2021-2022

Doctoral Psychology Intern Handbook

at Rogers Behavioral Health



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Introduction

About Rogers Behavioral Health:

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

Specialized care

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

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

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

Outpatient, residential and inpatient options for care

- Patients can access up to four levels of care:
    - Specialized outpatient treatment includes partial hospital programs that meet 6 to 7 hours a day, 5 days a week for 6 to 8 weeks (PHPs) and intensive outpatient programs that meet 3 hours a day, 4 to 5 days a week for 4 to 6 weeks (IOPs) throughout the US.
    - Fourteen residential programs in Wisconsin provide intensive psychiatric and addiction care typically lasting 30 to 90 days.
    - Inpatient services in Oconomowoc, West Allis, and Brown Deer, Wisconsin for stabilization during an acute episode with a length of stay based on the needs of the patient and condition. While the average adult inpatient stay is 5 to 7 days, inpatient stays for medical detox average 3 to 5 days, and inpatient stays for eating disorders average two to three weeks, and Child and Adolescent stays average 7 to 10 days.
- Clinical outcomes research shows that patients do best, including a decrease in readmissions, using the full continuum of care completing partial hospitalization after inpatient or residential. Patients are most likely to sustain their gains and many continue to make progress. Patients can also step up a level, down a level or find the one level of care that works best for them. With nineteen outpatient locations across the country, convenient care may be available close to where patients live

Rogers' therapeutic approach

- At Rogers Behavioral Health, patients learn how to apply the tools and skills they need to give them the best chance of full recovery. We use an intensive model of evidence-based care that has been effective for thousands of patients. Family involvement is a key part of many programs.
- If applicable, Rogers provides significant individual treatment throughout all levels of care in addition to group therapy.
- If patients have not seen improvement in depression symptoms with the combination of therapy and medication, we offer transcranial magnetic stimulation (TMS) in Oconomowoc, WI and San Francisco East Bay. Patients and the care team decide if this is the right approach.
- In addition to these evidence-based therapies, we offer mindfulness and experiential therapy such as movement, art, music and horticultural therapy that often enhance our patients' experience and well-being. And, spiritual care is available at various locations, providing a holistic approach to healing, regardless of faith or belief system. We're committed to working with patients in a warm, inviting environment to find the combination that helps patients onto a road to recovery.

Quality care with demonstrated clinical outcomes

- Rogers Behavioral Health has 20+ years of tracking clinical outcomes with nearly 100,000 of our patients participating. Patients who agree to participate are asked at admission and discharge to complete a series of questionnaires; follow-up calls on progress are made periodically after discharge. Study findings are used by our treatment teams to adjust programs to improve clinical effectiveness and to make real-time adjustments in individual treatment plans for optimal outcomes and measurement-based care.
- With our Cerner electronic health record, we are gaining additional understanding of our clinical effectiveness across service lines, levels of care and throughout our system, including regional outpatient centers.

Hospital Licensing and Accreditation:

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

Commission on Accreditation Contact information:

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Washington DC 20002	Fax: 202-336-5978	Website: www.accreditation.apa.org

Hospital Mission, Vision, and Values:

Our Mission

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

Our Vision

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

Our Values

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

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

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

Equal Employment Opportunity / Affirmative Action:

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

Training Locations:

Oconomowoc:

Rogers' Oconomowoc campus is located on 50 acres of wooded, lakefront property and is home to our nationally respected residential centers. Inpatient, partial hospitalization and intensive outpatient 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 residential, inpatient, partial hospitalization and intensive oupatient 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

Diverse volunteer opportunities exist within the counties for both settings. More information on volunteer activities can be found at: https://volunteer.unitedwaygmwc.org/need/index/96

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 Behavioral Health. 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) and related disorders such as trichotillomania and body dysmorphic disorder and other anxiety disorders (e.g., generalized anxiety disorder, panic disorder, agoraphobia, and social anxiety disorder). Located on a 22-acre site about a half-mile east of the hospital's Oconomowoc campus, the center can accommodate up to 28 patients and features expansive treatment and living areas.

Prior to admission, an initial telephone screening is conducted by admissions staff and then reviewed by the key clinical and medical staff. Based on this review, a recommendation is made for the appropriate level of care. On admission, a

comprehensive evaluation, which includes a battery of assessments to ascertain the patient's medical, emotional, educational, developmental and social history, is conducted. This detailed assessment also includes administration of Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) self-report and creation of a graduated exposure hierarchy based on the patient's unique concerns.

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

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

The Obsessive-Compulsive Disorder Center:

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

Supplementary Experiences:

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

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

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

The program provides coordinated treatment services in a safe and structured setting five days per week, for IOP in either morning (8:00 a.m. – 11:00 a.m.) or afternoon (12:30 p.m. – 3:30 p.m.) sessions for children and adolescents ages 10 to 18 at the West Allis campus. The PHP program also meets five days a week (8:00am to 2:00pm) and services children and adolescents at the West Allis campus. Due to COVID-19 the program has had the flexibility to move between completely virtual treatment, back to onsite treatment as appropriate, or a combination of the two.

All patients receive individual, group, family and experiential therapy and psychiatric consultation. Specialized groups are offered for children and teens who present with externalizing behaviors or internalizing behaviors. The treatment teams also have expertise in managing high risk suicide and self-harm behaviors. Groups utilize the ARC model and DBT programming to treat a variety of diagnoses. All groups incorporate a trauma informed care model. See Sample Schedules below:

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

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

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

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

As professionals in the Child & Adolescent IOP and PHP, interns will utilize Dialectical Behavioral Therapy (DBT), Cognitive Behavioral Therapy (CBT), and the Attachment Self Regulation and Competency model (ARC) in addition to a more broad range of theoretical approaches. Interns will complete case consultations, 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. Milwaukee has one of the highest poverty rates in the country and a wealth of diversity within the community.

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

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

- **Pre-Adolescent or Adolescent Intensive Outpatient Programs (two distinct IOPs) for internalizing behaviors:**

  The overall focus of these specialty groups is on challenging thought processes and behaviors that contribute to maintaining anxiety and depression as well as on learning positive coping skills. The patients in this group attend programming for 3 hours a day, 5 days a week. The preadolescents and 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. The school liaison works with the school professionals to provide additional information of the adolescent's needs and how they may affect school performance.

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

- **Pre-Adolescent Combined Partial Hospitalization/Intensive Outpatient Program (PHP/IOP) for externalizing behaviors:**

  This is a combined six hour (8:00am to 2:00pm)/three hour (8:00am to 11:00am) pre-adolescent 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) and some components of DBT as the basis for the programming. Interns and staff provide individual, group, and family therapy in addition to milieu management.

- **Preadolescent or Adolescent Partial Hospitalization Programs (2 distinct programs divided by age) for internalizing behaviors :**

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

- **Adolescent FOCUS (Depression Recovery) Programs:**

This program offers a separate Partial Hospitalization (9:00am to 3:30pm) and Intensive Outpatient (12:30pm to 3:30pm) component. All patients begin in the partial hospitalization program and step down to the intensive outpatient program. The adolescent depression recovery program offers strategies from behavioral activation, cognitive behavioral therapy, and dialectical behavior therapy. It was designed to help patients learn more about depression and anxiety and their symptoms, learn how depression worsens and what they can do to reverse that cycle, create a hierarchy of activities they can work on gradually to help improve their mood, learn about rumination and how to reduce it with

mindfulness strategies, explore their values and how to live in accordance with them, explore their motivation to change, identify costs and benefits of changing behaviors that impact how they are feeling, set effective goals, learn relaxation and cognitive restructuring skills to manage anxiety, track treatment relevant behaviors, manage distress with skills that are used within a distress protocol, create a detailed plan to help them stay safe, and to assist them in more effectively examining their behaviors to help determine where to intervene to reduce unsafe or ineffective behaviors in the future. Interns and staff provide individual, group, and family therapy in addition to milieu management.

Program Philosophy and Training Curriculum

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

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

Aims of the Program:

To produce entry level health service psychologists:

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

Accreditation

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

Commission on Accreditation Contact information:

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Fax: 202-336-5978
Email: apaaccred@apa.org
Website: www.accreditation.apa.org

Profession-wide Competency Goals and Objectives & Internship Competencies

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

Research/Scholarly Inquiry

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

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

Competencies:

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

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 current APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines
    a. Identify and respond appropriately to ethical issues as they arise in clinical practice
    b. Document clinical contacts timely, accurately, and thoroughly
3. Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to

resolve the dilemmas.
    a. Identify and respond appropriately to ethical issues as they arise in clinical practice
    b. Document clinical contacts timely, accurately, and thoroughly
    c. Conducts self in an ethical manner in all professional activities
4. Independently integrates ethical and legal standards related to relevant laws, regulations, rules and policies governing health service psychology at the organizational, local, state, regional and federal levels with all competencies
    a. Identify and respond appropriately to ethical issues as they arise in clinical practice
    b. Interact with colleagues and supervisors in a professional and appropriate manner
    c. Document clinical contacts timely, accurately, and thoroughly
5. Demonstrates cultural humility in actions and interactions
    a. Identifies areas of cultural considerations as it relates to ethical decision-making

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 to working effectively with a range of diverse individuals and groups encountered during internship.

Competencies:

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

Professional Values and Attitudes

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

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

Competencies:

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

Communication and Interpersonal Skills

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

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

Competencies:

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

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

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)
    c. Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic
3. Independently selects and administers a variety of assessment tools that draw from the best available empirical literature and that reflect the science of measurement and psychometrics and integrates results to accurately evaluate presenting question appropriate to the practice site and broad area of practice
    a. From a variety of testing materials, select those most appropriate for the referral question
    b. Administer, score, and interpret testing results correctly
4. Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity
    a. Collect data from a variety of sources (interview, medical record, prior testing reports, collateral information)
    b. Incorporate data into a well-written, integrated report
    c. Demonstrate a working knowledge of DSM-5 nosology and multiaxial classification
5. Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment
    a. Collect data from a variety of sources (interview, medical record, prior testing reports, collateral information)
    b. Incorporate data into a well-written, integrated report
    c. Demonstrate understanding of human behavior within its context (e.g. family, social, societal and cultural)
6. Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
    a. Incorporate data into a well-written, integrated report
    b. Demonstrate a working knowledge of DSM-5 nosology and multiaxial classification
7. Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question
    a. Provide accurate and clinically relevant feedback regarding testing, assessment, and behavior modification plans to non-psychology staff
    b. Provide psychological input to improve patient care and treatment outcomes
8. Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations
    a. Provide accurate and clinically relevant feedback regarding testing, assessment, and behavior modification plans to non-psychology staff that is sensitive to a range of audiences
    b. Interact professionally as a member of a multidisciplinary team
    c. Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.

9. Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
    a. Provide accurate and clinically relevant interpretation regarding testing, assessment, and behavior modification plans to non-psychology staff
    b. Apply evidence-based practice in clinical work
10. Demonstrates cultural humility in actions and interactions
    a. Seeks out further knowledge regarding cultural considerations in the process of assessment.

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

Supervision

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

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

Competencies:

1. Apply knowledge of supervision models and practices in direct practice with psychology trainees or other mental health professionals.
2. Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and effectively addresses limits of competency to supervise
    a. Identify and respond appropriately to ethical issues as they arise in clinical practice
    b. Interact with colleagues and supervisors in a professional and appropriate manner

c. Engage in self-care and appropriate coping skills in regard to stressors

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

Consultation and Interprofessional/Interdisciplinary Skills

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

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

Competencies:

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

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

Program Specific Competencies

CADT/PHP track – West Allis Location

Goal 10: To produce graduates who are able to function confidently as an Supervising 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 case formulations/consultations for the IOP/PHP patients.

Competencies:

1. Provide evidenced-based individual, group, and family therapy consistent with the role of a Health Service Psychologist.
2. Provide individual supervision that is consistent with currently accepted competency based models to pre-masters students or assigned staff members working on IOP/PHP. Provide group supervision as appropriate
3. Provide consultation to TS, MHT, 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 evidenced based treatment as appropriate to patient population (i.e., DBT, CBT, MI, TIC, PCIT, ARC, CAMS, Pisani risk formulation, etc)
6. Complete high quality case formulations/consultations in an accurate and timely manner that delineate patient needs and goals using DSM-5 nosology.
7. Monitor patient treatment progress and offer guidance to team members regarding pt clinical needs
8. Demonstrates cultural humility in actions and interactions
    a. Integrates discussions and considerations regarding diversity & culture throughout clinical work.

OR

Anx/OCD Track – Oconomowoc Location

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

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

Competencies:

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

of a Psychologist.

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

Core Activities

Sample Schedule and Time Commitment:

Weekly Intern Activities:

Internship Activity	Hours
Direct Clinical Services	
Individual Therapy	4
Group Therapy	2
Family Therapy	3-4
Case Formulation/Consultation	3-4
Psychological Testing	2-3
Subtotal Direct Services	**14-17**
Supervision	
Individual Supervision	2
Supervision of Supervision	1
Intern provided Supervision	2
Group Supervision	1
Subtotal Supervision	**6**

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

Clinical Experience:

OCD and Anxiety Disorders Track:

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.

Assessment/Consultation:

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.

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. Bailey 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 up to 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, distress tolerance, 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 IOP/PHP teams. This will include chart review, staff consultation, individual meeting with patients, case conceptualization, and/or a written set of recommendations such as therapeutic interventions and contingency management protocol and potential provision of follow up intervention.
- ***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).
- ***Family Psychotherapy:*** Interns will conduct family therapy within their individual patient caseload 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. Family 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: Interns help 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 includes a review of documentation (e.g., progress notes, testing reports) and a review of the case conceptualization and case plan. Cultural considerations are formally addressed. Professional development and professional identity needs are processed as appropriate.

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

Group Supervision of Supervision:

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

Additional supervision will be provided within specific 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.

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

Didactic Training:

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

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

Didactic Seminars:

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

- Effectively Engage in Self-Evaluation
- Psychological Testing and Integrated Report Writing
- Suicide and Self-Harming Behaviors
- Mandated Reporting to Child Protective Services (CPS)
- Post-Doctoral Opportunities
- Understanding and Exploring Gender & Sexuality
- Psychological Consultation
- Keys to Developing and Conducting Professional Presentations
- The Role of the Psychologist in the Hospital Setting
- Assessment and Treatment of OCD
- Comorbid ASD & Depression/Anxiety
- Assessment and Treatment of Obsessive-Compulsive Spectrum Disorder
- Working With Adolescents
- Ethical Issues in Psychology
- Assessment and Treatment of Generalized Anxiety Disorder
- EPPP and Licensure
- Enhancing Exposure Based Treatment for Anxiety
- Assessment and Treatment of Depressive Disorders
- Assessment and Treatment of Eating Disorders
- Micro-aggressions in Real-Time
- Management of a Trauma Informed Milieu
- Integrative Health Psychology
- AODA and Adolescent Mental Health
- Assessment and Treatment of PTSD
- Assessment and Treatment of Panic Disorder
- Culturally Responsive Treatment
- Family Accommodations
- Functional Analytic Psychotherapy
- Assessment and Behavioral Treatment for Psychosis
- Engaging in Social Justice as a Psychologist
- Program Development
- Assessment and Treatment of Hoarding
- Trauma Focused CBT
- Self-Care and its Role in a Psychologist's Ethical and Competent Practice and Secondary Traumatic Stress
- Supervision of Supervision

Didactic Seminar Descriptions:

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, acknowledge your own bias and how it may impact your work and learn how to continuously evaluate yourself in practice. This will become a basis for continued growth throughout the internship year.

