**

Interns will be responsible for the supervision of pre-master’s level students or assigned staff members who are working in the program. The intern will be responsible for weekly individual supervision and possibly group supervision with their supervisees. Evaluations of the students will be completed by the interns three times throughout the year. This may vary if supervising an early career employee. If a student is in need of a performance improvement plan the intern will be responsible for creating and following through with it with assistance from the Supervising Psychologist. All of the intern’s supervision is overseen by the psychologists and all interns participate in supervision of supervision group.

**Group supervision and supervision of supervision**

Interns receive two hours of group face-to-face supervision per week from the Directors of Training and/or Supervising Psychologists. During this time, interns discuss the provision of supervision to practicum students/assigned staff members and seek feedback and consultation from each other and their clinical supervisor regarding their clinical experiences.

Additional supervision will be provided within specific supplemental experiences. 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 loved ones. Supervisors are actively involved with each case and accept ultimate clinical responsibility for case direction and management.

Diversity awareness and training is incorporated into all supervision practices through the use of open dialogue and continued education.

**Didactic training**

Interns attend daily unit treatment team meetings, psychology department didactic seminars, and continuing education programs, and have the opportunity to participate in program-development and/or administrative projects. Interns may have the opportunity to create and provide a didactic training, in-service training, or present at a professional conference on a clinically relevant topic of interest. Interns may choose to work collaboratively or independently on this project.

Interns are required to attend weekly didactic seminars (two hours/week) that are designed to meet the learning goals, objectives, and competencies of the internship program. Topic areas include evidenced-based treatment and interventions relevant to the patient populations at Rogers Behavioral Health, conducting psychological assessment, interpretation and report writing, professional ethics, scholarly inquiry, cultural diversity, supervision and consultation.

**Staffing and education schedules**

Interns participate in new employee orientation, which is coordinated by Rogers human resources department and held during the first or second week of the internship program. **Note: Interns may have other hospital required trainings that will be scheduled for later. Dates and times to be identified while in Hospital Orientation week.** An introduction and general overview of training sites is track-specific and will be completed by the main supervisors on each campus.

**Weekly staffing / case conference, group supervision, and didactic seminar schedule:**

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<tr>
<th>Monday</th>
<th>Tuesday</th>
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<tr>
<td>Inpatient staffing 8:30 - 9:30 am Adolescent; 9 - 10 am Adult</td>
<td>Inpatient staffing 8:30 - 9:30 am Adolescent; 9 - 10 am Adult</td>
<td>Inpatient staffing 8:30 - 9:30 am Adolescent; 9 - 10 am Adult</td>
<td>Inpatient staffing 8:30 - 9:30 am Adolescent; 9 - 10 am Adult</td>
<td>8 - 10 am Didactics (For psychologist presenters based on the west coast, <strong>Subject to change</strong></td>
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Monthly Educational Opportunities and Meetings:

- **Data Watch Brownbag talks** – An ongoing series of lunchtime lectures to educate on Rogers Behavioral Health program outcomes. You will receive emails with more information and the series list can be found on the intranet.

- **Psych Services meeting** – Monthly meeting of all Medical Staff Psychologists. Occurs the 4th Friday of every month at 11 am. You will be added to the invite list.

- **Internship Training Committee (ITC) meeting** – Monthly meeting of the Internship Training Committee. Occurs the 4th Wednesday of every month at 9:30 am with interns to arrive at 10 am every other month. Invite will be sent to your Outlook calendars.

**Didactic seminars overview**

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

- Assessment and Treatment of Eating Disorders
- Assessment and Treatment of Generalized Anxiety Disorder
- Assessment and Treatment of Hoarding Disorder
- Assessment and Treatment of OCD
- Assessment and Treatment of PTSD
- Careers in Psychology: Things We Wish We Knew
- Current Topics in Psychology
- Data Analytics in Behavioral Health
- Effectively Engaging in Self-Evaluation
- Ethical Issues in Psychology
- Symptom Accommodation
- Functional Analytic Psychotherapy
- History of Psychology in a Social Context
- 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
- Racial and Identity-based Trauma Considerations
- Role of the Psychologist in the Hospital Setting
- Self-care and its Role in a Psychologist’s Ethical and Competent Practice and Secondary Traumatic Stress
- Sleep Awareness and Mental Health
- Stigma Reduction / Engaging in Social Justice as a Psychologist
- Strategies to Implement Culturally Responsive Behavioral Activation
- Substance Use Disorders
- Suicide and Self-Harming Behaviors
- The Art of Supervision
- The Psychologist’s Role in Patient Advocacy with Payors
• Trauma-focused CBT
• Tween and Adolescent ADHD
• Understanding and Exploring Gender and Sexuality

Didactics seminar schedule

Unless otherwise noted, all didactics are held on Fridays from 8 to 10 am.

**August 8, 10, and 11: The Art of Supervision** – Nancy Goranson, PsyD, and Kristin Miles, PsyD

This four hour didactic focuses on helping doctoral interns explore their supervision style and effectively conduct supervision. Topics include: How supervision differs from teaching or consultation; Models of supervision; Matching your personal supervision style with the needs of the individual students; Group versus individual supervision, challenges and benefits of each approach; Dealing with difficult issues in student supervision; self-care and self-awareness in supervision; Evaluating Supervisee’s Competence; Multicultural Competencies in supervision; Ethical and Legal issues in Supervision.

Primary resources for this seminar are the books *Clinical Supervision: A Competency based Approach* by Falender and Scafranske and *Fundamentals of Clinical Supervision* by Bernard and Goodyear and the *APA Guidelines for Clinical Supervision in Health Service Psychology*. Additional resources include, but are not limited to, selected readings from the *APA Handbook of Multicultural Psychology*, and selected readings from *Training and Education in Professional Psychology, American Psychologist* and the *APA Monitor*.

Learning objectives:
1. Identify two components of the developmental and the competency-based models of supervision.
2. Identify three steps in completion and execution of a Performance Improvement Plan.
3. Identify the specific competencies/expectations and evaluation process of supervisees in both a student role and employee role.

Current references will be provided electronically and there will be hard copies to refer to during the didactic.

**August 25 (11 am – 1 pm CT): Ethical Issues in Psychology** – Jennifer Park, PhD

This two hour / one-week didactic starts by identifying the purpose and intent of ethical standards, and then gives a brief overview of the American Psychological Association (APA)’s Ethics Code development and evolution. It then discusses, in depth, the Preamble, General Principles, and Ethical Standards. An array of real-world examples is provided, to make this topic more relatable and applicable to the interns’ development into independent professionals. A number of ethical problem-solving models are then provided, and the interns are asked to apply these models to a sampling of ethical vignettes.

Learning objectives:
1. Identify two reasons discussion of ethics is important for ethical and effective practice.
2. Describe two problem solving model for use with ethical issues.
3. Apply one problem solving model to an ethical vignette.

Current references will be provided electronically and there will be hard copies to refer to during the didactic.

