

2018-  
2019

# Doctoral Psychology Intern Handbook

at Rogers Memorial Hospital



**ROGERS**  
MEMORIAL HOSPITAL  
Life. Worth. Living.

2018-2019





# Table of contents

## I. Introduction

- A. About Rogers Memorial Hospital
- B. Hospital Licensing and Accreditation
- C. Hospital Mission Statement
- D. Training Locations
  - 1. Oconomowoc
  - 2. Milwaukee (West Allis)

## II. Overview of the Internship

- A. Plan Location and Sequence of Training Experiences
  - 1. OCD and Anxiety Disorders Track
    - a. The OCD Center
    - b. Rotations
  - 2. Child and Adolescent Day Treatment and Partial Hospitalization Program Track
    - a. General Mental Health Treatment Group
    - b. Externalizing Behaviors Specialized Treatment Group
    - c. Internalizing Behaviors Specialized Treatment Group
    - d. Pre-Adolescent Partial Hospitalization/ Intensive Outpatient Groups (PHP/IOP)
    - e. Adolescent Partial Hospitalization Program
    - f. Trauma-Informed Care
- B. Program Philosophy and Training Curriculum
- C. Accreditation
- D. Profession-Wide Competency Goals and Objectives & Internship Competencies
  - 1. Research/Scholarly Inquiry
  - 2. Ethical and Legal Standards
  - 3. Individual and Cultural Diversity
  - 4. Professional Values and Attitudes
  - 5. Communication and Interpersonal Skills
  - 6. Assessment
  - 7. Intervention
  - 8. Supervision
  - 9. Consultation and Interprofessional / Interdisciplinary Skills
  - 10. Track-Specific
- E. Core Activities
  - 1. Sample Schedule and Time Commitment
  - 2. Clinical Experience
    - a. OCD and Anxiety Disorders Track
    - b. Child and Adolescent Day Treatment Track
  - 3. Consultation
    - a. Treatment Team Meetings
    - b. Behavior Management
  - 4. Supervision
    - a. Individual Supervision
    - b. Group Supervision
  - 5. Didactic Training
    - a. Didactic Seminars
    - b. Seminar Descriptions

- 6. Professional Development Opportunities
  - a. Supervision of Psychology Externs
  - b. Professional Presentations
- F. Internship Format
- G. Compensation
- H. Benefits and Liability
- I. Paid Time-Off and Holiday Pay
- J. Professional Development
- K. Training Staff
  - 1. Additional Treatment Providers

### **III. Application Eligibility and Procedures**

- A. Eligibility of Applicants
- B. Application Materials
- C. Intern Selection
  - 1. Interviews
  - 2. Matching
  - 3. Timeline
  - 4. Pre-Employment Screening
- D. Outside Employment

### **IV. Procedures**

- A. Evaluation Measures
  - 1. Evaluations completed by interns
  - 2. Evaluations of the interns
- B. Requirements for Completion of Internship
- C. Minimum Thresholds for Achievement
- D. Remediation and Termination

### **V. Appendices**

- A. Evaluation Forms
  - Applicant Evaluation Form
  - Intern Self-Evaluation Form
  - Evaluation of Supervision Form
  - Didactic Evaluation Form
  - Program Evaluation Form
  - Post-Internship Information Form
  - Intern Evaluation Form
- B. Applicant Criteria and Process for Doctoral Internship Policy
- C. Intern Selection Policy
- D. Evaluation Policy and Procedure
- E. Requirements for Successful Completion of Doctoral Internship Program Policy
- F. Due Process Guidelines
- G. Grievance Procedure
- H. Psychology Intern Grievance Procedure
- I. Termination Policy
- J. Equal Employment Opportunity/Affirmative Action Policy
- K. APA Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists (<http://www.apa.org/pi/oema/resources/policy/multicultural-guidelines.aspx>)
- L. APA Ethical Principles of Psychologists and Code of Conduct (<http://www.apa.org/ethics/code/index.aspx>)

# Introduction

## About Rogers Memorial Hospital:

Rogers Behavioral Health System, Inc. (Rogers Behavioral Health), was created in 2008 as the parent organization for our clinical care and supporting corporations, including philanthropy and advocacy. Rogers Behavioral Health includes Rogers Memorial Hospital, Rogers Behavioral Health outpatient centers, Rogers Memorial Hospital Foundation and Rogers InHealth.

Rogers Memorial Hospital is Wisconsin's largest, and among the largest in the United States, private, not-for-profit, behavioral health care provider for children, teens and adults. The hospital is nationally recognized for its residential treatment centers, including the Eating Disorder Center, Obsessive-Compulsive Disorder Center, Herrington Recovery Center, FOCUS Adult Mood Disorders Program, FOCUS Adolescent Mood Disorders Program, Nashotah Program, Child Center, Adolescent Center for OCD and Anxiety, and the Adolescent Recovery Program. The hospital also provides inpatient and partial hospitalization, as well as day treatment / intensive outpatient services at six Wisconsin locations and a regional network of specialized outpatient locations in California, Florida, Illinois, Minnesota, Pennsylvania and Tennessee.

## Hospital Licensing and Accreditation:

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

## Hospital Mission Statement:

**We exist** to offer exemplary behavioral health care services, including treatment, research, education, training and consultation built on our century-long heritage.

**We are dedicated** to the delivery of quality care using a skilled team approach that respects the dignity of each individual.

**Our success** is demonstrated in premier quality care, successful outcome, financial integrity, personal and organizational growth, and community well-being.

## Equal Employment Opportunity / Affirmative Action:

*It is the policy of Rogers Memorial Hospital 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 Locations:

### Oconomowoc:

Rogers' Oconomowoc campus is located on 50 acres of wooded, lakefront property and is home to our nationally respected residential centers. Inpatient and partial hospitalization care is also available at our Oconomowoc campus. The city of Oconomowoc is located in southeastern Wisconsin, about 30 miles west of metropolitan Milwaukee. Our campus is less than an hour from Madison and approximately two hours from Chicago. Additional information about the Oconomowoc area can be found at: <http://www.oconomowoc-wi.gov>

### Milwaukee:

Rogers' West Allis campus, located in Milwaukee County, provides inpatient, partial hospitalization and day treatment services for children, adolescents, adults and older adults. The city of Milwaukee is located in southeastern Wisconsin. It is approximately 1.5 hours from Madison and approximately 1.5 hours from Chicago. Further details regarding the metropolitan Milwaukee area can be found at: <http://www.milwaukee.org>

## **Overview of the Internship:**

### **Plan Location and Sequence of Training Experiences:**

The internship consists of two major tracks separately located in the Oconomowoc or West Allis (located in Milwaukee) locations of Rogers Memorial Hospital. Two interns are assigned to the OCD and Anxiety Disorders Track in Oconomowoc, and two interns are assigned to the Child and Adolescent Day Treatment (CADT) / Partial Hospitalization Program (PHP) track in West Allis. All internship tracks are five days a week. Separate applications are required for the OCD/Anxiety and the Child and Adolescent Day Treatment track.

### **The OCD and Anxiety Disorders Internship Track**

#### **The Obsessive-Compulsive Disorder Center**

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

Prior to admission, an initial telephone screening is conducted by admissions staff and then reviewed by the 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, 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), generation of exposure exercises, and creation of a graduated exposure hierarchy.

Upon admission, each patient is assigned to a core clinical team consisting of a psychiatrist, behavioral specialist, nurse, therapist, and residential counselor. Members of the core clinical team conduct a detailed assessment, develop the treatment goals and exposure hierarchy, then facilitate and monitor the patient's progress.

Treatment goals are accomplished through a program consisting of individual work sessions and group psychotherapy. The center's staff uses a strict cognitive-behavioral approach and a graduated exposure hierarchy for each individual. For OCD, the main emphasis is Exposure and Ritual Prevention (ERP). In addition to ERP, cognitive restructuring strategies are also taught. Approximately 30 hours of cognitive-behavioral therapy treatment is provided each week.

The length of stay at the Obsessive-Compulsive Disorder Center is open-ended; the average length is 60 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 a lower level of care is determined. See sample schedule on next page.

## The Obsessive-Compulsive Disorder Center: Sample schedule

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7:30 - 8:45 am	--Vital Signs Taken; Medications Dispensed, Breakfast –						
9:00 - 9:30 am	--Homework Review Group --						AA mtg at Main 8:45 Spirituality at Crosspoint
9:00 am - 12:00 pm	--Cognitive-Behavioral Therapy--						10:10 Spirituality at Joan of Arc
12:00 - 12:30 pm	--Lunch--						
12:30 - 1:00 pm	-- Free Time / Prep for Afternoon Programming --						
1:00 – 2:00 pm	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	-- Thought Challenging or Supervised Individual Homework --	
2:00 - 3:00 pm	Individual Appointments / Assignments	2:15-3:15 Experiential Therapy Meet in Lobby	DBT Skills Group in Day Room	Individual Appointments / Assignments	2:15-3:15 Experiential Therapy Meet in Lobby	Passes / Family Visits / Free Time OR YMCA	
3:00 - 3:30 pm	-- Individual Appointments / Assignments --					Passes / Family Visits / Free Time OR YMCA	
3:30 - 5:00 pm	-- supervised Individual Homework – With Residential Counselor					Passes / Family Visits / Free Time OR YMCA	
5:00 - 5:30 pm	-- Dinner --						
5:30 - 6:00 pm	-- Free Time / Prep for Evening Programming --						
6:00 - 6:30 pm	-- Check-in Group --						
6:30 - 8:30 pm	YMCA OR AA mtg at Main	Free Time	YMCA OR AA mtg at Main	Belongings Outing	Community Outing	Community Outing OR Open Art Studio/Fitness	Community Outing
8:30 - 9:30 pm	Free Time	Open Art Studio/Fitness	Clean Common Areas/Bedroom (RC provide assistance)	Open Art Studio/Fitness	Community Outing Cont'd OR Free Time	Community Outing Cont'd	Open Art Studio/Fitness
9:30 - 11:00 pm	-- Preparations for quiet evening routine --						
11:00 pm	-- Quiet Evening Routine – (Residents in their bedrooms Sundays through Thursdays by 11pm / Fridays and Saturdays by 12am)						

### Rotations:

Fourth quarter part-time rotation opportunities include: Child Center, Adolescent Center for OCD and Anxiety, Eating Disorder Center, and the FOCUS Adolescent and Adult Mood Disorders residential programs.

## Child and Adolescent Day Treatment and Partial Hospitalization Program Internship Track

The Child and Adolescent Day Treatment (CADT) and Partial Hospitalization Program (PHP) staff offer a comprehensive treatment approach that helps children understand and manage their behaviors. Our experienced team works closely with the family, school and primary care providers to coordinate a treatment plan that meets each child's needs and maximizes their outcomes.

The program provides coordinated treatment services in a safe and structured setting five days per week, for CADT in either morning (8:00 – 11:00 am) or afternoon (1:00 – 4:00 pm) sessions for children and adolescents ages 10 to 18 at the Milwaukee campus. The PHP program also meets five days a week (8:00 am to 2:00 pm) and services children and adolescents at the Milwaukee campus. All patients receive individual, group, family and experiential therapy and psychiatric consultation. In addition to age-specific general mental health groups, specialized groups are offered for children and teens who present with externalizing behaviors or internalizing behaviors. All groups incorporate a trauma informed care model. See sample schedules below:

### Child and Adolescent Day Treatment: Sample schedules:

AM GROUP	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00 - 8:15	Goals group & Safety Check-in	Goals group & Safety Check-in	Goals group & Safety Check-in	Goals group & Safety Check-in	Goals group & Safety Check-in
8:15 - 9:30	Psycho-educational Group Topic of the Week	Psycho-educational Group Topic of the Week	Psycho-educational Group Topic of the Week	Psycho-educational Group Topic of the Week	Psycho-educational Group Topic of the Week
9:30 - 9:45	Social Skills Communication Skills	Social Skills Feelings expression skills	Social Skills Interpersonal Skills Building	Social Skills Building Self-Esteem	Social Skills Interpersonal Skills Building
9:45 - 10:45	Experiential Therapy	Experiential Therapy	Cognitive-Behavioral Therapy	Cognitive-Behavioral Therapy	Cognitive-Behavioral Therapy
10:45 - 11:00	Responsibility, Achievement and Safety Check-in	Responsibility, Achievement and Safety Check-in	Responsibility, Achievement and Safety Check-in	Responsibility, Achievement and Safety Check-in	Responsibility, Achievement and Safety Check-in
PM GROUP	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1:00 – 1:15	Goals group & Safety Check-in	Goals group & Safety Check-in	Goals group & Safety Check-in	Goals group & Safety Check-in	Goals group & Safety Check-in
1:15 – 2:15	Psycho-educational Group Topic of the Week	Cognitive-Behavioral Therapy	Experiential Therapy	Cognitive – Behavioral Therapy	Cognitive-Behavioral Therapy
2:15 - 2:30	Social Skills Communication Skills	Social Skills Feelings expression skills	Social Skills Interpersonal Skills Building	Social Skills Building Self-Esteem	Social Skills Interpersonal Skills Building
2:30 - 3:30	Experiential Therapy	Psycho-educational Group Topic of the Week	Psycho-educational Group Topic of the Week	Psycho-educational Group Topic of the Week	Psycho-educational Group Topic of the Week
3:30 - 3:45	Coping Skills Group	Coping Skills Group	Coping Skills Group	Coping Skills Group	Coping Skills Group
3:45 - 4:00	Responsibility, Achievement and Safety Check-in	Responsibility, Achievement and Safety Check-in	Responsibility, Achievement and Safety Check-in	Responsibility, Achievement and Safety Check-in	Responsibility, Achievement and Safety Check-in



## Adolescent Partial Hospitalization Program: Sample schedule

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

### General Mental Health Group:

As professionals in the CADT, interns will utilize dialectical behavior therapy (DBT), cognitive behavioral therapy (CBT) and solution-focused treatment techniques in addition to a more broad range of theoretical approaches. Interns will complete diagnostic evaluations, have the opportunity to work with both short and long-term clinical cases and will see patients in individual, group, and family therapy. They will gain skills in managing client crises, behavioral de-escalation, and risk assessment. Interns will have the opportunity to gain specific knowledge in working with an organized trauma-informed care program, and in working with treatment groups specific to both internalizing and externalizing behaviors. They will work with clients who come from various ethnic, cultural, and socio-economic backgrounds.

Both programs incorporate trauma-informed care programming in all of the groups. Children and adolescents who attend CADT and PHP are likely to have experienced a trauma, which could include: physical or sexual abuse, the loss of a parent, sibling or significant relative due to death or incarceration, multiple transitions in the foster care system, or witnessing or experiencing of a violent crime.