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.

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

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

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.

Week One: Overview: Recognizing child abuse, identifying when it is necessary to call CPS, legal and ethical issues.

Discussion of the process of calling CPS and the necessary documentation.
Discussion of following up with the treatment team and family

Post-Doctoral Opportunities: This two 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 look for post-doctoral opportunities, both formally and informally, as well as what considerations to make when picking a post-doctoral opportunity. There will be resources provided for finding opportunities and advice from pervious interns who have gone through this process. This didactic seeks to demystify the post-doc process and help interns begin this process as early as possible.

Understanding and Exploring Gender & Sexuality: This is a 4 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 nots in therapy.

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:

a) provide an overview of the models, processes and strategies used in consultation
b) review contemporary literature in this area
c) increase understanding of the ways diversity impact consultation practices,
d) introduce/review the ethical and legal issues in consultation and
e) develop an understanding of how to manage difficult issues that may arise while doing consultation.

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.

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 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.

Comorbid Autism Spectrum Disorder and Depression/Anxiety: This two-hour seminar reviews the challenges and barriers to effective treatment of depression/anxiety that are unique to individuals with co-occurring autism spectrum disorder (ASD). Specific evidence-based modifications to our existing treatment programs (and concrete examples) will be discussed, including: Psychoeducation; affective education/emotional identification; BA/ERP hierarchy development; contingency/reward system implementation; social coaching; bidirectional peer modeling; and increased parent/family involvement.

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.

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.

Week One: Review "normal" adolescent behaviors and development and how to differentiate from pathological behaviors.
Confidentiality and Ethical issues that arise working with the adolescent patient.

Week Two: Developing rapport with the resistant or disengaged adolescent
Bag of tricks. This week you will get some actual activities to help adolescents engage in the therapeutic process.

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 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.

Week One: Epidemiology of generalized anxiety disorder, common comorbidity, diagnosis and assessment instruments.

Week Two: Treatment overview including worry awareness training, cognitive restructuring techniques, and exposure therapy.

Understanding the EPPP and licensure: This is a one-hour seminar. Goals include 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.

Enhancing Exposure Based Treatment for Anxiety*:* This two-hour seminar focuses on enhancing exposure-based treatment for anxiety disorders. Cognitive-behavioral theorical underpinnings, idiographic assessment and cognitive-behavioral case formulation, and how to identify and address common pitfalls in advanced exposure-based treatment for anxiety disorders will be reviewed. Discussion will include application of reviewed principles to case studies.

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) bye Martell, Addis, and Jacobson.

Week One: Overview of the principles of behavioral activation and how these are applied.

Week Two: Further discussion of the application of behavioral activation and case examples.

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.

Week One: Signs and symptoms of complex eating disorders, co-morbid conditions, assessment measures, assessment across cultures

Week Two: Details of treatment approaches and how to determine treatment approach. Will cover behavioral treatment including cognitive behavioral therapies, exposure and response prevention, dialectical behavior therapy.

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.

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.

Week One: Trauma, Assessment, Self-Reflection, Milieu Considerations, How to Cultivate a Trauma-Informed Conceptualization, What are the Components of Trauma-Informed Care, Different Elements of Safety, Barriers to Trauma-Informed Care

Week Two: How to Implement and Assess Implementation of Trauma-Informed Care, Specific Examples of Formalized Interventions that Embody Trauma-Informed Care, Other Outpatient and Specific Considerations, Debriefs as Teachable Moments

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

AODA and Adolescent Mental Health: 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.

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.

Week One: Epidemiology, etiology and diagnosis of post-traumatic stress disorder.

Week Two: Prolonged-exposure therapy for trauma.

Assessment and Treatment of Panic Disorder*:* This seminar focuses on the 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.

Week One: Epidemiology, etiology and diagnosis of panic disorder and agoraphobia.

Week Two: Treatment options for panic disorder and agoraphobia.

Culturally Responsive Treatment: This two hour/one week seminar focuses on how to incorporate a patient's cultural identity into treatment to provide more comprehensive care and reduce patient drop out. Discussion will include visible and invisible identities, as well as how provider identity can impact patient care. Trainees are expected to complete the Improving Cultural Competency for Behavioral Health Professionals Training prior to this seminar.

Family Accommodation: This two hour seminar reviews the multiple facets of symptom accommodation. The seminar will explore parental and child/adolescent factors often leading to symptom accommodation, how accommodation clinically presents across varying diagnostic presentations for children/adolescents, how symptom accommodation impacts treatment, and evidenced based interventions to reduce accommodation.
Amanda Heins, Psy.D.

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.

Assessment and Behavioral Treatment for Psychosis. This four hour/2 week seminar focuses on teaching interns assessment for psychosis as well as current evidence-based behavioral treatments for psychotic disorders. The seminar will include discussion of the rationale and evidence base for treatments such as CBT for Psychosis (CBTp) and Cognitive Behavioral Social Skills Training (CBSST) along with their implementation.

Week 1: Assessment of psychosis and introduction to evidence-based approaches for its treatment.

Week 2: Application of evidence-based treatments with case examples.

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

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.

Assessment and Treatment of Hoarding: This four hour/two week didactic focuses on the psychological underpinnings that cause hoarding to begin and be sustained. This didactic will explore the evidence-based treatment for hoarding behaviors and how to sustain success from the treatment. The seminar will identify the symptomology, etiology, and prevalence of hoarding behaviors.

Trauma Focused – CBT: This two hour didactic focuses on diagnosing and treating PTSD and traumatic grief in adolescents in a comprehensive program. The objectives of this didactic are to: 1) Review criteria for PTSD, 2) Discuss the unique ways PTSD presents itself in the adolescent population, 3) Share intervention strategies for comprehensively addressing posttrauma responses in youth, and 4) Provide an over of the treatment components of Trauma Focused CBT.

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 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.

Topics include: How supervision differs from teaching or consultation
Models of supervision
Matching your personal supervision style with the needs of the individual students
Group versus individual supervision, challenges and benefits of each approach
Dealing with difficult issues in student supervision; self-care and self-awareness in supervision
Evaluating Supervisee's Competence
Multicultural Competencies in supervision
Ethical and Legal issues in Supervision

** This didactic will occur within the first couple weeks of supervision of supervision **

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

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

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

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

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

Compensation

Interns are provided pay of $30,000.00, 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 $30,000 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 Behavioral Health 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. Interns can access these policies during the hospital's orientation process and in full through the Rogers Behavioral

Health website. Interns can also refer to the Rogers Behavioral Health Corporate Compliance Handbook available to all employees through the Human Resources Department.

Paid Time-Off and Holiday Pay

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

Professional Development

Professional development time will be offered for activities such as post-doctoral interviews, dissertation defense, professional development conferences and job interviews. Interns will receive time to complete additional educational activities as necessary.

Training Staff

Supervising Psychologists:

- **Nancy Goranson, Psy.D.,** Director of Clinical Training and Supervising Psychologist, Partial Hospitalization Program and CADT- Milwaukee
- **Kristin Miles, Psy.D.,** Co-Director and Supervising Psychologist, CADT – Milwaukee
- **Bradley Riemann, Ph.D.,** Chief Psychologist, Clinical Director, Obsessive-Compulsive Disorder Center and Cognitive-Behavioral Therapy Services
- **Brenda Bailey, Ph.D.,** Supervising Psychologist, Obsessive-Compulsive Disorder Center and Cognitive-Behavioral Therapy Services

Other Contributing Psychologists:

Gabrielle Jones, Ph.D.	Samantha Washington, Psy.D.
Lauren Ehret, Ph.D.	Kristine Kim, Psy.D.
Lauren Mascari, Ph.D.	Dave Jacobi, Ph.D.
Amy Kuechler, Psy.D.	Chad Wetterneck, Ph.D.
Martin Franklin, Ph.D.	Josh Nadeau, Ph.D.
Amanda Heins, Ph.D.	Angela Orvis, Psy.D.
Rae Anne Ho Fung, Ph.D.	Lauren Scaletta, Psy.D.
Sarah Jo David, Ph.D.	Katya Viswanadhan Ph.D.
Jennifer Park, Ph.D.	Sue Dicks

Additional Treatment Providers:

Psychology interns routinely interact with the following team members:

- Child and adolescent psychiatrists or Advanced Practice Nurse Practitioners 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/Therapists who provide the majority of the individual, family, and group therapy throughout a patient's stay. Working with the social worker and the entire treatment team, psychology interns will formulate treatment goals for their patients and

assess progress towards these goals. They will manage the individual and family therapy for children on the social worker's and counselor's clinical caseload.

- Registered nurses who assist the patient with routine medical needs and dispense medications within the treatment setting.
- The school liaison who takes responsibility for communicating with a child's school and shares needed information to prepare a successful return to school after discharge.
- The experiential therapist who addresses a child's treatment needs through the use of group therapy, recreation, art, movement, and socialization.
- The therapeutic specialist who provides psycho-educational groups to improve the patient's self-esteem and increase their repertoire of coping skills.
- The mental health technician who helps children de-escalate and process feelings and behaviors when they become emotionally overwhelmed or disruptive in the group setting.
- Behavioral Specialists who develop a treatment hierarchy and then work individually with each patient to complete his or her daily exercises and assignments.
- Registered Dieticians who provide nutritional education and counseling.
- Post-doctoral staff who assist the psychologists and treatment teams with their needs.
- The Care Transition Specialist who coordinates discharge resources per patient, arranges appointments and assists in facilitating treatment through communications to other disciplines.

Clerical support is provided in each department by the unit secretary, as well as by the secretary for the Center for Research and Training and via the Medical Records Department. Rogers Behavioral Health 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 Behavioral Health, which is an Equal Opportunity Employer. We are committed to creating a learning environment that welcomes diversity and select candidates representing a variety of programs and theoretical orientations, geographic areas, ages, racial and ethnic backgrounds, sexual orientations, disabilities, and life experiences. All things being equal, consideration is given to applicants who identify themselves as members of historically underrepresented groups on the basis of racial or ethnic status; as representing diversity on the basis of sexual orientation; or as representing diversity on the basis of disability status. These factors may be indicated on their application.

As the internship takes place within a diverse community, an ongoing awareness is held regarding the importance of exhibiting cultural humility within the organization. Preferred pronouns are respected, staff is strongly encouraged to engage in ongoing diversity training and open dialogue is supported and modeled by supervisors. Rogers has published and conducts ongoing research regarding treatment seeking and responses to treatment from minority populations.

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 15th.**

Questions can be directed to Nancy Goranson, Psy.D., Director of Clinical Training, at Nancy.goranson@rogersbh.org

Intern Selection

All application materials will be thoroughly reviewed, with particular focus on the goodness of fit between the applicants' training experiences and the tasks on the track to which they are applying (Intern Selection Policy, Appendix C). To guide this process, members of the internship selection committee will complete an Applicant Evaluation Form (Appendix A) on which they will rate applicants based on a number of criteria, including the quality of their letters of recommendation, academic qualifications, clinical qualifications, match between their theoretical orientation and experience and the track to which they are applying, ability and willingness to work as part of a multidisciplinary team, and research/scientist potential. As part of this form, members of the training committee are asked if they would recommend granting an interview to the applicant.

Interviews:

Following an in-depth review of all applicants' materials, some applicants will be asked to complete an in-person interview. If unable to attend an in-person interview, applicants may schedule a Microsoft Teams or telephone interview. Due to the recent events related to COVID 19, interviews for the 2021-2022 internship year will be held via Microsoft Teams or a similar platform. All efforts will be made to help the candidates experience the environment, similar to as if they were on site. 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 Behavioral Health follows all APPIC and APA regulations and policies regarding the match process. For additional information, please see www.appic.org.

Timeline:

Application materials due: **November 15**

Interview notification: **December 15**

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

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

Pre-Employment Screening

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

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

In regard to criminal background checks the organization aligns with applicable government regulations for healthcare and reviews for any convictions to understand if they are job related and have potential to impact harm on any employees or patients with consideration for safety of all. Please be complete in your responses when filling out the background check form.

Outside Employment:

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

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 Assessments as assigned by supervisor
- Completion of Case Formulations/ Consultations as assigned by supervisor
- Meet criteria of quarterly evaluations/minimum thresholds for achievement
- Completion of a Capstone project: A work product that advances the mission of Rogers Behavioral Health. Topics to be approved and evaluated by intern faculty.

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

Minimum Levels of 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 Directors of Training. This plan will be presented to the intern and the intern will be given the opportunity to present feedback and suggestions. The resulting 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 Directors 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 Directors of Training within 14 days of being presented with the new plan.

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

Appendix A: Evaluation Forms

Applicant Evaluation Form

Rogers Behavioral Health

PSYCHOLOGY INTERNSHIP
APPLICANT EVALUATION FORM

To Be Completed in review of application for offer of interview:

Applicant Name: _____

Applicant identified own diversity? ☐ Yes ☐ No
Is that diversity from a minority group? ☐ Yes ☐ No
Minority group listed: _____
(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 15th prior to internship

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

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!