**September 8: Effectively Engage in Self-Evaluation** – Kris Kim, PsyD

This two hour / one-week seminar centers on how to utilize personal strengths and be aware of biases in the therapeutic process. Goals of this seminar are to reflect on individual strengths and weaknesses, acknowledge your own bias and how it may impact your work and learn how to continuously evaluate yourself in practice. This will become a basis for continued growth throughout the internship year.
At the end of the presentation, interns complete a self-evaluation form. This information is to be shared with your initial primary supervisor in order to familiarize him or her with your assessment of your clinical strengths, areas in need of improvement, and goals for the internship year.

Learning objectives
1. Identify two benefits to engaging in self-assessment
2. Apply the steps of self-assessment to delineate goals for the internship year

Current references will be provided electronically and there will be hard copies to refer to during the didactic.

**September 15 and 22: Psychological Testing and Integrated Report Writing – Kristin Miles, PsyD**

This four hour / two-week seminar focuses on administering, scoring and interpretation of psychological tests, incorporating data into a well-written, integrated report, and providing accurate and clinically relevant feedback regarding testing, assessment and behavioral modification plans to non-psychology staff. Specifically includes cognitive, personality and projective tests.

Week One: Review of specific tests and measures. Week Two: Integrated report writing and presentation. This includes discussion of how culture plays a role in diagnosis and results of testing and how to take these into consideration in the report.

Learning objectives:
1. Identify the specific tests and measures that can be utilized to answer specific consultation questions.
2. Identify the specific components of an integrated report.
3. Identify at least two cultural considerations that are important to consider.

Current references will be provided electronically and there will be hard copies to refer to during the didactic.

**September 29 and October 6: Assessment and Treatment of Hoarding Disorder – Brandon DeJong, PhD**

This four hour / two-week didactic focuses on the psychological underpinnings that cause hoarding to begin and be sustained. This didactic will explore the evidence-based treatment for hoarding behaviors and how to sustain success from the treatment. The seminar will identify the symptomology, etiology, and prevalence of hoarding behaviors, and provide examples of materials used to treat the disorder, as well as case examples.

Learning objectives:
1. Identify two reasons hoarding behavior begins and what sustains it.
2. Identify one evidence-based treatment for hoarding behaviors.
3. Describe two challenges in treating hoarding disorder and possible solutions to those challenges.
4. Discuss two hoarding-related beliefs and behaviors, and how these impact treatment

Current references will be provided electronically and there will be hard copies to refer to during the didactic.

**October 13 and 20: Suicide and Self-Harming Behaviors – Nancy Goranson, PsyD**

This four hour / two-week seminar addresses the topics of suicide and self-harming behaviors utilizing resources including the Pisani Risk Formulation Model by Anthony Pisani, Ph.D, the CAMS approach by David Jobes, Ph.D, and the teachings of Marsha Linehan, Ph.D, as a guide. The goal is for interns to increase their knowledge and comfort level in assessing and treating patients who present with suicidal and self-harming behaviors.

Learning objectives:
1. Identify at least three risk and protective factors for suicide and self-harm behavior.
2. Identify the specific competencies endorsed by AAS that a practitioner needs to consider in working with suicide.
3. Identify the specific steps of a risk formulation model in assessing and managing suicide behaviors.
4. Apply a risk formulation model to a case presented in the didactic.
5. Identify at least three benefits to using the CAMS and DBT skills in managing safety needs.
Current references will be provided electronically and there will be hard copies to refer to during the didactic.

**October 27: Psychological Consultation – Dave Jacobi, PhD**
This two hour / one-week didactic is designed to introduce the unique roles and responsibilities of consulting in the field of psychology. The didactic will provide an overview of the models, processes and strategies used in consultation, and examine how diversity considerations impact consultation practices. In addition, a discussion of several ethical and legal issues in consultation will help interns develop an understanding of how to manage difficult issues that may arise while doing consultation.

Learning objectives
1. Summarize the models, processes and strategies used in consultation
2. Identify at least one diversity factor that impacts consultation

Current references will be provided electronically and there will be hard copies to refer to during the didactic.

**November 3: Keys to Developing and Conducting Professional Presentations – Brenda Bailey, PhD**
This two hour / one week seminar focuses on creating informative and appropriate professional presentations. The didactic covers the steps to knowing your audience, the methods for summarizing key points, the instructional methods that actively engage the learner to enhance acquisition of knowledge, along with the importance of time management.

Learning objectives
1. Identify at least one step in knowing your audience.
2. Identify a method for summarizing important information.
3. Identify at least one presentation method.
4. Identify two ways to manage time so that audience has time for questions.

Current references will be provided electronically and there will be hard copies to refer to during the didactic.

**November 10 and 17: Understanding and Exploring Gender and Sexuality – Angela M. Orvis, PsyD**
This four hour / two week didactic will discuss the concept of gender, discuss theories of gender (binary vs spectrum), go over various definitions, discuss case examples, go over cultural differences in regard to gender identity, and go over the diagnostic criteria for Gender Dysphoria, as well as pros and cons to having gender identity considered as a mental health diagnosis. A discussion on intersex will also be provided. Special consideration will be made on proper rapport building and general do and do nots in therapy.

Learning objectives:
1. Identify at least one theory of gender identity.
2. Identify diagnostic criteria for gender dysphoria.
3. Identify two stages of gender identity development.
4. Identify two medical interventions for gender dysphoria.

Current references will be provided electronically and there will be hard copies to refer to during the didactic.

**December 1: Tween and Adolescent ADHD – Amy Kuechler, PsyD**
This two hour / one-week seminar discusses the reality of ADHD and how its symptoms present in the child and adolescent populations. The presentation will review various treatment modalities for ADHD in child and adolescents, as well as a brief discussion on comorbidities of ADHD and other behavioral and mental health challenges. In addition, we will review how to ensure treatment modalities meet the patient at their development levels. Finally, we will provide tips you as a clinician can offer for parents and schools on how to best work with individuals with ADHD or Tweens with similar symptoms to create greater success in those environments.
Learning objectives:
1. Identify and discuss two comorbidities with childhood ADHD
2. Identify two development limitations that need to be considered when working with children with ADHD

Current references will be provided electronically and there will be hard copies to refer to during the didactic.

**December 8 and 15: Assessment and Treatment of Eating Disorders – Kaitlin Hill, PhD, and Sam Cares, PhD**

This four hour / two-week seminar focuses on assessment and treating of complex eating disorders at the inpatient, residential and intensive outpatient levels of care. Populations include college-age female, adolescents, adult women and males.

Week One: Signs and symptoms of complex eating disorders, co-morbid conditions, assessment measures, assessment across cultures. Week Two: Details of treatment approaches and how to determine treatment approach. Will cover behavioral treatment including cognitive behavioral therapies, exposure and response prevention, dialectical behavior therapy.

Learning objectives:
1. Identify the types of eating disorders and the similarities and differences among them.
2. Describe evidence-based treatment components for eating disorder behaviors.
3. Identify criteria that will determine level of care need (i.e., residential, inpatient, outpatient, IOP/PHP).