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

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

**Externalizing Behavior Specialized Treatment Group:**

The group treatment philosophy revolves around a cognitive-behavioral treatment model and the ARC model (Attachment, Self-Regulation, and Competency). Problems that are addressed in the externalizing behavior groups include: poor anger management, low frustration tolerance, impulsivity and distractibility, persistent explosive outbursts, defiant behavior toward authority figures, aggression toward peers and adults, poor social skills, school refusal, declining school performance, excessive worry or anxiety, trauma, and depression. The group room uses a token economy system – a system in which children receive direct rewards (“poms”) for compliance with group room rules, staff directions, and engagement in therapeutic activities. “Poms” earned can be used to purchase privileges in the group room, such as games, school supplies, therapeutic materials, special lunches, or other rewards created by therapists. “Poms” can be lost if a child engages in verbal or physical aggression.

The group treatment helps children learn problem-solving, build competency, and build emotional regulation– the skills that are shown in research to be helpful in preventing aggressive and defiant behavior in children. The group also emphasizes social skills development and improvement. Pro-social skills are modeled, practiced, and reinforced in the group. Feedback is provided by staff when children are observed using inappropriate social skills. This real-time feedback is essential for the child to internalize what they learn to create long-lasting changes. Medication consultation also takes place with a board certified child/adolescent psychiatrist.

**Internalizing Behavior Specialized Treatment Group:**

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

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

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

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

**Adolescent Partial Hospitalization Programs:**

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

provide individual, group, and family therapy in addition to milieu management. Medication consultation also takes place with a board certified child/adolescent psychiatrist.

### **Trauma-Informed Care**

The day treatment and partial hospitalization programs incorporate trauma-informed care programming in all of the groups for children and adolescents. Children and adolescents who attend day treatment are likely to have experienced a trauma, which could include: physical or sexual abuse, the loss of a parent, sibling or significant relative due to death or incarceration, multiple transitions in the foster care system, or witnessing or experiencing of a violent crime.

Trauma-informed care assesses the effects of trauma on the youth's behavior. The staff work together to offer strategies that promote a culture of care that is trauma informed. 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, safely express their feelings about the trauma, and come to see their own reactions as normative, reduce their feelings of shame, put the traumatic experience into a larger context, and obtain a sense of mastery regarding the painful events they have experienced. All groups are led by professionals who are highly trained and experienced in working with traumatized children.

In addition to the above group activities, each child has weekly individual and family therapy sessions with a master's level therapist trained in family systems, play therapy, trauma-informed care, and attachment-based interventions. A wide variety of techniques are employed based on the child and family's individualized needs, but the tools used are those demonstrated to have value in treating trauma-related symptomatology. Most commonly employed strategies for young children involve reenactment techniques such as sand play and non-directive play therapy or directive play therapy for children and families with attachment issues. In the adolescent groups, the teens benefit greatly by the group dynamic in terms of not feeling alone in their experiences. The adolescents also learn many of the skills taught in Dialectical Behavior Therapy to help stabilize their mood and focus on the present. Further, there is a strong family component where psycho-education, emotional support, and validation are given to parents. Parents are taught to provide the same skills to their children.

### **Program Philosophy and Training Curriculum**

Rogers Memorial Hospital'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.

## Accreditation

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

## Profession-wide Competency Goals and Objectives & Internship competencies

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

### Research/Scholarly Inquiry

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

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

#### Competencies:

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

### Ethical and Legal Standards

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

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

#### Competencies:

1. Understands the ethical, legal, and contextual issues of the supervisor role
  - a. Document clinical contacts timely, accurately, and thoroughly
  - b. Identify and respond appropriately to ethical issues as they arise in clinical practice
  - c. Interact with colleagues and supervisors in a professional and appropriate manner
2. Demonstrates advanced knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines
  - a. Identify and respond appropriately to ethical issues as they arise in clinical practice
  - b. Document clinical contacts timely, accurately, and thoroughly
3. Independently utilizes an ethical decision-making model in professional work

- a. Identify and respond appropriately to ethical issues as they arise in clinical practice
- b. Document clinical contacts timely, accurately, and thoroughly
- c. Conducts self in an ethical manner in all professional activities
- 4. Independently integrates ethical and legal standards related to relevant laws, regulations, rules and policies governing health service psychology at the organizational, local, state, regional and federal levels with all competencies
  - a. Identify and respond appropriately to ethical issues as they arise in clinical practice
  - b. Interact with colleagues and supervisors in a professional and appropriate manner
  - c. Document clinical contacts timely, accurately, and thoroughly

### **Individual and Cultural Diversity**

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

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

#### Competencies:

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

### **Professional Values and Attitudes**

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

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

Competencies:

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

**Communication and Interpersonal Skills**

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

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

Competencies:

1. Develop and maintain effective relationships with a wide range of individuals including colleagues, communities, organizations, supervisors, supervisees and those receiving professional services.
2. Produce and comprehend oral, nonverbal, and written communications that are informative and well integrated; demonstrate a thorough grasp of professional language and concepts.
3. Demonstrates effective interpersonal skills, manages difficult communication, and possesses advanced interpersonal skills
  - a. Interact with colleagues and supervisors in a professional and appropriate manner
  - b. Engage in self-care and appropriate coping skills in regard to stressors
4. Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated; demonstrates thorough grasp of professional language and concepts
  - a. Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner.
  - b. Interact with colleagues and supervisors in a professional and appropriate manner
  - c. Document clinical contacts timely, accurately, and thoroughly
5. Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations

- a. Identify and respond appropriately to ethical issues as they arise in clinical practice
- b. Interact with colleagues and supervisors in a professional and appropriate manner
- c. Document clinical contacts in a timely manner, accurately, and thoroughly

## **Assessment**

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

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

### Competencies:

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

- a. Provide accurate and clinically relevant interpretation regarding testing, assessment, and behavior modification plans to non-psychology staff
- b. Apply evidence-based practice in clinical work

## **Intervention**

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

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

### Competencies:

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

## **Supervision**

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

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

### Competencies:

1. Apply knowledge of supervision models and practices in direct practice with psychology trainees or other mental health professionals.
2. Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and effectively addresses limits of competency to supervise
  - a. Identify and respond appropriately to ethical issues as they arise in clinical practice
  - b. Interact with colleagues and supervisors in a professional and appropriate manner
  - c. Engage in self-care and appropriate coping skills in regard to stressors
3. Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients
  - a. Identify and respond appropriately to ethical issues as they arise in clinical practice
  - b. Interact with colleagues and supervisors in a professional and appropriate manner
  - c. Engage in self-care and appropriate coping skills in regard to stressors
4. Provides effective supervised supervision, including direct or simulated practice, to less advanced students, peers, or other service providers in typical cases appropriate to the service setting



- a. Interact with colleagues and supervisors in a professional and appropriate manner
  - b. Document clinical contacts timely, accurately, and thoroughly
- 5. Independently seeks supervision when needed
  - a. Engage in self-care and appropriate coping skills in regard to stressors
  - b. Identify and respond appropriately to ethical issues as they arise in clinical practice

### **Consultation and Interprofessional / Interdisciplinary Skills**

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

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

#### Competencies:

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

- a. Interact professionally as a member of a multidisciplinary team
  - b. Effectively engage in self-evaluation in order to utilize personal strengths in the therapeutic process
9. Develops and maintains effective and collaborative relationships with a wide range of clients, colleagues, organizations and communities despite potential differences
  - a. Interact with colleagues and supervisors in a professional and appropriate manner
  - b. Engage in self-care and appropriate coping skills in regard to stressors

## **Track-Specific**

### **CADT/PHP track – West Allis Location**

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

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

#### Competencies:

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

### **OCD and Anxiety Disorders Track – Oconomowoc Location**

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

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

#### Competencies:

1. Provide evidenced-based individual, group, and family therapy (if applicable) consistent with the role of a Psychologist.
2. Provide individual and group (if applicable) supervision that is consistent with currently accepted competency based models to pre- and post-masters students working at the OCD Center.
3. Provide consultation to behavioral specialists and social service personnel to appropriately apply evidence-based treatment strategies consistent with patient needs and high quality patient care.
4. Apply principles of ERP independently to complex cases
5. Monitor patients' treatment progress with validated measures and offer guidance to treatment team members regarding patients' clinical needs.
6. Apply ancillary CBT-based treatment methods independently as needed (HRT, DBT, BA, etc.)
7. Participate on and communicate effectively with members of a multidisciplinary team to achieve and maintain high quality patient care.
8. Demonstrate high level knowledge of CBT and conceptualization of complex cases using a CBT framework

## Core Activities

### Sample Schedule and Time Commitment:

#### Weekly Intern Activities:

Internship Activity	Hours
<b>Direct Clinical Services</b>	
Individual Therapy	4
Group Therapy	2
Family Therapy	3-4
Diagnostic Interviews	3-4
Psychological Testing	2-3
<b>Subtotal Direct Services</b>	<b>14-17</b>
<b>Supervision</b>	
Individual Supervision	2
Supervision of Supervision	2
Intern provided Supervision	2.5
<b>Subtotal Supervision</b>	<b>6.5</b>

Internship Activity	Hours
<b>Training</b>	
Interdisciplinary Treatment Team Meetings.	2
Didactic Seminars	2
<b>Subtotal Training</b>	<b>4</b>
<b>Indirect Services</b>	
Documentation	8-10
Report Writing	4
Research/Professional Development	4
Program Development/ Milieu Management/ Other Admin. work	1
<b>Subtotal Indirect Services</b>	<b>17-19</b>
<b>Total Hours/Week</b>	<b>41-47</b>

### Clinical Experience:

#### OCD and Anxiety Disorders Track:

##### Assessment:

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 consultation services offered by the OCD and Anxiety intern.

##### Intervention:

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 OCD and Anxiety 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 OCD and Anxiety intern may also be responsible for crisis management and intervention.

### **Consultation:**

The intern will function as a consultant to other units such as on a non-OCD unit with a patient who may potentially be appropriate for an 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 Dr. Riemann, clinical director of the OCD programs, about whether the patient would be acceptable 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 include improving diagnostic clarity, making treatment recommendations, and determining recommendations for discharge.

## **Child and Adolescent Day Treatment and Partial Hospitalization Program Track**

### **Assessment:**

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.

### **Intervention:**

**Individual Psychotherapy:** Interns are responsible for the management of four 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. Interns facilitate weekly family sessions in consultation with social services and psychiatry.

- **Group Psychotherapy:** Interns provide group psychotherapy weekly and are an integral part of the planning and implementation of the group psychotherapy program on the unit. Group therapy employs empirically-supported principles of treatment, and is individualized for the current patient population and the specific needs of the group. Group therapy topics include, but are not limited to cognitive-behavioral therapy, mindfulness, anger management, emotion regulation, coping skills, impulse control, and social skills training. Interns are given the flexibility to develop and implement their own group topics, with the guidance of their supervisors.
- **Consultation:** The psychology intern will be responsible for providing psychological consultation services to the CADT/PHP teams. This will include chart review, staff consultation, individual meeting with patient, case conceptualization, and/or a written set of recommendations such as therapeutic interventions and contingency management protocol and potential provision of follow up intervention.
- **Milieu Management:** A major role of the psychology intern is to model a trauma informed approach to relating with patients and managing unsafe, challenging, and treatment interfering behaviors that may arise on the units. The intern should provide consultation and direction to milieu staff as a means of promoting a trauma informed care approach.
- **DBT Consultation Meetings:** Psychology interns are expected to attend weekly DBT consultation team meetings in order to, "...conceptualize the patient, the relationship, and behavioral change in DBT theoretical terms, and how to apply the treatment skillfully." (Linehan, 1993, p. 428).
- **Individual & Family Psychotherapy:** Interns may be 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. Interns facilitate family sessions in consultation with social services and psychiatry.

## **Consultation:**

### **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 succinctly and accurately communicate the progress of treatment (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.

**Behavior Management:** A major role of interns is helping the treatment teams to understand, conceptualize, and manage unsafe, challenging, and treatment-interfering behavior that may arise on the units. The treatment team reviews these patterns of behavior during team meetings, and looks to the psychology intern to provide specific suggestions for ways of managing the behavior and individualizing the treatment program to meet patient needs. This area represents a unique strength that psychology as a discipline brings to the unit.

## **Supervision:**

### **Individual Supervision:**

Individual supervision will occur formally for a minimum of 2 hours per week. Supervision of interns also includes a review of interns' documentation (e.g., progress notes, testing reports).

**Supervision of Students:** Interns will be responsible for the supervision of pre-master's level students who are working in the program the intern is working. The intern will be responsible for weekly individual supervision and 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 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 Attending Psychologist. All of the intern's supervision is overseen by the psychologists running the supervision of supervision group with the interns.

### **Group Supervision of Supervision:**

Interns receive two hours of group face-to-face supervision per week from the Director of Training. During this time, interns discuss the provision of supervision to practicum students and seek feedback and consultation from each other and their clinical supervisor regarding any supervision-related issues or concerns.

Additional supervision will be provided within specific rotations. Informal supervision will be frequent as interns will be in close proximity to their supervisors daily. Interns indicate their training status when meeting with clients and families. Supervisors are actively involved with each case and accept ultimate clinical responsibility for case direction and management.

## **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/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 MEMORIAL HOSPITAL, conducting psychological assessment, interpretation and report writing, professional ethics, scholarly inquiry, cultural diversity, supervision and consultation.

### **Didactic Seminars:**

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

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

### **Didactic Seminar Descriptions:**

**Clinical Documentation:** This one-hour seminar will address the essential components of clinical documentation including formatting and patient-specific elements of progress notes while ensuring adherence to APA recordkeeping standards. This seminar will also review Rogers Memorial Hospital-specific procedures and policies related to documentation.

**Post-doctoral opportunities:** This one hour seminar will include discussion of how to apply for post-doctoral positions and what the opportunities might include. Goals include an understanding of how to attempt to find post-doctoral opportunities, both formally and informally.

**Diagnostic Evaluations and Differential Diagnoses with Children and Adolescents:** This is a two hour/one week seminar regarding clinical interviewing skills to determine a DSM-5 diagnostic impression for the child/teen patient. Conduction of a mental status exam and assessment for symptoms to support a differential diagnosis through in-person interview, family information and review of collateral materials is covered, as well as how to write a report that clearly reflects how the concluding diagnosis was derived. The chapter "The Assessment Interview" in Gary Groth-Marnat's *The Handbook of Psychological Assessment* (2003) is one resource for this seminar. Review of gathered relevant information and completing the clinical interview and mental status exam. Differentiating diagnoses based upon collected information. Completing a report to clearly demonstrate how diagnostic impressions were determined.