ROGERS Behavioral Health

Interview Rating Form

Applicant Name: _____ Interview Date: _____

Interviewer 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: _____

Recruitment Survey

RECRUITMENT SURVEY
ROGERS BEHAVIORAL HEALTH

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

Program Materials

1. How did you hear about us?

APPIC Directory Online RBH Website Web Search Word of mouth
APA Conference Other: (please specify)

2. Indicate your interview location.

___ West Allis, WI ___ Oconomowoc, WI

3. Rate your experience navigating the website/materials

Far Below Expectations	Below Expectations	Met Expectations	Exceeded Expectations	Far Exceeded Expectations	Cannot Say/ No opinion

4. Rate how informative you found the materials posted on the website

Far Below Expectations	Below Expectations	Met Expectations	Exceeded Expectations	Far Exceeded Expectations	Cannot Say/ No opinion

5. Rate how accurate you found the website/materials.

Far Below Expectations	Below Expectations	Met Expectations	Exceeded Expectations	Far Exceeded Expectations	Cannot Say No opinion

6. Rate how well the website/materials prepared you for your interview

Far Below Expectations	Below Expectations	Met Expectations	Exceeded Expectations	Far Exceeded Expectations	Cannot Say/ No opinion

7. What adjustments, if any, would you recommend be made to the website/materials?

8. If you have any additional comments or concerns regarding the website/materials, please provide them below.

Communication

9. Rate the timeliness in which you were contacted about your interview status

Far Below Expectations	Below Expectations	Met Expectations	Exceeded Expectations	Far Exceeded Expectations	Cannot Say/ No opinion

10. Rate your experience with available interview dates.

Far Below Expectations	Below Expectations	Met Expectations	Exceeded Expectations	Far Exceeded Expectations	Cannot Say/ No opinion

11. Rate your experience with being provided directions to the facility or tele-interview platformRate .

Far Below Expectations	Below Expectations	Met Expectations	Exceeded Expectations	Far Exceeded Expectations	Cannot Say/ No opinion

12. Rate your experience with being greeted upon arrival

Far Below Expectations	Below Expectations	Met Expectations	Exceeded Expectations	Far Exceeded Expectations	Cannot Say/ No opinion

13. If you have any additional comments or concerns regarding communication, please provide them below.

<u>Interview Process</u>

14. Rate how informative and helpful you found your interview(s) with internship staff

Far Below Expectations	Below Expectations	Met Expectations	Exceeded Expectations	Far Exceeded Expectations	Cannot Say/ No opinion

15. Rate your experience with opportunities to ask questions

Far Below Expectations	Below Expectations	Met Expectations	Exceeded Expectations	Far Exceeded Expectations	Cannot Say/ No opinion

16. Rate the relevancy of the interview questions

Far Below Expectations	Below Expectations	Met Expectations	Exceeded Expectations	Far Exceeded Expectations	Cannot Say/ No opinio

17. What adjustments, if any, would you recommend be made to the interview process?

18. If you have any additional comments or concerns regarding your interview process please provide them below.

<u>Interaction with Current Interns</u>

19. Rate how informative and helpful you found the discussion with current interns.

Far Below Expectations	Below Expectations	Met Expectations	Exceeded Expectations	Far Exceeded Expectations	Cannot Say/ No opinion

20. Rate your experience with opportunities to ask questions.

Far Below Expectations	Below Expectations	Met Expectations	Exceeded Expectations	Far Exceeded Expectations	Cannot Say/ No opinion

21. If you have any additional comments or concerns regarding interaction with current interns, please provide them below.

Tour

22. Rate how informative you found your tour guide

Far Below Expectations	Below Expectations	Met Expectations	Exceeded Expectations	Far Exceeded Expectations	Cannot Say/ No opinion

23. Rate how oriented to the campus you felt during the tour.

Far Below Expectations	Below Expectations	Met Expectations	Exceeded Expectations	Far Exceeded Expectations	Cannot Say/ No opinion

24. Rate your experience with casual encounters with other staff members.

Far Below Expectations	Below Expectations	Met Expectations	Exceeded Expectations	Far Exceeded Expectations	Cannot Say/ No opinion

25. If you have any additional comments or concerns regarding the tour, please provide them below.

Overview and Feedback

26. Rate the extent the program values diversity in training and promotes inclusion within the program.

Far Below Expectations	Below Expectations	Met Expectations	Exceeded Expectations	Far Exceeded Expectations	Cannot Say/ No opinion

27. What are three (3) factors that piqued your interest in the RBH Training Program?

28. What are three (3) factors that deter your interest in the RBH Training Program?

29. Following the interview, how would you rate the training program?

Far Below Expectations	Below Expectations	Met Expectations	Exceeded Expectations	Far Exceeded Expectations	Cannot Say/ No opinion

30. If you have any additional comments or concerns, please provide them below.

Intern Self-Evaluation Form

Rogers Behavioral Health

INTERN SELF-EVALUATION FORM

Intern Name: _____

Supervisor Name: _____

This information is to be shared with your initial primary supervisor in order to familiarize them 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?

Supervision Evaluation Form

ROGERS Behavioral Health

Rogers Behavioral Health

EVALUATION OF SUPERVISION

Supervisor: _____

Intern: _____

Evaluation Period (circle): 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
discusses power differentials in supervision process, when appropriate	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
attends to 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 understand the program model (i.e. CBT, DBT, ARC, etc)	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 regularly scheduled supervision 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 the program model 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 their 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:

_____ _____

RBH Supervisor Date RBH Intern Date

Didactic Evaluation Form

ROGERS Behavioral Health

Rogers Behavioral Health
Evaluation of Didactic Presentations

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

Name of Presenter(s): _____

Name of Presentation: _____

Date(s): _____

Milwaukee Campus Oconomowoc Campus Brown Deer Campus Video Conference (Regional presenter)

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 *currency* of the information presented	1	2	3	4	5
3.	The *effectiveness* of the presentation	1	2	3	4	5
4.	The *relevance* to my clinical area of practice	1	2	3	4	5
5.	Was the presentation appropriate to my…					
	a) Level of education?	❒ Yes		❒ No		
	b) Professional experience?	❒ Yes		❒ 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?	❒ Yes		❒ No		
11.	Did the presenter discuss diversity and cultural considerations?	❒ Yes		❒ No		

12. Did the presenter discuss ethical considerations? ❒ Yes ❒ No

Additional comments about the presentation:

	Unsatisfactory		Satisfactory		Excellent
13. Usefulness of handouts/materials	1	2	3	4	5
14. Facility/accommodations	1	2	3	4	5
	Learned Very Little				**Learned a Great Deal**
15. How much did you learn?	1	2	3	4	5

16. What did you like *best* about this program?

17. What did you like *least* about this program?

18. How might you change your care of patients based on this program?

19. 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:

Thank you for taking the time to complete this evaluation.

Program Evaluation Form

Rogers Behavioral Health

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, diversity and cultural 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
Commitment to respect for diversity		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
Crisis Management/Interventions	1	2	3	4	5	N/A
Assessment/Psychological Testing	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	
Orientation	1	2	3	4	5	
Staff Meetings	1	2	3	4	5	N/A
Didactics	1	2	3	4	5	
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):

Post-Internship Information Survey



POST-INTERNSHIP INFORMATION FORM

ROGERS BEHAVIORAL HEALTH

(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 10 (10) 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 who demonstrates the 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.

1 2 3 4 5 N/A

Goal 2: Become an entry level psychologist who has 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.

1 2 3 4 5 N/A

Goal 3: Become an entry level psychologist who has competence in individual and cultural diversity as it relates to practice in a diverse society.

Objective(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.

1 2 3 4 5 N/A

Goal 4: Become an entry level psychologist who has 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.

1 2 3 4 5 N/A

Goal 5: Become an entry level psychologist who is 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.

1 2 3 4 5 N/A

Goal 6: Become an entry level psychologist with substantial competence in psychological assessment

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.

1 2 3 4 5 N/A

Goal 7: Become an entry level psychologist 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.

1 2 3 4 5 N/A

Goal 8: Become an entry level psychologist who is 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.

1 2 3 4 5 N/A

Goal 9: Become an entry level psychologist who is 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.

1 2 3 4 5 N/A

Goal 10 (CADT): Become an entry level psychologist who is able to function confidently as an Attending Psychologist within an Intensive Outpatient or Partial Hospitalization Program.

Objective(s) for Goal 10 (CADT): 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.

1 2 3 4 5 N/A

Goal 10 (OCD/Anx): Become an entry level psychologist who is able to function confidently as Psychologist within an evidence-based residential program

Objective(s) for Goal 10 (OCD/Anx): 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.

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 _____

Post-Doctoral Setting:

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

___ Academic Teaching ____ Community Mental Health Center

___ Consortium ____ Correctional Facility

___ Hospital/Medical Center ____ Health Maintenance Organization

___ Independent Practice ____ Psychiatric Facility

___ School District/System ____ University Counseling Center

___ Other

Select all the activities that apply to this formal postdoctoral position

_____ Administration ____ Assessment ____ Consultation

_____ Psychotherapy ____ Research ____ Supervision

_____ Teaching ____ Other ____ Unknown

What is the job title of this position _____

Professional Employment Setting

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

___ Academic Teaching ____ Community Mental Health Center

___ Consortium ____ Correctional Facility

___ Hospital/Medical Center ____ Health Maintenance Organization

___ Independent Practice ____ Psychiatric Facility

___ School District/System ____ University Counseling Center

___ Other

Select all the activities that apply to this professional employment position

_____ Administration ____ Assessment ____ Consultation

_____ Psychotherapy ____ Research ____ Supervision

_____ Teaching ____ Other ____ Unknown

What is the job title _____

Current Employment Setting

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

___ Academic Teaching ____ Community Mental Health Center

___ Consortium ____ Correctional Facility

___ Hospital/Medical Center ____ Health Maintenance Organization

___ Independent Practice ____ Psychiatric Facility

___ School District/System ____ University Counseling Center

___ 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.

Intern Evaluation

Rogers Behavioral Health

PRE-DOCTORAL PSYCHOLOGY INTERN EVALUATION FORM

Intern: _____

Supervisor: _____

Type of review (circle one):	1st Quarter Review	2nd Quarter Review	3rd Quarter Review	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.					
1. Independently applies scientific methods to practice a) Apply evidence-based practice in clinical work	1	2	3	4	nr

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	1	2	3	4	nr
3. Independently applies knowledge and understanding of scientific foundations to practice a) Apply evidence-based practice in clinical work	1	2	3	4	nr
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	1	2	3	4	nr
5. Applies scientific methods of evaluating practices, interventions, and programs a) Apply evidence-based practice in clinical work	1	2	3	4	nr
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	1	2	3	4	nr
7. Demonstrates cultural humility in actions and interactions a) Identifies & considers areas of research specific to cultural considerations b) When engaging in research considers cultural factors	1	2	3	4	nr

II. ETHICAL AND LEGAL STANDARDS

Goal: To produce graduates with competence in professional conduct, professional ethics, and an understanding of relevant mental health law through continued professional development and appropriate use of supervision.
Objective(s): Understand and apply ethical and legal principles to the practice of Health Service Psychology. Develop appropriate professionalism in supervision and with other professionals and staff.

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	1	2	3	4	nr
2. Demonstrates advanced knowledge and application of the current APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines a) Identify and respond appropriately to ethical issues as they arise in clinical practice b) Document clinical contacts timely, accurately, and thoroughly	1	2	3	4	nr

3. Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve the dilemmas. a) Identify and respond appropriately to ethical issues as they arise in clinical practice b) Document clinical contacts timely, accurately, and thoroughly c) Conducts self in an ethical manner in all professional activities	1	2	3	4	nr
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	1	2	3	4	nr
5. Demonstrates cultural humility in actions and interactions a) Identifies areas of cultural considerations as it relates to ethical decision-making	1	2	3	4	nr

III. INDIVIDUAL AND CULTURAL DIVERSITY

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

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

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	1	2	3	4	nr
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	1	2	3	4	nr

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	1	2	3	4	nr
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	1	2	3	4	nr
5. Demonstrates cultural humility in actions and interactions a) Considers and explores one's own areas of weakness with regard to cultural understandings	1	2	3	4	nr

IV. PROFESSIONAL VALUES AND ATTITUDES

Goal: To produce graduates with the ability to respond professionally in increasingly complex situations with a greater degree of independence.					
Objective(s): Demonstrate values consistent with the professional practice of psychology.					
1. Behave in ways that reflect the values and attitudes of psychology including integrity, deportment, professional identify, accountability, lifelong learning and concern for the welfare of others.	1	2	3	4	nr
2. Actively seek and demonstrate openness and responsiveness to feedback in supervision.	1	2	3	4	nr
3. Respond professionally in increasingly complex situations with a significant degree of independence.	1	2	3	4	nr

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	1	2	3	4	nr
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	1	2	3	4	nr
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.	1	2	3	4	nr
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	1	2	3	4	nr
8. Demonstrates cultural humility in actions and interactions a) Role models cultural humility with the interdisciplinary team	1	2	3	4	nr

V. COMMUNICATION AND INTERPERSONAL SKILLS

Goal: To produce graduates that are able to respond professionally in increasingly complex situations with a significant degree of independence.
Objective(s): Demonstrate professional competence in interpersonal skills across activities and interactions.

1. 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
2. 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
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	1	2	3	4	nr
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	1	2	3	4	nr
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	1	2	3	4	nr
6. Demonstrates cultural humility in actions and interactions a) Is able to discuss cultural considerations and differences with both professionals and patients	1	2	3	4	nr

VI. ASSESSMENT

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

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)	1	2	3	4	nr
2. Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning a) From a variety of testing materials, select those most appropriate for the referral question b) Collect data from a variety of sources (interview, medical record, prior testing reports, collateral information) c) Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process	1	2	3	4	nr
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	1	2	3	4	nr
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	1	2	3	4	nr
5. Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment a) Collect data from a variety of sources (interview, medical record, prior testing reports, collateral information) b) Incorporate data into a well-written, integrated report c) Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural)	1	2	3	4	nr
6. Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences. a) Incorporate data into a well-written, integrated report b) Demonstrate a working knowledge of DSM-5 nosology and multiaxial classification	1	2	3	4	nr

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	1	2	3	4	nr
8. Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations a) Provide accurate and clinically relevant feedback regarding testing, assessment, and behavior modification plans to non-psychology staff that is sensitive to a range of audiences b) Interact professionally as a member of a multidisciplinary team c) Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.	1	2	3	4	nr
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	1	2	3	4	nr
10. Demonstrates cultural humility in actions and interactions a) Seeks out further knowledge regarding cultural considerations in the process of assessment.	1	2	3	4	nr

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.

1. Independently applies knowledge of evidence-based practice, including empirical bases of assessment, clinical decision making, intervention plans, and other psychological applications, clinical expertise, and client preferences a) Utilize theory and research to develop case conceptualizations b) Identify and utilize appropriate evidence-based group and individual interventions c) Demonstrate the ability to apply the relevant research literature to clinical decision making	1	2	3	4	nr

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	1	2	3	4	nr
3. Displays clinical skills with a wide variety of clients, establishes and maintains 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.	1	2	3	4	nr
4. Demonstrates cultural humility in actions and interactions a) Considers evidence-based treatment in the context of patient's cultural needs.	1	2	3	4	nr

VIII. SUPERVISION

Goal: To produce graduates who are knowledgeable in supervision models and practices and act as role models for the individuals they supervise within the scope of Health Service Psychology.					
Objective(s): Demonstrate the ability to apply supervision models and practices with trainees.					
1. Apply knowledge of supervision models and practices in direct practice with psychology trainees or other mental health professionals.	1	2	3	4	nr
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	1	2	3	4	nr]

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	1	2	3	4	nr
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	1	2	3	4	nr
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	1	2	3	4	nr
6. Demonstrates cultural humility in actions and interactions a) Discusses cultural considerations related to all aspects of roles and responsibilities as an intern within supervision.	1	2	3	4	nr

IX. CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

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

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

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	1	2	3	4	nr
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	1	2	3	4	nr

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

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	1	2	3	4	nr
10. Demonstrates cultural humility in actions and interactions a) Adds to the cultural competence and knowledge base of the team.	1	2	3	4	nr

X. CADT IOP/PHP FOCUS – West Allis Location

Goal: To produce graduates who are able to function confidently as an Attending Psychologist within an Intensive Outpatient or Partial Hospitalization Program
Objective(s): 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 case formulations/consultations for the IOP/PHP patients.

