

Doctoral internship program: Handbook

July 2023

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Table of contents

Introduction	3
About Rogers Behavioral Health	3
Hospital licensing and accreditation	4
Hospital mission, vision, and values	4
Our Mission:	4
Our Vision:.....	5
Our Values:	5
Equal Employment Opportunity / Affirmative Action:.....	5
Training location.....	5
Diverse opportunities within the metro-Milwaukee area.....	5
Overview of the internship	8
Plan location and sequence of training experiences	8
Adult OCD and Anxiety Disorders Residential Care track.....	8
Adolescent Inpatient Care track	10
Adult Inpatient Care track.....	13
Adult Mental Health and Addiction Recovery Residential Care track.....	16
Adult Trauma Recovery Residential Care Track	18
Program philosophy and training curriculum	20
Aims of the program	20
Accreditation.....	21
Profession-wide internship competencies	22
I. Research/Scholarly Inquiry	22
II. Ethical and Legal Standards	22
III. Individual and Cultural Diversity	23
IV. Professional Values and Attitudes	23
V. Communication and Interpersonal Skills.....	24
VI. Assessment	25
VII. Intervention	26
VIII. Supervision	27
IX. Consultation and Interprofessional/Interdisciplinary Skills	27
X. Track-specific.....	28
Clinical experience.....	32
Sample time commitment	32
Assessment / Consultation	32
Formal consultation vs informal consultation	32
Adult OCD and Anxiety Disorders Residential Care track:.....	32
Adolescent Inpatient Care / Adult Inpatient Care tracks:.....	34
Adult Mental Health and Addiction Recovery Residential Care track:.....	34
Adult Trauma Recovery Residential Care track:	34
Intervention	35
Adult OCD and Anxiety Disorders Residential Care track:.....	35
Adolescent Inpatient Care / Adult Inpatient Care tracks:.....	35
Adult Mental Health and Addiction Recovery Residential Care track:.....	35
Adult Trauma Recovery Residential Care track:	36
Treatment team meetings.....	36
Supervision	36
Individual supervision.....	36
Supervision of students and assigned staff members.....	37

Group supervision and supervision of supervision	37
Didactic training	37
Staffing and education schedules	37
Didactic seminars overview	38
Didactics seminar schedule	39
Professional development opportunities	50
Internship format	51
Compensation	51
Benefits and liability insurance	51
Paid time off and holiday pay	51
Professional development	52
Training staff	52
Supervising psychologists	52
Commitment to diversity	55
Diversity statement	55
Diversity plan	56
Application eligibility and procedures	61
Eligibility of applicants	61
Application materials	61
Intern selection	61
Interviews	61
Matching	62
Timeline	62
Pre-employment screening	62
Outside employment	62
Requirements for completion of internship	63
Evaluation measures	63
Evaluations completed by interns	63
Evaluations of the interns	63
Minimum levels of achievement	63
Remediation and termination	64

Introduction

About Rogers Behavioral Health

Rogers Behavioral Health is a not-for-profit, independent, private provider of specialized mental health and addiction treatment since 1907. Based in Wisconsin, Rogers provides services throughout a growing network of communities across the U.S. The System also includes Rogers Behavioral Health Foundation, which supports patient care, programs, and Community Engagement and Learning, an initiative that works to eliminate the stigma of mental health challenges; and Rogers Research Center, which pursues research that is directly translatable/related to the needs of the patient population we serve and to the behavioral health field.

Specialized care

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

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

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

Specialized outpatient, residential and inpatient options for care

- Patients can access up to four levels of care:
 - Specialized outpatient care includes partial hospitalization programs that meet 6 to 7 hours a day, 5 days a week for 6 to 8 weeks (PHPs) and intensive outpatient programs that meet 3 hours a day, 4 to 5 days a week for 4 to 6 weeks (IOPs) throughout the US.
 - Internationally recognized residential care programs at locations adjacent to our hospitals in Wisconsin provide intensive psychiatric and addiction care seven days a week in safe, supportive, home-like settings with the typical length of stay lasting 30 to 90 days.
 - Inpatient care services at three hospital locations in southeastern Wisconsin for stabilization during an acute episode. The length of stay is based on the needs of the patient and condition. While the average adult inpatient stay is 5 to 7 days, inpatient stays for withdrawal management averages 3 to 5 days, inpatient stays for eating disorders average two to three weeks, and adolescent stay averages 7 to 10 days.
- Clinical outcomes research shows that patients do best, including a decrease in readmissions, using the full continuum of care completing partial hospitalization after inpatient or residential. Patients are most likely to sustain their gains and many continue to make progress. Patients can also step up a level, down a level or find the one level of care that works best for them. With

outpatient clinics located across the country, convenient care may be available close to where patients live.

Rogers' therapeutic approach

- At Rogers Behavioral Health, patients learn how to apply the tools and skills they need to give them the best chance of full recovery. We use an intensive model of evidence-based care that has been effective for thousands of patients. Caregiver or supportive loved ones involvement is a key part of many programs.
- If applicable, Rogers provides significant individual treatment throughout all levels of care in addition to group therapy.
- If patients have not seen improvement in depression symptoms with the combination of therapy and medication, we offer transcranial magnetic stimulation (TMS) at some locations. Patients and the care team decide if this is the right approach.
- In addition to these evidence-based therapies, we offer mindfulness and experiential therapy such as movement, art, music, and horticultural therapy that often enhance our patients' experience and well-being. And, spiritual care is available at various locations, providing a holistic approach to healing, regardless of faith or belief system. We're committed to working with patients in a warm, inviting environment to find the combination that helps patients onto a road to recovery.
- We recognize that our patients arrive with unique identities that impact their experience of mental health symptoms and treatment. We are here to support all patients, including those who are transgender, nonbinary, gender-nonconforming or exploring their gender identity.

Quality care with demonstrated clinical outcomes

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

Hospital licensing and accreditation

All of the Rogers Behavioral Health service locations are licensed under Rogers Memorial Hospital, Inc. Rogers is licensed as a psychiatric hospital by the State of Wisconsin and is accredited by The Joint Commission. The Doctoral Psychology Internship Program is accredited by the American Psychological Association (APA) and the reaccreditation site visit occurred on July 26 and 27, 2023.

Commission on Accreditation Contact information:

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Email: apaaccred@apa.org

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Hospital mission, vision, and values

Our Mission:

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

Our Vision:

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

Our Values:

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

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

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

Equal Employment Opportunity / Affirmative Action:

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

Training location

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

The city of Oconomowoc is located in southeastern Wisconsin, about 30 miles west of Milwaukee. Our campus is less than an hour from Madison and approximately two hours from Chicago. Additional information about the Oconomowoc area can be found at: <http://www.oconomowoc-wi.gov>

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

Diverse opportunities within the metro-Milwaukee area

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

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

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

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

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

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

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

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

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Overview of the internship

Plan location and sequence of training experiences

While all interns overlap on many aspects of their training, the internship consists of five track options at Rogers Behavioral Health's Oconomowoc campus:

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

All internship tracks are five days a week. *A separate application is required for each track.*

Adult OCD and Anxiety Disorders Residential Care track

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

Prior to admission, an initial telephone screening is conducted by admissions staff and then reviewed by the key clinical and medical staff. Based on this review, a recommendation is made for the appropriate level of care. On admission, a comprehensive evaluation, which includes a battery of assessments to ascertain the patient's medical, emotional, educational, developmental and social history, is conducted. This detailed assessment also includes administration of Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) self-report and creation of a graduated exposure hierarchy based on the patient's unique concerns.

Upon admission, each patient is assigned to a core clinical team consisting of a psychiatrist, psychologist, behavioral specialist (BS), nurse, therapist, and mental health technicians (MHTs). Members of the core clinical team conduct a detailed assessment, develop the treatment goals and exposure hierarchy, then facilitate and monitor the patient's progress. Treatment goals are accomplished through a program consisting of individual sessions and group psychotherapy.