Current references will be provided electronically and there will be hard copies to refer to during the didactic.

**January 12: Micro-aggressions in Real Time – Chad Wetterneck, PhD**

Errors psychologists and other highly trained professionals might make with ethno-racial minority clients. This is a two hour / one-week didactic presentation that will provide information on micro-aggressions in a multicultural context; what are they, how can we avoid them, and how do we try to make issues of multicultural importance welcome in our therapeutic environment.

Learning objectives:
1. Define a micro-aggression.
2. Describe why micro-aggressions tend to be over-looked by the majority culture and at least two impacts this has on the minority cultures.
3. Identify two ways to acknowledge and correct micro-aggressions in self and others.

Current references will be provided electronically and there will be hard copies to refer to during the didactic.

**January 19: Assessment and Treatment of Generalized Anxiety Disorder – Dave Jacobi, PhD**

This two hour / one-week seminar focuses on the assessment and treatment of Generalized Anxiety Disorder. Discussion will center on epidemiology, diagnosis, assessment and treatment. Case examples will be used as well as question and answer. Week One: Epidemiology of generalized anxiety disorder, common comorbidity, diagnosis and assessment instruments. Week Two: Treatment overview including worry awareness training, cognitive restructuring techniques, and exposure therapy.

Learning objectives:
1. Describe two components of Generalized Anxiety Disorder and differential diagnosis considerations.
2. Describe one evidence-based treatment approaches for GAD.
3. Identify two challenges of treating GAD and possible solutions to those challenges.

Current references will be provided electronically and there will be hard copies to refer to during the didactic.

**January 26 (9 – 11 am CT): Careers in Psychology: Things we Wish We Knew – Sonia Izmirian, PhD**
This two-hour / one week seminar reviews various career options for psychologists and other important things early-career psychologists wished they knew when they were just starting their careers. Topics that may be discussed include career options, how to find/apply to jobs, professional association membership, licensure requirements, ABPP, credentialing/insurance companies, salary ranges, and what to do when you change your job.

Learning objectives:
1. Identify at least two career options that you can pursue.
2. Identify at least one avenue to find new jobs.
3. Identify at least one additional topic that would be helpful to investigate further after this presentation.

Current references will be provided electronically and there will be hard copies to refer to during the didactic.

**February 2 and 9: Assessment and Treatment of OCD** – Martin Franklin, PhD

This four hour / two-week seminar focuses on cognitive behavioral assessment and treatment of obsessive-compulsive disorder and common co-morbid conditions. Week one discussion will concentrate on adults with obsessive-compulsive disorder (OCD), with specific focus on implementation of exposure plus response prevention including specific barriers to treatment that may need to be addressed. Week two will center on children and adolescents with OCD, with particular focus on how developmental factors influence treatment delivery and on the important role the loved ones may play in OCD phenomenology, symptom presentation, and treatment, especially with respect to the importance of addressing symptom accommodation of OCD symptoms.

Learning objectives:
1. Recognize the important role of exposure, response prevention, and management of comorbidity in adults
2. Identify specific clinical strategies that may be brought to bear during intervention, including motivational interviewing and cognitive approaches.
3. Identify developmental adjustments to ERP that may be necessary in treatment of youth, such as use of a reward system and scaffolding support assistance with ERP.
4. Recognize the importance of addressing symptom accommodation of OCD symptoms during ERP.

Current references will be provided electronically and there will be hard copies to refer to during the didactic.

**February 16: The Role of a Psychologist in a Hospital Setting** – Amanda Heins, PsyD

The multiple roles of a psychologist employed in a hospital setting will be discussed in this two hour/one week seminar (Guidelines for Psychological Practice in Health Care Delivery Systems, APA Practice Directorate). This two hour / one-week didactic will discuss APA Guidelines for Psychologists in hospital practice: Distinct Professional Identity within the Health Care Delivery System, Privileges, Integrative and Collaborative Care, and Competency. Medical Staff privileges, the attending psychologist, consulting psychologist, supervising psychologist, clinical leadership roles, milieu management roles, committee member roles (medical executive committee, psychology service committee, performance improvement, research committees) research positions, program development roles in the psychiatric hospital.

Learning objectives:
1. Identify the APA guidelines for psychologists in hospital practice.
2. Identify the duties of a consulting psychologist versus supervising psychologist.
3. Identify at least two advantages of being a committee member as a psychologist.
4. Describe the role of a psychologist in program development.

Current references will be provided electronically and there will be hard copies to refer to during the didactic.

**February 23 and March 1: Mental Health and Development: Considerations for Intensive Treatment of Children and Adolescents** – Sarah Lee, PhD
This four hour / two week presentation will explore special considerations for the treatment of children and adolescents in residential care. We will discuss research about how symptoms of OCD, anxiety and depression may present and change across development. We will discuss practical considerations involved in the treatment of younger patients (e.g., involvement of support systems, connections with schools, individualized support). We will also review ethical considerations (e.g., involvement of child protective services; single parent, divorced or separated caregivers) and cultural considerations.

Learning objectives:
1. Identify the ways in which at least two symptoms of common psychological disorders may present differently throughout childhood and adolescence
2. Name one way to incorporate larger systems (e.g., loved ones, school) in a child’s treatment and recovery

Current references will be provided electronically and there will be hard copies to refer to during the didactic.

March 8: Trauma Focused CBT – RaeAnne Ho Fung, PhD
This two hour / one-week didactic focuses on diagnosing and treating PTSD and traumatic grief in adolescents in a comprehensive program. The objectives of this didactic are to: 1) Review criteria for PTSD, 2) Discuss the unique ways PTSD presents itself in the adolescent population, 3) Share intervention strategies for comprehensively addressing post trauma responses in youth, and 4) Provide an overview of the treatment components of Trauma Focused CBT.

Learning objectives:
1. Identify PTSD symptoms in adolescent populations.
2. Identify three treatment components of TF-CBT.
3. Describe one population with whom TF-CBT is appropriate for use.

Current references will be provided electronically and there will be hard copies to refer to during the didactic.

March 15: Racial and identity-based trauma considerations – Chad Wetterneck, PhD, and RaeAnne Ho Fung, PhD
This is a two hour / one-week didactic presentation will focus on the intersectionality of identity (specifically race, gender, and sexuality) among individuals seeking mental health treatment, particularly for trauma-related conditions. Approaching the topic from a lens of multicultural awareness, the presenters will address environmental-, provider-, and intervention-specific barriers to intensive treatment associated with the intersection between identity and mental health. Additionally, specific strategies and techniques will be provided to promote more accepting, engaging, and effective approaches to treatment.

Learning objectives:
1. List three treatment barriers unique to the intersection of identity and mental health conditions among individuals with trauma histories and experiences of marginalization.
2. Identify at least three symptoms common to various psychiatric disorders and engage in differential diagnosis with attention to the role of identity.