1. Provide evidenced-based individual, group, and family therapy consistent with the role of a Health Service Psychologist.	1	2	3	4	nr
2. Provide individual and group supervision that is consistent with currently accepted competency based models to pre-masters students working on IOP/PHP.	1	2	3	4	nr
3. Provide consultation to TSs, MHT, and social service personnel to appropriately apply evidence-based treatment strategies consistent with patient needs.	1	2	3	4	nr
4. Apply the principles of Irvin Yalom to group based treatment for high quality patient care and milieu management.	1	2	3	4	nr
5. Apply principles of evidenced based treatment as appropriate to patient population (i.e., DBT, CBT, MI, TIC, PCIT, ARC, CAMS, Pisani risk formulation, etc)	1	2	3	4	nr
6. Complete high quality case formulations/consultations in an accurate and timely manner that delineate patient needs and goals using DSM-5 nosology.	1	2	3	4	nr
7. Monitor pt's treatment progress and offer guidance to team members regarding pt clinical needs	1	2	3	4	nr
8. Demonstrates cultural humility in actions and interactions a) Integrates discussions and considerations regarding diversity & culture throughout clinical work.	1	2	3	4	nr

OR

X. ANX/OCD FOCUS – Oconomowoc Location

Goal: To produce graduates who are able to function confidently as Psychologist within an evidence-based residential program					
Objective(s): Demonstrate the ability to deliver high quality evidence-based treatment to patients who present with an anxiety disorder and/or obsessive-compulsive related disorder in individual and group format. Provide high quality consultation and supervision to team members, effectively apply milieu management and problem solving strategies, monitor and guide treatment progress, and participate on and support a multidisciplinary team.					
1. Provide evidenced-based individual, group, and family therapy (if applicable) consistent with the role of a Psychologist.	1	2	3	4	nr
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.	1	2	3	4	nr
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.	1	2	3	4	nr
4. Apply principles of ERP independently to complex cases	1	2	3	4	nr
5. Monitor patients' treatment progress with validated measures and offer guidance to treatment team members regarding patients' clinical needs.	1	2	3	4	nr
6. Apply ancillary CBT-based treatment methods independently as needed (HRT, DBT, BA, etc.)	1	2	3	4	nr
7. Participate on and communicate effectively with members of a multidisciplinary team to achieve and maintain high quality patient care.	1	2	3	4	nr
8. Demonstrate high level knowledge of CBT and conceptualization of complex cases using a CBT framework	1	2	3	4	nr
9. Demonstrates cultural humility in actions and interactions a) Integrates discussions and considerations regarding diversity & culture throughout clinical work.	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: _____

Appendix B: Pre-Doctoral Psychology Internship Policies and Procedures

The Handbook and internship-specific training policies are a supplement to the Rogers Behavioral Health (RBH) Policies and Procedures located on the RBH Intranet. The RBH policies pertain to the pre-doctoral interns and staff of the internship program. The following program policies and procedures provide clearly defined expectations and requirements for the effective implementation and achievement of the internship's aims for the practice of health service psychology and are a supplement to RBH Policies.

Intern Selection

Policy: The selection process for the doctoral internship assesses the strengths of applicants and their capacity to succeed in the training program. The selection process involves 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 virtual 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.

The selection committee or designee 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.

Procedure:

1. Applications are submitted to the program through the Association of Psychology Postdoctoral and Internship Centers (APPIC) match program

2. Applications are reviewed by the program track the applicants are applying to for meeting the base criteria of the internship program:
    - 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 15th prior to internship
3. Applicants are notified by December 15th if they are invited for an interview or declined an interview.
4. Applicants offered an interview are scheduled for an interview. In person interviews will include meeting current interns, supervisors and a tour in addition to the interview process. Interviews will take place at the track's respective locations which will be provided to the applicant upon notification of interview offer.
5. Upon completion of the interview the interviewers will complete the applicant evaluation form
6. Based on the ratings on the applicant evaluation form and professional judgment the supervisors will identify a rank order of the candidates to submit to APPIC
7. Doctoral interns will be selected through the ranking system set forth through APPIC Match
8. The Training Directors will notify each applicant selected as a doctoral intern via email and phone call within seven days after the match results received, ideally the same day as the Match.
9. If one or more of the internship positions is not filled in Phase I of the match process, RBH will participate in Phase II following the match guidelines. If one or more positions remain unfilled, the training program may elect to utilize the APPIC post-match Vacancy Service to fill the position

Recruitment Process

Policy: The recruitment process policy has been developed to attract a wide range of applicants including applicants with training experiences and career and training goals that fit well with our training program long with attracting diverse applicants.

Procedure: The training program has a clearly defined procedure for recruitment of new pre-doctoral interns. The training program strictly adheres to APPIC, the APPIC Match Program and the National Matching Services' guidelines and standards. The training program utilizes the APPIC Online Directory to post the internship position in addition to providing supporting information on the RBH webpage to further describe our program. The webpage including the brochure and listing of staff with diverse backgrounds and interests is updated on a yearly basis, at minimum.

Application and admission requirements are listed online and are accessible to applicants. Requirements include enrollment in a clinical and counseling psychology doctoral program accredited by the American Psychological Association; completion of the APPIC Application for Psychology Internship (AAPI); a total of a minimum of 400 combined intervention and assessment hours, a total of a minimum of 1000 total clinical hours, completion of dissertation by December 15th of the applying year, a current academic vita, a passing score on the Comprehensive Exam through the applicant's doctoral program; official transcripts of all graduate coursework; a written psychological assessment report, and 3 letters of recommendation from resources with direct knowledge of clinical experience, strengths, and interests. This information is provided to applicants.

The training program has a long-term, systematic plan for recruitment of diverse doctoral interns. The program believes that the term diversity includes but is not limited to the following: ethnicity, gender, gender identity, age, disability, language, national origin, race, religion, culture, sexual orientation, and socio-economic status. Recruitment efforts are recorded, reviewed, and improved, minimally, on a yearly basis by the Internship Training Committee. Recommendations for changes or improvements are reviewed and discussed.

Additionally, when the Report of the APA Minority Fellows Seeking Internship becomes available each year, the Training Directors review the list of fellows and identifies fellows who may be a good fit for our site based on their training background and interests. Then the Training Directors with the help of other administrative staff send out correspondence describing the program and encouraging minority fellows to apply.

Part of the recruitment process occurs during the interview process, as the training program follows the philosophy that the training program is assessing interviewees to find a good fit just as the program encourages applicants to be sure that the training program also meets interviewees' needs and expectations for training. Much of the interview date involves time describing RBH organization, the training program, the culture of the program, and the experience of pre-doctoral interns including allowing time for interviewees to ask questions and tour the program.

Additionally, as part of the recruitment process, the training program initiates feedback from individuals that interviewed with the program utilizing the Recruitment Survey to assess the program's recruitment strategies and make changes for future years. The recruitment process and the Recruitment Survey results are reviewed at least once yearly by the ITC.

Applicant Criteria and Process

Policy: Rogers Behavioral Health 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 15th 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

Intern Administrative and Financial Assistance

Policy: Rogers Behavioral Health provides financial and other support for pre-doctoral interns, including a stipend and access to RBH's Employee Assistance program, IT resources and clerical support.

Procedure:

1. Annually the Internship Training Committee (ITC) along with the Human Resources (HR) department reviews current trends for doctoral intern financial support and determines stipend rates.
2. Pre-doctoral interns are informed of the stipend prior to admission to the program.
3. Stipends are paid on a bi-weekly basis on alternating Fridays throughout the year. Payments are made by direct deposit to an account at the financial institution elected by the intern.
4. Electronic pay records are available via the ADP website or app.
5. The Employee Assistance Program (EAP) is available at no cost and provides short-term assessment, counseling, and referral to help support pre-doctoral interns (as well as employees) effectiveness. Information regarding access and scope of services can be found on the RBH intranet.
6. Routine administrative and technical support is afforded each doctoral intern, such as clerical support, supplies and required equipment, IT resources and documentation assistance.
7. As full-time employees pre-doctoral interns are offered Health, Dental and Vision insurance, flexible spending accounts, life insurance, long and short-term disability, paid-time off, continuing education reimbursement, retirement (401(k)) plan and the wellness program. Further information for all of these are available from the HR department and on the RBH intranet.

Evaluation, Feedback, Remediation and Termination Decisions

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. 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.

Electronic copies of the evaluation will be maintained within the shared file of which only the Internship Training Committee (ITC) will have access. Each intern will have their own file containing their evaluations along with other related documents. Interns will be provided the opportunity to keep their own hard copy and will be given electronic copies upon request and always given all electronic copies of the evaluations from the year upon the end of the internship year.

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 & 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 & 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 & 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 & 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 Committee 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 Training Committee. This plan will be presented to the intern and the intern will be given the opportunity to present feedback and suggestions. The resulting remediation plan will serve as a training contract between the intern and the program staff, and adherence to this plan will be closely monitored on a weekly basis. The intern will be required to sign the training plan. Consultation with the intern's graduate school staff will occur as needed. Due Process Guidelines will also be followed.

An intern failing to comply with the remediation plan due to lack of motivation or gross deficits in skills will be scheduled for a performance review. The intern will be notified of the impending review and concerns to be addressed. This performance review may be requested by the 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 business 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.

Due Process (RBH POLICY NUMBER: 19-069-0810)

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 they 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 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

A. The expectations of interns are as follows:

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:

8. Independently applies scientific methods to practice
    a. Apply evidence-based practice in clinical work
9. 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
10. Independently applies knowledge and understanding of scientific foundations to practice
    a. Apply evidence-based practice in clinical work
11. 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
12. Applies scientific methods of evaluating practices, interventions, and programs
    a. Apply evidence-based practice in clinical work
13. 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
14. Demonstrates cultural humility in actions and interactions
    a. Identifies & considers areas of research specific to cultural considerations
    b. When engaging in research considers cultural factors

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:

6. 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

7. Demonstrates advanced knowledge and application of the current APA Ethical Principles and Code of Conduct and other relevant ethical, legal, and professional standards and guidelines
    a. Identify and respond appropriately to ethical issues as they arise in clinical practice
    b. Document clinical contacts timely, accurately, and thoroughly
8. Recognizes ethical dilemmas as they arise and applies ethical decision-making processes to resolve the dilemmas.
    a. Identify and respond appropriately to ethical issues as they arise in clinical practice
    b. Document clinical contacts timely, accurately, and thoroughly
    c. Conducts self in an ethical manner in all professional activities
9. 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
10. Demonstrates cultural humility in actions and interactions
    a. Identifies areas of cultural considerations as it relates to ethical decision-making

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:

6. 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 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
7. 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
8. 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

9. 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
10. Demonstrates cultural humility in actions and interactions
    a. Considers and explores one's own areas of weakness regarding cultural understandings

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:

9. 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.
10. Actively seek and demonstrate openness and responsiveness to feedback in supervision.
11. Respond professionally in increasingly complex situations with a significant degree of independence.
12. 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 regarding stressors
    c. Effectively engage in self-evaluation to utilize personal strengths in the therapeutic process
    d. Shows awareness of need for and develops plan for ongoing learning to enhance skills
13. 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 regarding stressors
    c. Effectively engage in self-evaluation to utilize personal strengths in the therapeutic process
14. 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 to utilize personal strengths in the therapeutic process
    c. Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing

evaluation.

15. 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
16. Demonstrates cultural humility in actions and interactions
    a. Role models cultural humility with the interdisciplinary team

Communication and Interpersonal Skills

Goal 5: To produce graduates that can 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:

7. Develop and maintain effective relationships with a wide range of individuals including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
8. Produce and comprehend oral, nonverbal, and written communications that are informative and well integrated; demonstrate a thorough grasp of professional language and concepts.
9. 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 regarding stressors
10. 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
11. 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
12. Demonstrates cultural humility in actions and interactions
    a. Can discuss cultural considerations and differences with both professionals and patients

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:

11. 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)

12. Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning
    a. From a variety of testing materials, select those most appropriate for the referral question
    b. Collect data from a variety of sources (interview, medical record, prior testing reports, collateral information)
    c. Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process
13. 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
14. 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
15. Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment
    a. Collect data from a variety of sources (interview, medical record, prior testing reports, collateral information)
    b. Incorporate data into a well-written, integrated report
    c. Demonstrate understanding of human behavior within its context (e.g. family, social, societal and cultural)
16. Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
    a. Incorporate data into a well-written, integrated report
    b. Demonstrate a working knowledge of DSM-5 nosology and multiaxial classification
17. 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
18. Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations
    a. Provide accurate and clinically relevant feedback regarding testing, assessment, and behavior modification plans to non-psychology staff that is sensitive to a range of audiences

b. Interact professionally as a member of a multidisciplinary team
c. Demonstrate current knowledge of diagnostic classification systems, function and dysfunctional behaviors, including consideration of client strengths and psychopathology.

19. 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
20. Demonstrates cultural humility in actions and interactions
    a. Seeks out further knowledge regarding cultural considerations in the process of assessment

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:

5. Independently applies knowledge of evidence-based practice, including empirical bases of assessment, clinical decision making, intervention plans, and other psychological applications, clinical expertise, and client preferences
    a. Utilize theory and research to develop case conceptualizations
    b. Identify and utilize appropriate evidence-based group and individual interventions
    c. Demonstrates the ability to apply the relevant research literature to clinical decision making
6. 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
7. 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.
8. Demonstrates cultural humility in actions and interactions
    a. Considers evidence-based treatment in the context of patient's cultural needs

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:

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

9. 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 regarding stressors

10. 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 regarding stressors

11. 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

12. Independently seeks supervision when needed
    a. Engage in self-care and appropriate coping skills regarding stressors
    b. Identify and respond appropriately to ethical issues as they arise in clinical practice

13. Demonstrates cultural humility in actions and interactions
    a. Discusses cultural considerations related to all aspects of roles and responsibilities as an intern within supervision

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:

11. 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

12. 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

13. 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
14. 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
15. 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
16. 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 to utilize personal strengths in the therapeutic process
17. 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
18. 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 to utilize personal strengths in the therapeutic process
19. 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 regarding stressors
20. Demonstrates cultural humility in actions and interactions
    a. Adds to the cultural competence and knowledge base of the team

Track-Specific

CADT/PHP track – West Allis Location

Goal 10: To produce graduates who can 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:

9. Provide evidenced-based individual, group, and family therapy consistent with the role of a Health Service Psychologist.
10. Provide individual and group supervision that is consistent with currently accepted competency based models to pre-masters students working on CADT/PHP.
11. Provide consultation to MHPs, MHTs, and social service personnel to appropriately apply evidence-based treatment strategies consistent with patient needs.
12. Apply the principles of Irwin Yalom to group-based treatment for high quality patient care and milieu management.
13. Apply principles of DBT as appropriate to an internalizing patient population.
14. Complete high-quality diagnostic evaluations in an accurate and timely manner that delineate patient needs and goals using DSM-5 nosology.
15. Monitor patient's treatment progress and offer guidance to team members regarding patient clinical needs
16. Demonstrates cultural humility in actions and interactions
    a. Integrates discussions and considerations regarding diversity & culture throughout clinical work

OCD and Anxiety Disorders Track – Oconomowoc Location

Goal 10: To produce graduates who can 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:

10. Provide evidenced-based individual, group, and family therapy (if applicable) consistent with the role of a Psychologist.
11. 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.
12. 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.
13. Apply principles of ERP independently to complex cases
14. Monitor patients' treatment progress with validated measures and offer guidance to treatment team members regarding patients' clinical needs.
15. Apply ancillary CBT-based treatment methods independently as needed (HRT, DBT, BA, etc.)
16. Participate on and communicate effectively with members of a multidisciplinary team to achieve and maintain high quality patient care.
17. Demonstrate high level knowledge of CBT and conceptualization of complex cases using a CBT framework
18. Demonstrates cultural humility in actions and interactions

a. Integrates discussions and considerations regarding diversity & culture throughout clinical work

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 during the internship, the sponsoring university is kept apprised of the intern's training experience. The training director communicates with the sponsoring university at the beginning and end of the training year and as needed.