The center's staff uses a strict cognitive-behavioral approach and a graduated exposure hierarchy for each individual. For OCD, the main emphasis is Exposure and Ritual Prevention (ERP). In addition to ERP, other evidence-based CBT and cognitive strategies and dialectical behavior therapy skills are also taught. Approximately 30 hours of cognitive-behavioral therapy treatment is provided each week. See Sample Schedule. *

The length of stay at the residential center is open-ended; the average length is approximately 50 days. Our overall goal is for patients to complete at least 70% of their hierarchy during their treatment stay before recommendation for step down to outpatient care is determined (50% of hierarchy if attending a partial hospitalization program specializing in ERP).

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

Sample schedule:

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

Supplemental experiences:

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

Adolescent Inpatient Care track

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

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

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

Interns will also engage in a combination of the following:

- Facilitation of individual, group, and some caregiver support sessions,
- Supervision of therapeutic specialists and unit staff/students,
- Attendance at staffing to offer clinical case conceptualizations and clinical guidance,
- Clinical training and mentorship of unit staff,
- Completion of diagnostic assessments/consultations,
- Offering clinical education and support to loved ones to facilitate their follow through in completing the recommended clinical pathway,
- Monitoring of clinical fidelity to the unit protocols,
- Modeling trauma informed and diversity-sensitive clinical milieu management,
- Development and supervision of clinical/behavioral plans for patients who are struggling on the unit.

The Adolescent Inpatient Unit

The Oconomowoc hospital location can accommodate up to 14 patients on the Adolescent General Mental Health unit. Patients are placed into programming based on their developmental and diagnostic need. There may also be opportunities for the interns to consult on the Child and Adolescent Eating Disorder unit which can accommodate up to 15 patients.

Each patient is assigned to a core clinical team consisting of a psychologist, psychiatrist, nurses, a social worker, patient care associates, therapeutic specialists, special education teachers, and experiential therapists. The team conducts a detailed assessment, develops the treatment goals with collaboration from the patient and caregiver, then facilitates and monitors the patient's progress throughout treatment. The inpatient hospitalization team focuses on giving a complete and accurate diagnostic assessment, stabilizing medical and emotional conditions, and helping the whole support system start a process of recovery through a solid plan for continuing care.

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

General Mental Health Treatment Protocols

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sample schedule:

Time	Activity
7:30-8 am	Breakfast
8-8:15 am	Medications taken
8:30-9:30 am	Check In; Skills group
9:30-10:15 am	Motivation group
10:15-10:30 am	Transition (Snack)
10:30-11:30 am	Academic support
11:30-12 pm	Lunch
12-1:15 pm	Experiential therapy group
1:15-1:30 pm	Transition time
1:30-2:15 pm	CBT education group
2:15-2:30 pm	Medications taken
2:30-3 pm	Supervised assignments / Snack
3-3:45 pm	Safety group
3:45-4:30 pm	Check out groups (Fri -Pet therapy)
4:30-4:45 pm	Transition time
4:45-5:15 pm	Dinner
5:15-6:30 pm	Visiting / On unit staff-led activity
6:30-6:45 pm	Transition time
6:45-8 pm	Check-out / Skills practice group
7:45-8 pm	Snack
8-8:15 pm	Medications taken
8:15-9:30 pm	Personal time / Room time
9:30 pm	Lights out

Adult Inpatient Care track

The adult inpatient team's comprehensive treatment approach helps adults achieve stabilization, learn new skills and gain hope in improving their overall functioning. The inpatient team works closely with the patient's loved ones and community providers to facilitate services that meet the needs of the patient and that promote improved functioning across settings. The inpatient treatment team includes psychologist, psychiatrists, registered nurses, therapeutic specialists, spiritual care staff, social workers, patient care associates, and experiential therapists. Treatment is provided in a safe, structured therapeutic setting that allows for around-the-clock intensive care. Patients receive developmentally appropriate therapeutic services including individual, group, and experiential therapy in addition to psychiatric consultation. All groups are facilitated by a collaborative multidisciplinary team and incorporate a strength-based and trauma informed care model. Individual meetings and caregiver support sessions explore patient and relational dynamics, reinforce skills taught, and actively plan for follow through with aftercare. A continuum of care is available and tailored to facilitate the completion of a clinical pathway to both solidify and advance gains for each patient.

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

Interns will also engage in a combination of the following:

- Facilitation of individual, group, and caregiver support sessions,
- Supervision of patient care associates and unit staff/students,
- Attendance at staffing to offer clinical case conceptualizations and clinical guidance,
- Clinical training and mentorship of unit staff,
- Completion of diagnostic assessments/consultations,
- Offering clinical education and support to loved ones to facilitate their follow through in completing the recommended clinical pathway,
- Monitoring of clinical fidelity to the unit protocols,
- Modeling trauma informed and diversity-sensitive clinical milieu management,
- Development and supervision of clinical/behavioral plans for patients who are struggling on the unit.

The Adult Inpatient Unit

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

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

General Mental Health Treatment Protocols

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

Basic descriptions of the group topics are as follows:

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

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

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

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

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

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

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

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

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

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

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

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

Sample schedule:

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

Adult Mental Health and Addiction Recovery Residential Care track

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

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

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

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

Upon admission, each patient is assigned to a core clinical team consisting of a psychiatrist, psychologist, therapist, recovery support specialist, registered nurse, experiential therapists, mental health technicians, and, as needed, behavioral specialist, registered dietitian, and/or spiritual counselor. Members of the core clinical team conduct a detailed assessment, develop treatment goals, and facilitate and monitor the patient's progress throughout treatment. Treatment goals are accomplished through a program consisting of individual sessions, group psychotherapy, and community-based support groups.

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

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

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

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

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

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

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

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

Sample schedule:

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

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

Supplemental experiences:

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

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

Adult Trauma Recovery Residential Care Track

There are only a few dozen trauma non-VA residential Trauma/PTSD programs in the United States, and even fewer that use evidence-based treatments as the main treatment approach for symptom reduction. The Trauma Recovery program at Rogers is one of the few that emphasizes time on two goals: 1) Addressing symptom reduction in trauma and comorbid conditions, and 2) Helping the patient develop meaning and values in life so that they are prepared and have skills to grow after completing treatment.

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

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

Upon admission, each patient is assigned to a core clinical team consisting of a psychiatrist, psychologist, clinical therapist, registered nurse, social worker, and experiential therapist (and, as needed, registered dietitians). Members of the core clinical team conduct a detailed assessment, develop treatment goals and facilitate and monitor the patient's progress throughout treatment. Treatment goals are accomplished through a program consisting of individual work sessions and group psychotherapy. The program's staff uses a cognitive-behavioral approach with supportive third-wave behavioral therapies for each individual. To address trauma symptoms, the main emphasis is on Prolonged Exposure. However, other CBT strategies are utilized as needed depending on any additional diagnoses or needs. While most of the direct therapeutic applications happen during a nine-hour window each weekday, assignments and other activities designed to promote recovery occur at night and on weekends.

Sample schedule:

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

Supplemental experiences:

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

opportunities for conference presentations (e.g., poster presentations, symposium presentations, etc.) as well as manuscript authorship. We have existing databases with admission, discharge, and weekly assessments on hundreds of patients and have current research projects in various stages, as well as the opportunity for new endeavors. Our research focuses on many symptom measures, but also possible mechanisms of change, personality variables, therapeutic alliance, and improvements in life (e.g., quality of life, defining meaning and values, interpersonal growth, self-compassion, etc.).

Program philosophy and training curriculum

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

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

Aims of the program

To produce entry level health service psychologists:

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

Accreditation

The internship is a member in good standing of the Association of Psychology Post-doctoral and Internship Centers (APPIC). The internship is accredited by the American Psychological Association (APA) as of 2014 and the reaccreditation site visit occurred on July 26 and 27, 2023.