Current references will be provided electronically and there will be hard copies to refer to during the didactic.

March 22: Expanding cultural competence: Religious and spiritual considerations – Jennifer Yukawa, PsyD
This two hour / one-week seminar focuses on developing an understanding of diverse cultural and religious perspectives from an objective lens. This seminar will have an overview of religious history, define religious and spiritual terms, and share various cultural implications for a clinician to consider. We will have the chance to discuss current research related to religious and spiritual practices, therapeutic benefits of spirituality and religious beliefs, and have a case conceptualization.
Learning objectives:
1. Describe how religious and spiritual stereotypes can impact a person’s therapeutic treatment
2. Identify two religious or spiritual beliefs to consider when working with a person of a different faith as the clinician
3. Identify two components of incorporating religious or spiritual beliefs in individualized treatment

Current references will be provided electronically and there will be hard copies to refer to during the didactic.

**March 29: Stigma Reduction / Engaging in Social Justice as a Psychologist** – Patrick Michaels, PhD

This two hour / one week seminar focuses on how to utilize psychology as a vessel for social justice. Discussion will include the importance of advocating for social justice as a psychologist, how to use research to advance social justice initiatives, and how to use your platform to improve mental health disparities among diverse populations. There will be ample time for discussion, questions, and development of action steps for trainees.

Learning objectives:
1. Describe how research can advance social justice initiatives.
2. Identify two ways it is important that psychology be an initiator of social justice.
3. Identify social justice initiatives psychology has begun.

Current references will be provided electronically and there will be hard copies to refer to during the didactic.

**April 5: Integrated Health Psychology** – Kris Kim, PsyD, and Kim Anderson Khan, PsyD

This two hour / one week didactic will discuss the intersection between physical health and mental health concerns. This seminar will address how to approach the complicated relationship between a person’s physical affected by their mental health and vice versa. It will take a look at how to combine psychology, medicine and occupational therapy to increase improvements in physical and mental health symptomology.

Learning objectives:
1. Identify two facets of the relationship between physical and mental health.
2. Identify two interventions that address both types of health for symptom improvement.

Current references will be provided electronically and there will be hard copies to refer to during the didactic.

**April 12: Motivational Interviewing: The “WD-40” of behavior change** – TBD

Over the past four decades, Motivational Interviewing (MI) has developed a robust evidence base as a counseling technique to help individuals facilitate behavioral change. This two hour / one-week didactic will present the background and rationale for the integration of motivational interviewing into practice to assist patients with a variety of mental health conditions with examples showing how MI has been further adapted for use with racial-ethnic minority groups to enhance its effectiveness with specific populations. In addition, the program will outline the training, goal setting, and self-assessment tools therapists need to become familiar with to improve in their MI skills and knowledge in order to respond appropriately to in-session markers of resistance and ambivalence.

Learning objectives:
1. Articulate at least three ways MI strategies can be used in a collaborative and client-centered approach in pursuit of behavior change.
2. Identify at least three resources clinicians can use to improve in MI skills and knowledge

Current references will be provided electronically and there will be hard copies to refer to during the didactic.

**April 19 and 26: Assessment and Treatment of PTSD** – RaeAnne Ho Fung, PhD
This four hour / two-week seminar focuses on assessment and treatment of posttraumatic stress disorder (PTSD) and associated features. This didactic will focus on utilization of prolonged exposure therapy (PE) for trauma, treating people with PTSD through an understanding of an individual’s multicultural identity, and a review of empirical studies supporting this approach. Week one will cover the epidemiology, etiology and diagnosis of post-traumatic stress disorder; week two will focus on prolonged exposure therapy for trauma.

Learning objectives:
1. Describe symptomology and associated features of PTSD.
2. Identify evidence-based treatment for PTSD and associated features.
3. Discuss two problem solving techniques for challenges of treatment PTSD.

Current references will be provided electronically and there will be hard copies to refer to during the didactic.

May 3: History of Psychology in a Social Context – Johanna Younce, PhD

This two hour / one-week seminar focuses on the history of the field of psychology through a social justice lens. We will discuss how psychology has contributed to the oppression of various historically minoritized groups, including its role in the eugenics movement, the confirmation of racial bias and bias against disabled individuals throughout the development of intelligence testing, and more. We will also discuss historical figures in the field of psychology who contributed positively to social justice movements and were leaders in the field on social issues. A critique of white-washed History of Psychology courses, this seminar seeks to challenge the view that psychology has always been progressive and helpful to society so that the interns can have a better chance of avoiding the mistakes of the past.

Learning objectives:
1. Recognize how the field of psychology has contributed to racism, sexism, ableism, and other -isms.
2. Be able to name historical psychologists of color and identify psychologists who have worked against the use of psychology in oppression of historically marginalized groups.
3. Identify how researchers and clinicians have contributed to social oppression and generate ideas about how to avoid this in their own work.

Current references will be provided electronically and there will be hard copies to refer to during the didactic.

May 10: Strategies to Implement Culturally Responsive Behavioral Activation – Ajeng Puspitasari, PhD

This two hour / one-week seminar discusses Behavioral Activation (BA), an evidence-based psychotherapy for depression and co-morbid conditions that has been studied across diverse clinical settings and patient populations. Existing research examined a variety of approach to BA cultural adaptations, such as language translation, incorporating cultural values, modifying treatment delivery methods, and testing BA implementation in diverse contexts. This didactic presentation will focus on the specific strategies that could be implemented in clinical practice to facilitate delivering culturally responsive BA. The integration of a process-oriented model of cultural competence with BA will be discussed and compared with other cultural competency models.

Learning objectives:
1. Discuss two aspects of the integration of process-oriented model of cultural competence with Behavioral Activation.
2. Describe three different Behavioral Activation cultural adaptation strategies that have been utilized in previous research studies.

Current references will be provided electronically and there will be hard copies to refer to during the didactic.

May 17: Symptom Accommodation – Beth Reeder, PhD
This two hour / one-week seminar reviews the multiple facets of symptom accommodation. The seminar will explore caregiver and child/adolescent factors often leading to symptom accommodation, how accommodation clinically presents across varying diagnostic presentations for children/adolescents, how symptom accommodation impacts treatment, and evidenced based interventions to reduce accommodation.

Learning objectives:
1. Describe what symptom accommodation may look like a caregiver/child relationship.
2. Describe two ways symptom accommodation impacts the treatment process.
3. Identify evidence-based interventions to reduce accommodations.

Current references will be provided electronically and there will be hard copies to refer to during the didactic.

**May 24: Data Analytics in Behavioral Health – Ajeng Puspitasari, PhD, and Kaitlin Rouse, MEd**

This is a two hour / one-week didactic presentation that will provide information on the use of data analytics in the hospital setting. The process of choosing measures, gathering valuable patient information, and utilizing these measures to consistently improve quality care of patients will be highlighted.

Learning objectives:
1. Identify at least two benefits of using data in a behavioral health organization
2. Identify one way to use data to monitor the quality of programming

Current references will be provided electronically and there will be hard copies to refer to during the didactic.