**Effectively engage in self-evaluation** in order to utilize personal strengths and be aware of biases in the therapeutic process. This is a two hour seminar. Goals of this seminar are to reflect on individual strengths and weaknesses and learn how to continuously evaluate yourself in practice. This will become a basis for continued growth throughout the internship year.

**Psychological Testing and Integrated Report Writing:** 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.

**Suicide and self-harming behaviors:** 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 goals is for interns to increase their knowledge and comfort level in assessing and treating patients who present with suicidal and self-harming behaviors.

**Keys to Developing and Conducting Professional Presentations:** This two hour/one week seminar focuses on creating informative and appropriate professional presentation. Discussion will include knowing your audience, summarizing important information, presentation methods, time management and handling audience questions. Interns will provide a presentation as an in-service to hospital staff.

**Psychological Consultation:** This two hour didactic is designed to introduce the unique roles and responsibilities of consulting in the field of psychology. The goals of the didactic are to: provide an overview of the models, processes and strategies used in consultation, review contemporary literature in this area, increase understanding of the ways diversity impact consultation practices, introduce/review the ethical and legal issues in consultation and develop an understanding of how to manage difficult issues that may arise while doing consultation.

**Assessment and Treatment of Obsessive-Compulsive Disorder Spectrum Disorders:** This two hour/one week focuses on the cognitive behavioral assessment and treatment of OCD spectrum disorders including hoarding, BDD, Hair pulling disorder and excoriation disorder

**Assessment and Treatment of Obsessive-Compulsive Disorder:** This two hour/one week seminar focuses on cognitive behavioral assessment and treatment of obsessive-compulsive disorder and common co-morbid conditions. Discussion will include epidemiology, etiology, and treatment including medication options and behavioral interventions. Case examples will be used to illustrate topics.

**Mandated reporting to Child Protective Services (CPS):** This two hour/one week seminar focuses on the importance of being a mandated reported and the process of calling in alleged child abuse/neglect.

**DBT and Adaptations for Adolescents:** This four hour/two week seminar provides an overview of dialectical behavior therapy (DBT), adaptations for use with children and adolescents, and practical applications for the use in acute care settings.

**Adolescent Substance Use: Impact on Brain, Mood, and Behaviors:** This two hour/one week seminar will focus on the development of the adolescent brain and it's abilities compared to an adult brain, particularly in the context of the impact of substance use. We will discuss the possible ramifications of the brain's development due to substance use, as well as how that impacts the adolescent's overall mood and abilities to manage their behaviors. This didactic will include statistics about substance use as well as education on some of the most popular and latest drugs being used, particularly within the state of WI.

**Working with adolescents:** This is a three hour/ two week series that will provide an overview of common issues that arise when working with adolescents.

**Micro-aggressions in Real-Time:** 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.

**The Role of the Psychologist in the Hospital Setting:** 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 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.

**Assessment and Treatment of Social Anxiety Disorder:** This three hour/two week seminar focuses on assessment and treatment of Social Anxiety Disorder.

**Assessment and Treatment of Generalized Anxiety Disorder:** This three hour/two 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.

**Ethical Issues in Psychology:** 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 are 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.

**Assessment and Treatment of Eating Disorders:** 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.

**Understanding the EPPP and licensure:** This one hour didactic will focus on a review of requirements and considerations to assure for appropriate licensure. This seminar will also include discussion of the requirements for the EPPP and licensure, reviewing study options and how to conceptualize the licensure exam. Goals include an understanding of why the licensure exam is important and the best ways to tackle the task of studying for the exam efficiently. This seminar will utilize the Wisconsin Department of Regulation and Licensing for reference to requirements and areas of focus.

**Testifying in Court:** This one hour didactic identifies the differences between a fact and expert witness, and gives parameters in which the psychologist is allowed to testify. It prepares a mental health profession for his or her day in court, and identifies potential problem areas when testifying, in general; when providing direct testimony; and during cross examination. This didactic includes case examples to help illustrate the above information.

**Assessment and Treatment of Depressive Disorders:** This four hour/two week seminar focuses on teaching interns the basic principles of behavioral activation for depression and its application. This training will be informed by *Behavioral Activation: Distinctive Features* (2009) by Kanter, Busch, and Rusch and *Depression in Context: Strategies for Guided Action* (2001) by Martell, Addis, and Jacobson.

**Understanding and Exploring Gender:** This is a 2 hour didactic that 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 regards 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 not's in therapy.

**Functional Analytic Psychotherapy:** Awareness, Courage, Love, and Behaviorism in the Therapeutic Relationship. This 2 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 FAP principles when working with cross-racial/dyads in the therapeutic relationship will also be discussed.

**Licensure Complaints:** This two hour/ one week didactic starts by defining "Risk," and then discusses the various types of risk factors, such as: patient, contextual, and individual. Included in this discussion, the individuals most likely to file a complaint and the situations in which most licensure complaints occur are identified and discussed. The didactic will then identify proactive measures which, if taken, will likely help and individual avoid being the subject of a licensure board complaint, but then goes on to describe the manner in which to respond to a licensure complaint if one occurs. The didactic covers an array of risk management factors and incorporates ethical dilemmas that could arise for any mental health professional. It also differentiates the difference between a voluntary ethical association and a mandatory regulatory agency. Included in this didactic are case examples, in an effort to make this topic more realistic for the interns.

**Engaging Challenging families and Obtaining Aftercare options:** This two hour seminar reviews the multiple facets of challenging families and evidenced-based approaches to promote engagement in clinical interventions. The seminar will also explore discharge planning in a hospital setting and proactive approaches to identify appropriate fitting step-down care. Part one of the seminar will explore factors impacting family reluctance to engage in clinical services, common mistakes good intending clinician's make, and effective strategies to enhance therapeutic change. Discharge planning; approaches to termination in a hospital setting, ways to provide smooth transition into stepdown services, and strategies to find appropriate fitting after-care options.

**Assessment and Treatment of Post-Traumatic Stress Disorder:** This four hour/two week seminar focuses on assessment and treatment of PTSD and associated features. This didactic will focus on utilization of prolonged exposure therapy (PE) for trauma, treating people with Posttraumatic Stress Disorder (PTSD) through an understanding of an individual's multicultural identity, and a review of empirical studies supporting this approach.

**Program Development:** The process of program development will be reviewed in this 2 hour 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.

**Multicultural Assessment:** A review of the current literature regarding conducting accurate multicultural assessment will be reviewed in this one hour seminar. Topics to be covered include definitions of multicultural assessment, challenges of conducting multicultural assessment, cultural factors to be considered, guidelines for best practice and a review of current models of multicultural assessment.

**Culture and Mental Health: A Case Study of Culture –Bound Syndromes:** This one hour seminar reviews the changes in the DSM 5 diagnostic criteria of CBS and discusses the debate between whether CBS are true syndromes or cultural beliefs about the etiology of a symptom cluster. A case study is presented followed by a discussion of common folk remedies administered for common CBS and the implications for diagnosis and treatment.

**Critical Review of Research Manuscripts:** This two hour/one week seminar focuses on identifying and critically reviewing current scientific research and extracting findings applicable to professional practice. This seminar will be a basic review of research methods including design, analysis and interpretation. It will include distribution of manuscript to critique between sessions. Discussion of article and individual critiques.

**Management of a Trauma Informed Milieu:** This four hour/two week seminar will focus on the importance of milieu management in creating an effective and safe treatment setting which is trauma informed. Strategies, policies, and procedures that meet the criteria supported by the National Center for Trauma-Informed Care (NCTIC) will be presented.

**Child and Adolescent Depressive Disorders:** This two hour/one week seminar focuses on teaching interns the basic principles of behavioral activation for depression and its application. This training will be informed by *Behavioral Activation: Distinctive Features* (2009) by Kanter, Busch, and Rusch and *Depression in Context: Strategies for Guided Action* (2001) by Martell, Addis, and Jacobson as applied to children and adolescents.

**Avoidant/Restrictive Food Intake Disorder:** This is a two hour/one week didactic. As a relatively new diagnostic category, there is little research on effective interventions for Avoidant/Restrictive Food Intake Disorder (ARFID). With the phenomenological overlap between selective eating habits, anxiety, and obsessive-compulsive spectrum disorders (Fisher et al, 2013; Wildes et al, 2012) in addition to anxiety and disgust associated with selective eating (Kauer et al, 2015), exposure-based interventions have been proposed as a primary treatment method (e.g., Kenney & Walsh, 2013; King, Urbach, & Stewart, 2015). This seminar will provide an overview of the ARFID diagnosis, explore its connectedness with OCD and anxiety disorders, and offer information on the treatment of ARFID within an ERP framework, offer specific exposure and response prevention treatment strategies for ED (e.g., food hierarchy), and provide examples of thought challenging for ED-specific fears. Case studies and clinical examples will be provided to illustrate the application of this model to increasing food intake in an adolescent population. Additionally, attendees will learn how to treat anxiety related to ARFID using DBT.

**Lesbian, Gay, Bisexual, and Transgender (LGBT) – Informed Care: Foundational Considerations for Mental Health Practitioners:** This two hour/one week seminar will introduce participants with general and foundational information regarding patient-centered, LGBT-informed care with a specific focus on the implications for psychologists and other mental health practitioners. Learning objectives include: Introduction to terminology as it relates to the LGBT community, Explore evidenced based psychological practice (EBPP) within the context of LGBT-informed care, Increase awareness of mental health needs of gender and sexual minority individuals, Identify and explore clinical, ethical, and documentation considerations for working with LGBT patients and their families, Increase awareness of agencies and organizations that offer support services to LGBT patients and their families, and Increase awareness of available resources that might augment the ongoing professional growth and development of mental health practitioners as it specifically relates to providing LGBT-informed care.

**Assessment and Treatment of Panic Disorder:** This four hour/two week seminar focuses on cognitive-behavioral assessment and treatment of panic disorder and its associated feature agoraphobia. Discussion will include epidemiology, etiology, and treatment including medication options and behavioral interventions. Case examples will be used to illustrate topics.

**Self-Care and its Role in a Psychologist's Ethical and Competent Practice and Secondary Traumatic Stress:** 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, burn out, 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 counter-transference 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.

**Supervision of Supervision:** This two hour/three week seminar focuses on helping doctoral interns explore their supervision style and effectively conduct supervision with less experienced pre and post masters level students. This seminar uses the books Clinical Supervision: A Competency based Approach By Falender and Scafranske and Fundamentals of Clinical Supervision by Bernard and Goodyear as a guide. Additional references 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.

### **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, Monday through Friday. Their 2,080 hours will be spent in direct service, indirect service, didactic training and supervision. Two weeks of paid time-off and holiday pay for Rogers Memorial Hospital approved holidays will also be offered. Professional development time will be offered for activities such as post-doctoral interviews, dissertation defense, professional development conferences and job interviews. Interns will receive release time to complete additional educational activities as necessary. Interns will be evaluated on an ongoing basis throughout the internship year, with formal evaluations taking place quarterly.

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

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

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

Interns will be offered a pay of \$22,500.00 over the course of the year, paid out hourly. They will receive a hospital orientation and training as a member of the staff. In addition, they will be offered enrollment within the hospital's health insurance and/or dental insurance programs and are covered by the organization's liability insurance during their temporary twelve (12) months of employment (see applicable Summary Plan Descriptions for further details regarding service, cost and plan administration).

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, including but not limited to grievances, anti-harassment, and performance expectations. Interns can access these policies during the hospital's orientation process and in full through the Rogers Memorial Hospital website. Interns can also refer to the Rogers Memorial Hospital Corporate Compliance Handbook available to all employees through the Human Resources Department.

## **Compensation**

Interns are provided pay of \$22,500.00, 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 \$22,500 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 the Rogers Memorial Hospital Intranet and 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, including but not limited to grievances (Rogers Memorial Hospital Grievance Procedure, Appendix G), anti-harassment, and performance expectations. Interns can access these policies during the hospital's orientation process and in full through the Rogers Memorial Hospital website. Interns can also refer to the Rogers Memorial Hospital Corporate Compliance Handbook available to all employees through the Human Resources Department.

## **Paid Time-Off and Holiday Pay**

Two weeks of paid time off and holiday pay for Rogers Memorial Hospital-approved holidays will also be provided.

## **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 and Supervising Psychologist, Partial Hospitalization Program and CADT- Milwaukee

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

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

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

### **Other Contributing Psychologists:**

Brenda Bailey, Ph.D.

Heather Jones, Ph.D.

Jennifer Carrasco, Ph.D.

Amanda Heins, Ph.D.

Colleen Drosdeck, Psy.D

Kristine Kim, Psy.D.

Nicholas Farrell, Ph.D.

Jamie Roberts, Psy.D.

Martin Franklin, Ph.D.

Angela Stebbins, Psy.D.

Amy Kuechler, Psy.D.

Chad Wetterneck, Ph.D.

### **Additional Treatment Providers:**

Psychology interns routinely interact with the following team members:

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

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

## Application Eligibility and Procedures

### Diversity Statement:

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

### 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 (OCD and Anxiety Disorders or Child Adolescent Day Treatment (CADT))
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 15<sup>th</sup>**.

Questions can be directed to Nancy Goranson, Psy.D., Director of Clinical Training, at [ngoranson@rogershospital.org](mailto:ngoranson@rogershospital.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, match between their theoretical orientation and experience and the track to which they are applying, ability and willingness to work as part of a multidisciplinary team, and research/scientist potential. As part of this form, members of the training committee are asked if they would recommend granting an interview to the applicant.

### **Interviews:**

Following an in-depth review of all applicants' materials, some applicants will be asked to complete an in-person interview. If unable to attend an in-person interview, applicants may schedule a telephone or Skype 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 15th**.

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 Memorial Hospital follows all APPIC and APA regulations and policies regarding the match process. For additional information, please see [www.appic.org](http://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](http://www.appic.org/directory/program_cache/1328.html).

### **Pre-Employment Screening**

After the applicant is matched to the doctoral internship, he or she must successfully complete the Rogers Memorial Hospital application process which includes completing a written application, passing a criminal background check, TB test, physical examination and a drug screen.

### **Outside Employment:**

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

## **Procedures**

### **Evaluation Measures**

#### **Evaluations completed by interns:**

Interns will start the internship year by completing the Intern Self-Evaluation Form (Appendix A), 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 (Appendix A), and will also be asked to complete evaluations following didactic presentations (Didactic Evaluation Form, Appendix A). Finally, interns are asked to complete a written evaluation of the internship program using the Program Evaluation Form (Appendix A) and, after the internship year, are asked about their post-internship employment on the Post-Internship Information Form (Appendix A).