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Profession-wide internship competencies

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

I. Research/Scholarly Inquiry

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

II. Ethical and Legal Standards

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

- c. Document clinical contacts timely, accurately, and thoroughly
- 5. Demonstrates cultural humility in actions and interactions
 - a. Identifies areas of cultural considerations as it relates to ethical decision-making

III. Individual and Cultural Diversity

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

IV. Professional Values and Attitudes

1. Behave in ways that reflect the values and attitudes of psychology including integrity, deportment, professional identify, accountability, lifelong learning and concern for the welfare of others.
2. Actively seek and demonstrate openness and responsiveness to feedback in supervision.
3. Respond professionally in increasingly complex situations with a significant degree of independence.
4. Accurately self-assesses competence in all competency domains; integrates self-assessment in

- practice; recognizes limits of knowledge/skills and acts to address them; understands the importance of having an extended plan to enhance knowledge/skills
- a. Interact with colleagues and supervisors in a professional and appropriate manner
 - b. Engage in self-care and appropriate coping skills in regard to stressors
 - c. Effectively engage in self-evaluation in order to utilize personal strengths in the therapeutic process
 - d. Shows awareness of need for and develops plan for ongoing learning to enhance skills
5. Self-monitors issues related to self-care and promptly intervenes when disruptions occur
 - a. Interact with colleagues and supervisors in a professional and appropriate manner
 - b. Engage in self-care and appropriate coping skills in regard to stressors
 - c. Effectively engage in self-evaluation in order to utilize personal strengths in the therapeutic process
 6. Demonstrates reflectivity in context of personal and professional functioning (reflection-in-action); acts upon reflection; uses self as a therapeutic tool.
 - a. Engages in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, wellbeing, and professional effectiveness.
 - b. Effectively engage in self-evaluation in order to utilize personal strengths in the therapeutic process
 - c. Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.
 7. Conducts self in a professional manner across settings and situations
 - a. Interact professionally as a member of a multidisciplinary team
 - b. Provide informative and appropriate professional presentations
 8. Demonstrates cultural humility in actions and interactions
 - a. Role models cultural humility with the interdisciplinary team

V. Communication and Interpersonal Skills

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

- c. Document clinical contacts in a timely manner, accurately, and thoroughly
- 6. Demonstrates cultural humility in actions and interactions
 - a. Is able to discuss cultural considerations and differences with both professionals and patients

VI. Assessment

1. Independently selects and implements multiple methods and means of evaluation in ways that are appropriate to the identified goals and questions of the assessment as well as diversity characteristics of the service recipient.
 - a. From a variety of testing materials, select those most appropriate for the referral question
 - b. Collect data from a variety of sources (interview, medical record, prior testing reports, collateral information)
2. Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning
 - a. From a variety of testing materials, select those most appropriate for the referral question
 - b. Collect data from a variety of sources (interview, medical record, prior testing reports, collateral information)
 - c. Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process
3. Independently selects and administers a variety of assessment tools that draw from the best available empirical literature and that reflect the science of measurement and psychometrics and integrates results to accurately evaluate presenting question appropriate to the practice site and broad area of practice
 - a. From a variety of testing materials, select those most appropriate for the referral question
 - b. Administer, score, and interpret testing results correctly
4. Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity
 - a. Collect data from a variety of sources (interview, medical record, prior testing reports, collateral information)
 - b. Incorporate data into a well-written, integrated report
 - c. Demonstrate a working knowledge of DSM-5 nosology and multiaxial classification
5. Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment
 - a. Collect data from a variety of sources (interview, medical record, prior testing reports, collateral information)
 - b. Incorporate data into a well-written, integrated report
 - c. Demonstrate understanding of human behavior within its context (e.g., supportive loved ones, social, societal, and cultural)
6. Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
 - a. Incorporate data into a well-written, integrated report
 - b. Demonstrate a working knowledge of DSM-5 nosology and multiaxial classification
7. Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question
 - a. Provide accurate and clinically relevant feedback regarding testing, assessment, and behavior modification plans to non-psychology staff
 - b. Provide psychological input to improve patient care and treatment outcomes

8. Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations
 - a. Provide accurate and clinically relevant feedback regarding testing, assessment, and behavior modification plans to non-psychology staff that is sensitive to a range of audiences
 - b. Interact professionally as a member of a multidisciplinary team
 - c. Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
9. Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
 - a. Provide accurate and clinically relevant interpretation regarding testing, assessment, and behavior modification plans to non-psychology staff
 - b. Apply evidence-based practice in clinical work
10. Demonstrates cultural humility in actions and interactions
 - a. Seeks out further knowledge regarding cultural considerations in the process of assessment.

VII. Intervention

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

VIII. Supervision

1. Apply knowledge of supervision models and practices in direct practice with psychology trainees or other mental health professionals (i.e., role play, peer supervision).
2. Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and effectively addresses limits of competency to supervise
 - a. Identify and respond appropriately to ethical issues as they arise in clinical practice
 - b. Interact with colleagues and supervisors in a professional and appropriate manner
 - c. Engage in self-care and appropriate coping skills in regard to stressors
3. Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients
 - a. Identify and respond appropriately to ethical issues as they arise in clinical practice
 - b. Interact with colleagues and supervisors in a professional and appropriate manner
 - c. Engage in self-care and appropriate coping skills in regard to stressors
4. Provides effective supervised supervision, including direct or simulated practice, to less advanced students, peers, or other service providers using the skills of observing, evaluating, and offering feedback.
 - a. Interact with colleagues and supervisors in a professional and appropriate manner
 - b. Document clinical contacts timely, accurately, and thoroughly
5. Independently seeks supervision when needed
 - a. Engage in self-care and appropriate coping skills in regard to stressors
 - b. Identify and respond appropriately to ethical issues as they arise in clinical practice
6. Demonstrates cultural humility in actions and interactions
 - a. Discusses cultural considerations related to all aspects of roles and responsibilities as an intern within supervision.

IX. Consultation and Interprofessional/Interdisciplinary Skills

1. Determines situations that require different role functions and shifts roles accordingly to meet referral needs
 - a. Interact professionally as a member of a multidisciplinary team
 - b. Provide psychological input to improve patient care and treatment outcomes
2. Applies methods to enhance learning of others in multiple settings
 - a. Interact professionally as a member of a multidisciplinary team
 - b. Provide informative and appropriate professional presentations
 - c. Engages in role-played consultation, peer consultation or provision of consultation to other trainees
3. Applies literature to provide effective consultative services (assessment and intervention) in most routine and some complex cases
 - a. Provide accurate and clinically relevant feedback regarding testing, assessment, and behavior modification plans to non-psychology staff
 - b. Provide psychological input to improve patient care and treatment outcomes
 - c. Apply evidence-based practice in clinical work
4. Demonstrates knowledge of didactic learning strategies and how to accommodate developmental and individual differences across multiple settings.
 - a. Interact professionally as a member of a multidisciplinary team
 - b. Provide informative and appropriate professional presentations
 - c. Apply evidence-based practice in clinical work
5. Demonstrates awareness of multiple and differing worldviews, roles, professional standards, and

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

X. Track-specific

Adult OCD and Anxiety Disorders Residential Care

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

Adolescent Inpatient Care

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

Adult Inpatient Care

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

Adult Mental Health and Addiction Recovery Residential Care

1. Provide evidenced-based individual, group, and supportive loved ones sessions (if applicable) consistent with the role of a Health Service Psychologist.
2. Provide individual or group supervision in direct practice that includes observing, evaluating, and giving guidance that is consistent with currently accepted competency-based models to assigned

staff members or students.

3. Provide consultation to behavioral specialists and social service personnel to appropriately apply evidence-based treatment strategies consistent with patient needs and high-quality patient care.
4. Complete high quality diagnostic assessments to clarify patient needs, diagnosis, and recommended course of treatment.
5. Monitor patients' treatment progress with validated measures and offer guidance to treatment team members regarding patients' clinical needs.
6. Apply evidence-based treatment methods independently as needed (CBT, MI, ERP, DBT, BA, etc.)
7. Participate on and communicate effectively with members of a multidisciplinary team to achieve and maintain high-quality patient care.
8. Demonstrate high level knowledge of clinical conceptualizations and corresponding treatment recommendations at staffing to assist with developing targeted goals and behavior plans.
9. Provide case management services through identification of resources and community-based support groups.
10. Provide informal consultation to the treatment team to strengthen their ability to maintain a trauma informed environment that shows awareness of diversity needs.