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:

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 & 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 & 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 & 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 & IX-2.

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) business 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) business 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) business 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 '*Acknowledgement 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) business 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) business 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) business days, chaired by the training director, in which the challenge is heard, and the evidence presented. Within fifteen (15) business 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) business 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) business days of the receipt of the chief psychologist's request for further deliberation. The chief psychologist then decides 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) business 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 business 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) business 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) business days, chaired by the training director, in which the challenge is heard, and the evidence presented. Within ten (10) business 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) business 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) business 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) business 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) business 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) business 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) business 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) business days, chaired by the training director, in which the complaint is heard, and the evidence presented. Within ten (10) business 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) business 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) business days of the receipt of the chief psychologist's request for further deliberation. The chief psychologist then decides 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) business 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 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) business 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.

V. 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 appear 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.

Pre-Doctoral Intern Grievance Procedures

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 they 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, they will meet with the Internship Training Committee to discuss a resolution to the grievance.
5. If the grievance is still not satisfied, the intern will meet with the Internship Training Committee to further discuss a resolution to the matter.
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 manager of Employment Services. The manager 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 manager of Employment Services 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.

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 intern's administrative supervisor, or their 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 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

Supervision Requirements

Policy: Pre-doctoral Interns consistently receive four hours of supervision per week, at least two hours of which will be individual supervision provided by licensed clinical psychologists. Interns will also be provided one hour weekly of group supervision as a cohort and one hour weekly of supervision of supervision both lead by licensed clinical psychologists. Supervisory activities may include but are not limited to any consultation related to development of competencies, clinical consultations, observation of services provided by the trainee, and processing notes and sessions conducted by the trainee.

Procedure:

1. Trainees are provided with two individual supervision sessions run by two different licensed clinical psychologists. The psychologists are involved in the programs within which the interns work. The psychologist will review and sign a supervision contract with their assigned intern.

2. At the start of the year expectations of supervision and goals for the year are discussed and reviewed. Interns are provided opportunities throughout supervision to raise questions, seek clarification and resolve any questions regarding performance expectations, evaluation procedures, feedback and/or opportunities for new or advanced learning.

3. Each intern is afforded consistent clinical supervision. In cases where the supervising psychologist is not readily available, another supervisor is designated to ensure continuity. At least one supervising psychologist must review and be listed on treatment plans prepared by trainees.

4. Each supervisory session is based on respect, clarity and objectivity that aids in identifying clinical strengths and opportunities for additional growth, and remediation if needed. A supervision log is maintained that stipulates issues, topics related to competency, corrective action and impressions of progress. In addition, supervisors must be available to consult with trainees regarding patient care outside of formal supervisory sessions or must ensure that another qualified psychologist is available for such consultations.

5. Each trainee is formally evaluated quarterly. Clinical supervisors may elicit feedback from other members of the multi-disciplinary team to broaden the assessment perspective. In some instances, a faculty member from the intern's university or professional school will be invited to attend the evaluation.

6. The evaluation is based on the Competency Evaluation for Doctoral Interns. Evaluations are discussed with interns during their supervision session with the evaluating psychologist. Interns are provided a hard copy after each evaluation and an electronic copy either immediately with every intern receiving electronic copies of all evaluations and certificate at the end of the internship year. A copy of their final evaluation and certificate is forwarded to the Intern's university or professional school.

Maintenance of Records

Policy: The training program must document and maintain records of doctoral interns and the training program. This must be available for the training program staff during the internship year and after internship for future reference and credentialing requests.

Procedure:

1. Each trainee has a designated folder in the shared drive accessible only to the Internship Training Committee.

2. Documentation in this file includes, at a minimum, the handbook acknowledgement, hours longs, supervision contracts, self-assessments, performance evaluations, communication with the university or professional schools and certificates of completion. It is the responsibility of the individual supervisor or Training Directors completing or receiving the document to save it to the doctoral intern's training file.

3. All Internship Training Committee meeting minutes and agendas are documented by a Director of training and saved in the shared file for ITC Meetings.

4. All internship related surveys, results and related data are saved in the shared file that only ITC members can access. They are stored in their respective file folders within this file.

5. The program will permanently retain necessary documentation regarding each doctoral intern and data to track the progress of the program for future reference if the training program remains. If the program no longer remains, the data will be transferred to the Human Resources Department in order to continue to support reference and credentialing requests.

Third and Fourth Quarter Supplementary Experience Policy & Procedure

Interns placed in the OCD and Anxiety Track are eligible for an opportunity to work up to 40% (no more than 16 hours a week) of their time in another program within the South Eastern Wisconsin RBH system that is under direction and supervision of a psychologist. This program may only be applied for if the intern is meeting all competency minimum levels of achievement in their first two quarters within the OCD and Anxiety Track. If the intern is not meeting minimum thresholds in his/her progress, a third quarter rotation will not be granted, and the intern, once thresholds are met, may apply for the fourth quarter rotation. Explicit goals for the third quarter may be developed with their supervisors to help promote progress in internship.

Interns will be expected to conduct behavioral interventions with patients by the termination of their rotation experience. This would include:

- Providing case conceptualization
- Identifying behavioral treatment targets
- Developing behavioral interventions for treatment targets (e.g., ban behaviors, hierarchies)
- Independently conduct behavioral interventions with patients/residents

Although interns will be expected to work independently with patients/residents by the end of the rotations, given the truncated time spent on the unit, interns will work closely with the behavioral specialist, treatment team, and unit supervisor for guidance in conducting treatment.

Procedure: The interested intern is to write a letter to the Internship Training Committee that details:

- The specific program in which they would like to gain additional training experience
- The rationale behind their decision regarding how this additional training experience will enhance their professional development.
- The interns specific plan for both fulfilling all the requirements for the completion of internship as outlined in the Internship Handbook and for maintaining and/or modifying their responsibilities to their current placement.

The letter should be to the Internship Training Committee (ITC) prior to the January ITC meeting for approval.

The ITC will review the requests in the January meeting (prior to Q3 beginning). All supervisors will need to be in agreement that the additional training experience requested will meet the needs of the current intern and the intern/internship expectations will be able to be supported within the newly requested program. Supervisors will be able to voice any concerns or recommendations. The psychologist of the requested program will be provided with clear expectations by an ITC member. Upon the agreement of the ITC for the intern to join this program and the psychologist of the requested program to follow all internship requirements the intern's primary supervisor will then share the ITC's decision and any related expectations with the intern.

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 & 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 & 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 & 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 & 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/assessments
- Minimum of 6 Diagnostic Interviews
- Meet criteria of quarterly evaluations/minimum thresholds for achievement

Non-Discrimination Policy

Policy: Rogers Behavioral Health (RBH) is committed to a training and work environment in which all individuals are treated with respect and dignity. Each individual has the right to train and work in a professional atmosphere that promotes equal employment opportunities and prohibits unlawful discriminatory practices, including harassment. Therefore, RBH expects that all relationships among person in the office will be business-like, respectful, and free of bias, prejudice and harassment.

Purpose: The training program ensures equal training access without discrimination or harassment on the basis of race, color, creed, religion, national origin, sex, sexual orientation, gender identity or expression, age, ancestry, disability, protected veteran status, membership or activity in local human rights commission or any other protected group covered by applicable federal, state or local laws and regulations. Discrimination against a protected group is prohibited. Such training practices include, but are not limited to recruitment, selection, placement, retention, disciplinary action, termination, and provision of services.

Offensive or harassing behavior will not be tolerated against trainees or staff. RBH and the training program encourage individuals who believe they are being subjected to discrimination or harassment to promptly advise the offender that their behavior is unwelcome and request that it be discontinued. Often this alone will resolve the problem. If asking the offender to stop is not effective, please report the behavior immediately to the Training Directors.

If the offender is part of the training program, an individual may pursue the matter through grievance procedures. See the Grievance Policy in the Handbook. The Due Process Policy will be utilized in order to make decisions and provide remediation if a pre-doctoral intern has discriminated against or harassed another individual. If the offender is not involved in the training program, please refer to the RBH Compliance Handbook.

RBH prohibits retaliation against anyone who has reported harassment or who has cooperated in the investigation of harassment complaints. See RBH Whistleblower Policy.

Related RBH system-wide policies (found on RBH intranet) include:

- Whistleblower 01-014-0609
- Anti-harassment policy 19-025-0118
- Reporting Compliance Concerns 22-032-1217
- Code of Conduct 23-007-0310
- Compliance Handbook

Appendix C: Organization Policies and Procedures

The following policies are organization wide and pertain to all employees including Pre-Doctoral Interns. The policies presented here are identified as important for interns to see upon the start of employment with RBH and all other policies that also relate to all employees (including interns) can be found on the RBH intranet.

Equal Employment Opportunity Affirmative Action

ROGERS MEMORIAL HOSPITAL, INC.

POLICY/PROCEDURE TITLE: ***EQUAL EMPLOYMENT OPPORTUNITY AFFIRMATIVE ACTION***		PAGE 1 of 1
		EFFECTIVE: 3/7/14
		REVIEWED DATE: **4/17/2019**
POLICY NUMBER 19-012-0314	REPLACES: 19-012-1193 19-012-0100 19-012-0603	
APPLIES TO: All Staff	APPROVED BY: Vice-President of Human Capital Chief Executive Officer	

POLICY:
This policy is 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.

APPROVED BY:

/S/	3/17/14
RENEE PATTERSON, MHA, Vice-President of Human Capital	Date
/S/	3/11/14
PAUL A. MUELLER, CAPSW, Chief Executive Officer, Rogers Memorial Hospital, Inc.	Date

REVIEWED:
Brian Kramer /S/ 4.17.2019

Americans With Disabilities Act

ROGERS BEHAVIORAL HEALTH	
POLICY/PROCEDURE TITLE: *AMERICANS WITH DISABILITIES ACT*	PAGE 1 of 1 EFFECTIVE: 7/1/2020
POLICY NUMBER: 19-004-0720	REPLACES:19-004-1193 19-004-0100
APPLIES TO: All Staff	APPROVED BY: VICE PRESIDENT, HUMAN RESOURCES PRESIDENT/CEO

POLICY:
Rogers Behavioral Health complies with all aspects of the Americans with Disabilities Act and state disability laws, and will, therefore, afford any reasonable accommodations to qualified applicants and employees with known disabilities, unless **such** accommodations would cause an undue hardship to Rogers Memorial Hospital.

In order to eliminate and avoid discrimination against employees or applicants for employment, because of physical or mental disabilities, it is the policy of Rogers Behavioral Health to:

1. Recruit, hire, transfer, and promote people with disabilities in job classifications that they are qualified and able to perform with or without reasonable accommodation as is appropriate.
2. Base job descriptions on employment and promotions to further principles of equal employment for the disabled.
3. Ensure that personnel actions, i.e. compensation, benefits, transfers, return from layoffs, training, education, social and recreational programs will be administered without regard to a person's disability.

In general, you should notify your Supervisor or Human Resources if you need an accommodation. Upon doing so, Human Resources may ask for your input, the type of accommodation you believe may be necessary, or the limitations with respect to the essential functions of your job. Also, when appropriate, Rogers may need your written permission to obtain additional information from your physician or other medical or rehabilitation professional. Any information obtained is kept in a confidential employee file.

It has long been the policy of Rogers Behavioral Health, and it will continue to be our policy, that all employees shall have the opportunity to perform their work here in an atmosphere free from any form of unlawful discriminatory or retaliatory treatment or physical or mental abuse, including harassment based on disability.

Any employee who has a disability and is experiencing disability related difficulties on the job should contact his/her supervisor or the human resource department.

APPROVED BY:

_____/S/_____7.17.2020_____
Brian Kramer, Vice President Human Resources Date

_____/S/_____7.17.2020_____
Patrick Hammer, President/CEO Date

REVIEWED: _____

Dress Code

Rogers Behavioral Health

Policy/Procedure Title: ***Dress Code***	Page: 1 of 2 Effective: 8/15/2017
Policy Number: 19-008-0817	Replaces: Policy of 11/93 19-008-0101 19-008-0709 19-008-0595 19-008-0502 19-008-0710 19-008-0996 19-008-0703 19-008-0514 19-008-0598 *Dress Code* 19-008-0805 19-008-0599 *Attire & Appearance* 19-008-0807 19-008-0700 *Dress Code* 19-008-0808
Applies To: All Staff	Approved By: Vice President of Human Capital Chief Executive Officer Chief Medical Officer

Policy

Rogers Behavioral Health employees contribute to the corporate culture and reputation in the way they present themselves. A professional appearance is essential to a favorable impression. As part of that effort, the company requires employees to maintain a neat and clean appearance that is appropriate for the workplace setting and promotes a safe environment for both the patient and the employee. Appearances cannot be considered distracting to others and must be conducive to the work assigned.

If it is determined by management or designee to determine what is considered professional or excessive. Employee may be sent home to change, and nonexempt employees will not be paid for that time off. Multiple infractions may result in disciplinary action.

Manager dress code requests above and beyond this policy prevail.

SPECIFICATIONS

All staff:

1. No sweatpants, tight leggings (unless being worn under dress or skirt), exercise wear, low-rise pants, capris pants shorter than six (6) inches below knee, shoulder bearing shirts and sleeveless shirts.
2. Blue denim may only be worn when a special event has been communicated by HR.
3. Beachwear is prohibited (e.g. flip flops, shorts, tank tops, etc).
4. Skirts and dresses shorter than three inches above the middle of the knee cap are prohibited.
5. Hairstyles must be in good taste and not interfere with the job or care provided to patients.
6. Any attire that contains language or symbols that may be offensive to others are prohibited.
7. Employees are encouraged to refrain from using strong smelling perfume/colognes due to sensitivity to others.

Non-administrative Staff, defined as those employees who have direct contact with patients or their family including: clinical care staff, dietary, environmental services, admissions/intake, etc.

1. Certain positions require uniforms which are determined by the manager.
2. No visible tattoos that can be reasonable covered by clothing or are considered excessive or offensive.
3. No piercings other than posts (studs) in the ears only.
4. No hanging jewelry, scarves or pins.
5. No artificial eyelashes.
6. Hands and fingernails of all staff should be clean, well-kept and no longer than ¼". Acrylic, fiberglass, chipped nail polish or other artificial fingernail products are prohibited while at work.
7. Open-toed and open-back shoes are prohibited. Shoe heels must not be in excess of one inch in height. Socks or hosiery are required.
8. Employees working with food have additional restrictions per their state administrative code, please consult with your supervisor/manager for requirements within your state.