#### **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 (Appendix A). 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.

(Evaluation Policy and Procedure, Appendix D)

### **Requirements for Completion of Internship**

Successful completion includes:

- Completion of one presentation to Psychology staff and at hospital in-service or conference
- Presentation of case conceptualization, minimum of once per month.
- Attendance at scheduled didactic opportunities
- Completion of 2000 hours
  - 25% of time in direct service
- Completion of monthly hours logs
- Minimum of six Psychological evaluations as assigned by supervisor
- Minimum of six Diagnostic Interviews 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 Memorial Hospital. Topics to be approved and evaluated by intern faculty.

(Requirements for Successful Completion of Doctoral Internship Program Policy, Appendix E)



## **Minimum Thresholds for Achievement**

### **First Quarter Review:**

Obtain ratings of “2” (*close supervision needed*) or higher as rated by supervisors with exception of items I-4, I-5, IV-4, V-1 & IX-2.

### **Mid-Placement Review:**

Obtain ratings of “3” (*some supervision needed*) or higher as rated by supervisors with exception of items I-4, I-5, IV-4, V-1 & IX-2.

### **Third Quarter Review:**

Obtain ratings of “3” (*some supervision needed*) or higher as rated by supervisors with exception of items I-4, I-5, IV-4, V-1 & IX-2.

### **Final Review:**

Obtain ratings of “4” (*little supervision required, mostly independent*) or higher as rated by supervisors with exception of items I-4, I-5, IV-4, V-1 & IX-2.

## **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 Director 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 remedial 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 (Appendix F) will be followed.

An intern failing to comply with the remedial 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 Director of Training, Chief Psychologist, current rotation 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 Director 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 Director 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 Director 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 programs procedures regarding intern grievances are detailed in the Psychology Intern Grievance Procedure in Appendix H.



**Rogers Memorial Hospital**

# **Psychology Internship Applicant Evaluation Form**

To be completed in review of application for offer of interview:

Applicant Name: \_\_\_\_\_

Applicant identified own diversity? ☐ Yes ☐ No

*(intended for recording demographic information only)*

Check box if the following requirements are met:

- ☐ Application Complete per APPIC
- ☐ Applicant has a minimum of 400 combined intervention and assessment hours
- ☐ Applicant has a minimum of 1000 total clinical hours
- ☐ Applicant will complete dissertation proposal by December 15<sup>th</sup> prior to internship

If all four requirements are met this application may be reviewed further for potential interview.



## Psychology Internship Applicant Evaluation: Faculty Review of Materials

Applicant Name: \_\_\_\_\_

Faculty Name: \_\_\_\_\_

1. **Are there any problems with AAPI part 2** (e.g., on academic probation, concerns with overall evaluation by training director; If yes, comment)? ☐ Yes ☐ No **Comments:**
2. **Overall tenor of the letters of recommendations** (Comment and note any obvious negative letters, if present.). **Rating (1-10):** \_\_\_\_\_. **Comments:**
3. **Overall impression of academic qualifications** (e.g., grades, quality of graduate program; comment). **Rating (1-10, 10 is highest):** \_\_\_\_\_. **Comments:**
4. **Overall impression of clinical qualifications** (e.g., depth of experience; medical center experience, reasonable/compatible theoretical orientation). **Rating (1-10, 10 is highest):** \_\_\_\_\_. **Comments:**
5. **Compatibility of theoretical orientation and experience with track to which they are applying.** **Rating (1-10, 10 is highest):** \_\_\_\_\_. **Comments:**
6. **Ability and/or willingness to work well within a multidisciplinary team.** **Rating (1-10, 10 is highest):** \_\_\_\_\_. **Comments:**
7. **Overall impression of research/scientist potential** (e.g., publications and other involvements in scientific endeavors): **Rating (1-10, 10 is highest):** \_\_\_\_\_. **Comments:**
8. **Further comments and overall rating of candidate.**

**OVERALL RATING (1-10, 10 is highest):** \_\_\_\_\_. **Comments:**

9. **Recommend interview of candidate by phone or in person?** ☐ Yes ☐ No

Please return this to Training Director as soon as possible. Thanks for your help!



## Psychology Internship Applicant Interview Rating Form

Interviewer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Graduate School: \_\_\_\_\_

Degree Sought: ☐ Ph.D. ☐ Psy.D.

Program: ☐ CADT ☐ OCD

(Please circle the appropriate answer for each category listed below)

Personal Demeanor								
1	2	3	4	5	6	7	8	9
Unprofessional appearance and/or attitude.			Acceptable professional appearance and attitude.			Very favorable professional demeanor.		

Communication Skills								
1	2	3	4	5	6	7	8	9
Difficulty understanding and/or communicating basic concepts.			Able to understand and/or communicate basic concepts.			Able to communicate complex concepts clearly and effectively.		

Interpersonal Relatedness								
1	2	3	4	5	6	7	8	9
Cold, detached, passive and/or unpleasant relatedness with interviewer(s).			Pleasant. Adequate interpersonal warmth and relatedness.			Exceptionally poised individual. Warm and engaging. Actively participated in the interview process.		

Readiness for Training in the Psychiatric Hospital Setting								
1	2	3	4	5	6	7	8	9
Shows little or no understanding of the training setting and/or a mismatch with professional goals.			Ready to begin clinical training at entry level; adequate match between personal/professional goals and the training setting.			Good match between personal/professional goals and the training setting. Potential for quick advancement in responsibilities.		

Overall Impression								
1	2	3	4	5	6	7	8	9

Unacceptable or marginal candidate.	Acceptable, likely asset to program.	Highly qualified, likely to be superior intern.
-------------------------------------	--------------------------------------	---

**Strengths:**

---



---



---



---

**Weaknesses:**

---



---



---



---

**Additional Comments:**

---



---



---



---

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Rogers Memorial Hospital

# Psychology Internship Intern Self-Evaluation

Intern Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

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.

**1. What do you believe to be your major clinical strengths?**

- 1.
- 2.
- 3.
- 4.
- 5.

**2. What are some specific areas in which you would like to improve?**

- 1.
- 2.
- 3.
- 4.
- 5.

**3. What are some specific goals for the internship year?**

- 1.
- 2.
- 3.
- 4.
- 5.

**4. How would you rate your ability to write an integrated testing report?**

- \_\_\_ 1. Substantial supervision/remediation needed
- \_\_\_ 2. Close supervision needed (internship entry level)
- \_\_\_ 3. Some supervision needed (mid-internship level)
- \_\_\_ 4. Little supervision required, mostly independent (internship exit level)

**5. What specific tests are you competent in administering and scoring?**

a.

b.

c.

d.

e.

f.

**6. What else would you like your supervisor to know?**



## APPENDIX A: Evaluation of Supervision Form

Rogers Memorial Hospital

# Psychology Internship Evaluation of Supervision

Intern Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

**Evaluation Period (check):** ☐ Period 1 (September through February)  
☐ Period 2 (February through August)

Evaluation is a collaborative process designed to facilitate growth, pinpoint areas of strength and difficulty, and refine goals. It is a tool for evaluation performance and also a vehicle for change.

**Directions:** Circle the number on the rating scale that best describes your supervisor. For items that warrant additional comments, please provide feedback at the end of each section.

Strongly Disagree	Disagree	Agree	Strongly Agree	no rating/no data/not applicable
1	2	3	4	nr

## I. Supervision Relationship

### My supervisor:

is empathic and genuine with me	1	2	3	4	nr
provides a safe, supportive, and trusting learning environment	1	2	3	4	nr
discusses our supervisory relationship	1	2	3	4	nr
addresses cultural differences in our supervision relationship	1	2	3	4	nr
encourages my independent thinking and action	1	2	3	4	nr
negotiates power differentials in supervision process	1	2	3	4	nr

**Additional Comments:**

## II. Supervision Process



**My supervisor:**

accurately assesses my strengths and areas of growth	1	2	3	4	nr
focuses appropriately on supervision content and process	1	2	3	4	nr
provides me with relevant and constructive feedback	1	2	3	4	nr
provides feedback in a supportive manner	1	2	3	4	nr
encourages me to share my professional challenges	1	2	3	4	nr
focuses on my feelings and thoughts	1	2	3	4	nr
tracks progress of my training goals	1	2	3	4	nr
helps me to achieve mutually-developed training goals	1	2	3	4	nr
helps me to refine my theoretical orientation and style	1	2	3	4	nr
helps me to integrate theory into practice	1	2	3	4	nr
works toward conflict resolution in constructive ways	1	2	3	4	nr
helps me to understand how my culture influences the counseling process	1	2	3	4	nr
encourages my feedback about the supervision process	1	2	3	4	nr
uses my feedback to enhance the supervision experience	1	2	3	4	nr
allows me to take appropriate responsibility for cases	1	2	3	4	nr

**Additional Comments:****III. Patient Focus****My supervisor:**

assists me with patient case conceptualization	1	2	3	4	nr
provides me with insights about patient dynamics	1	2	3	4	nr
gives perspectives on intern-patient relationship and dynamics	1	2	3	4	nr
helps me to understand cultural dynamics in the therapeutic process	1	2	3	4	nr
offers general and specific suggestions for the therapeutic process	1	2	3	4	nr
focuses on patient feelings and thoughts	1	2	3	4	nr
focuses on patient process and content	1	2	3	4	nr
addresses transference and countertransference issues	1	2	3	4	nr
provides support with assessment and outcome interpretation	1	2	3	4	nr

**Additional Comments:****IV. Supervisor Focus**

**My supervisor:**

is prompt for supervision	1	2	3	4	nr
provides uninterrupted supervisory time	1	2	3	4	nr
is available for consultation between supervision sessions	1	2	3	4	nr
appropriately self-discloses about personal and professional issues	1	2	3	4	nr
integrates contextual, legal, and ethical perspectives into supervision process	1	2	3	4	nr
articulates own theoretical orientation clearly	1	2	3	4	nr
communicates ideas in a clear manner	1	2	3	4	nr
encourages me to listen to and/or observe his/her work	1	2	3	4	nr
recognizes own therapeutic limitations and refers accordingly	1	2	3	4	nr
advocates for me in the training program and agency	1	2	3	4	nr
helps me negotiate agency policies, practices, and politics	1	2	3	4	nr
provides appropriate references, handouts, readings, and resources	1	2	3	4	nr
explains criteria for my evaluation	1	2	3	4	nr
is a professional role model	1	2	3	4	nr

**Additional Comments:**

Please describe your supervisor's strengths and aspects of supervision that were most helpful.

Please describe your supervisor's limitations and aspects of supervision that were least helpful.

Supervisor's response to evaluation:

---

Supervisor

Date

---

Intern

Date



## Rogers Memorial Hospital Evaluation of Didactic Presentations

(This is now completed online through google forms but the questions have not changed)

Name of Presenter(s): \_\_\_\_\_

Date: \_\_\_\_\_

West Allis Rooms A & B or Oconomowoc

Rogers Memorial Hospital

**Please circle the number that best represents your evaluation of this program.**

	Unsatisfactory		Satisfactory		Excellent
1. Rate how well the presentation met stated learning objectives:	1	2	3	4	5
2. The <u>currency</u> of the informaion presented	1	2	3	4	5
3. The <u>effectiveness</u> of the presentation	1	2	3	4	5
4. The <u>relevance</u> to my clinical area of practice	1	2	3	4	5
5. Was the presentation appropriate to my...					
a) Level of education?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b) Professional experience?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Unsatisfactory		Satisfactory		Excellent
6. Presenter's knowledge of subject matter	1	2	3	4	5
7. Clarity of presenter's presentation	1	2	3	4	5
8. Presenter's responsiveness to participants	1	2	3	4	5
9. Presenter's ability to utilize appropriate technology to support participant learning	1	2	3	4	5
10. Was the presentation free of commercial bias?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Additional comments about the presenter:

---

---

---

	Unsatisfactory		Satisfactory		Excellent
11. Usefulness of handouts/materials	1	2	3	4	5
12. Facility/accommodations	1	2	3	4	5
	Learned Very Little		Learned a Great Deal		
13. How much did you learn?	1	2	3	4	5
14. What did you like <u>best</u> about this program?	<hr/> <hr/>				
15. What did you like <u>least</u> about this program?	<hr/> <hr/>				
16. How will you change your care of patients based on this program?	<hr/> <hr/>				
17. Please share any suggestions you have for how we might improve this program and/or topics that you would like to see addressed in the future:	<hr/> <hr/>				

**Thank you for taking the time to complete this evaluation.**



## APPENDIX A: PROGRAM EVALUATION FORM

### Rogers Memorial Hospital Program Evaluation Form: Doctoral Internship Program

*(This is now completed online through google forms but the questions have not changed)*

This is an evaluation of the internship program as you experienced it. Your opinions are valued and will be taken into consideration for any future changes to the program in order to continually improve the quality of the education and training provided.

**Current Date:** \_\_\_\_\_

**Internship Dates:** \_\_\_\_\_

#### Rating Scale:

- 1 – Very Poor
- 2 – Below expected level
- 3 – Average, accepted and typical level
- 4 – Very good, above average
- 5 – Outstanding
- N/A – Not Applicable

#### **PROFESSIONAL ATMOSPHERE**

Adherence to APA ethical guidelines	1	2	3	4	5
Commitment to serving the psychological needs of clients	1	2	3	4	5
Active collaboration and cooperation between staff members	1	2	3	4	5
Respect for, and use of, professionals from other disciplines	1	2	3	4	5
Commitment to science and profession of psychology	1	2	3	4	5
Awareness of, and respect for, individual differences among clients and professionals	1	2	3	4	5
Respect for human rights of clients and professionals	1	2	3	4	5
Opportunity for professional development	1	2	3	4	5

#### **TRAINING ATMOSPHERE**

Commitment to training	1	2	3	4	5
Responsiveness of program to personal and individual training needs	1	2	3	4	5
Accessibility of staff for supervision, consultation, and other training needs	1	2	3	4	5
Breadth of experience	1	2	3	4	5
Depth of experience	1	2	3	4	5
Challenging Program	1	2	3	4	5

#### **DIRECT SERVICES (your own experiences)**

Brief individual counseling/psychotherapy	1	2	3	4	5	N/A
Longer term individual counseling/psychotherapy	1	2	3	4	5	N/A
Family counseling/psychotherapy	1	2	3	4	5	N/A
Group counseling/psychotherapy	1	2	3	4	5	N/A
Intakes	1	2	3	4	5	N/A
Crisis Management/Interventions	1	2	3	4	5	N/A
Assessment/Psychological Testing	1	2	3	4	5	N/A

Case Management	1	2	3	4	5	N/A
Consultation/Outreach	1	2	3	4	5	N/A

**Comments about Direct Services:**

---



---

**TRAINING RECEIVED (your own experiences)**

Individual Supervision (received)	1	2	3	4	5	
Individual Supervision (given)	1	2	3	4	5	N/A
Group Supervision	1	2	3	4	5	N/A
Orientation	1	2	3	4	5	N/A
Staff Meetings	1	2	3	4	5	N/A
Seminars	1	2	3	4	5	N/A
Opportunities for continued education	1	2	3	4	5	N/A
Emergency Team Meetings	1	2	3	4	5	N/A

**Comments about Training Received**

---



---

What are the strengths of this training program?