Adult Trauma Recovery Residential Care

1. Provide evidenced-based individual, group, and supportive loved ones sessions (if applicable) consistent with the role of a Health Service Psychologist.
2. Provide individual and group (if applicable) supervision that is consistent with currently accepted competency-based models to pre- and post-masters students working at the residential level of care.
3. Provide consultation to therapists and social service personnel to appropriately apply evidence-based treatment strategies consistent with patient needs and high-quality patient care.
4. Apply principles of Prolonged Exposure and other exposure variants independently to complex cases.
5. Monitor patients' treatment progress of symptoms reduction and increased life engagement with validated measures and offer guidance to treatment team members regarding patients' clinical needs.
6. Apply ancillary CBT-based treatment methods independently as needed (DBT, ACT, Schema Therapy, BA, etc.)
7. Participate on and communicate effectively with members of a multidisciplinary team to achieve and maintain high-quality patient care.
8. Demonstrate high level knowledge of CBT and conceptualization of complex cases using a CBT framework
9. Demonstrates cultural humility in actions and interaction
 - a. Integrates discussions and considerations regarding diversity and culture throughout clinical work.

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Clinical experience

Sample time commitment

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

Assessment / Consultation

Formal consultation vs informal consultation

Formal consultation involves:

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

Informal consultation involves:

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

Adult OCD and Anxiety Disorders Residential Care track:

The intern will have the opportunity to meet with current patients and new admissions in order to assess their diagnoses and develop treatment recommendations. Diagnostic assessment will be a part of the service offered by the intern. In addition, the intern may complete formal psychological testing as assigned with patients. The intern is expected to have basic training in cognitive, personality, and diagnostic assessment prior to starting internship.

The intern will also function as a consultant to other units, such as on a non-OCD unit, with a patient who may potentially be referred to the OCD unit. In this case, the intern will meet with the patient, assess the patient's primary diagnosis as well as co-morbid conditions, and assess for other factors that may interfere with appropriateness of the patient for an OCD unit (e.g., ongoing drug or alcohol abuse). The intern, along with other treatment team members, will then make a recommendation to the Supervising Psychologist, about whether the patient would be a good fit for admission to an OCD program, and, if so, which level of care (e.g., residential versus intensive outpatient) would be best for that patient. In addition, the intern may be asked to meet with patients within the OCD programs to provide treatment recommendations to the staff. Primary goals for completing consultations and assessments include improving diagnostic clarity, making treatment recommendations, and determining recommendations for discharge.

Adolescent Inpatient Care / Adult Inpatient Care tracks:

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

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

Adult Mental Health and Addiction Recovery Residential Care track:

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

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

Adult Trauma Recovery Residential Care track:

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

The intern will also function as a consultant to other units, including other services lines (i.e., mood, OCD/anxiety, substance use, and eating disorders), with a patient who may potentially be referred to the Trauma program. In this case, the intern will meet with the patient, assess the patient's primary diagnosis as well as co-morbid conditions, and assess for other factors that may interfere with

appropriateness of the patient for a Trauma program (e.g., suicidality, level of dissociation, etc.). The intern, along with other treatment team members, will then make a recommendation to the Supervising Psychologist, about whether the patient would be a good fit for admission to a Trauma program, and, if so, which level of care (e.g., residential versus intensive outpatient) would be best for that patient. In addition, the intern may be asked to meet with patients within the Trauma programs to provide treatment recommendations to the staff. Primary goals for completing consultations and assessments include improving diagnostic clarity, making treatment recommendations, and determining recommendations for discharge, and extended recovery plans.

Intervention

Adult OCD and Anxiety Disorders Residential Care track:

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

Adolescent Inpatient Care / Adult Inpatient Care tracks:

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

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

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

Adult Mental Health and Addiction Recovery Residential Care track:

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

Group Psychotherapy: The intern provides group psychotherapy and are an integral part of the planning, implementation, and fidelity monitoring of the group psychotherapy program on the unit. Group therapy employs empirically supported principles of treatment guided by the treatment manual supplied by Rogers Behavioral Health. Group therapy includes both therapeutic processing and

psychoeducation topics such as relapse prevention, support system dynamics, psychoeducation about depression, anxiety, and behavioral activation, and distress tolerance and safety planning.

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

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

Adult Trauma Recovery Residential Care track:

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

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

Treatment team meetings

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

Supervision

Individual supervision

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

Supervision of students and assigned staff members

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

Group supervision and supervision of supervision

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

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

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

Didactic training

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

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

Staffing and education schedules

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

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

**** Subject to change ****

Monday	Tuesday	Wednesday	Thursday	Friday
Inpatient staffing 8:30 - 9:30 am Adolescent; 9 - 10 am Adult	Inpatient staffing 8:30 - 9:30 am Adolescent; 9 - 10 am Adult	Inpatient staffing 8:30 - 9:30 am Adolescent; 9 - 10 am Adult	Inpatient staffing 8:30 - 9:30 am Adolescent; 9 - 10 am Adult	8 - 10 am Didactics (For psychologist presenters based on the west coast,

12 - 1 pm Adult OCD Residential staffing 2 - 3 pm Adult MHAR Residential staffing	12 - 1 pm Adult OCD Residential staffing 2 – 3:30 pm Supervision of Supervision (held at Ladish Center) 2 - 3 pm Trauma Residential staffing	12 - 1 pm Adult OCD Residential staffing 2 - 3 pm Trauma Residential staffing	2 - 3 pm Adult MHAR Residential staffing 2 - 3 pm Trauma Residential staffing 2:30 – 4 pm Group Supervision (held at Ladish Center)	times will be later in day)
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Monthly Educational Opportunities and Meetings:

- **Data Watch Brownbag talks** – An ongoing series of lunchtime lectures to educate on Rogers Behavioral Health program outcomes. You will receive emails with more information and the series list can be found on the intranet.
- **Psych Services meeting** – Monthly meeting of all Medical Staff Psychologists. Occurs the 4th Friday of every month at 11 am. You will be added to the invite list.
- **Internship Training Committee (ITC) meeting** – Monthly meeting of the Internship Training Committee. Occurs the 4th Wednesday of every month at 9:30 am with interns to arrive at 10 am every other month. Invite will be sent to your Outlook calendars

Didactic seminars overview

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

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

- Trauma-focused CBT
- Tween and Adolescent ADHD
- Understanding and Exploring Gender and Sexuality
- Working with Adolescents

Didactics seminar schedule

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

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

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

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

Learning objectives:

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

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

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

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

Learning objectives:

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

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

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

This two hour / one-week seminar centers on how to utilize personal strengths and be aware of biases in the therapeutic process. Goals of this seminar are to reflect on individual strengths and weaknesses, acknowledge your own bias and how it may impact your work and learn how to continuously evaluate yourself in practice. This will become a basis for continued growth throughout the internship year.

At the end of the presentation, interns complete a self-evaluation form. This information is to be shared with your initial primary supervisor in order to familiarize him or her with your assessment of your clinical strengths, areas in need of improvement, and goals for the internship year.

Learning objectives

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

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

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

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

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

Learning objectives:

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

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

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

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

Learning objectives:

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

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

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

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

Learning objectives:

1. Identify at least three risk and protective factors for suicide and self-harm behavior.
2. Identify the specific competencies endorsed by AAS that a practitioner needs to consider in working with suicide.
3. Identify the specific steps of a risk formulation model in assessing and managing suicide behaviors.
4. Apply a risk formulation model to a case presented in the didactic.

5. Identify at least three benefits to using the CAMS and DBT skills in managing safety needs.
- Current references will be provided electronically and there will be hard copies to refer to during the didactic.