Administrative Staff, defined as all other employees that has indirect patient contact and are not covered by the non-administrative category definition above.

1. Excessive and/or offensive tattoos and piercings are prohibited.

Identification Badges:
The hospital will provide a picture identification badge for each employee and is to be worn at all times when on duty. The badge is to be worn on the outside of the clothing above the waist. If a badge is lost or stolen, a replacement badge will be issued upon request to the HR Service Center.

SIGNATURES:

/S/	8/24/17
JERRY HALVERSON, M.D., MEDICAL DIRECTOR - OCONOMOWOC	DATE
/S/	8/24/17
BRIAN KRAMER, VICE PRESIDENT OF HUMAN CAPITAL	DATE
/S/	8/24/17
PAUL MUELLER, CAPSW, CHIEF EXECUTIVE OFFICER	DATE

Attendance at Work

ROGERS BEHAVIORAL HEALTH, INC.

POLICY/PROCEDURE TITLE: *Attendance at Work*	PAGE 1 of 2
	EFFECTIVE: 09/01/2018
	REVIEWED DATE: 4/18/2019
POLICY NUMBER: 19-005-0918	REPLACES: 19-005-1193 19-005-1005 19-005-0312 19-005-0397 19-005-1105 19-005-0113 19-005-0902 *Attendance & Tardiness* 19-005-0607 19-005-0614 28-004-0811 Employee Illness/Absentee Report and Follow-up 19-005-0714
APPLIES TO: All Staff	APPROVED BY: Vice-President of Human Resources Chief Financial Officer Chief Executive Officer CEO/President

POLICY:

Prompt and consistent attendance at work is expected and is essential to providing timely service to our patients, residents and other clients. Excessive, unplanned attendance occurrences may have an adverse effect on a staff member's future salary increase, transfer request, promotion and/or continued employment including further disciplinary action up to and including termination. An 'attendance occurrence' is defined as: any and all late arrival; unplanned absence such as sick calls; early departure; unauthorized early arrival for a scheduled shift; unauthorized work time beyond scheduled shift.

If at any point an employee becomes eligible for a qualified statutory leave, this policy may no longer apply.

PURPOSE:

To assure consistent and punctual staffing throughout the organization.

PROCEDURE:

1. Each staff member is responsible for reporting any attendance event to his/her immediate supervisor at least two (2) hours prior to the start of an employee's shift to allow the supervisor to plan for staff coverage. This notification must be made through a phone conversation unless other direction has been given by the immediate supervisor. In the event that the immediate supervisor is not available, the notification may be made to the house supervisor or immediate supervisor's designee.

    a. If illness meets the criteria for infectious disease, employee is to contact Employee Health and discuss follow up protocol. If reason for absence is Leave of Absence related, employee is to call in stating "leave of absence, and specify the type of leave being applied." Additionally, employee must contact the leave administrator within 48 hours of the absence.

    b. If an employee is absent for the following reasons they must not return to work until 24 hours after the symptoms have resolved: fever, cough, sore throat, or respiratory symptoms, vomiting, diarrhea, or other symptoms of communicable and/or infectious disease. More information on communicable and infectious diseases can be found on the Intranet Employee Health page and titled "Guideline for Infectious Diseases".

    c. Staff with an unplanned absence on a weekend are required to work another weekend shift to make up the weekend absence within one (1) month of the absence unless this absence was a result of an approved absence covered by the Family Medical Leave Act (FMLA); either continuous or intermittent FMLA will apply. The shift chosen to make up is to be pre-approved by the manager. A weekend shift is considered a Saturday or Sunday day/pm shift or Friday, Saturday or Sunday night shift (11p – 7a). If this make-up shift is not made up within one (1) month, it will result in the next step of disciplinary action.

    d. While medical documentation will be accepted for any absences and may be required for some, this does not eliminate an attendance occurrence. Medical documentation should be provided directly to Employee Health.

2. At the time of notification of an attendance occurrence, PTO is applied unless it is a qualified, statutory leave and/or the employee has insufficient PTO to cover the hours missed or is ineligible for the PTO program. In the event there is insufficient PTO, the occurrence will be unpaid for non-exempt employees.

3. Following an absence of three consecutive work days or more for a personal injury or illness a return to work note must be completed by the treating practitioner and forwarded to employee health before the employee is allowed to return to work. Failure

to produce this documentation may result in disciplinary action and/or removal from schedule. Form can be found on Rogers Connect.

4. An employee who does not report to work as scheduled and does not call in to report the absence, prior to or during the scheduled work period, is considered a "no call/no show". If employees are unable to report to work as scheduled, they must follow proper procedure to call in and report the absence, prior to the start of their scheduled shift. However, if circumstances arise where the employee is unable to make the call prior to the start of the shift, the employee must report the absence before the end of the scheduled shift, or the occurrence will be counted as a "no call/no show". In addition to counting as an occurrence, a single no call/no show will result in disciplinary action. Upon three (3) consecutive no call/no shows the employee will be considered to have abandoned his/her position and will be terminated as a voluntary resignation.

5. Excessive and/or consistent attendance occurrences may result in formal disciplinary action, up to and including termination. *Rogers Behavioral Health* considers a minimum of six (6) attendance occurrences within a rolling (twelve) 12-months excessive.

    a. When an employee reaches six (6) attendance occurrences the progressive disciplinary process begins. Prior to the progressive disciplinary process a documented coaching session with the employees manager is preferred.
    b. Each additional attendance occurrence over 6 with the 12-month rolling period will initiate the next step in the progressive disciplinary process.

6. An 'occurrence' is defined as an absence for a specific (defined) reason, generally separated by one or more days of work;

    a. The maximum number of consecutive days that can be considered as one occurrence is three (3). For example, four consecutive absences, therefore, are two (2) occurrences.

    b. Absences resulting from an approved leave of absence are not counted as occurrences.

    c. If an employee takes the initiative and is able to find coverage for their entire shift that would have resulted in a full attendance occurrence, the absences will count as half an occurrence. If they do not find coverage, it will count as a full occurrence.

    d. If an employee leaves early from their shift and was not instructed to do so they will receive half an occurrence if the majority of their shift was worked, but a full occurrence if the majority of the shift was not worked.

7. Employees are expected to be at their workstation ready to start and remain there until the end of their scheduled shift. A 'tardy' is defined as clocking in more than five (5) minutes late or leaving more than five (5) minutes prior to the end of the shift. Three instance of tardiness and/or missed punches will be considered an occurrence.

8. Each manager/supervisor is responsible for entering the absence in Kronos AND completing and submitting an "Employee Absence Report" for all employee absences. If a reason for absence is given, manager, house supervisor (HS) or designee should include the reason for absence in the report.

APPROVED BY:

/S/ 8-30-18
BRIAN KRAMER Vice-President of Human Resources — Date

/S/ 8-30-18
ARNOLD STUEBER, Chief Financial Officer — Date

/S/ 8-30-18
PAUL A. MUELLER, CAPSW, Chief Executive Officer, Rogers Memorial Hospital — Date

/S/ 8-30-18
PATRICK T. HAMMER, MSA, President/CEO, Rogers Behavioral Health System — Date

REVIEWED: 4/18/2019

Staff Rights & Responsibilities

ROGERS MEMORIAL HOSPITAL, INC.		
POLICY/PROCEDURE TITLE: *Staff Rights & Responsibilities*		PAGE 1 of 2
		EFFECTIVE: 4/17/2019
		REVIEWED DATE: **4/16/2019**
POLICY NUMBER: 19-026-0419	REPLACES: 19-026-0695	
APPLIES TO: Clinical Staff	APPROVED BY: Vice-President of Human Resources Chief Nursing Officer Chief Executive Officer President/CEO	

POLICY:
The hospital places primary concern toward the provision of patient care while respecting the cultural values and/or religious beliefs of staff. In no instance, will patient care be negatively affected by a staff member's conflicting religious or cultural beliefs.

PURPOSE:
The purpose of this policy is to establish a mechanism by which an employee may request to be excused from participating in an aspect of a patient's care or treatment in situations where the prescribed care or treatment presents a conflict with the employee's cultural values or religious beliefs.

PROCEDURE:

1. It is understood that situations may arise in which the prescribed course of treatment or care for a patient may be in conflict with a staff member's values and/or religious beliefs. In such situations, it is the responsibility of the employee to immediately notify his/her supervisor or department manager or his/her concerns and to request that he/she be excused from participating in a particular aspect of treatment/care of the patient. The request must be communicated in writing as soon as reasonably possible and must include the specific aspects of care from which the employee is requesting to be excused and the reasons for making the request.

   The requesting employee is responsible for providing appropriate patient care until alternate arrangements may possibly be made. Refusal to provide care will result in disciplinary action up to and including termination. In no circumstances will a request be granted if it is felt that doing so would negatively affect the care or safety of the patient. It must be realized that for reasons of staffing limitations and patient safety, it may not be possible to grant a request. Employees may request a transfer to an appropriate department or available position for which they are qualified.

2. Written requests for accommodations in the delivery of patient care as a result of an employee's personal values and/or beliefs are to be forwarded to the campus Human Resources Business Partner. Human Resources will contact the employee and his/her department manager to obtain information deemed necessary for review.

   The employee may be required to meet with his/her respective director (or COO), department manager, and the Human Resources Business Partner during the review of the request. Based on the information presented at this meeting, a decision will be made regarding the justification of the request. The decision is final. The *Grievance* policy does not apply to conflict of care issues.

POLICY/PROCEDURE TITLE: *Staff Rights & Responsibilities*	PAGE: 2 of 2
	POLICY NO. 19-026-0419

APPROVED BY:

/S/ 4/16/2019
Brian Kramer, Vice President of Human Resources — Date

/S/ 4/16/2019
Angie Crawford, Chief Nursing Officer — Date

/S/ 4/16/2019
Paul Mueller, Chief Executive Officer — Date

/S/ 4/16/2019
Patrick Hammer, President/CEO — Date

REVIEWED:
Brian Kramer /S/ 4.17.2019

Grievance Procedure

ROGERS MEMORIAL HOSPITAL, INC.

POLICY/PROCEDURE TITLE: *Grievance Procedure*	**PAGE** 1 of 1
	EFFECTIVE: 2/4/15
	REVIEWED DATE: 4/17/2019
POLICY NUMBER: 19-014-0215	**REPLACES:** 19-014-1193 19-014-0397
APPLIES TO: All Staff	**APPROVED BY:** 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/she 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 their Human Resources Business Partner (HRBP),. The HRBP 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 HRBP 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.

APPROVED BY:

/S/ 2/6/15
RENEE PATTERSON, MHA, Vice-President of Human Capital — Date

/S/ 2/6/15
PAUL A. MUELLER, CAPSW, Chief Executive Officer — Date

REVIEWED:
Brian Kramer /S/ 4.17.2019

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Anti-Harassment

ROGERS MEMORIAL HOSPITAL

POLICY/PROCEDURE TITLE: *Anti-harassment*	Page 1 of 2
	Effective Date: 01/24/2018
Policy Number: 19-025-0118	**Replaces:** 19-025-1193 19-025-0397 *Sexual Harassment* 19-026-0301 19-025-0609
Applies To: All Staff	**APPROVED BY:** Vice-President of Human Resources Chief Executive Officer Chief Medical Officer Chief Clinical Officer President/CEO

POLICY:
Rogers Memorial Hospital, Inc. d/b/a Rogers Behavioral Health ("Rogers") is committed to maintaining a work environment that is free of discrimination. In keeping with this commitment, Rogers will not tolerate harassment of its employees by anyone, including any administrator, manager, physician or member of the medical staff, co-worker, vendor, client or visitor of Rogers.

PURPOSE:
Harassment includes, but is not limited to, unwelcome conduct (whether verbal, physical, or visual) that is based on a person's protected status as defined by law, such as sex, color, race, ancestry, religion, national origin, age, physical or mental handicap, medical condition, disability, marital status, veteran status, citizenship status, sexual orientation, arrest record, conviction record, or other protected group status. Verbal harassment includes any language that is derogatory, threatening, derisive or demeaning, whether in writing, oral, or with gestures directed towards a staff member; or which a person in their position should reasonably have known that this communication would have been perceived as a derogatory, threatening, derisive or demeaning act; or any profane or obscene language directed toward an employee. Rogers will not tolerate harassing conduct that affects tangible job benefits, that interferes unreasonably with an individual's work performance, or that creates an intimidating, hostile, or offensive working environment.

Sexual harassment deserves special mention. Unwelcome sexual advances, requests for sexual favors, and other physical, verbal, or visual conduct based on sex, whether or not such conduct is repeated, constitute sexual harassment when:

1) Submission to such conduct is an explicit or implicit term or condition of employment;
2) an individual's submission to or rejection of such conduct becomes the basis for employment decisions affecting that individual; or
3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

Sexual harassment may include, but is not limited to, explicit sexual propositions, sexual innuendo, suggestive comments, sexually oriented *kidding* or *teasing*, *practical jokes*, jokes about gender-specific traits, foul or obscene language or gestures, display of foul or obscene printed or visual material, and physical contact such as patting, pinching or brushing against another's body. Sexual harassment also includes conduct directed by a person at another person of the same or opposite gender.

PROCEDURE:

1. All employees of Rogers are responsible for helping to prevent harassment.

2. Employees who feel that they have experienced or witnessed harassment or any unwelcome sexual attention, should address the situation directly to the harasser, if possible. If the inappropriate conduct does not cease, or if the employee is unable to or uncomfortable with addressing the alleged harasser directly, he or she should notify their manager, a member of Administration, a member of Human Resources, the president of the hospital, or the medical director of the unit as soon as possible.

3. An investigation of the alleged incident will then occur, conducted by Administration.

4. Rogers forbids retaliation against anyone who reports harassment or who cooperates in the investigation of a harassment complaint. Concerns of retaliation should be reported as noted in section 2 above.
5. The policy of Rogers is to investigate all harassment complaints promptly and thoroughly and to take effective remedial action reasonably calculated to end any harassment and prevent the misconduct from reoccurring.

6. If the investigation results in identification of an issue with a member of the medical staff that is not employed by Rogers, the issue will be reviewed with the medical director of the facility for action, if necessary, according to the medical staff bylaws.

7. To the fullest extent practicable, Rogers will keep complaints and the terms of their resolution confidential. However, because a thorough investigation is required, complete confidentiality is not and cannot be promised.

8. If an investigation fields convincing evidence that harassment has occurred, Rogers will take corrective action, including discipline up to and including immediate termination of employment, as is appropriate.