---



---

What are the limitations of this training program?

---



---

Any recommendations you might have for the training program:

---



---

Given the rapid changes in health care and employment opportunities in psychology, what would you like to see included in current training which would help the interns to be better prepared at the end of the program?

---



---

Please rate the training program overall in helping you to prepare you as a psychologist (circle one):

Excellent      Above Average      Average      Below Average      Poor

Please rate the training program as meeting your own expectations:

Excellent      Above Average      Average      Below Average      Poor

Any Additional comments (use space provided below):

---



---



## APPENDIX A: POST-INTERNSHIP INFORMATION

### Rogers Memorial Hospital

# Post-Internship Information Form

*(This is now completed online through google forms but the questions have not changed)*

Name: \_\_\_\_\_

#### **Graduate School Information**

Doctoral Degree Institution: \_\_\_\_\_

Area of Psychology (e.g., Clinical, Counseling, School): \_\_\_\_\_

Degree (e.g., PhD, PsyD): \_\_\_\_\_

Area of Training Emphasis (if applicable): \_\_\_\_\_

Doctoral Program Training Model (e.g., scientist-practitioner, practitioner-scholar, etc.): \_\_\_\_\_

Year Degree Completed: \_\_\_\_\_

If N/A, why? \_\_\_\_\_

Initial Post-Internship Job Title \_\_\_\_\_

#### **Self-Evaluation**

Throughout internship there were six (6) goals and objectives that guided your training. Please rate how well you feel you have achieved these goals and objectives since internship.

##### Rating Scale:

1 – Very Poor

2 – Below expected level

3 – Average, accepted and typical level

4 – Very good, above average

5 – Outstanding

N/A – Not Applicable

#### **Goal 1: Become an entry level psychologist with competence in theories and methods of effective, empirically-supported psychotherapeutic intervention.**

Objective(s) for Goal 1: Has skill in case conceptualizations, treatment goal development, and evidence-based therapeutic interventions.

1                      2                      3                      4                      5                      N/A

#### **Goal 2: Become an entry level psychologist who possesses substantial competency in psychological assessment.**

Objective(s) for Goal 2: Has skill in the selection, administration, scoring, interpretation, and integrated report writing of assessment/testing batteries.

1                      2                      3                      4                      5                      N/A

**Goal 3: Become an entry level psychologist who understands and appreciates the importance of scholarly inquiry in the profession of psychology.**

Objective(s) for Goal 3: Has an understanding of how research and practice inform each other and apply evidence-based practice to professional activities.

1	2	3	4	5	N/A
---	---	---	---	---	-----

**Goal 4: Become an entry level psychologist who is adept at consultation and who functions successfully as part of a multidisciplinary team.**

Objective(s) for Goal 4: Provides consultation to other clinical staff, including testing results, case consultation, professional presentations, as well as functions adeptly as a multidisciplinary team member.

1	2	3	4	5	N/A
---	---	---	---	---	-----

**Goal 5: Become an entry level psychologist with competence in professional conduct, professional ethics, and an understanding of relevant mental health law through continued professional development and appropriate use of supervision.**

Objective(s) for Goal 5: Understands and applies ethical and legal principles to the practice of psychology and develop appropriate professionalism in supervision and with other professionals and staff.

1	2	3	4	5	N/A
---	---	---	---	---	-----

**Goal 6: Become an entry level psychologist with competence in individual and cultural diversity as you relate to practice in a diverse society.**

Objective(s) for Goal 6: Has respect for and sensitivity to the importance of individual differences and cultural diversity in treatment.

1	2	3	4	5	N/A
---	---	---	---	---	-----



## Status of Post-Doctoral Training

If you are currently in a formal Post-Doctoral training program, complete the Formal Post-Doctoral Experiences section.

If you have not yet completed the post-doctoral training, but it is not formal, also skip to the Professional Employment section.

If you have completed your post-doctoral training, go to the Professional Employment section.

## Formal Post-Doctoral Experiences

The same position should not be entered for both formal post-doctoral training and professional employment.

**Emphasis of the post-doctoral training program** \_\_\_\_\_

**Select all the activities that apply to this formal postdoctoral position:**

<input type="checkbox"/> Administration	<input type="checkbox"/> Assessment	<input type="checkbox"/> Consultation
<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Research	<input type="checkbox"/> Supervision
<input type="checkbox"/> Teaching	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown

**What is the job title of this position** \_\_\_\_\_

## Professional Employment Setting

**Select all the activities that apply to this first position after internship:**

<input type="checkbox"/> Academic Teaching	<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> Consortium
<input type="checkbox"/> Correctional Facility	<input type="checkbox"/> Health Maintenance Organization	<input type="checkbox"/> Hospital/Medical Center
<input type="checkbox"/> Independent Practice	<input type="checkbox"/> Psychiatric Facility	<input type="checkbox"/> School District/System
<input type="checkbox"/> University Counseling Center	<input type="checkbox"/> Other	

**Select all the activities that apply to this professional employment position:**

<input type="checkbox"/> Administration	<input type="checkbox"/> Assessment	<input type="checkbox"/> Consultation
<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Research	<input type="checkbox"/> Supervision
<input type="checkbox"/> Teaching	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown

**What is the job title** \_\_\_\_\_

## Current Employment Setting

Select all the activities that apply to this first position after internship

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Academic Teaching            | <input type="checkbox"/> Community Mental Health Center  | <input type="checkbox"/> Consortium              |
| <input type="checkbox"/> Correctional Facility        | <input type="checkbox"/> Health Maintenance Organization | <input type="checkbox"/> Hospital/Medical Center |
| <input type="checkbox"/> Independent Practice         | <input type="checkbox"/> Psychiatric Facility            | <input type="checkbox"/> School District/System  |
| <input type="checkbox"/> University Counseling Center | <input type="checkbox"/> Other                           |  |

Current job title \_\_\_\_\_

## Licensure Status

Have you obtained psychologist licensure?

- ☐ Yes      ☐ Not yet eligible      ☐ Eligible, but not yet licensed

If licensed, in what states \_\_\_\_\_

Other professional achievements (i.e. Fellow status, ABPP, etc.):

---

---

---

---

---

Thanks for your cooperation. We greatly appreciate your time in completing this form and hope you are doing well.



## APPENDIX A: INTERN EVALUATION

# Rogers Memorial Hospital Readiness for entry into practice Pre-Doctoral Psychology Intern Evaluation Form

Supervisor \_\_\_\_\_

Intern \_\_\_\_\_

Type of Review (check): ☐ 1<sup>st</sup> quarter ☐ 2<sup>nd</sup> quarter ☐ 3<sup>rd</sup> quarter ☐ Final review

Evaluation is a collaborative process designed to facilitate growth, pinpoint areas of strength and difficulty, and refine goals. It is a tool for evaluation performance and also a vehicle for change. The evaluation should be reviewed in-person with the intern and ample opportunity allowed for question. The intern must be provided with a copy of the evaluation signed by the supervisor and the intern.

**I am attesting to the fact that, as the immediate supervisor, I conducted live observations of the above named intern as they delivered psychological services in this quarter. This observation occurred live, in the room, with the student and included at minimum one observation for each type of activity they completed.**

**Supervisor signature:** \_\_\_\_\_

**Directions:** Circle the supervisee's skill level using the scale below.

1	Substantial supervision/remediation needed
2	Close supervision needed (internship entry level)
3	Some supervision needed (mid-internship level)
4	Little supervision required, mostly independent (internship exit/postdoc entry level)
nr	No rating / no data /not applicable

## I. RESEARCH/SCHOLARLY INQUIRY

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

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

Independently applies scientific methods to practice	1	2	3	4	nr
a) Apply evidence-based practice in clinical work					

Demonstrates advanced level knowledge of core science (i.e., scientific bases of behavior)	1	2	3	4	nr
a) Identify and critically review current scientific research and extract findings applicable to practice					

Independently applies knowledge and understanding of scientific foundations to practice	1	2	3	4	nr
a) Apply evidence-based practice in clinical work					

Generates knowledge (i.e. Program development, program evaluation, didactic development, dissemination of research)	1	2	3	4	nr
a) Identify and critically review current scientific research and extract findings applicable to practice					
b) Apply evidence-based practice in clinical work					

Applies scientific methods of evaluating practices, interventions, and programs	1	2	3	4	nr
a) Apply evidence-based practice in clinical work					
Demonstrates knowledge about issues central to the field; integrates science and practice typical of the practitioner scholar model	1	2	3	4	nr
a) Identify and critically review current scientific research and extract findings applicable to practice					

## II. ETHICAL AND LEGAL STANDARDS

<b>Goal:</b> To produce graduates with competence in professional conduct, professional ethics, and an understanding of relevant mental health law through continued professional development and appropriate use of supervision.					
<b>Objective(s):</b> Understand and apply ethical and legal principles to the practice of Health Service Psychology. Develop appropriate professionalism in supervision and with other professionals and staff.					
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	1	2	3	4	nr
c) Interact with colleagues and supervisors in a professional and appropriate manner					
Demonstrates advanced knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines					
a) Identify and respond appropriately to ethical issues as they arise in clinical practice	1	2	3	4	nr
b) Document clinical contacts timely, accurately, and thoroughly					
Independently utilizes an ethical decision-making model in professional work					
a) Identify and respond appropriately to ethical issues as they arise in clinical practice	1	2	3	4	nr
b) Document clinical contacts timely, accurately, and thoroughly					
c) Conducts self in an ethical manner in all professional activities					
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	1	2	3	4	nr
b) Interact with colleagues and supervisors in a professional and appropriate manner					
c) Document clinical contacts timely, accurately, and thoroughly					

## II. INDIVIDUAL AND CULTURAL DIVERSITY

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

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

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                          | 1 | 2 | 3 | 4 | nr |
| 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 |   |   |   |   |    |

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 | 1 | 2 | 3 | 4 | nr |
| 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                     |   |   |   |   |    |

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                  | 1 | 2 | 3 | 4 | nr |
| 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               |   |   |   |   |    |

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 | 1 | 2 | 3 | 4 | nr |
| b) Interact professionally as a member of a multidisciplinary team   |   |   |   |   |    |
| c) Provide culturally sensitive psychological input to improve patient care and treatment outcomes   |   |   |   |   |    |

#### IV. PROFESSIONAL VALUES AND ATTITUDES

<b>Goal:</b> To produce graduates with the ability to respond professionally in increasingly complex situations with a greater degree of independence.					
<b>Objective(s):</b> Demonstrate values consistent with the professional practice of psychology.					
Behave in ways that reflect the values and attitudes of psychology including integrity, deportment, professional identify, accountability, lifelong learning and concern for the welfare of others.	1	2	3	4	nr
Actively seek and demonstrate openness and responsiveness to feedback in supervision.	1	2	3	4	nr
Respond professionally in increasingly complex situations with a significant degree of independence.	1	2	3	4	nr
Accurately self-assesses competence in all competency domains; integrates self-assessment in practice; recognizes limits of knowledge/skills and acts to address them; has extended plan to enhance knowledge/skills					
a) Interact with colleagues and supervisors in a professional and appropriate manner	1	2	3	4	nr
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					
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	1	2	3	4	nr
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					
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.	1	2	3	4	nr
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.					
Conducts self in a professional manner across settings and situations					
a) Interact professionally as a member of a multidisciplinary team	1	2	3	4	nr
b) Provide informative and appropriate professional presentations					

## V. COMMUNICATION AND INTERPERSONAL SKILLS

<b>Goal:</b> To produce graduates that are able to respond professionally in increasingly complex situations with a significant degree of independence.					
<b>Objective(s):</b> Demonstrate professional competence in interpersonal skills across activities and interactions.					
Develop and maintain effective relationships with a wide range of individuals including colleagues, communities, organizations, supervisors, supervisees and those receiving professional services.	1	2	3	4	nr
Produce and comprehend oral, nonverbal, and written communications that are informative and well integrated; demonstrate a thorough grasp of professional language and concepts.	1	2	3	4	nr
Demonstrates effective interpersonal skills, manages difficult communication, and possesses advanced interpersonal skills					
a) Interact with colleagues and supervisors in a professional and appropriate manner	1	2	3	4	nr
b) Engage in self-care and appropriate coping skills in regard to stressors					
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.	1	2	3	4	nr
b) Interact with colleagues and supervisors in a professional and appropriate manner					
c) Document clinical contacts timely, accurately, and thoroughly					
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	1	2	3	4	nr
b) Interact with colleagues and supervisors in a professional and appropriate manner					
c) Document clinical contacts in a timely manner, accurately, and thoroughly					

## VI. ASSESSMENT

<b>Goal:</b> To produce graduates who possess substantial competency in psychological assessment.					
<b>Objective(s):</b> To demonstrate skill in the selection, administration, scoring, interpretation, and integrated report-writing of assessment/testing batteries within the scope of Health Service Psychology.					
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.	1	2	3	4	nr
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)					

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	1	2	3	4	nr
b) Collect data from a variety of sources (interview, medical record, prior testing reports, collateral information)					
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	1	2	3	4	nr
a) From a variety of testing materials, select those most appropriate for the referral question					
b) Administer, score, and interpret testing results correctly					
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)	1	2	3	4	nr
b) Incorporate data into a well-written, integrated report					
c) Demonstrate a working knowledge of DSM-5 nosology and multiaxial classification					
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)	1	2	3	4	nr
b) Incorporate data into a well-written, integrated report					
Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner					
a) Incorporate data into a well-written, integrated report	1	2	3	4	nr
b) Demonstrate a working knowledge of DSM-5 nosology and multiaxial classification					
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	1	2	3	4	nr
b) Provide psychological input to improve patient care and treatment outcomes					
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	1	2	3	4	nr
b) Interact professionally as a member of a multidisciplinary team					
c) Apply evidence-based practice in clinical work					



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.	1	2	3	4	nr
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					

## VII. INTERVENTION

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

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

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	1	2	3	4	nr
a) Utilize theory and research to develop case conceptualizations					
b) Identify and utilize appropriate evidence-based group and individual interventions					

Independently plans interventions; case conceptualizations and intervention plans are specific to case and context					
a) Develop treatment goals that correspond to the case conceptualization					
b) Identify and utilize appropriate evidence-based group and individual interventions	1	2	3	4	nr
c) Effectively manage behavioral emergencies and crises					
d) Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation					

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	1	2	3	4	nr
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.					