October 27: Psychological Consultation – Dave Jacobi, PhD

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

Learning objectives

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

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

November 3: Keys to Developing and Conducting Professional Presentations – Brenda Bailey, PhD

This two hour / one week seminar focuses on creating informative and appropriate professional presentations. The didactic covers the steps to knowing your audience, the methods for summarizing key points, the instructional methods that actively engage the learner to enhance acquisition of knowledge, along with the importance of time management.

Learning objectives

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

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

November 10 and 17: Understanding and Exploring Gender and Sexuality – Angela M. Orvis, PsyD

This four hour / two-week didactic will discuss the concept of gender, discuss theories of gender (binary vs spectrum), go over various definitions, discuss case examples, go over cultural differences in regard to gender identity, and go over the diagnostic criteria for Gender Dysphoria, as well as pros and cons to having gender identity considered as a mental health diagnosis. A discussion on intersex will also be provided. Special consideration will be made on proper rapport building and general do and do not's in therapy.

Learning objectives:

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

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

December 1: Tween and Adolescent ADHD – Amy Kuechler, PsyD

This two hour /one-week seminar discusses the reality of ADHD and how its symptoms present in the child and adolescent populations. The presentation will review various treatment modalities for ADHD in child and adolescents, as well as a brief discussion on comorbidities of ADHD and other behavioral and mental health challenges. In addition, we will review how to ensure treatment modalities meet the patient at their development levels. Finally, we will provide tips you as a clinician can offer for parents and schools on how to best work with individuals with ADHD or Tweens with similar symptoms to create greater success in those environments.

Learning objectives:

1. Identify and discuss two comorbidities with childhood ADHD
2. Identify two development limitations that need to be considered when working with children with ADHD

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

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

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

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

Learning objectives:

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

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

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

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

Learning objectives:

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

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

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

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

Learning objectives:

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

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

January 26 (9 – 11 am CT): Careers in Psychology: Things we Wish We Knew – Sonia Izmirian, PhD

This two-hour / one week-seminar reviews various career options for psychologists and other important things early-career psychologists wished they knew when they were just starting their careers. Topics that may be discussed include career options, how to find/apply to jobs, professional association membership, licensure requirements, ABPP, credentialing/insurance companies, salary ranges, and what to do when you change your job.

Learning objectives:

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

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

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

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

Learning objectives:

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

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

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

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

Learning objectives:

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

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

February 23 and March 1: Mental Health and Development: Considerations for Intensive Treatment of Children and Adolescents – Sarah Lee, PhD

This four hour / two week presentation will explore special considerations for the treatment of children and adolescents in residential care. We will discuss research about how symptoms of OCD, anxiety and depression may present and change across development. We will discuss practical considerations involved in the treatment of younger patients (e.g., involvement of support systems, connections with schools, individualized support). We will also review ethical considerations (e.g., involvement of child protective services; single parent, divorced or separated caregivers) and cultural considerations.

Learning objectives:

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

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

March 8: Trauma Focused CBT – RaeAnne Ho Fung, PhD

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

Learning objectives:

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

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

March 15: Racial and identity-based trauma considerations – Chad Wetterneck, PhD, and RaeAnne Ho Fung, PhD

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

Learning objectives:

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

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

March 22: Expanding cultural competence: Religious and spiritual considerations – Jennifer Yukawa, PsyD

This two hour / one-week seminar focuses on developing an understanding of diverse cultural and religious perspectives from an objective lens. This seminar will have an overview of religious history, define religious and spiritual terms, and share various cultural implications for a clinician to consider. We will have the chance to discuss current research related to religious and spiritual practices, therapeutic benefits of spirituality and religious beliefs, and have a case conceptualization.

Learning objectives:

1. Describe how religious and spiritual stereotypes can impact a person's therapeutic treatment
2. Identify two religious or spiritual beliefs to consider when working with a person of a different faith as the clinician
3. Identify two components of incorporating religious or spiritual beliefs in individualized treatment

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

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

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

Learning objectives:

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

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

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

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

Learning objectives:

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

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

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

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

Learning objectives:

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

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

April 19 and 26: Assessment and Treatment of PTSD – RaeAnne Ho Fung, PhD

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

Learning objectives:

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

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

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

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

Learning objectives:

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

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

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

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

Learning objectives:

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

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

May 17: Symptom Accommodation – Beth Reeder, PhD

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

Learning objectives:

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

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

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

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

Learning objectives:

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

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

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

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

Applications to patient care will be discussed.

Learning objectives:

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

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

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

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

Learning objectives:

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

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

June 14: Functional Analytic Psychotherapy – Chad Wetterneck, PhD

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

Learning objectives:

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

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

June 21: Program Development – Rachel Leonard, PhD

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

Learning objectives:

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

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

June 28: Substance Use Disorders – Lauren Scaletta, PsyD

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

Learning objectives:

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

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

July 5: Working with Adolescents – Lauren Scaletta, PhD

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

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

Learning objectives:

1. Describe typical adolescent development and two differences in typical and pathological development.
2. Identify two ways in which rapport is developed.

3. Describe challenges of working with adolescents and two problem solving ideas for these challenges.

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

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

This is a four hour / two-week didactic. The self-care portion of the seminar focuses on teaching interns to identify common forms of personal and occupational distress including vicarious trauma, 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.

Learning objectives:

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

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

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

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

Learning objectives:

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

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

Professional development opportunities

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

Professional Presentations. Interns may create and provide a didactic training, in-service training, or present at a professional conference on a clinically relevant topic of interest. Interns may choose to work collaboratively or independently on this project.

Internship format

Interns will work 12 consecutive months, 40 hours a week. Their 2,080 hours will be spent in direct service, indirect service, didactic training and supervision. Two weeks of paid time-off and holiday pay for Rogers Behavioral Health approved holidays will also be offered, with the exception of Labor Day. Professional development time will be offered for activities such as post-doctoral interviews, dissertation defense, professional development conferences and job interviews. Interns will receive time to complete additional educational activities as necessary. Interns will be evaluated on an ongoing basis throughout the internship year, with formal evaluations taking place quarterly.

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

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

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

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

Compensation

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

Benefits and liability insurance

Interns will be offered enrollment within the hospital's health insurance and/or dental insurance programs and are covered by the organization's liability insurance during their temporary twelve (12) months of employment (applicable Summary Plan Descriptions for further details regarding service, cost and plan administration can be found on Rogers Connect and in their orientation packet). Since interns are employed by the hospital for their temporary twelve (12) months of employment, they are covered and must comply with all policies of the hospital. Interns can access these policies during the hospital's orientation process and in full through the Rogers Behavioral Health website. Interns can also refer to the Rogers Behavioral Health Corporate Compliance Handbook available to all employees through the Human Resources Department.

Paid time off and holiday pay

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

Professional development

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

Training staff

Supervising psychologists

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

Rachel Leonard, Ph.D., Chief Psychologist

Brenda Bailey, Ph.D., Supervising Psychologist

Dave Jacobi, Ph.D., Supervising Psychologist

Kristin Miles, Psy.D., Supervising Psychologist

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

Lauren Scaletta, Psy.D., Supervising Psychologist

Stephan Siwiec, Ph.D., Supervising Psychologist

Chad Wetterneck, Ph.D., Supervising Psychologist

Other contributing psychologists

Kim Anderson Khan, Psy.D.

Brandon DeJong, Ph.D.

Martin Franklin, Ph.D.

Amanda Heins, Psy.D.

Kaitlin Hill, Ph.D.

RaeAnne Ho Fung, Ph.D.

Sonia Izimrian, Ph.D.

Kristine Kim, Psy.D.

Amy Kuechler, Psy.D.

Sarah Lee, Ph.D.

Rose Luehrs, Ph.D.

Lauren Mascari, Ph.D.

Adrienne McCullars, Ph.D.

Patrick Michaels, Ph.D.

Jennifer Park, Ph.D.