**May 31: Current topics in Psychology – Rose Luehrs, PhD**

This two hour / one-week seminar will provide students with an overview of current events in the field of psychology. Students will have the opportunity to learn about current important debates, policy changes and discussions happening in the field, as well as an opportunity to discuss their viewpoints. Applications to patient care will be discussed.

Learning objectives:
1. Identify and describe two current events in psychology.
2. Describe at least one way current events impact access to mental health care or patient care in general.

Current references will be provided electronically and there will be hard copies to refer to during the didactic.

**June 7: Sleep Awareness and Mental Health – Adrienne McCullars, PhD**

Sleep quality, timing, duration, and attitude towards sleep can greatly affect and be impacted by mental illness. This two hour / one-week didactic will focus on sleep-related problems and their impact on mental health. The presentation will provide a brief overview of sleep, common problems, deficits and impact on mental health, overview of sleep hygiene, and strategies to target sleep-related difficulties using cognitive behavioral interventions. In addition, we will discuss the addressing sleep and circadian rhythm can be used to treat sleep-related and mood disorders.

Learning objectives:
1. Identify the four stages of sleep.
2. Identify at least two functions of sleep.
3. Identify at least five sleep hygiene techniques to help with improving sleep.
4. Identify at least one pharmacotherapy intervention used to aid with sleep deficits.
5. Identify at least one cognitive-behavioral intervention used with sleep deficits.

Current references will be provided electronically and there will be hard copies to refer to during the didactic.

**June 14: Functional Analytic Psychotherapy – Chad Wetterneck, PhD**
Awareness, Courage, Love, and Behaviorism in the Therapeutic Relationship. This two hour / one-week seminar introduces the interns to a behaviorally based interpersonal therapy that focuses on using in vivo learning moments during the therapy session to increase intimacy/interpersonal effectiveness and how to generalize it outside of the session. Understanding to apply functional analytic psychotherapy (FAP) principles when working with cross-racial/dyads in the therapeutic relationship will also be discussed.

Learning objectives:
1. Describe the main components of functional analytic psychotherapy.
2. Identify ways FAP can be utilized with cross-racial dyads in the therapeutic relationship.
3. Describe the purpose and applications of FAP.

Current references will be provided electronically and there will be hard copies to refer to during the didactic.

**June 21: Program Development – Rachel Leonard, PhD**

The process of program development will be reviewed in this two hour / one-week seminar. The ongoing systemic process of program development for existing programs will be discussed and the process for evaluating and implementing improvements will be reviewed. The process for the development of new clinical programs will be detailed.

Learning objectives:
1. Identify the systemic process of program development.
2. Describe at least two components of the evaluation process for effective programming.
3. Identify at least two segments of the review process for keeping programs effective and current.

Current references will be provided electronically and there will be hard copies to refer to during the didactic.

**June 28: Substance Use Disorders – Lauren Scaletta, PsyD**

This is a two hour/one-week series that will provide information related to working with substance use disorders. The didactic will review foundational knowledge and considerations for working with populations struggling with substance use disorders. Barriers to treatment and recovery will be discussed. Evidence based interventions, level of care placement, and common symptoms in early recovery will be reviewed. Considerations and resources for diverse populations are introduced.

Learning objectives:
1. Summarize two barriers to substance use disorder treatment.
2. Identify three interventions that are commonly used with populations seeking SUD or co-occurring treatment.
3. Discuss one personal or societal bias that exists when thinking about working with substance use disorder populations.

Current references will be provided electronically and there will be a digital copy of the presentation to refer to during the didactic.

**July 5: Working with Adolescents – Lauren Scaletta, PhD**

This is a two hour/one-week series that will provide an overview of common issues that arise when working with adolescents.

This didactic will review typical adolescent behaviors and development and how to differentiate from clinically significant behaviors. Confidentiality and ethical issues that arise working with the adolescent patient. Developing rapport with the resistant or disengaged adolescent. You will receive some tools to help adolescents engage in the therapeutic process.

Learning objectives:
1. Describe typical adolescent development and two differences in typical and pathological development.
2. Identify two ways in which rapport is developed.
3. Describe challenges of working with adolescents and two problem solving ideas for these challenges.

Current references will be provided electronically and there will be a digital copy of the presentation to refer to during the didactic.

**July 12 and 19: Self-Care and its Role in a Psychologist's Ethical and Competent Practice and Secondary Traumatic Stress** – Emily Jonesberg, LCSW, Community Learning and Engagement

This is a four hour / two-week didactic. The self-care portion of the seminar focuses on teaching interns to identify common forms of personal and occupational distress including vicarious trauma, burnout, compassion fatigue, understanding and developing wellness and personal self-care strategies, understanding self-care from a multicultural perspective, and understanding the ethical obligations regarding impaired colleagues and self.

The secondary traumatic stress portion of the seminar provides an overview of secondary traumatic stress including the definitions of compassion fatigue, secondary traumatic stress, traumatic countertransference, and burnout. The categories including physical demands of the work, emotional and psychological nature of the work, personal attributes of the therapist and systems issues related to work are covered. The concept of an impaired professional, issues of culture and diversity, and the ethical and legal issues related to impaired professionals are examined. Information gathered through National Child Traumatic Stress Network (NCTSN), APA Board of Professional Affairs Advisory Committee on Colleague Assistance and the APA Ethics Code.

Learning objectives:
1. Identify common forms of personal and occupational distress.
2. Identify three ways to combat burnout for self and others.
3. Describe ethical issues with impaired professionals and related steps to take protecting patients/clients.

Current references will be provided electronically and there will be hard copies to refer to during the didactic.

**July 26: Advocating with Payors** – Shannon Boling, LPCC, LMFT, and Nancy Goranson, PsyD

The importance of clinical advocacy with payers will be reviewed in this two hour / one-week seminar. The process of utilization review, authorization and appeals with insurance will be discussed. The focus will then move to the necessity for collaboration between the UR team and the psychologist along with the importance of utilizing the psychologist and treatment team’s clinical conceptualization to frame the review conversation. Diversity considerations will be highlighted. Building the payer relationship as a forum to ensure patients receive the care they need along with the process for handling insurance denials, appeals and grants will be discussed.

Learning objectives:
1. Summarize the utilization review process with insurance and advocacy for patient care.
2. Describe what happens when insurance denies, options available to patients, and the process of working with insurance on appeals.
3. Identify at least one way a psychologist's clinical case conceptualization helps frame the conversation for insurance reviews.
4. Identify two diversity factors for advocates to consider when discussing case needs with reviewers.

Current references will be provided electronically and there will be hard copies to refer to during the didactic.
Professional development opportunities

**Supervision of psychology externs.** Additional supervision opportunities may occasionally exist to supervise externs who conduct psychological assessments.