APPROVED BY:

_____/S/_____1/24/18_____
BRIAN KRAMER, Vice-President of Human Resources — Date

_____/S/_____1/24/18_____
PAUL A. MUELLER, CAPSW, Chief Executive Officer — Date

_____/S/_____1/24/18_____
DR. JERRY HALVERSON, Chief Medical Officer — Date

_____/S/_____1/30/18_____
DR. BRAD RIEMANN, Chief Clinical Officer — Date

_____/S/_____1/30/18_____
PATRICK HAMMER President/CEO — Date

REVIEWED: _____

Employee Misconduct of Patients

ROGERS BEHAVIORAL HEALTH

POLICY/PROCEDURE TITLE: *Employee Misconduct to Patients*		Page 1 of 2 w/attachment
		EFFECTIVE: 8/18/15
		REVIEWED DATE: 4/22/2019
POLICY NUMBER 19-057-0815	REPLACES:	19-057-0102 19-057-0409
APPLIES TO: All Staff Medical Staff	APPROVED BY: Vice-President of Human Capital Medical Directors Chief Executive Officer	

POLICY:

It is the policy of *Rogers Behavioral Health* to investigate allegations of employee misconduct and to take appropriate action based on the result of the investigation. Misconduct includes abuse or neglect of hospital patients or misappropriation of hospital patients' property as defined under HFS § 13, Wisconsin Administrative Code. Examples include, but are not limited to:

- **physical abuse**: hitting, slapping, pinching or kicking, to intentionally cause harm;
- **sexual abuse**: harassment, inappropriate touching or assault;
- **verbal abuse**: threats of harm, saying things to intentionally frighten a client;
- **mental abuse**: humiliation, harassment, intimidation with threats of punishment, of depriving a client of care or of the client's possessions;
- **neglect**: intentionally withholding care, failure to carry out a plan of care that could reasonably be expected to cause pain, injury or death of a client;
- **misappropriation of property**: theft of money, identity, credit cards or jewelry, misuse of property, such as using a client's phone without consent.

PURPOSE:

To ensure the protection of patient rights and provide for communication with appropriate regulatory agencies regarding employee misconduct.

PROCEDURE:

1. All employees of *Rogers Behavioral Health* will immediately report any incidents of suspected caregiver misconduct or injury to patients of unknown source to their supervisor and the compliance team.
2. Staff will immediately ensure patient safety and conduct an examination to ensure patient is free from injury. If injury is noted, appropriate intervention will be taken.
3. Immediately upon receiving a report of misconduct, the supervisor, appropriate senior manager, and the compliance team will take steps necessary to protect patients from possible subsequent incidents of misconduct or injury.
4. Staff is to initiate an RMH Incident Report form.
5. Staff is to initiate a Customer Feedback Form and the grievance process, if appropriate, per policy 04-041-xxxx.
6. Staff immediately involved in the alleged abuse incident will be removed from direct patient care pending investigation.
7. A thorough investigation of the incident will be conducted and completed within three (3) working days of the reported incident. Results of this investigation will be documented and submitted to the Chief Operating Officer and Vice President of Human Resources. This documentation will be maintained by the compliance team and in the employee's personnel file. The investigation will be conducted by an investigation committee, consisting of the following.

A. For incidents where EMPLOYEE misconduct is alleged:
   a. program manager responsible for the program when the incident occurred;
   b. manager to whom the employee reports;
   d. Chief Operating Officer for the program in which the incident occurred;
   e. the vice-president of Human Resources, or designee;
   f. Compliance Team

B. For incidents where MEDICAL STAFF misconduct is alleged:
   a. t Chief Operating Officer for the program in which the incident occurred;

b. the hospital medical director;
c. the medical director for the program in which the incident occurred;
d. the president of the Medical Staff;
e. Compliance Team

Under no circumstance may the person alleged to have perpetrated the misconduct serve on the investigation committee.

4. In the event that the investigation committee determines that each of the following are true:
   A. there exists reasonable cause to believe that the hospital or another regulatory authority can name a suspected caregiver; and
   B. there exists reasonable cause to believe that the committee has sufficient evidence, or another regulatory authority could obtain evidence, to show the alleged incident occurred; and
   C. The committee has reasonable cause to believe the incident meets, or could meet, the definitions of abuse, neglect or misappropriation of property within three (3) days, Compliance team or the vice-president of Human Resources will prepare Incident Report form DSL-2447 (attached), and submit it to:

BUREAU OF QUALITY ASSURANCE
Caregiver Regulation & Investigation Section
PO Box 2969
Madison, WI 53701-2969
[for staff not credentialed by the Department of Regulation & Licensing]

-OR-

DEPARTMENT OF REGULATION & LICENSING
PO Box 8935
Madison, WI 53708-8935
[for staff credentialed by the Department of Regulation & Licensing]

5. Regardless of whether or not the investigation committee determines that an incident report needs to be filed with the *Bureau of Quality Assurance* or the *Department of Regulation & Licensing*, the committee will determine what, if any, remedial and/or disciplinary action should be taken with the employee and/or the hospital's system in the interest of patient care. This will be documented in their report.

APPROVED BY:

/S/	9/29/15
RENEE PATTERSON, MHA, Vice-President of Human Capital	Date
/S/	8/20/15
JERRY HALVERSON, MD, Facility Medical Director - Oconomowoc	Date
/S/	9/3/15
KHAZI MUQEET, MD, Facility Medical Director – West Allis	Date
/S/	9/29/15
ROGER LUHN, MD, Facility Medical Director – Brown Deer	Date
/S/	8/18/15
TERESA L. SCHULTZ, RN, MBA, Vice-President of Patient Care/Chief Nursing Officer	Date
/S/	8/18/15
PAUL A. MUELLER, CAPSW, Chief Executive Officer, Rogers Memorial Hospital, Inc.	Date

REVIEWED DATE: 4/22/2019

Alcohol & Other Drug Policy

ROGERS MEMORIAL HOSPITAL, INC.		
POLICY/PROCEDURE TITLE: *Alcohol & Other Drug Policy*		Page 1 of 4 EFFECTIVE: 1/1/19
POLICY NUMBER: 19-051-0119	REPLACES:	19-051-1198 19-051-1199 19-051-0310 19-051-1111 19-051-1117
APPLIES TO: All Staff	APPROVED BY:	Vice President Human Resources Chief Executive Officer President/CEO

POLICY:

Rogers Behavioral Health is committed to a drug-free work environment. Rogers prohibits the unauthorized use, sale, transfer, or possession of alcohol, drugs, or controlled substances while at work or on Rogers property, or operating equipment or vehicles, or operating any other equipment or vehicles on Rogers business, or when off-grounds on Rogers business.

Drug testing is part of the evaluation procedure to maintain a drug-free and alcohol-free work environment. Drug testing will apply in the following circumstances:

- post-offer/pre-employment physical
- reasonable suspicion
- certain post-accident; and/or
- unsafe practices
- random sample testing

Rogers may require submission to a blood test, breathalyzer test, urinalysis, or other drug test by an employee whom Rogers reasonably suspects to be in violation of this policy. Rogers reserves the right to request an observed sample collection and determine where and by whom such tests will be conducted. For state specific guidelines reference State by State Drug Testing.

PROCEDURE:

Testing Procedure

1. Donors must provide a signed authorization of consent to a drug test. Donors must also authorize the release of test-related information by and between Rogers and the laboratory conducting the analysis (Drug and/or Alcohol Testing Consent Form and Chain of Custody Form).
2. A medical center designated by Rogers will collect the sample(s) for testing, utilizing chain of custody procedures protecting sample(s) identity.
3. Rogers will designate the laboratory that will conduct the testing under this section. Testing will be at the expense of Rogers.
4. If a donor's sample tests positive or a diluted negative on an initial drug screen, a more sensitive confirmation test will be conducted, except in the case of blood alcohol, as the initial test is most sensitive. Rogers may require additional samples until such time an accurate result may be obtained.

5. Any individual who refuses to submit to the required drug test, tampers with the testing or specimen, attempts to tamper with the testing or specimen, adulterates the specimen or attempts to adulterate the specimen or otherwise interferes or attempts to interfere with the testing process during the pre-employment physical will be disqualified from further consideration for employment for one year. Any employee who refuses to submit to the required drug test, tampers with the testing or specimen, attempts to tamper with the testing or specimen, adulterates the specimen or attempts to adulterate the specimen or otherwise interferes or attempts to interfere with the testing process will be considered to have tested positive in violation of Rogers policy.
6. If an employee is required to leave work for a drug or alcohol test, Rogers will pay the employee for the time lost from scheduled work day, provided the employee's test result is negative. The employee will be transported by an employee approved to drive to the nearest occupational health facility or due to hour of incident, urgent care or emergency room.

Post-offer/Pre-employment Testing

Upon written acceptance of an offer of employment, each individual is required to complete a post-offer/pre-employment occupational physical at a location designated by the Rogers. A drug test will be part of the required physical exam. The test is to be completed within 5 days of position acceptance. Rogers will withdraw the offer of employment to any applicant with a verified positive test result. The HR team will notify the individual, via phone and in writing, that he/she is precluded from employment due to failure to pass the drug testing component of the post-offer/pre-employment physical exam.

Reasonable Suspicion Testing

A supervisor may require an employee to take a drug test if there is reasonable suspicion that the employee is under the influence of any drug, legal or illegal, that renders the employee unfit for duty, and/or reasonable suspicion that an employee is involved in the improper use, sale, transfer, or possession of any drug, legal or illegal, while on the job, on Rogers property, operating Rogers equipment, and/or operating any other equipment and vehicles on Rogers business. Reasonable suspicion testing may apply to an employee, multiple employees, a unit, or department if diversion is suspected.

Grounds for Reasonable Suspicion:

Reasonable suspicion is based on specific, identified observations and on any reasonable inferences drawn from those observations about the conduct of an individual that would lead a reasonable person to suspect that the individual is under the influence of, and/or involved in the use, sale, transfer, or possession of, or has a drug in his/her system, in excess of established thresholds while on the job, and/or on Rogers property, and/or operating Rogers equipment, and/or operating any other equipment and vehicles on Rogers business.

The criteria to establish reasonable suspicion includes, but is not limited to:

1. Direct, documented observed, by two of the following: Human Resources, Employee Health, a Director, a Supervisor or Lead, a Manager, or a House Supervisor of drug and/or alcohol use or possession and/or the physical symptoms of being under the influence of a drug and/or alcohol that can be identified by the Reasonable Suspicion **checklist** found on the intranet.
2. Conviction for a drug-related offense, or the identification by legal authorities of an employee as the focus of a criminal investigation into illegal drug possess, use or trafficking.
3. Information provided either by reliable and credible sources or independently corroborated.
4. Newly discovered evidence that the employee has tampered with a previous drug test.

Supervisor Guidelines:

1. Remove the employee from the patient care area.
2. Contact the unit manager and the administrator on-call.
3. Supervisor or manager (two if possible) is to meet with the employee regarding the suspicion.
4. Transport the employee to the nearest appropriate facility for testing (see below). Two management staff are to transport the employee in a Rogers vehicle to the nearest testing facility. If no Rogers vehicle is available, the employee and the management staff employees are to be transported via cab. **Under no circumstances is an employee to transport themselves.**
    - During regular business hours (indicate time frame: 8:00 am – 4:30 pm), Contact Employee Health for the appropriate location.
    - During off hours, the employee is to be transported to the nearest urgent care or emergency room.
5. Human Resources and Administration are to be involved regarding disciplinary action.

Post-accident, Unsafe Practice Testing, and/or if patients are involved

After a work-related incident Rogers may order drug or alcohol testing if employee drug or alcohol use is suspected to have contributed to the incident.

Consequences of a Positive Test

If a sample tests positive on an initial drug/alcohol screen, a more sensitive confirmation test(s) may be conducted. If the test(s) confirms positive for drug/alcohol one of the following outcomes occur.

1. It will qualify for cancellation of an offer of employment.
2. Discipline up to and including termination.

Legally Obtained Drugs

Employees must not be at work, on Rogers property or operate equipment or vehicles or operate any other equipment or vehicles on Rogers business under the influence of any drug, legal or illegal, that renders the employee unfit for duty. An employee is "unfit for duty" if, in Rogers opinion, the employee's use of legally obtained drugs jeopardizes his/her ability to work safely or efficiently (i.e., drugs that cause drowsiness or decrease ability to operate machinery). Prescribed lawful medications may be brought onto Rogers property subject to the following limitations:

1. In the event the medication might cause drowsiness or otherwise impact behavior or judgement, the employee must provide a statement from his/her physician that the taking of the medication will not impair performance or create the possibility of harm to the employee, fellow employees, patients or the general public.
2. the amount of medication brought on property may be no more than is necessary to be taken during the current work shift. The medication must be in its original container.
3. the employee must notify his/her manager of the side effects to which they are exposed while on the medication.

If an employee's medically required use of legally obtained drugs renders the employee unfit for duty and, in the opinion of Rogers, a temporary alternative job assignment is not available, the employee will be considered as unfit

for duty due to illness. Rogers may, at its discretion, require an employee deemed unfit for duty to submit to a drug test.

Employee Refusal to Take Drug Test When Required

An employee who refuses to be tested when required will be subject to termination. Identified attempts to alter or substitute the specimen provided and/or interfere with or alter the test in any way will result in immediate termination of employment.

Failure to Appear or Complete Testing

Failure to appear or complete testing without adequate notice and justification will be considered refusal to participate in testing and subject the employee to disciplinary action up to and including termination. It also will qualify for cancellation of an offer of employment.

APPROVED BY:

_____/S/_____1/4/2019_____
BRIAN KRAMER, VICE PRESIDENT HUMAN RESOURCES Date

_____/S/_____12/31/2018_____
PAUL A. MUELLER, CAPSW, CHIEF EXECUTIVE OFFICER Date

_____/S/_____12/28/2018_____
PATRICK HAMMER, PRESIDENT/CEO Date

REVIEWED: _____

P:\Policies & Procedures\Human Resources\19-051-0119 Alcohol & Other Drug Policy [jb] [12/28/2018 1:40 PM]

Background Checks: Prospective & Current Employees

ROGERS MEMORIAL HOSPITAL

POLICY/PROCEDURE TITLE: *Background Checks: Prospective & Current Employees*		PAGE 1 of 1 EFFECTIVE: 04/15/2019
POLICY NUMBER: 19-061-0419	REPLACES: 19-235-0299 19-061-1203 19-061-0406	
APPLIES TO: All Staff Contractors	APPROVED BY: Vice-President of Human Resources President/CEO	

PURPOSE

To ensure quality standards of care and to maintain patient and employee safety, Rogers Behavioral Health conducts background checks on all prospective and current employees in accordance with state and federal employment laws and regulatory requirements. offers of employment and continued employment are contingent on satisfactory completion of these checks.

Procedure:

Prospective Employees:

Once an applicant has accepted an offer of employment, and signs the appropriate authorization form, the background and reference check will be initiated. This will include:

- Criminal Background Check – Includes social security trace, criminal and offender search, state criminal background check and any state specific requirements for the program worked in (such as fingerprint check).
- Reference Check – Applicant must provide number and type of professional references, applicants are prohibited from using a relative of any kind as a reference source.
- Verification of Employment – Applicant will provide information on past employment. Verification will include positions held and dates of employment, including information related to reason for leaving and rehire eligibility when possible and if applicable.
- Education – Applicant will provide all education obtained for verification.
- Verification of License(s)/Credential(s) needed for the position.
- Occupational Health screen.