## VIII. SUPERVISION

<b>Goal:</b> To produce graduates who are knowledgeable in supervision models and practices and act as role models for the individuals they supervise within the scope of Health Service Psychology.					
<b>Objective(s):</b> Demonstrate the ability to apply supervision models and practices with trainees.					
Apply knowledge of supervision models and practices in direct practice with psychology trainees or other mental health professionals.	1	2	3	4	nr
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	1	2	3	4	nr]
b) Interact with colleagues and supervisors in a professional and appropriate manner					
Engage in self-care and appropriate coping skills in regard to stressors					
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	1	2	3	4	nr
b) Interact with colleagues and supervisors in a professional and appropriate manner					
Engage in self-care and appropriate coping skills in regard to stressors					
Provides effective supervised supervision, including direct or simulated practice, to less advanced students, peers, or other service providers in typical cases appropriate to the service setting					
a) Interact with colleagues and supervisors in a professional and appropriate manner	1	2	3	4	nr
Document clinical contacts timely, accurately, and thoroughly					
Independently seeks supervision when needed					
a) Engage in self-care and appropriate coping skills in regard to stressors	1	2	3	4	nr
b) Identify and respond appropriately to ethical issues as they arise in clinical practice					

## IX. CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

<b>Goal:</b> To produce graduates who are adept at consultation and who function successfully as part of a multidisciplinary team.					
<b>Objective(s):</b> Apply knowledge in direct or simulated consultation with individuals and their families, other healthcare professionals, interprofessional groups, or systems related to health and behavior.					
Determines situations that require different role functions and shifts roles accordingly to meet referral needs	1	2	3	4	nr
a) Interact professionally as a member of a multidisciplinary team					
b) Provide psychological input to improve patient care and treatment outcomes					

Applies teaching methods in multiple settings					
a) Interact professionally as a member of a multidisciplinary team	1	2	3	4	nr
b) Provide informative and appropriate professional presentations					
c) Engages in role-played consultation, peer consultation or provision of consultation to other trainees					
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	1	2	3	4	nr
b) Provide psychological input to improve patient care and treatment outcomes					
c) Apply evidence-based practice in clinical work					
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	1	2	3	4	nr
b) Provide informative and appropriate professional presentations					
c) Apply evidence-based practice in clinical work					
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	1	2	3	4	nr
b) Effectively engage in self-evaluation in order to utilize personal strengths in the therapeutic process					
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	1	2	3	4	nr
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					
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	1	2	3	4	nr
b) Provide psychological input to improve patient care and treatment outcomes					
Develops and maintains collaborative relationships over time despite differences					
a) Interact professionally as a member of a multidisciplinary team	1	2	3	4	nr
b) Effectively engage in self-evaluation in order to utilize personal strengths in the therapeutic process					

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	1	2	3	4	nr
b) Engage in self-care and appropriate coping skills in regard to stressors					

## X. OCD AND ANXIETY DISORDERS TRACK – Oconomowoc Location

<b>Goal:</b> To produce graduates who are able to function confidently as Psychologist within an evidence-based residential program					
<b>Objective(s):</b> Demonstrate the ability to deliver high quality evidence-based treatment to patients who present with an anxiety disorder and/or obsessive-compulsive related disorder in individual and group format. Provide high quality consultation and supervision to team members, effectively apply milieu management and problem solving strategies, monitor and guide treatment progress, and participate on and support a multidisciplinary team.					
Provide evidenced-based individual, group, and family therapy (if applicable) consistent with the role of a Psychologist.	1	2	3	4	nr
Provide individual and group (if applicable) supervision that is consistent with currently accepted competency based models to pre- and post-masters students working at the OCD Center.	1	2	3	4	nr
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.	1	2	3	4	nr
Apply principles of ERP independently to complex cases	1	2	3	4	nr
Monitor patients' treatment progress with validated measures and offer guidance to treatment team members regarding patients' clinical needs.	1	2	3	4	nr
Apply ancillary CBT-based treatment methods independently as needed (HRT, DBT, BA, etc.)	1	2	3	4	nr
Participate on and communicate effectively with members of a multidisciplinary team to achieve and maintain high quality patient care.	1	2	3	4	nr
Demonstrate high level knowledge of CBT and conceptualization of complex cases using a CBT framework	1	2	3	4	nr

**OR**

## X. CHILD AND ADOLESCENT DAY TREATMENT/PARTIAL HOSPITALIZATION PROGRAM TRACK – West Allis Location

<b>Goal:</b> To produce graduates who are able to function confidently as an Attending Psychologist within an Intensive Outpatient or Partial Hospitalization Program					
<b>Objective(s):</b> Demonstrate the ability provide high quality individual, group and family therapy to child and adolescent patients who present with a variety of diagnoses. Provide high quality consultation and supervision to team members, effectively apply milieu management and problem solving strategies, monitor and guide treatment progress, and provide accurate and thorough diagnostic evaluations for the CADT/PHP patients.					
Provide evidenced-based individual, group, and family therapy consistent with the role of a Health Service Psychologist.	1	2	3	4	nr
Provide individual and group supervision that is consistent with currently accepted competency based models to pre-masters students working on CADT/PHP.	1	2	3	4	nr
Provide consultation to MHPs, MHTs, and social service personnel to appropriately apply evidence-based treatment strategies consistent with patient needs.	1	2	3	4	nr
Apply the principles of Irwin Yalom to group based treatment for high quality patient care and milieu management.	1	2	3	4	nr
Apply principles of DBT as appropriate to an internalizing patient population.	1	2	3	4	nr
Complete high quality diagnostic evaluations in an accurate and timely manner that delineate patient needs and goals using DSM-5 nosology.	1	2	3	4	nr
Monitor patient's treatment progress and offer guidance to team members regarding patient clinical needs	1	2	3	4	nr

### Overall Impression of Trainee's Current Level of Competence

Please provide a brief narrative summary of your overall impression of this trainee's current level of competence. In your narrative, please be sure to address the following questions:

- Do you believe that the trainee has reached the level of competence expected by the program at this point in training?
- If applicable, is the trainee ready to move to the next level of training, or independent practice?
- What are the trainee's particular strengths?
- What are the trainee's areas of weakness?

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Intern's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Rogers Memorial Hospital Policy and Procedure: Applicant Criteria and Process for Doctoral Internship**

Rogers Memorial Hospital offers a clinical psychology doctoral internship. The internship provides interns training experience in the Child and Adolescent IOP or the OCD and Anxiety Disorders program. Applications for our program are solicited nationally from APA accredited psychology doctoral training programs in clinical and counseling psychology. The internship program is marketed through APPIC's online directory, which ensures exposure to areas of the country that are more ethnically diverse. We seek applicants who have a sound clinical and scientific knowledge base from their academic program, strong basic skills in standard assessment and intervention as well as personal characteristics necessary to function well in our internship setting.

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

Following are the applicant criteria and application process for candidates of the doctoral internship.

### **Applicant Criteria:**

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 academic good standing in their academic departments;
4. Must have the 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 and dissertation proposal by December 15 in the year prior to internship.

### **Application Process:**

All candidates must submit the following materials through the AAPI online portal. Deadline for submission of the materials is November 15<sup>th</sup> of any calendar year:

1. Cover letter indicating their professional goals and interests and clearly specifying the track to which they are applying (OCD and Anxiety Disorders or Child Adolescent Day Treatment/Partial Hospitalization Program).
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



## **Rogers Memorial Hospital Policy and Procedure: Intern Selection**

A selection committee composed of the Directors of Training and staff supervisory psychologists review applications.

The selection committee seeks to find the best match between the internship training experiences and the training needs and goals of incoming interns. Applicants are chosen for interview based on the quality and relevance of their training, including clinical and research experiences, the quality of their graduate school program, their letters of recommendations, and the fit between the training program and their stated future career goals. Intern essays completed as part of the AAPI will be examined as part of the evaluation of the quality of their training and the fit between their experiences, theoretical orientation, and future career goals and the internship program.

In-person interviews or Skype interviews are required of all applicants who make the final selection round. A picture for identification purposes may be brought to the interview or taken at the interview. Following interviews, the internship selection committee discusses each intern's personal demeanor, communication skills, interpersonal relatedness, readiness for training and overall impression. The selection committee then rank order applicants according to data gathered from both the file review and interview process. We look for applicants whose training goals match sufficiently the training that we can offer.

While these criteria for evaluation have been quite similar since the start of the internship program, starting in the 2014-2015 applicant year, we will also use a Psychology Internship Applicant Evaluation Form to provide more structure to the process and more transparency regarding our decision-making. This form provides an opportunity for internship staff to rate application materials based on whether or not problems were identified with their AAPI, the quality of their letters of recommendations, their academic qualifications, their clinical qualifications, the compatibility of their theoretical orientation and experience with the internship track, their ability/willingness to work as part of a team, and their potential as a researcher/scientist. Staff will also be asked to provide an overall rating and a recommendation for whether or not to offer the applicant an interview. In addition, this form also contains an evaluation of applicants following the interview process. This portion of the evaluation form asks staff to rate interviewees based on personal demeanor, communication skills, interpersonal relatedness, readiness for training in a psychiatric hospital setting, and an overall impression.



## Rogers Memorial Hospital Policy and Procedure: Evaluation

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 with the Director of Training. In addition, staff members and supervisors make themselves available to meet with interns outside of scheduled times if issues arise.

### Minimum Thresholds for Achievement

**First Quarter Review:** Obtain ratings of “2” (*close supervision needed*) or higher as rated by supervisors with exception of items I-4, I-5, IV-4, V-1 & IX-2.

**Mid-Placement Review:** Obtain ratings of “3” (*some supervision needed*) or higher as rated by supervisors with exception of items I-4, I-5, IV-4, V-1 & IX-2.

**Third Quarter Review:** Obtain ratings of “3” (*some supervision needed*) or higher as rated by supervisors with exception of items I-4, I-5, IV-4, V-1 & IX-2.

**Final Review:** Obtain ratings of “4” (*little supervision required, mostly independent*) or higher as rated by supervisors with exception of items I-4, I-5, IV-4, V-1 & IX-2.

### 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, then a developmental or remediation plan will be collaboratively developed by the intern supervisor(s) and the Director 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 remedial 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 also be followed.

An intern failing to comply with the remedial 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 Director of Training, Chief Psychologist, current rotation 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 Director 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 Director 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). The Director 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 programs procedures regarding intern grievances are detailed in the Psychology Intern Grievance Procedure.



## Rogers Memorial Hospital Policy and Procedure: Requirements for Successful Completion of Doctoral Internship Program

In order for interns to maintain good standing in the program, interns must meet the following **minimum thresholds for achievement** identified for each quarterly review:

*First Quarter Review:* Obtain ratings of “2” (*close supervision needed*) or higher as rated by supervisors with exception of items I-4, I-5, IV-4, V-1 & IX-2.

*Mid-Placement Review:* Obtain ratings of “3” (*some supervision needed*) or higher as rated by supervisors with exception of items I-4, I-5, IV-4, V-1 & IX-2.

*Third Quarter Review:* Obtain ratings of “3” (*some supervision needed*) or higher as rated by supervisors with exception of items I-4, I-5, IV-4, V-1 & IX-2.

*Final Review:* Obtain ratings of “4” (*little supervision required, mostly independent*) or higher as rated by supervisors with exception of items I-4, I-5, IV-4, V-1 & IX-2.

Should an intern not achieve minimum thresholds for achievement at any quarterly evaluation, then a developmental or remediation plan will be collaboratively developed by the intern supervisor(s) and the Director of Training. Due process procedures will also be followed.

*Successful completion would include:*

- Completion of one presentation to Psychology staff and at hospital in-service
- Presentation of case conceptualization minimum of once per month.
- Attend weekly didactic opportunities
- Completion of 2000 hours
  - 25% of time in direct service
- Completion of monthly hours log
- Minimum of 6 Psychological evaluations
- Minimum of 6 Diagnostic Interviews
- Meet criteria of quarterly evaluations/minimum thresholds for achievement



## Rogers Memorial Hospital Policy and Procedure: Due Process Guidelines for Doctoral Internship in Clinical Psychology

<b>POLICY/PROCEDURE TITLE:</b> <i>Due Process Guidelines for Doctoral Internship in Clinical Psychology</i>		Page 1 of 9
		<b>EFFECTIVE:</b> 8/26/10
<b>POLICY NUMBER:</b> 19-069-0810	<b>REPLACES:</b> N/A	
<b>APPLIES TO:</b> Human Resource Center for Research & Training Psychology Interns	<b>APPROVED BY:</b> Vice-President of Employment & Training Services Director of Clinical Training Director of Rogers Center for Research & Training	

### **PURPOSE:**

To ensure that decisions made by programs about interns are not arbitrary or personally based, requiring that programs identify specific evaluative procedures that are applied to all trainees, and have appropriate appeal procedures available to the intern so he/she may challenge the program's action.

### **DEFINITION OF PROBLEM:**

For purposes of this policy, 'intern problem' is defined broadly as an interference in professional functioning which is reflected in one or more of the following:

1. an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
2. an inability to acquire professional skills in order to reach an acceptable level of competency; and/or
3. an inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning.

While it is a professional judgment as to when an intern's behavior becomes more serious (i.e., problematic) rather than just of concern, for purposes of this policy a concern refers to a trainee's behaviors, attitudes, or characteristics which, while of concern and which may require remediation, are perceived to be not unexpected or excessive for professionals in training. Problems typically become identified as problems when they include one or more of the following characteristics:

1. the intern does not acknowledge, understand, or address the problem when it is identified;
2. the problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training;
3. the quality of services delivered by the intern is sufficiently negatively affected;
4. the problem is not restricted to one area of professional functioning;
5. a disproportionate amount of attention by training personnel is required;
6. the trainee's behavior does not change as a function of feedback, remediation efforts, and/or time;
7. the problematic behavior has potential for ethical or legal ramifications if not addressed;
8. the intern's behavior negatively impacts the public view of the Hospital;
9. the problematic behavior negatively impacts the intern class.