**Professional Presentations.** Interns may create and provide a didactic training, in-service training, or present at a professional conference on a clinically relevant topic of interest. Interns may choose to work collaboratively or independently on this project.
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. Two weeks of paid time-off and holiday pay for Rogers Behavioral Health approved holidays will also be offered, with the exception of Labor Day. Professional development time will be offered for activities such as post-doctoral interviews, dissertation defense, professional development conferences and job interviews. Interns will receive time to complete additional educational activities as necessary. Interns will be evaluated on an ongoing basis throughout the internship year, with formal evaluations taking place quarterly.

Individual supervision occurs formally for a minimum of 2 hours per week. Group supervision takes place at a minimum of two hours weekly and offers a team format for training. Informal supervision will be frequent as interns will be in close proximity to their supervisors daily. Interns indicate their training status when meeting with clients and loved ones. Supervisors are actively involved with each case and accept ultimate clinical responsibility for case direction and management.

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

After being matched to the doctoral internship, the intern must successfully complete the Rogers Behavioral Health application process, which includes completing a written application, passing a criminal background check, TB test, physical examination and a drug screen. They will additionally need to follow hospital policies for COVID vaccines, screenings and management.

Since interns are employed by the hospital for their temporary twelve (12) months of employment, they are covered by and must comply with all policies of the hospital. Additionally, internship specific policies are applicable. Interns can access these policies during the hospital’s orientation process and in full through the Rogers Behavioral Health website. Interns can also refer to the Rogers Behavioral Health Corporate Compliance Handbook available to all employees through the Human Resources Department and to the Internship Handbook provided at the start of the internship year.

Compensation

Interns are provided pay of $35,568, receiving payments bi-weekly over the course of their 12-month placement. This is paid out as an hourly pay for each pay period and will be a minimum of $35,568 for the year. They will receive a hospital orientation and training as a member of the staff.

Benefits and liability insurance

Interns 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 (applicable Summary Plan Descriptions for further details regarding service, cost and plan administration can be found on Rogers Connect and in their orientation packet). Since interns are employed by the hospital for their temporary twelve (12) months of employment, they are covered and must comply with all policies of the hospital. 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.

Paid time off and holiday pay

Ten days of paid time off and holiday pay for Rogers Behavioral Health-approved holidays will also be provided with the exception of Labor Day as it occurs less than 30 days from hire date per Rogers Behavioral Health policy.
Professional development
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.

Training staff
Supervising psychologists
Nancy Goranson, Psy.D., Director of Clinical Training
Rachel Leonard, Ph.D., Chief Psychologist
Brenda Bailey, Ph.D., Supervising Psychologist
Dave Jacobi, Ph.D., Supervising Psychologist
Kristin Miles, Psy.D., Supervising Psychologist
Angela M. Orvis, Psy.D., Supervising Psychologist
Lauren Scaletta, Psy.D., Supervising Psychologist
Stephan Siwiec, Ph.D., Supervising Psychologist
Chad Wetterneck, Ph.D., Supervising Psychologist

Other contributing psychologists
Kim Anderson Khan, Psy.D.                      Rose Luehrs, Ph.D.
Brandon DeJong, Ph.D.                            Lauren Mascari, Ph.D.
Martin Franklin, Ph.D.                           Adrienne McCullars, Ph.D.
Amanda Heins, Psy.D.                             Patrick Michaels, Ph.D.
Kaitlin Hill, Ph.D.                              Jennifer Park, Ph.D.
RaeAnne Ho Fung, Ph.D.                          Ajeng Puspitasari, Ph.D.
Sonia Izimrian, Ph.D.                           Beth Reeder, Ph.D.
Kristine Kim, Psy.D.                             Johanna Younce, Ph.D.
Amy Kuechler, Psy.D.                            Jen Yukawa Ph.D.
Sarah Lee, 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 and group therapy throughout a patient’s stay along with support system sessions. 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 support system sessions for pediatric patients on the social worker’s and counselor’s clinical caseload.

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

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 loved ones. EDI advocates for social justice and the right of all people to reach their full potential. EDI works collaboratively with our community partners and harnesses our internal resources to bring about meaningful and sustainable solutions to behavioral health inequities and systemic oppression for employees, patients, their loved ones, and our communities. Interns are welcomed as members of this department and related committees.

EDI is committed to offering both educational and experiential activities that promote inclusion, equity and diversity. For example, there are employee resource groups for Black, Indigenous, and people of color (BIPOC), LGBTQIA+, and military veterans that all are welcome to join. Additionally, there are multiple resources related to BIPOC behavioral health, LGBTQIA+ behavioral health, systemic oppression, white privilege and anti-racism, and military veterans and supporters. Interns are encouraged to participate in these activities and access these resources.

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

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

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

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

**Diversity plan**

The psychology internship training committee is committed to the following plan:

**Diversity and equity as a focus of their training and education:**

1. Interns will work with a diverse patient population both in their individual cases and within the milieu. They are offered the opportunity to select patients that present with unique diversity factors to expand and refine their skill set when possible.

2. Diversity and equity considerations are included when discussing case conceptualizations, treatment goals, and treatment progress in staffing, team meetings, and supervision meetings.

3. Diversity and equity specific readings, podcasts and experiential opportunities are shared with interns both formally as a part of the EDI department and the internship training committee and informally through the unit activities and conversations.

4. Interns are evaluated quarterly on the competency in working with individuals from diverse backgrounds. Cultural humility, diversity competency and the importance of lifelong learning are highlighted in supervision and in the milieu.

5. Diversity considerations are discussed routinely in the supervision of supervision meetings, both in respect to supervisee-patient interactions and supervisor-supervisee interactions.

6. Diversity considerations are routinely discussed in group supervision, when consulting about cases and discussing their experiences in the general milieu.

7. Interns are encouraged to explore and be actively involved in committees and safe space conversations through the EDI department.

8. Interns are invited to participate in equity, cultural and holiday celebrations within the treatment units and hospital system.

9. Interns observe staff role modeling the importance of expanding their knowledge and skill set when staff share current literature, media, conversation, and activities that reflect a willingness to show cultural humility and a desire to be a lifelong learner.

**Psychology intern diversity recruitment and retention:**

1. Rogers Behavioral Health highlights opportunities to work with a diverse patient population in its video about the internship that is available on the Rogers website.

2. Rogers highlights opportunities to work with a diverse patient population in its brochure and public materials.

3. Rogers highlights opportunities to work with diverse patient populations when staff from various treatment programs attend conventions, including but not limited to the APA convention, where the directors of training and training committee members take the active opportunity to attend events that specifically focus on internship activities or student organizations.

4. Members of the internship training committee spotlight the diversity of our patient population and needs when conducting interviews.
5. The public materials reference community activities and opportunities specifically geared to diverse candidates. Information related to the specific cultural events and community activities is updated on an ongoing basis. The diversity of the community itself is highlighted.

6. Internship training staff are involved in the Division 44 listserv to connect with individuals who also value respect for sexual orientation and gender diversity and work to remain current in knowledge, share resources, and share information regarding clinical opportunities, training, programming and advocacy. Psychologists within the organization are members of the Asian American Psychological Association, Association of Black Psychologists.