Ajeng Puspitasari, Ph.D.

Beth Reeder, Ph.D.

Johanna Younce, Ph.D.

Jen Yukawa Ph.D.

Additional treatment providers

Psychology interns routinely interact with the following team members:

- Attending providers (psychiatrists, nurse practitioners or physician assistants) who manage and monitor the patient's medications and consult with members of the treatment team regularly to address diagnostic and clinical issues.
- Master-level therapists who provide the majority of the individual and group therapy throughout a patient's stay along with support system sessions. Working with the social worker and the entire treatment team, psychology interns will formulate treatment goals for their patients and assess progress towards these goals. They will manage the individual and support system sessions for pediatric patients on the social worker's and counselor's clinical caseload.
- A certified substance use counselor to provide assessment, treatment recommendations and a weekly group therapy session as needed to adult patients who may benefit.

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

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Commitment to diversity

Diversity statement

Rogers Behavioral Health (Rogers) is committed to enhancing multicultural competence and diversity knowledge within our training activities and within our organization as a whole. An overarching goal of our training activities is to heighten awareness of and respect for individual differences and diverse needs within the clinical needs of our population.

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

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

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

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

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

status are also important considerations among some of the patients that we serve. These factors impact their loved ones and patient comfort in disclosing needs and in fully engaging with the treatment team.

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

Diversity plan

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

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

1. Interns will work with a diverse patient population both in their individual cases and within the milieu. They are offered the opportunity to select patients that present with unique diversity factors to expand and refine their skill set when possible.
2. Diversity and equity considerations are included when discussing case conceptualizations, treatment goals, and treatment progress in staffing, team meetings, and supervision meetings.
3. Diversity and equity specific readings, podcasts and experiential opportunities are shared with interns both formally as a part of the EDI department and the internship training committee and informally through the unit activities and conversations.
4. Interns are evaluated quarterly on the competency in working with individuals from diverse backgrounds. Cultural humility, diversity competency and the importance of lifelong learning are highlighted in supervision and in the milieu.
5. Diversity considerations are discussed routinely in the supervision of supervision meetings, both in respect to supervisee-patient interactions and supervisor-supervisee interactions.
6. Diversity considerations are routinely discussed in group supervision, when consulting about cases and discussing their experiences in the general milieu.
7. Interns are encouraged to explore and be actively involved in committees and safe space conversations through the EDI department.
8. Interns are invited to participate in equity, cultural and holiday celebrations within the treatment units and hospital system.
9. Interns observe staff role modeling the importance of expanding their knowledge and skill set when staff share current literature, media, conversation, and activities that reflect a willingness to show cultural humility and a desire to be a lifelong learner.

Psychology intern diversity recruitment and retention:

1. Rogers Behavioral Health highlights opportunities to work with a diverse patient population in its video about the internship that is available on the Rogers website.
2. Rogers highlights opportunities to work with a diverse patient population in its brochure and public materials.
3. Rogers highlights opportunities to work with diverse patient populations when staff from various treatment programs attend conventions, including but not limited to the APA convention, where the directors of training and training committee members take the active opportunity to attend events that specifically focus on internship activities or student organizations.
4. Members of the internship training committee spotlight the diversity of our patient population and needs when conducting interviews.

5. The public materials reference community activities and opportunities specifically geared to diverse candidates. Information related to the specific cultural events and community activities is updated on an ongoing basis. The diversity of the community itself is highlighted.
6. Internship training staff are involved in the Division 44 listserv to connect with individuals who also value respect for sexual orientation and gender diversity and work to remain current in knowledge, share resources, and share information regarding clinical opportunities, training, programming and advocacy. Psychologists within the organization are members of the Asian American Psychological Association, Association of Black Psychologists.
7. The internship training committee reviews the Minority Scholarship Recipient documents that are sent out to look for individuals expressing interest in working within our community with our patient population.
8. On a local and regional basis, we work to increase awareness of our program through connections within graduate programs that could potentially recommend students to our organization. We highlight opportunities to work with a diverse patient population and with a committed staff. We work to spread local and farther-reaching community awareness of our dedication to this work. We have connected with diverse organizations within the community as a whole to gain exposure to and awareness of our aspiration to learn and evolve in our skills and engagement.
9. We present research and practical applications related to diverse populations at conferences as a means of increasing awareness of our site as one that values and respects diversity.
10. We highlight the age, cultural, identity, religious and gender diversity of our staff. Additionally, we highlight the diversity in thought and clinical training. Regional locations have more ethnic diversity and the interns have contact with regional staff through didactics, committees, and mentorship opportunities.
11. We have worked to ensure that diverse staff are present for interviews. The staff members at interviews represent a diverse group in orientation, training, culture, and age. We include questions that assess cultural diversity awareness during the interview process. We ask directly about experience within diverse teams and patient populations. We ask directly about managing diversity conversations and inclusion. We ask specifically about trauma informed care experience and about cultural formulations. We ask about experience in life or advocacy related activities outside of school that evidence diverse needs and strengths.
12. We provide didactics focused on culture and diversity in addition to routinely addressing cultural and diversity in all other didactics.
13. We have opportunities for interns to conduct treatment and assessment with patients from diverse cultural backgrounds. As noted earlier in this document, our patient population is diverse, and interns thus have natural opportunities for the process.
14. We have active connections with agencies serving diverse populations, including but not limited to, the MKE LGBTQ center, Children's Hospital of Wisconsin, Walker's Point Youth and Family Services, the Oneida nation, the MKE hunger task force and the local homeless and safe space shelters.
15. We have worked to cultivate the idea that diversity is a strength to be supported within the organization by:
 - a. Supporting research and presentations within the system specific to diversity
 - b. Bringing in speakers for direct staff education
 - c. Coordinating the viewing of webinars related to diversity
 - d. Developing hospital-wide value stream projects targeting topics directly related to patient and staff diversity needs
 - e. Developing a system-wide equity committee that is actively exploring challenges within the organization and community and advancing areas of growth.

- f. Creating Safe spaces for conversation within the organization.
 - g. Advancing the use of pronouns and identified pronoun signature lines shows respect for individual preference.
 - h. Awarding all staff a floating holiday that can be taken on any day they individually identify as a cultural or religious holiday for them without question from management.
 - i. Offering loan reimbursement for all staff including psychology in respect for the challenges of student debt that disproportionately impacts underrepresented groups.
 - j. Spotlighting the diversity of our patient population on the website by adding more diverse photos and language. Our materials indicate a respect for trauma informed care, diversity of thought and action and our commitment to our community.
 - k. Ensuring that the physical environment is decorated in a diversity friendly manner. We have a diverse array of individuals presented in posters, materials and have an array of cultural holidays displayed throughout our rooms. Specific to our population, we have LGBTQ materials and resources throughout the clinic. Patients received age appropriate culturally diverse coloring sheets, word searches and such to complete and decorate group rooms.
 - l. Observing multicultural holidays. We have celebrated MLK day, Juneteenth, Hanukkah, Kwanzaa, Christmas, and other diversity and cultural celebrations in our teams.
 - m. Assuring that the program will respect dietary requests of patients. Patients are able to request meals and snacks based on their food preferences and cultural beliefs.
 - n. Having annual cultural diversity education offered to each clinical supervisor through CE seminars, attendance at conferences, readings and discussions, or speakers
16. We have worked to bring attention to the mission of the system and how it is supported via the enhancement of cultural diversity:
- a. The psychology services team has been instrumental in opening the conversation related to the importance of actively exploring both our individual and system biases and world events that are equity focused.
 - b. Psychology as a group and as a training team has actively voiced and modeled the importance of creating and sustaining a trauma-informed, equity respectful milieu, actively respecting our patient's needs as representations of their life experience.
 - c. The system as a whole is becoming increasingly responsive to the assertions related to equity and active non-judgement. There are current system-wide committees that focus on equity initiatives. Healthy Culture is one of the hospital-wide strategic initiatives that works to promote equity in the workplace. For example, a minimum wage adjustment is one of the products of these conversations as was the change in pronoun signatures on staff emails.
 - d. The CESA group has spotlighted the benefits of actively speaking to the diverse needs of the communities we serve so that our patient populations will be more parallel to the communities in which our buildings are located.