## **I. Training Program's Expectations of Interns**

The expectations of interns are as follows:

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

The intern demonstrates competence in theories and methods of effective, empirically-supported psychotherapeutic intervention.

The intern demonstrates competency in psychological assessment.

The intern demonstrates an ability to understand and appreciate the importance of scholarly inquiry in the profession of psychology.

The intern demonstrates who becomes adept at consultation and who function successfully as part of a multidisciplinary team.

The intern demonstrates competence in professional conduct, professional ethics, and an understanding of relevant mental health law through continued professional development and appropriate use of supervision.

The intern demonstrates competence in individual and cultural diversity as they relate to practice in a diverse society.

### **Intern Competencies**

The goal of the internship is to develop competencies in the following areas:

- a. Utilize theory and research to develop case conceptualizations
- b. Develop treatment goals that correspond to the case conceptualization
- c. Identify and utilize appropriate evidence-based group and individual interventions
- d. Effectively engage in self-evaluation in order to utilize personal strengths in the therapeutic process
- e. Effectively manage behavioral emergencies and crises
- f. From a variety of testing materials, select those most appropriate for the referral question
- g. Collect data from a variety of sources (interview, medical record, prior testing reports, and collateral information)
- h. Administer, score, and interpret testing results correctly
- i. Incorporate data into a well-written, integrated report
- j. Demonstrate a working knowledge of DSM-IV-TR/DSM-5 nosology
- k. Identify and critically review current scientific research and extract findings applicable to professional practice
- l. Provide accurate and clinically relevant feedback regarding testing, assessment, and behavior modification plans to non-psychology staff
- m. Interact professionally as a member of a multidisciplinary team
- n. Provide psychological input to improve patient care and treatment outcomes
- o. Provide informative and appropriate professional presentations
- p. Identify and respond appropriately to ethical issues as they arise in clinical practice
- q. Interact with colleagues and supervisors in a professional and appropriate manner
- r. Engage in self-care and appropriate coping skills in regard to stressors
- s. Document clinical contacts timely, accurately, and thoroughly
- t. Understand and explore the impact of one's own cultural background and biases and their potential impact on the process of treatment
- u. Understand and explore the impact of the client's cultural background and biases and their potential impact on the process of treatment
- v. Establish rapport and therapeutic alliances with individuals from diverse backgrounds.
- w. Provide informative and appropriate professional presentations
- x. Gain skill in supervising less advanced students

## B. Personal Functioning

It is recognized by the training program that there is a relationship between level of personal functioning and effectiveness as a professional psychologist, most notably in one's role delivering direct services to clients. Physical, emotional and/or educational problems may interfere with the quality of an intern's professional work. Such problems include, but are not limited to:

1. educational or academic deficiencies;
2. psychological adjustment problems and/or inappropriate emotional responses;
3. inappropriate management of personal stress;
4. inadequate level of self-directed professional development; and
5. inappropriate use of and/or response to supervision.

When such problems significantly interfere with an intern's professional functioning, such problems will be communicated in writing to the intern. The training program, in conjunction with the intern, will formulate strategies for ameliorating such problems and will implement such strategies and procedures. If such attempts do not restore the intern to an acceptable level of professional functioning within a reasonable period of time, discontinuation in the program may result. The specific procedures employed from the acknowledgement and amelioration of intern deficiencies will follow.

## II. General Responsibilities of the Intern Program

The training program is committed to providing the type of learning environment in which an intern can meaningfully explore personal issues which relate to his/her professional functioning. In response to the above intern expectations, the training program assumes a number of general responsibilities.

### A. The Training Program

1. The training program will provide interns with information regarding relevant professional standards and guidelines as well as provide appropriate forums to discuss the implementations of such standards.
2. The training program will provide interns and information regarding relevant legal regulations which govern the practice of psychology as well as provide appropriate forums to discuss the implementations of such guidelines.
3. The training program will provide written evaluations of the interns' progress with the timing and content of such evaluations designed to facilitate interns' change and growth as professionals. Evaluations will address the interns' knowledge of and adherence to professional standards, their professional skill competency, and their personal functioning as it relates to the delivery of professional services.

In accepting the above responsibilities, the internship program will maintain ongoing communications with the interns' graduate department regarding the trainees' progress during the internship year. The training program will provide appropriate mechanisms by which inappropriate intern behavior affecting professional functioning is brought to the attention of the intern. The training program will also maintain intern procedures, including grievance and due process guidelines, to address and remediate perceived problems as they relate to professional standards, professional competency, and/or professional functioning.

## **PROCEDURE:**

### **I. Intern Evaluation Process**

Interns are evaluated and given feedback throughout the year by their individual supervisors in both formal and informal settings. Additionally, at the end of each rotation, the interns receive recommendations for the next rotation as well as future needs they may experience. The Doctoral Psychology Intern Evaluation Form is completed by supervisors quarterly, and discussed with the intern in supervision, then given to the training director.

The training director receives information from all supervisors, his/her own impressions, and those of others who have had significant contact with the intern. This process is viewed as an opportunity for the training director to provide integrative feedback regarding the collaborative experience of others who have had significant interactions with the intern. Both parties discuss how the internship experience is progressing, and the intern is provided with the opportunity to give his/her reactions and critiques of supervisors and other aspects of the training experience. It may be in the context of this meeting, or whenever during the rotation, that a problem is identified that the training director and the intern may arrange for a modification of the intern's training program to address his/her training needs and/or the needs of the training program.

It is important that in the course of the internship, the sponsoring university is kept apprised of the intern's training experience. The training director communicates with the sponsoring university twice a year regarding the intern's progress.

### **II. Initial Procedures for Responding Below Expected Competency Benchmark Ratings**

If an intern receives a rating below the following benchmark formulas from any of the evaluation sources, the following procedures will be initiated:

- Quarter 1 evaluation will receive ratings of a 2 or better except items I-4, III-4, III-5, IV-8, & V-12.
  - Quarter 2 evaluation will receive ratings of a 3 or better except items I-4, III-4, III-5, IV-8, & V-12.
  - Quarter 3 evaluation will receive ratings of a 3 or better except items I-4, III-4, III-5, IV-8, & V-12.
  - Quarter 4 evaluation will receive ratings of a 4 or better except items I-4, III-4, III-5, IV-8, & V-12.
- A. The intern's supervisor will meet with the training director to discuss the rating and determine what actions need to be taken to address the issues reflected by the rating within five (5) days.
  - B. The intern will be notified, in writing, that such a review is occurring and will have the opportunity to provide a statement related to his/her response to the rating.
  - C. In discussing the inadequate rating and the intern's response, (if applicable) the training director may adopt any one or more of the following methods or may take any other appropriate action.
    1. Issue an '*Acknowledge Notice*' that formally acknowledges:
      - a. that the staff is aware of and concerned with the rating;
      - b. that the rating has been brought to the attention of the intern;
      - c. that the staff faculty will work with the intern to specify the steps necessary to rectify the problem or skill deficits addressed by the rating; and
      - d. that the behaviors associated with the rating are not significant enough to warrant serious action.
    2. Issue '*Probation*', which defines a relationship such that the staff faculty, through the supervisors and training director, actively and systematically monitor, for a specific length of time, the degree to which the intern addresses, changes and/or otherwise improves the behavior associated with the inadequate rating. The probation is a written statement to the intern and includes:
      - a. the actual behaviors associated with the inadequate rating;
      - b. the specific recommendations for rectifying the problem;
      - c. the time frame for the probation during which the problem is expected to be ameliorated; and
      - d. the procedures designed to ascertain whether the problem has been appropriately rectified.

3. 'Take No Further Action'.

- D. The training director will then meet with the intern within five (5) days to review the action taken. If 'Probation', the intern may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are presented in Section 3 below.
- E. If either the 'Acknowledgment Notice' or the 'Probation' action occurs, the training director will inform the intern's sponsoring university within three (3) days, indicating the nature of the inadequate rating, the rationale for the action, and the action taken by the faculty. The intern will receive a copy of the letter to the sponsoring university.
- F. Once the 'Acknowledgment Notice' or 'Probation' is issued by the training director, it is expected that the status of the rating will be reviewed no later than the next formal evaluation period or, in the case of probation, no later than the time limits identified in the probation statement. If the rating has been rectified to the satisfaction of the staff/faculty, the intern, sponsoring university, and other appropriate individuals will be informed within five (5) days and no further action will be taken.

III. **Situations in which Grievance Procedures are Initiated**

There are three (3) situations in which grievance procedures can be initiated:

- A. when the intern challenges the action taken by the staff/faculty (*Intern Challenge*);
- B. when the staff/faculty is not satisfied with the intern's action in response to the action (*Continuation of the Inadequate Rating*); or
- C. when a member of the staff/faculty initiates action against an intern (*Intern Violation*).

Each of these situations, and the course of action accompanying them, is described below.

A. **Intern Challenge**

If the intern challenges the action taken by the staff/faculty as described in Section 2 above, he/she must, within ten (10) days of receipt of the decision, inform the training director, in writing, of such a challenge.

- 1. The training director will convene a review panel consisting of two (2) faculty members selected by the training director and two (2) faculty members selected by the intern. The intern retains the right to hear all facts with the opportunity to dispute or explain his/her behavior.
- 2. A review hearing will be conducted within ten (10) days, chaired by the training director, in which the challenge is heard and the evidence presented. Within fifteen (15) days of the completion of the review hearing, the review panel submits a written report to the chief psychologist, including any recommendations for further action. Decisions made by the review panel will be made by majority vote. The intern is informed of the recommendations.
- 3. Within five (5) days of receipt of the recommendations, the chief psychologist will either accept the review panel's action, reject the review panel's action and provide an alternative, or refer the matter back to the review panel for further deliberation. The panel then reports back to the chief psychologist within ten (10) days of the receipt of the chief psychologist's request for further deliberation. The chief psychologist then makes a decision regarding what action is to be taken; that decision is final.
- 4. Once a decision has been made, the intern, sponsoring university, and other appropriate individuals are informed in writing of the action taken within five (5) days of being received.

B. **Continuation of Inadequate Rating**

If the faculty determines that there has not been sufficient improvement in the intern's behavior to remove the inadequate rating under the conditions stipulated in the probation, then a formal review panel will be convened.

1. The training director will communicate, in writing, to the intern that the conditions for revoking the probation have not been met at the end of the predetermined probationary period as indicated under II.C.2.. The faculty may then adopt any one of the following methods or take any other appropriate action.
  - a. Issue a continuation of the probation for a specified time period;
  - b. Issue a suspension whereby the intern is not allowed to continue engaging in certain professional activities until there is evidence that the behavior in question has improved;
  - c. Issue communication which informs the intern that the training director is recommending to the chief psychologist that the intern will not successfully complete the internship if the behavior does not change; and/or
  - d. Issue communication which informs the intern that the training director is recommending to the chief psychologist that the intern be terminated immediately from the internship program.
2. Within five (5) working days of receipt of this determination, the intern may respond to the action by:
  - a) accepting the action, or b) challenging the action.
3. If a challenge is made, the intern must provide the training director with information as to why the intern believes the action is warranted, within ten (10) days. A lack of reasons by the intern will be interpreted as complying with the sanction.
4. If the intern challenges the action, a review panel will be formed consisting of the training director, two (2) staff members selected by the training director, and two (2) staff members selected by the intern.
5. A review panel hearing will be conducted within five (5) days, chaired by the training director, in which the challenge is heard and the evidence presented. Within ten (10) days of the completion of the review hearing, the review panel will communicate its recommendation to the intern and to the chief psychologist. Decisions by the review panel will be made by majority vote.
6. Within five (5) days of receipt of the recommendations, the chief psychologist will either accept the review panel's action, reject the review panel's action and provide alternative action, or refer the matter back to the review panel for further deliberation. The panel then reports back to the chief psychologist within ten (10) days of the receipt of the chief psychologist's request for further deliberation. The chief psychologist then makes a decision regarding what action is to be taken; that decision is final.
7. Once a decision has been made, the intern, sponsoring university, and other appropriate individuals are informed in writing of the action taken within five (5) days.

C. Intern Violation.

Any faculty member may file, in writing, a grievance against an intern for any of the following reasons: a) unethical or legal violation of professional standards or laws; b) professional incompetence; or c) infringement on the rights, privileges or responsibilities of others.

1. The training director will review the grievance within five (5) days with two (2) members of the faculty and determine if there is reason to proceed and/or if the behavior in question is in the process of being rectified.
2. If the training director and other (2) members determine that the alleged behavior in the complaint, if proven, would not constitute a serious violation, the training director will inform the faculty member within five (5) days who may be allowed to renew the complaint if additional information is provided.
3. When a decision has been made by the training director and the other two (2) faculty members that there is probable cause for deliberation by the review panel, the training director will notify the faculty member and the intern.



4. When the intern is informed, a review panel is convened within five (5) days consisting of the training director, two (2) members selected by the faculty member, and two (2) members selected by the intern. The review panel receives any relevant information from both the intern or faculty member as it bears on its deliberations.
5. A review hearing will be conducted within five (5) days, chaired by the training director, in which the complaint is heard and the evidence presented. Within ten (10) days of the completion of the review hearing, the review panel will communicate its recommendation to the intern and to the chief psychologist. Decisions by the review panel will be made by majority vote.
6. Within five (5) days of receipt of the recommendation, the chief psychologist will either accept the review panel's action, reject the review panel's recommendation and provide alternative action, or refer the matter back to the review panel for further deliberation. The panel then reports back to the chief psychologist within ten (10) days of the receipt of the chief psychologist's request for further deliberation. The chief psychologist then makes a decision regarding what action is to be taken; that decision is final.
7. Once a decision has been made, the intern, faculty member sponsoring university, and other appropriate individuals are informed in writing within five (5) days of the action taken.

There may be situations in which the intern has a complaint or grievance against a supervisor, staff member, other trainee, or the program itself and wishes to file a formal grievance.

- A. The intern should raise the issue with the supervisor, staff member, other trainee, or training director in an effort to resolve the problem.
- B. If the matter cannot be resolved, or it is inappropriate to raise with the other individual, the issue should be raised with the training director. If the training director is the object of the grievance, or unavailable, the issue should be raised with the chief psychologist.
- C. If the training director cannot resolve the matter, the training director will choose an agreeable faculty member acceptable to the intern who will attempt to mediate the matter. Written material will be sought from both parties.
- D. If mediation fails, a review panel will be convened within five (5) days (except for complaints against staff members where the grievance procedures for that person's discipline will be followed) consisting of the training director, the chief psychologist, and two (2) faculty members from the intern's choosing. The review panel will review all written materials (from the intern, other party, mediation) and have an opportunity at its discretion to interview the parties or other individuals with relevant information. The review panel has final discretion regarding outcome.
- E. Nothing here precludes attempted resolution of difficulties by adjudication at a Human Resources level. These guidelines are intended to provide the psychology intern with a means to resolve perceived conflicts that cannot be resolved by informal means. Interns who pursue grievances in good faith will not experience any adverse personal or professional consequences.