7. The internship training committee reviews the Minority Scholarship Recipient documents that are sent out to look for individuals expressing interest in working within our community with our patient population.

8. On a local and regional basis, we work to increase awareness of our program through connections within graduate programs that could potentially recommend students to our organization. We highlight opportunities to work with a diverse patient population and with a committed staff. We work to spread local and farther-reaching community awareness of our dedication to this work. We have connected with diverse organizations within the community as a whole to gain exposure to and awareness of our aspiration to learn and evolve in our skills and engagement.

9. We present research and practical applications related to diverse populations at conferences as a means of increasing awareness of our site as one that values and respects diversity.

10. We highlight the age, cultural, identity, religious and gender diversity of our staff. Additionally, we highlight the diversity in thought and clinical training. Regional locations have more ethnic diversity and the interns have contact with regional staff through didactics, committees, and mentorship opportunities.

11. We have worked to ensure that diverse staff are present for interviews. The staff members at interviews represent a diverse group in orientation, training, culture, and age. We include questions that assess cultural diversity awareness during the interview process. We ask directly about experience within diverse teams and patient populations. We ask directly about managing diversity conversations and inclusion. We ask specifically about trauma informed care experience and about cultural formulations. We ask about experience in life or advocacy related activities outside of school that evidence diverse needs and strengths.

12. We provide didactics focused on culture and diversity in addition to routinely addressing cultural and diversity in all other didactics.

13. We have opportunities for interns to conduct treatment and assessment with patients from diverse cultural backgrounds. As noted earlier in this document, our patient population is diverse, and interns thus have natural opportunities for the process.

14. We have active connections with agencies serving diverse populations, including but not limited to, the MKE LGBTQ center, Children’s Hospital of Wisconsin, Walker’s Point Youth and Family Services, the Oneida nation, the MKE hunger task force and the local homeless and safe space shelters.

15. We have worked to cultivate the idea that diversity is a strength to be supported within the organization by:
   a. Supporting research and presentations within the system specific to diversity
   b. Bringing in speakers for direct staff education
   c. Coordinating the viewing of webinars related to diversity
   d. Developing hospital-wide value stream projects targeting topics directly related to patient and staff diversity needs
   e. Developing a system-wide equity committee that is actively exploring challenges within the organization and community and advancing areas of growth.
f. Creating Safe spaces for conversation within the organization.

g. Advancing the use of pronouns and identified pronoun signature lines shows respect for individual preference.

h. Awarding all staff a floating holiday that can be taken on any day they individually identify as a cultural or religious holiday for them without question from management.

i. Offering loan reimbursement for all staff including psychology in respect for the challenges of student debt that disproportionately impacts underrepresented groups.

j. Spotlighting the diversity of our patient population on the website by adding more diverse photos and language. Our materials indicate a respect for trauma informed care, diversity of thought and action and our commitment to our community.

k. Ensuring that the physical environment is decorated in a diversity friendly manner. We have a diverse array of individuals presented in posters, materials and have an array of cultural holidays displayed throughout our rooms. Specific to our population, we have LGBTQ materials and resources throughout the clinic. Patients received age appropriate culturally diverse coloring sheets, word searches and such to complete and decorate group rooms.

l. Observing multicultural holidays. We have celebrated MLK day, Juneteenth, Hanukkah, Kwanzaa, Christmas, and other diversity and cultural celebrations in our teams.

m. Assuring that the program will respect dietary requests of patients. Patients are able to request meals and snacks based on their food preferences and cultural beliefs.

n. Having annual cultural diversity education offered to each clinical supervisor through CE seminars, attendance at conferences, readings and discussions, or speakers

16. We have worked to bring attention to the mission of the system and how it is supported via the enhancement of cultural diversity:

a. The psychology services team has been instrumental in opening the conversation related to the importance of actively exploring both our individual and system biases and world events that are equity focused.

b. Psychology as a group and as a training team has actively voiced and modeled the importance of creating and sustaining a trauma-informed, equity respectful milieu, actively respecting our patient’s needs as representations of their life experience.

c. The system as a whole is becoming increasingly responsive to the assertions related to equity and active non-judgement. There are current system-wide committees that focus on equity initiatives. Healthy Culture is one of the hospital-wide strategic initiatives that works to promote equity in the workplace. For example, a minimum wage adjustment is one of the products of these conversations as was the change in pronoun signatures on staff emails.

d. The CESA group has spotlighted the benefits of actively speaking to the diverse needs of the communities we serve so that our patient populations will be more parallel to the communities in which our buildings are located.

**Staff/Supervisor diversity recruitment and retention:**

Rogers shows an awareness of the rich experience that is created when staff come from diverse backgrounds and seeks to hire and retain diverse staff through the following actions:

1. The organization seeks to attract diverse staff by focusing on attracting an applicant pool that reflects the diversity of the communities in which the program is located. From an attraction standpoint, we post positions on our website publicly to solicit talent and talent leaders with diverse thoughts, training, education and backgrounds.

2. We promote our open positions on a vast variety of school job boards, within the communities of our national sites, and with a long list of partners including: Hispanic, Out Pro Network, Women’s Career Channel, Proable, Black Career Network, NAACP, Military 2 Career, Disability solutions and
Asian Career Network through the Professional Diversity Network. We work locally with veteran contacts and the Great Lakes Naval base.

3. From a college standpoint, we post positions using Handshake which makes positions available across the U.S. to a variety of schools, degrees and training programs.

4. All announcements for staff openings emphasize the commitment to equal opportunity and equity practices. Hiring managers strive to consider the clinical as well as unique personal attributes each applicant might bring to Rogers. The hospital follows all EEOC policies on fair recruitment and other personnel practices.

5. Rogers has employed a recruitment specialist to ensure the recruitment and retention of culturally diverse medical staff.

6. Programmatically, we connect with graduate programs, early career professionals and prospective interns and training staff both at conventions and in training and marketing activities such as CESA sponsored webinars to increase others awareness of the program and the opportunities to work within a diverse patient population and milieu. We support community wide diverse activities to show an investment in the value of diversity amongst staff. Through the psychology services team, we encourage professionals to spread the awareness of organizational hiring to diverse groups within their community. We additionally participate in Listservs and Facebook to increase awareness of our organization and services.

7. When it comes to retaining our diverse staff, we have conducted internal surveys over the years to determine what leads to staff retention and initiated programs to increase retention. For example, relationship with manager and with the team were priority influencers for retention. Informal education and coaching relative to Emotional Intelligence (EQ) has been available in the system for several years. In March 2020, Rogers launched a leader-in-training program for all leaders that is heavily focused on building positive relationships between leader and line staff. Leaders are also assessed and coached on their emotional intelligence.

8. We developed employee cultural agreements using a community participatory research model of employee involvement in the development of the agreements. The 100 equity champions at Rogers gave input to the finalized version of the agreements because they see these as foundational to creating an equitable environment where all staff experience inclusion.