Staff/Supervisor diversity recruitment and retention:

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

1. The organization seeks to attract diverse staff by focusing on attracting an applicant pool that reflects the diversity of the communities in which the program is located. From an attraction standpoint, we post positions on our website publicly to solicit talent and talent leaders with diverse thoughts, training, education and backgrounds.
2. We promote our open positions on a vast variety of school job boards, within the communities of our national sites, and with a long list of partners including: IHispano, Out Pro Network, Women's Career Channel, Proable, Black Career Network, NAACP, Military 2 Career, Disability solutions and

Asian Career Network through the Professional Diversity Network. We work locally with veteran contacts and the Great Lakes Naval base.

3. From a college standpoint, we post positions using Handshake which makes positions available across the U.S. to a variety of schools, degrees and training programs.
4. All announcements for staff openings emphasize the commitment to equal opportunity and equity practices. Hiring managers strive to consider the clinical as well as unique personal attributes each applicant might bring to Rogers. The hospital follows all EEOC policies on fair recruitment and other personnel practices.
5. Rogers has employed a recruitment specialist to ensure the recruitment and retention of culturally diverse medical staff.
6. Programmatically, we connect with graduate programs, early career professionals and prospective interns and training staff both at conventions and in training and marketing activities such as CESA sponsored webinars to increase others awareness of the program and the opportunities to work within a diverse patient population and milieu. We support community wide diverse activities to show an investment in the value of diversity amongst staff. Through the psychology services team, we encourage professionals to spread the awareness of organizational hiring to diverse groups within their community. We additionally participate in Listservs and Facebook to increase awareness of our organization and services
7. When it comes to retaining our diverse staff, we have conducted internal surveys over the years to determine what leads to staff retention and initiated programs to increase retention. For example, relationship with manager and with the team were priority influencers for retention. Informal education and coaching relative to Emotional Intelligence (EQ) has been available in the system for several years. In March 2020, Rogers launched a leader-in-training program for all leaders that is heavily focused on building positive relationships between leader and line staff. Leaders are also assessed and coached on their emotional intelligence.
8. We developed employee cultural agreements using a community participatory research model of employee involvement in the development of the agreements. The 100 equity champions at Rogers gave input to the finalized version of the agreements because they see these as foundational to creating an equitable environment where all staff experience inclusion.
9. Employee resource groups were initiated in early 2021. The first two were for LGBTQ+ and BIPOC staff.
10. We track the demographics of our applicant pool on a quarterly basis with data provided by our contracted HR partner, Cielo. We also monitor the hire efficacy for minority and non-minority applicants.
11. In January 2021, Rogers hired its first Director and Coordinator of Equity, Diversity and Inclusion (EDI) to offer leadership for Rogers to reach our equity vision. We are using lean processes to analyze our current and target state and design solutions to meet our goal of a diverse workforce. We utilize Mercer employee engagement surveys to track our retention efforts.
12. Programmatically, we have conversations related to job satisfaction, advocacy and the importance of diversity on a routine basis through role specific meetings and work to address any identified needs and barriers. The equity committee has a large contingent of psychology representation.
13. Programmatically, we have retained over seventy percent of our interns as postdoctoral trainees and full-time psychology staff members.

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Application eligibility and procedures

Eligibility of applicants

1. Currently enrolled in an APA-accredited Ph.D. or Psy.D. program in clinical or counseling psychology (occasionally the program may consider applicants from programs with pending applications for accreditation);
2. Have completed adequate and appropriate supervised clinical practicum training which must include at least 400 assessment and/or intervention hours and a minimum of 1000 total clinical hours (as indicated on the AAPI);
3. Must be in good academic standing in their academic departments;
4. Must have the AAPI readiness form completed by their academic program's director of training with no indications of concern about professionalism or ethical behavior;
5. Have interests, aptitudes, and prior academic and practicum experiences that are appropriate for the internship's goals and objectives;
6. Must have successfully completed all necessary coursework. Completion of dissertation proposal preferred by December 15 in the year prior to internship.

Application materials

1. Cover letter indicating the applicant's professional goals and interests and clearly specifying the track to which they are applying
2. Curriculum vitae
3. Three letters of recommendation
4. Writing sample (psychological report or treatment summary)
5. Completed AAPI (APPIC Application for Psychology Internship)
6. All graduate school transcripts (Applicant Criteria and Process for Doctoral Internship Policy, Appendix B)

This information should be submitted through the AAPI online portal.

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

Intern selection

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

Interviews

Following an in-depth review of all applicants' materials, some applicants will be asked to complete an in-person interview. If unable to attend an in-person interview, applicants may schedule a Microsoft Teams or telephone interview. A picture for identification purposes may be brought to the interview or taken at the interview. Applicants will be notified if they have received an interview no later than

December 15. *Due to the recent events related to COVID-19, interviews may be held via Microsoft Teams or a similar platform. All efforts will be made to help the candidates experience the environment, similar to as if they were on site.*

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

Matching

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

Timeline

Application materials due: **November 15**

Interview notification: **December 15**

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

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

Pre-employment screening

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

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

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

Outside employment

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

Requirements for completion of internship

The requirements for successful completion of this internship program includes:

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

(Requirements for Successful Completion of Doctoral Internship Program Policy)

Evaluation measures

Evaluations completed by interns

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

Evaluations of the interns

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

Minimum levels of achievement

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

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

Third Quarter Review: Obtain ratings of “3” (*some supervision needed*) or higher as rated by supervisors.

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

Remediation and termination

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

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

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

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

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

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

Doctoral internship program: Policies and procedures

(updated July 2023)

Contents

Introduction.....	3
Doctoral Internship Program Policies and Procedures.....	5
Applicant Criteria and Process	5
Dissertation and professional development leave	6
Didactics attendance	7
Management of Insufficient Competence, Due Process, and Appeal for Doctoral Interns.....	8
Doctoral internship program: Formal development plan	16
Evaluation, Feedback, Remediation and Termination Decisions	19
Intern Administrative and Financial Assistance	21
Intern grievance.....	22
Intern selection	23
Recruitment process	25
Maintenance of records.....	26
Non-Discrimination	27
Requirements for Successful Completion of Doctoral Internship Program.....	28
Supervision Requirements	29
Tele-supervision	30
Third and Fourth Quarter Supplementary Experience	32
Relevant Rogers Behavioral Health Policies and Procedures.....	33
Rogers Compliance Handbook	33
Equal Employment Opportunity Affirmative Action	33
ADA Americans with Disabilities Act.....	33
Dress Code	33
Attendance at Work.....	33
Employee Rights and Responsibilities	33
Employee Grievances	33
Anti-harassment policy	34
Alcohol and Other Drugs.....	34
Background Checks	34
Social Networking.....	34
Personnel Files.....	34
Code of Conduct and Employee Misconduct.....	34
Covid Vaccine Mandate	34
Termination	34

Introduction

It is the Rogers Behavioral Health's policy to comply with all laws, rules, and regulations applicable to the Doctoral Internship Program. The purpose of this manual is to provide copies of the relevant policies associated with the Doctoral Internship Program and provide reference to the most up-to-date, relevant Rogers Behavioral Health policies and procedures.

The manual includes policies and procedures adopted specifically for and applicable only to the Doctoral Internship Program. In addition to the policies and procedures outlined in the manual, Interns are expected to follow all policies and procedures of Rogers Behavioral Health (available via the Rogers Connect intranet page - <http://rogersconnect/intranet/main.aspx?tid=223> - which is accessible via Rogers network computers).

Any questions related to these policies and procedures may be directed to the Training Director of the Doctoral Internship Program.

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Doctoral Internship Program Policies and Procedures

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 inpatient program or the OCD and Anxiety Disorders program. Applications for our program are sought out 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.