#### **IV. Remediation Considerations**

It is important to have meaningful ways to address a problem once it has been identified. Several possible, and perhaps concurrent courses of action designed to remediate problems include, but are not limited to:

1. increasing supervision, either with the same or other supervisors;
2. changing in the format, emphasis, and/or focus of supervision;
3. recommending and/or requiring personal therapy in a way that all parties involved have clarified the manner in which therapy contacts will be used in the intern evaluation process;
4. reducing the intern's clinical or other workload and/or requiring specific academic coursework; and/or

5. recommending, when appropriate, a leave of absence and/or a second internship.

When a combination of the above interventions do not, after a reasonable time period, rectify the problem, or when the trainee seems unable or unwilling to alter his/her behavior, the training program may need to take more formal action, including:

1. giving the intern a limited endorsement, including the specification of those settings in which he/she could function adequately;
2. communicating to the intern and academic department/program that the intern has not successfully completed the internship, with the possibility of continuing the year as a practicum placement;
3. recommending and assisting in implementing a career shift for the intern; and/or
4. terminating the intern from the training program.

All the above steps need to be appropriately documented and implemented in ways that are consistent with due process procedures.

#### **IV. Due Process: General Guidelines**

Due process ensures that decisions made by programs about interns are not arbitrary or personally based, requires that programs identify specific evaluative procedures that are applied to all trainees, and have appropriate appeal procedures available to the intern so he/she may challenge the program's action. General due process guidelines include:

1. presenting interns, in writing, with the program's expectations related to professional functioning;
2. stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals;
3. articulating the various procedures and actions involved in making decisions regarding the problem;
4. communication, early and often, with graduate programs about any suspected difficulties with interns, seeking input from these academic programs about how to address such difficulties;
5. instituting, with the input and knowledge of the graduate program, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies;
6. providing a written procedure to the intern which describes how the intern may appeal the program's action;
7. ensuring that interns have sufficient time to respond to any action taken by the program;
8. using input from multiple professional sources when making decisions or recommendations regarding the intern's performance; and
9. documenting, in writing and to all relevant parties, the action taken by the program and its rationale.



## Rogers Memorial Hospital Policy and Procedure: Grievance Procedure

<b>POLICY/PROCEDURE TITLE:</b> <i>Grievance Procedure</i>		<b>PAGE</b> 1 of 1
		<b>EFFECTIVE:</b> 2/4/15
<b>POLICY NUMBER:</b> 19-014-0215	<b>REPLACES:</b>	19-014-1193 19-014-0397
<b>APPLIES TO:</b> All Staff	<b>APPROVED BY:</b> Vice-President of Human Capital Chief Executive Officer	

**POLICY:**

To provide a reporting method for employee grievances.

**PURPOSE:**

To assure a consistent and effective method of addressing employee grievances.

**PROCEDURE:****EMPLOYEE GRIEVANCE REPORTING METHODS**

If the employee feels he/she has a valid grievance, the following procedure is used:

**STEP ONE:**

1. An employee may submit, in writing, the problem to his/her immediate supervisor within two (2) working days after the employee becomes aware of the problem.
2. The supervisor will attempt to resolve the employee's grievance during the initial meeting.
3. If unable to reach a mutually agreed upon settlement, the supervisor will investigate the situation further and within two (2) working days, meet with the employee and present a proposed solution to the grievance.
4. If the employee is still not satisfied, she/he may then request a "Step Two" meeting.

**STEP TWO:**

1. If the employee is not satisfied with the "Step One" resolution, he/she must submit, in writing, within five (5) working days of the supervisor's decision, the problem or grievance to the director of Human Resources. The director will investigate the problem with all involved parties and schedule a meeting with the employee and the supervisor.
2. This meeting is to occur within ten (10) working days from receipt of the written request from the employee.
3. A concerted effort will be made at this meeting to resolve the problem.
4. The director of Human Resources is responsible for preparing a written report of this meeting.
5. If the employee does not believe the solution presented is satisfactory, a "Step Three" procedure may be requested.

STEP THREE:

1. The employee may request, within five (5) working days upon receiving the outcome report of the “Step Two” meeting, a review of the proceedings by the employee’s administrative supervisor, or his/her designee.
2. The administrator, or designee, within five (5) working days after receipt of the grievance, will thoroughly investigate the problem and, considering every aspect of the employee’s and the supervisor’s position, as well as information described in Steps One and Two, make a final and binding determination of the grievance.



## Rogers Memorial Hospital Policy and Procedure: Psychology Intern Grievance

<b>POLICY/PROCEDURE TITLE:</b> <i>Psychology Intern Grievance</i>		Page 1 of 1
		<b>EFFECTIVE:</b> 8/26/10
<b>POLICY NUMBER:</b> 19-068-0810	<b>REPLACES:</b> N/A	
<b>APPLIES TO:</b> Human Resource Center for Research & Training Psychology Interns	<b>APPROVED BY:</b> Vice-President of Employment & Training Services Director of Clinical Training Director of Rogers Center for Research & Training	

**POLICY:**

To provide a reporting method for intern grievances.

**PURPOSE:**

To assure a consistent and effective method of addressing intern grievances, including and not limited to complaints about evaluations, supervision, stipends/salary, and harassment.

**PROCEDURE:****INTERN GRIEVANCE REPORTING METHODS**

If the intern feels he/she has a valid grievance:

**STEP ONE:**

1. An intern may submit, in writing, the problem to his/her immediate supervisor within two (2) working days after the intern becomes aware of the problem.
2. The supervisor will attempt to resolve the intern's grievance during the initial meeting.
3. If unable to reach a mutually agreed upon settlement, the supervisor will investigate the situation further and within two (2) working days, meet with the intern and present a proposed solution to the grievance.
4. If the intern is not satisfied, she/he will meet with the director of Clinical Training to discuss a resolution to the grievance within five (5) working days.
5. If the grievance is still not satisfied, the intern will meet with the co-director of Clinical Training and the director of the Rogers Center for Research & Training to further discuss a resolution to the matter within (5) working days.
4. If the intern is still not satisfied, he/she may then request a 'Step Two' meeting.

**STEP TWO:**

1. If the intern is not satisfied with the 'Step One' resolution, he/she must submit, in writing, within five (5) working days of the supervisor's decision, the problem or grievance to the Chief Psychologist. The Chief Psychologist will investigate the problem with all involved parties and schedule a meeting with the intern and the supervisor.
2. This meeting is to occur within ten (10) working days from receipt of the written request from the intern.
3. A concerted effort will be made at this meeting to resolve the problem.
4. The Chief Psychologist is responsible for preparing a written report of this meeting.
5. If the intern does not believe the solution presented is satisfactory, a 'Step Three' procedure may be requested within ten (10) working days.

STEP THREE:

1. The intern may request, within five (5) working days upon receiving the outcome report of the 'Step Two' meeting, a review of the proceedings by the Vice President of Human Resources, or his/her designee.
2. The Vice President of Human Resources, or designee, within five (5) working days after receipt of the grievance, will thoroughly investigate the problem and, considering every aspect of the intern's and the supervisor's position, as well as information described in Steps One and Two, make a final and binding determination of the grievance.



## Rogers Memorial Hospital Policy and Procedure: Involuntary Termination

<b>POLICY/PROCEDURE TITLE:</b> <i>Involuntary Termination</i>		Page 79 of 83
		<b>EFFECTIVE:</b> 11/1/14
<b>POLICY NUMBER:</b> 19-059-1014	<b>REPLACES:</b> 19-219-1193 19-219-0802 19-059-0313 19-219-0497 19-059-0308 19-219-0300 19-059-0610 19-219-0102 19-059-1210	
<b>APPLIES TO:</b> All At-will Employees	<b>APPROVED BY:</b> Vice-President of Human Capital Executive Vice-President/CFO Chief Executive Officer	

### PURPOSE:

To establish guidelines regarding circumstances which warrant involuntary termination of employment.

### POLICY:

Conditions may arise which necessitate the involuntary termination of an employee. 'Involuntary termination' is defined as a separation of service initiated by the hospital, rather than by the employee. These conditions may be related to the employee's job performance or a change in business conditions. Employment at Rogers Memorial Hospital is on an 'at-will' basis and subject to termination with or without notice.

There are two (2) kinds of involuntary terminations:

1. DISCHARGE: A permanent separation initiated by the Hospital for specific cause(s). Situations that may warrant discharge include, but are not limited to:
  - Gross insubordination
  - Professional negligence
  - Patient abuse and/or neglect
  - Alteration of records
  - Abusive or discourteous physical and/or verbal treatment of visitors or other personnel
  - Abuse or confidentiality, intentional or unintentional
  - Falsification of records, including timecards and other personnel documents
  - Theft, regardless of value
  - Intoxication or possession of intoxicants on the premises, unless authorized
  - Destruction of Hospital property
  - A criminal or civil conviction (misdemeanor or felony) which is substantially related to the duties of the employee's job
  - Violation of Hospital policy

- Unsatisfactory completion of the initial three-month orientation employment or job transfer period
- Conflict of interest
- Violation of staff code of ethics
- An employee's inability to satisfactorily perform the duties of a position.
- Absence from work for one scheduled shift without sufficient explanation and supporting documentation.

Situations that warrant release include, but are not limited to:

- Lack of qualifications for the job
- Change of requirements for the job
- Physical incapacity to perform the job, beyond reasonable accommodation
- Failure to meet the minimum performance standards of the job

The above list for discharge is not all-inclusive. All employees are employed at-will and are subject to discharge or release at any time without advance notice for any conduct which, in the opinion of the Hospital, warrants release.

REDUCTION IN FORCE: A permanent separation initiated due to an organizational operational change resulting in an employee being terminated on a no-fault basis with or without advance notice, unless required by statutes. An example of this situation includes reduced work-load in a program or department. All employees are employees-at-will and are subject to termination when Rogers reduces its workforce.

2. The above list is not all-inclusive. Unless otherwise stipulated, employees are employed at will and are subject to termination at any time, without advance notice, unless required by statutes.
3. If eligible for payment (See, *Paid Time Off* policy 19-048-xxxx), paid-time-off hours, to a maximum of one hundred eighty-four (184) hours, will be included on the final paycheck paid during the next scheduled pay date after all regular worked hours are paid.
4. Coverage under the medical, retirement, life, dental and AD&D plans, as well as any other benefits, terminates on the last day of the month in which the termination occurs. Employees may extend their participation in select benefit plans under the provision of COBRA. Any questions regarding continuation under COBRA should be referred to the Human Resources department.
5. The final paycheck will be directly deposited into the terminated employee's bank account.
6. All terminated (voluntarily/involuntarily) employees must return any *Rogers Memorial Hospital* property to his/her supervisor and/or ROGERS MEMORIAL HOSPITAL designee within two (2) weeks of termination. If not returned, the hospital will have no alternative but to consider it stolen property.
7. The Human Resources department will immediately forward the names of all individuals being terminated to the Hospital's computer network administrator, so that the individual's access to computer files may be removed, if necessary. This will be done as part of the exit process and prior to the final calculation of pay and removal of the individual's name from the payroll files.
8. If a terminated employee wishes to return to a Rogers facility for purposes unrelated to services offered by the Hospital, the terminated employee is expected to contact his/her previous supervisor or current department manager and request approval for a visit on Hospital grounds.

The same expectation applies to phone calls and other methods of communication with Hospital staff on Hospital grounds.





## Rogers Memorial Hospital Policy and Procedure: Equal Employment Opportunity Affirmative Action

<b>POLICY/PROCEDURE TITLE:</b>  <i>Equal Employment Opportunity Affirmative Action</i>		<b>PAGE 1 of 1</b>
		<b>EFFECTIVE: 3/7/14</b>
<b>POLICY NUMBER</b> 19-012-0314	<b>REPLACES:</b> 19-012-1193 19-012-0100 19-012-0603	
<b>APPLIES TO:</b> All Staff	<b>APPROVED BY:</b> Vice-President of Human Capital Chief Executive Officer	

### POLICY:

All policies contained in this handbook are to be interpreted and applied according to all state and federal employment laws. This includes, but is not limited to:

- Wisconsin Equal Rights Division (ERD)
- Equal Employment Opportunity Commission (EEOC) U.S. DOJ
- Federal Office of Contract Compliance (FOCC) U.S. DOJ
- Wisconsin Office of Contract Compliance
- Appropriate Federal Office for Civil Rights (depending on the source of federal funds).

It is the policy of Rogers Memorial Hospital 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.

Rogers Memorial Hospital is committed to assuring that:

1. All recruiting, hiring, training, promotion, compensation, and other employment-related programs are provided fairly to all persons on an equal opportunity basis without regard to race, creed, color, religion, sex, age, national origin, handicap, veteran status, or any other characteristic protected by law.
2. Employment decisions are based on the principles of equal opportunity and affirmative action.
3. All personnel actions such as compensation, benefits, transfers, training, and participation in social and recreational programs are administered without regard to race, creed, color, sex, age, national origin, handicap, veteran status, or any other characteristics protected by law.

Rogers Memorial Hospital believes in and practices equal opportunity and affirmative action. All employees are responsible for supporting the concept of equal opportunity and affirmative action and assisting Rogers Memorial Hospital in meeting its objectives.

Rogers Memorial Hospital maintains affirmative action plans for minorities, women, handicapped persons and veterans.

APPENDIX K: APA GUIDELINES ON MULTICULTURAL EDUCATION, TRAINING, RESEARCH, PRACTICE  
and ORGANIZATIONAL CHANGE for PSYCHOLOGISTS

For complete APA guidelines please refer to <http://www.apa.org/about/policy/multicultural-guidelines.PDF>

APPENDIX L: APA ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

For complete APA guidelines please refer to <http://www.apa.org/ethics/code/ethics-code-2017.pdf>



**Rogers Memorial Hospital**

## **Acknowledgment of Handbook Receipt**

I acknowledge that I have received a copy of the Doctoral Psychology Intern Handbook and that I have been provided the opportunity to ask for clarification and questions regarding these documents and the placement in general.

---

Intern Signature

---

Date