9. Employee resource groups were initiated in early 2021. The first two were for LGBTQ+ and BIPOC staff.

10. We track the demographics of our applicant pool on a quarterly basis with data provided by our contracted HR partner, Cielo. We also monitor the hire efficacy for minority and non-minority applicants.

11. In January 2021, Rogers hired its first Director and Coordinator of Equity, Diversity and Inclusion (EDI) to offer leadership for Rogers to reach our equity vision. We are using lean processes to analyze our current and target state and design solutions to meet our goal of a diverse workforce. We utilize Mercer employee engagement surveys to track our retention efforts.

12. Programmatically, we have conversations related to job satisfaction, advocacy and the importance of diversity on a routine basis through role specific meetings and work to address any identified needs and barriers. The equity committee has a large contingent of psychology representation.

13. Programmatically, we have retained over seventy percent of our interns as postdoctoral trainees and full-time psychology staff members.
Application eligibility and procedures

Eligibility of 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.

Application materials
1. Cover letter indicating the applicant’s professional goals and interests and clearly specifying the track to which they 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 (Applicant Criteria and Process for Doctoral Internship Policy, Appendix B)
   This information should be submitted through the AAPI online portal.

Application materials are due by November 15th. Questions can be directed to Nancy Goranson, Psy.D., Director of Clinical Training, at Nancy.goranson@rogersbh.org

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, Appendix C). To guide this process, members of the internship selection committee will complete an Applicant Evaluation Form (Appendix A) on which they will rate applicants based on a number of criteria, including the quality of their letters of recommendation, academic qualifications, clinical qualifications, level of involvement in nontraditional activities, 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 recent 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.

Matching

The internship program at Rogers Behavioral Health follows all APPIC and APA regulations and policies regarding the match process. For additional information, please see www.appic.org.

Timeline

Application materials due: November 15

Interview notification: December 15

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

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

Pre-employment screening

After the applicant is matched to the doctoral internship, they must successfully complete the Rogers Behavioral Health application process which includes completing a written application, passing a criminal background check, TB test, physical examination, and a drug screen. They will additionally need to follow hospital policies for COVID vaccines, screenings, and management.

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

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

Outside employment

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

The requirements for successful completion of this internship program includes:

- Completion of one presentation to psychology staff, community partner, or at hospital in-service
- Attendance at scheduled didactic opportunities, please reference the Didactic Attendance policy
- Completion of 2000 hours
  - At least 25% of time in direct service
- Completion of hours logs as requested
- Minimum of six Psychological Assessments/ Formal Written Case consultations as assigned by supervisor
- Completion of informal Case Formulations/ Consultations as assigned by supervisor
- Meet criteria of quarterly evaluations/minimum thresholds for achievement
- Completion of a Capstone project: A work product that advances the mission of Rogers Behavioral Health. Topics to be approved and evaluated by intern faculty.

(Requirements for Successful Completion of Doctoral Internship Program Policy)

Evaluation measures

Evaluations completed by interns

Interns will start the internship year by completing the Intern Self-Evaluation Form, on which they are asked to identify clinical strengths, areas for improvement, and goals for the internship year. This evaluation is then reviewed with their supervisor to facilitate discussion regarding the intern’s training needs and goals. Interns are also asked to evaluate their supervisors twice per year using the Evaluation of Supervision Form and will also be asked to complete evaluations following didactic presentations (Didactic Evaluation Form). Finally, interns are asked to complete a written evaluation of the internship program using the Program Evaluation Form and, after the internship year, are asked about their post-internship employment on the Post-Internship Information Form.

Evaluations of the interns

Interns will be evaluated on an ongoing basis throughout the internship year. Formal written evaluations will take place on a quarterly basis. In order for interns to maintain good standing in the program, they must meet the minimum thresholds for achievement identified for each quarterly review on the Intern Evaluation Form. However, there will also be many informal opportunities for feedback as well. These include weekly individual supervision meetings, team staffing meetings, and group intern supervision meetings. In addition, staff members and supervisors make themselves available to meet with interns outside of scheduled times if issues arise.

Minimum levels of achievement

First Quarter Review: Obtain ratings of “2” (close supervision needed) or higher as rated by supervisors.

Mid-Placement Review: Obtain ratings of “3” (some supervision needed) or higher as rated by supervisors.

Third Quarter Review: Obtain ratings of “3” (some supervision needed) or higher as rated by supervisors.
Final Review: Obtain ratings of “4” (little supervision required, mostly independent) (readiness for entry level practice: functions in a broad range of clinical and professional activities; generalizes skills and knowledge to new situations; self-assesses when to seek additional training, supervision or consultation) or higher as rated by supervisors.

Remediation and termination

The program’s minimal levels of achievement are linked to the evaluations that directly correspond to the program’s goals and objectives. Interns, supervisors and the Training Directors can easily track interns’ progress through the year and identify areas where interns might be in jeopardy of not meeting the program’s minimal levels of achievement. Should an intern not achieve minimum thresholds for achievement at any quarterly evaluation, a developmental or remediation plan will be collaboratively developed by the intern supervisor(s) and the Directors of Training. This plan will be presented to the intern and the intern will be given the opportunity to present feedback and suggestions. The resulting remediation plan will serve as a training contract between the intern and the program staff, and adherence to this plan will be closely monitored on a weekly basis. The intern will be required to sign the training plan. Consultation with the intern’s graduate school staff will occur as needed. Due Process Guidelines will be followed.

An intern failing to comply with the remediation plan due to lack of motivation or gross deficits in skills will be scheduled for a performance review. The intern will be notified of the impending review and concerns to be addressed. This performance review may be requested by the Directors of Training, Chief Psychologist, current supervisors, or the intern. The intern will have the opportunity to respond to concerns. Additional consultation with other program staff and the intern’s graduate school will occur.

A written report of the performance review will be presented to the Training Committee, who will determine the need for further action, such as continued monitoring, revision of the remediation plan, and/or probation. The intern will be notified in writing of the Training Committee’s decision and will be required to review and sign the new training plan. Interns wishing to appeal any aspects of this remediation plan will submit a written request to the Directors of Training within 14 days of being presented with the new plan.

An intern failing to comply with the remediation plan, failing to improve while on probation, violating ethical and professional codes, or transgressing official policies may be recommended for termination from the internship after a meeting of the Training Committee. In such a case, the Directors of Training will provide the intern with a written notice of the Training Committee’s decision to recommend to the hospital that the intern be terminated from employment (Termination Policy, Appendix I). The Directors of Training would notify APPIC and the intern’s graduate program of the termination. The intern will have the opportunity to appeal the decision through the hospital’s Human Resources Department and request consultation with APPIC. The program’s procedures regarding intern grievances are detailed in the Psychology Intern Grievance Procedure.

For more detailed information, please refer to the following specific policies:

- Management of Insufficient Competence, Due Process, and Appeal for Doctoral Interns
- Intern grievance
- Evaluation, Feedback, Remediation and Termination Decisions