All criminal history and other information received for background check purposes shall be stored in a secure location. Areas in which the information is processed and handled shall be restricted to authorized personnel in the performance of their duties. Results of background checks will be reviewed by Rogers-authorized personnel only and will be maintained on file per hospital records retention policies.

Rogers Behavioral Health reserves the right to deny or rescind employment offers based on the results of these checks. Having a criminal history does not automatically disqualify an individual from employment, transfer or promotion. Several factors will be taken into consideration, including but not limited to the nature, gravity of the crime and its relationship to the staff's position and time since the conviction. If the background check results lead to a decision not to hire, the applicant will be informed and given an opportunity to respond. If any applicant is found to have falsified any information regarding conviction history, the applicant will not be considered for employment.

If an offer is rescinded due to failure of the prescreen process, the candidate will be referred, and the organization will follow the Adverse Action process in accordance with FCRA requirements. If the reason for denial of employment was due to nondisclosure, the applicant can be reconsidered after 6 months.

Current Employee Background Check:

- Background checks will be conducted at a frequency and scope required to maintain Rogers' accreditation and in compliance with all applicable state, federal, and program-specific regulations or laws.
- License(s) / Credential(s) will be verified annually for positions with these requirements.
- ANYONE WHO IS ARRESTED AND/OR CONVICTED OF ANY CRIME or has been or is being investigated by any governmental agency for any act or offense, must immediately notify their Human Resources Representative (HR Business Partner or Director of HR) no later than the next business day following the event. ALL employees, contractors (including temporary and agency workers), and students or interns. Failure to notify within the required timeframe may result in disciplinary action up to and including termination.

APPROVED BY

_____/s/_____4/15/2019_____
BRIAN KRAMER, VICE PRESIDENT OF HUMAN RESOURCES Date

_____/s/_____4/15/2019_____
PATRICK HAMMER, President/CEO Date

REVIEW DATE: _____

P:\Policies & Procedures\Human Resources\19-061-0419 Background Checks Prospective & Current Employees [jb] (4/17/2019 8:38PM)

Social Networking

ROGERS MEMORIAL HOSPITAL, INC.	
POLICY/PROCEDURE TITLE: *SOCIAL NETWORKING POLICY*	5 PAGES EFFECTIVE: 06/15/2018
POLICY NUMBER: 24-018-0618	REPLACES: 19-067-0210 19-067-0316
APPLIES TO: All Staff	APPROVED BY: VICE PRESIDENT HUMAN RESOURCE VICE PRESIDENT MARKETING VICE PRESIDENT CLINICAL TECHNOLOGY SERVICES PRESIDENT/CHIEF EXECUTIVE OFFICER

POLICY:
It is the policy of Rogers Behavioral Health (Rogers) to ensure that employees who use social networking for business reasons, do so in a responsible manner that is lawful and protects the confidentiality of Rogers' patients. This policy applies to all employees when discussing or posting information about Rogers, its business operations, employees or patients in an online forum, regardless of whether during or outside of work.

Employees should carefully read this Social Networking Policy and ensure their social media engagement (posting, creating, contributing content) is consistent with this policy. Nothing in this policy is intended to discourage or interfere with an employee's rights under the National Labor Relations Act or other applicable laws, including the right of employees to discuss their terms and conditions of employment.

PURPOSE:
The purpose of this policy is to ensure employees understand appropriate and prohibited conduct when using or engaging with official Rogers or personal social media.

PROCEDURE:

GUIDING PRINCIPLES
The same principles and guidelines found in the Rogers' Code of Conduct apply to your activities online. Ultimately, you are solely responsible for what you post online. Before creating online content, consider some of the risks and rewards that are involved. Keep in mind that any of your conduct that adversely affects your job performance, the performance of fellow employees or otherwise adversely affects patients, visitors, suppliers, people who work on behalf of Rogers, or Rogers' legitimate business interests may result in disciplinary action up to and including termination.

1. Know and Follow the Rules
   Carefully read these guidelines, Rogers' Anti-Harassment Policy, and applicable patient privacy policies (including HIPAA), and ensure your postings are consistent with these policies. Inappropriate postings that may include discriminatory remarks, harassment, and threats of violence or similar inappropriate or unlawful conduct will not be tolerated and may subject you to disciplinary action up to and including termination.

2. Be Respectful
   Always be fair and courteous to fellow employees, patients, visitors, suppliers, people who work on behalf of Rogers. Also, keep in mind that you are more likely to resolve work-related complaints by speaking directly with your co-workers and/or supervisors than by posting complaints to a Social Networking outlet. Nevertheless, if you decide to post complaints or criticism, avoid using statements, photographs, video or audio that reasonably could be viewed as malicious, obscene, threatening or intimidating, that disparage patients, visitors, employees, vendors, or others, or that might constitute harassment or bullying. Examples of such conduct might include posts that could contribute to a hostile work environment on the basis of race, sex, disability, religion or any other status protected by law or Rogers' policy.

3. Be Honest and Accurate
   Make sure you are always honest and accurate when posting information or news, and if you make a mistake, correct it quickly. Be open about any previous posts you have altered. Remember that the Internet archives almost everything; therefore, even deleted postings can be searched. Never post any information or rumors that you know to be false about Rogers, fellow employees, patients, visitors, suppliers, people who work on behalf of Rogers or Rogers' legitimate business interests.

Official Rogers Social Media account guidelines:

1. All Official Social Media is coordinated and published through Marketing. Employees may not create social networking pages, websites, blogs, etc. on behalf of Rogers without approval from Marketing.

2. Photos or any identifying information of current patients must not be used. For former patients, a signed authorization form must be obtained before any information, photo or video is posted. A former patient should never be able to identify himself/herself by Rogers' posts without specific written permission.

3. Rogers' confidential or other proprietary information must not be provided.

4. If you are ever unsure whether something you want to do or post on social media sites is acceptable, please contact Marketing to discuss.

Personal social media account guidelines:

1. With the exception of online networks or applications for professional purposes, do not use a Rogers email address to register for social networks, blogs or other personal online tools.

2. In personal use of online social networks such as LinkedIn or Facebook, employees who provide patient care may choose not to include their association with Rogers or a personal address in order to protect their own safety as well as the safety of others at Rogers. Employees may choose to identify themselves as part of Rogers, but in that case, the profile and all content should follow the guidelines below:
   - Do not break the law.
   - Rogers standards of conduct may still apply.
   - Rogers strongly discourages tagging, following or friending patients or their families on a personal Facebook page, or other social media sites.
   - Do not make claims or statements you know to be false about Rogers, its competitors, officers, directors, trustees, employees, clinicians, patients or other commentators.
   - Do not offer for sale, or solicit, products or services or endorse any product or service on behalf of Rogers.
   - Do not make comments that could create an intimidating or hostile work environment at Rogers, such as offensive comments about age, race, sex, sexual orientation, religion, gender, etc. of co-workers.
   - Do not use discriminatory or other offensive language or ethnic, racial or religious slurs that could be reasonably interpreted as a threat or suggest violence or other unlawful or improper conduct directed at Rogers, a co-worker or a patient.
   - Do not engage in communication that is defamatory toward fellow employees, patients, competitors or anyone else. Respect all copyright and other intellectual property laws. For Rogers protection as well as your own, it is critical that you show proper respect for the laws governing copyright, fair use of copyrighted material owned by others, trademarks and other intellectual property, including Rogers' own copyrights, trademarks and brands.
   - Employees should identify themselves and be clear that they are speaking for themselves. Employees should not share opinions about Rogers or Rogers-related matters anonymously. Employees who disclose any information in their personal accounts about the work they perform on behalf of Rogers that could pose an actual or potential conflict with Rogers' position on any issues, should disclose their relationship to the organization and indicate it is their personal view.

- Use a disclaimer. Employees do not have authorization to speak on behalf of the Rogers, unless permission is specifically granted by an officer of the organization. Information shared via social networking is the opinion of the employee only – not Rogers – and this should be communicated to recipients of the information.
- Do not disclose any confidential, proprietary, or trade secret information of Rogers. Rogers' confidential information includes but is not limited to: development plans, inventions, strategy, financial reports, financial situation, pricing, business contracts, investments, marketing strategy, patient records, or any other patient information.
- Abide by confidentiality requirements. Respect and comply with all applicable laws that protect patient privacy, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH), State privacy laws, and any regulations interpreting those laws, all as amended from time to time. Employees can never post information to a Social Networking site, in written, video, or photographic form, that contains a patient's Protected Health Information without first obtaining the patient's, or the patient's legal representative's, permission to disclose his or her Protected Health Information. Even stating that a patient is receiving care without the patient's permission could be an improper disclosure of Protected Health Information. In addition, disclosing information about an episode of care without specifically identifying a patient also could result in an improper disclosure of Protected Health Information.
- Respect employees, patients, and families of Rogers. When you identify yourself as an employee of Rogers within a social network, you are connected to our employees and those we serve. Communicate online with respect for others. Remember, that information shared via social networking is generally public information that could easily be viewed by our employees and patients and families.
- If an employee is unsure or concerned about the appropriateness of a posting, he or she should refrain from making it.

1. We encourage employees to engage with official Rogers' social media posts as appropriate. For example, an employee may want to help promote the message of a recent blog post on Rogers' Facebook page by liking or sharing that post. Engagement from our employees helps increase awareness of our organization.

2. Abide by confidentiality requirements. Respect and adhere to the Rogers policy on confidential information and any confidentiality/employment/restrictive covenant agreement you signed with Rogers. Do not give out confidential and/or proprietary information.

3. You are responsible for what other users post on your individual social networking profile.

Prohibited conduct use of personal social media during work hours:

It is important that employees use their work time to care for patients and conduct Rogers business. During work time, employees may not:

1. Use social networking sites to conduct personal or non-Rogers business.

2. Browse social networking sites for non-Rogers business.

3. Read e-mail alerts regarding personal social networking account activity, or use your system e-mail as your contact for personal social networkingsite alerts..

4. Update information, upload photos or otherwise engaging with one's own personal, social media sites for non-business purposes.

5. Post for a non-business purpose on a social networking site, whether it is on a Rogers-approved computer or a personal mobile device.

Guidelines for the development of official Rogers social media:

This section pertains to Marketing employees who support the development of social media content for the Official Rogers Social Media accounts.

1. Never represent Rogers in a false or misleading way. All statements must be true and all claims must be substantiated.

2. Post respectful comments when responding to a comment on official Rogers social media posts — no remarks that are off-topic or offensive.
    a. If a negative comment is posted on an official Rogers social media channel, consult the Marketing Social Media Response roadmap as a guideline. Marketing employees should consult with department leadership if there are questions about how to respond.

3. Never comment on anything related to legal matters, litigation, or any parties Rogers may be in litigation with. Any exceptions must be approved by Marketing leadership and legal counsel.

4. If a crisis situation or controversial social media discussion is occurring, Marketing leadership should be consulted.

Definitions:

Official Rogers Social Media (or Official Social Media)

Refers to social media sites created or approved by Rogers Marketing for Rogers' benefit as part of Marketing and Communications initiatives.

Personal social media

Refers to an employee's use of his or her own social media sites (Facebook, Twitter, LinkedIn page, or participation in any external social media, or website.)

Social networking/social media

Any activity that involves interaction in online communities of people. This interaction includes, but is not limited to:

- Any Rogers' blogs, wikis, forums, video channels, or Social Networking Sites
- Any personal blogs or Social Networking Sites that contain postings about Rogers and its employees, board members, patients, clinicians, customers, or vendors, or are otherwise related to the organization;
- Any postings about Rogers' business, services, affiliates, employees, board members, patients, clinicians, customers, or vendors, or are otherwise related to the organization;
- Any employee participation in Social Networking engagements (as defined above) referencing or relating to Rogers' business, services, affiliates, employees, board members, patients, clinicians, customers, or vendors, or are otherwise related to the organization;
- Browsing other users' profiles, browsing other users' photos, reading messages sent through social networking forums and otherwise engaging in online communities' instant messages services.

Social networking/social networking sites

Specific online communities of users, or any website that links individuals electronically and provides a forum where users can connect and share information. These websites can be general or tailored to specific interests or certain types of users. Examples of social media sites include: Facebook, Twitter, Flickr, Classmates.com, LinkedIn, Instagram and Snapchat. The list of domains that constitute social media sites is ever-growing and changing because of the nature of the Internet.

Social networking/social media profile

A specific user's personalized webpage within a certain social media site, usually containing personal information such as name, birthday, profile photo, interests, school or workplace, etc.

Posting
The practice of publishing your recent whereabouts, thoughts or activities on a social networking site for other users to see.

Business Purpose
Using a social networking site on Rogers' behalf or at the direction of Rogers, usually as a task or assignment given by a manager/supervisor.

General disclaimer:
All electronic communications and posting via Social Networking channels that discuss Rogers or related matters will be subject to monitoring and/or search by Rogers at any time and for any reason, regardless of whether created during or outside of work time.

Legal liability:
Violation of this policy may result in discipline up to and including termination of employment. When you publish your opinions through a social networking account, you are legally responsible for your commentary. You may be personally liable for comments deemed to be knowingly or maliciously false.

Rogers will not defend you in any legal actions based on your commentary through any personal social networking account under any circumstances, whether you are sued by another Rogers employee, patient, family, vendor, or someone who is not affiliated with Rogers.

Questions or uncertainty regarding the content of this policy should be directed to your supervisor or Administration.

APPROVED BY:

_____/s/_____6/15/18_____
Brian Kramer, Vice President Human Resources Date

_____/s/_____6/15/18_____
Anne Ballentine, Vice President Marketing & Communications Date

_____/s/_____6/15/18_____
Adam El-Ali, Vice President Clinical Services Technology Date

_____/s/_____6/15/18_____
Patrick Hammer, President/Chief Executive Officer Date

REVIEWED: _____

Personnel Files – Retention

ROGERS MEMORIAL HOSPITAL

POLICY/PROCEDURE TITLE: *PERSONNEL FILES: RETENTION*	PAGE: 1 of 1
	EFFECTIVE DATE: 02/04/00
	REVIEWED DATE: 4/18/2019
POLICY NUMBER: 19-233-0100	REPLACES: 19-233-1193
APPLIES TO: All Staff	APPROVED BY: Director of Human Resources President/CEO

POLICY:

It is the policy of Rogers Memorial Hospital to retain current personnel files for the duration of employment. Upon termination of employment, the file will be retained in the terminated files on the Hospital premises for a period of time no less than one year. When removed from the terminated file they will be kept in the Hospital storage area where they will remain indefinitely. Personnel files may not be removed from the Human Resource Department nor the Hospital storage area without written authorization by the Human Resource Department.

APPROVED BY:

RENEE PATTERSON, Director of Human Resources Date

DAVID L. MOULTHROP, PH.D., President/CEO Date

REVIEWED DATE: 4/18/2019:

Rogers Behavioral Health

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