Rogers Behavioral Health is an Equal Opportunity Employer. We are committed to creating a learning environment that welcomes diversity and to selecting 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.

Procedure:

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 and Adolescent 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

Dissertation and professional development leave

Policy:

Rogers Behavioral Health values intern engagement with research, as well as successful completion of the intern's doctoral studies and professional development. As such, dissertation release time, professional development leave time, and/or conference release time is available, typically not to exceed five (5) business days per academic year, and at the discretion of the Training Director. Please note dissertation release time, professional development leave time, and conference release time (up to five days) does not count against intern paid time off (PTO).

To qualify for dissertation release time, interns must be traveling to their home institution for a defense hearing. Time to meet with faculty regarding dissertation can be worked into the intern's on-site schedule as appropriate. The intern should request dissertation release time from the Training Director and direct supervisor in writing.

In accordance with APPIC policy, interns may use professional development leave time for post-doctoral fellowship and post-graduate job interviews. To qualify for professional development leave time, the intern must be traveling to or attending a post-doctoral fellowship and post-graduate job interview. The intern should request professional development release time from the Training Director and direct supervisor in writing.

To qualify for conference release time, interns must be presenting at the conference. The intern should request conference release time from the Training Director and direct supervisor in writing.

Time will be authorized by the Training Director commensurate with the scheduling and traveling requirements of the dissertation defense, the interview, and/or the conference.

Didactics attendance

Policy:

Didactics are an integral part of the internship, providing training on multiple levels of entry level practice for health service psychology. As such, attendance and active engagement in didactics is essential to meeting the competency requirements for successful completion of the internship.

Didactics are typically scheduled for Friday mornings, though occasionally take place on other days. Didactic locations are noted on the calendar provided at the start of the internship, with some didactics held virtually on Microsoft Teams. Please note: the didactic schedule and calendar will be updated periodically, and revisions will be communicated by the Training Director.

Interns are required to attend all didactics. There will be occasions which prevent an intern from attending didactics. In these cases, the intern should notify the Training Director, their direct supervisor, and the didactic presenter of their absence. It is the responsibility of the intern to obtain the readings, PowerPoint presentations, and information presented in the didactic missed.

Management of Insufficient Competence, Due Process, and Appeal for Doctoral Interns

Policy:

The goal of this policy is to promote intern competency and performance in line with American Psychological Association Standards, APA Professional Ethics, applicable laws, and Rogers Behavioral Health policies and procedures.

Competency may involve professionalism components, which include but are not limited to those which are behavioral or attitudinal in nature. Professionalism issues may also arise separately from any competency issues. Finally, certain complex issues may contain both competency and professionalism components, and may rise to a level requiring employment-related action or decisions (examples of which include suspension or termination). In all instances Rogers Behavioral Health will respond to issues in a manner and under the policy(ies) which, in its sole discretion, allows full compliance with applicable laws, rules, and regulations. Furthermore, any ambiguities in this policy will be construed in a manner allowing for full compliance with applicable laws, rules, and regulations.

Competence and professionalism issues

Interns will be expected to develop their clinical competencies at an appropriate, expected pace throughout the internship, including the development of professionalism, knowledge, and skills needed to competently practice health service psychology. An intern may demonstrate below-expected level competence across any of the outlined clinical competencies in general domains of professionalism, knowledge, and/or skills. Most below expected level competence can, and wherever possible, will be corrected through the standard supervisory process.

Should below expected level competence continue even after guidance in supervision, formal remediation may be required. Additionally, some problems that are either of a sufficiently serious manner or not amenable to standard supervision or formal remediation, may prove irremediable.

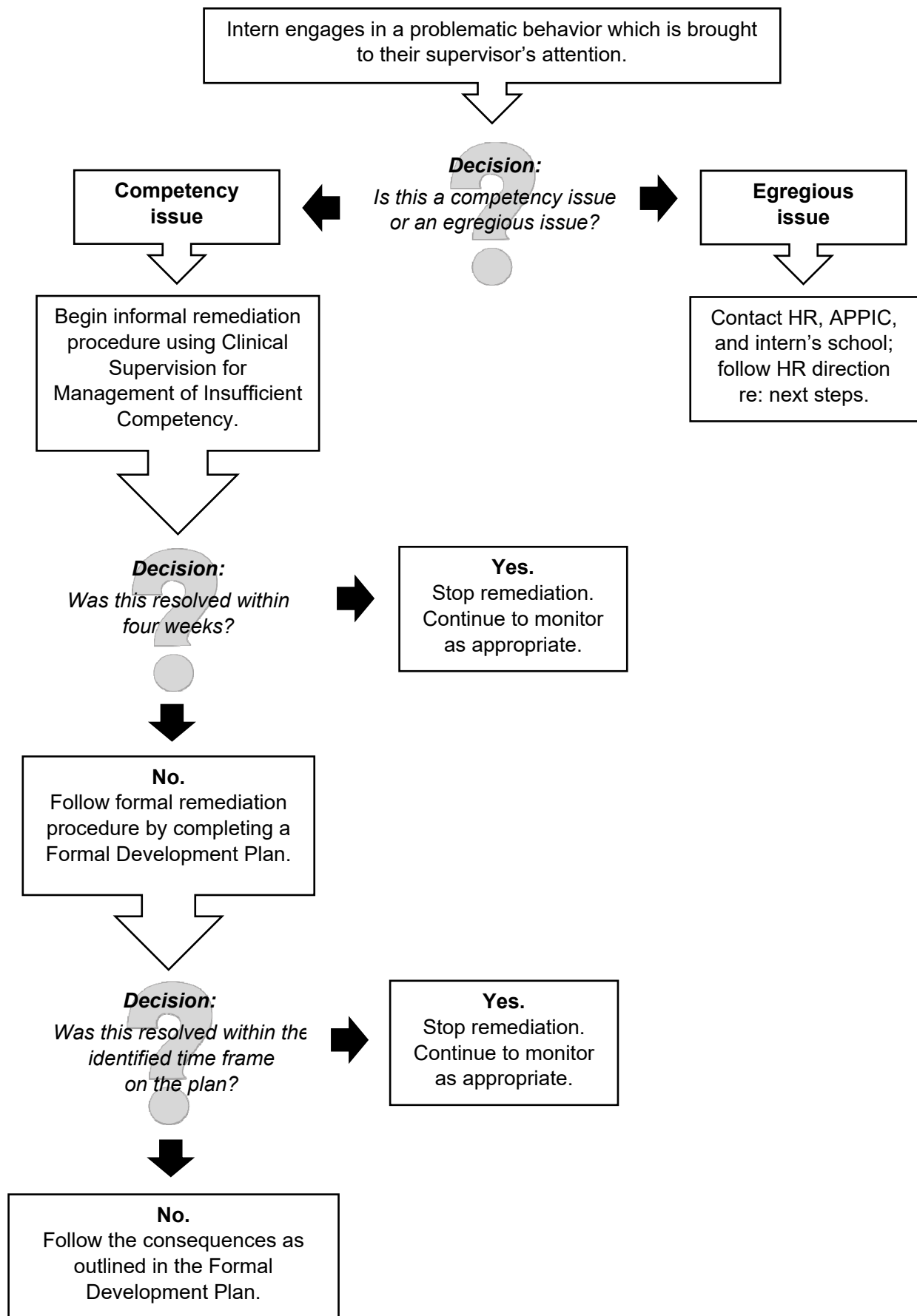
Professionalism and insufficient competency problems typically reach the level of persistent problems if they include one or more of the following characteristics:

- Unwillingness to acquire and incorporate professional standards into professional behaviors
- Inability to acquire sufficient professional skills to reach an acceptable level or competency
- Inability to manage personal stress, psychological dysfunction, and/or strong emotional reactions that interfere with professional functioning
- Intern does not acknowledge, understand, or address an identified problem
- Problem requires a disproportionate amount of time to be addressed by the training staff
- Intern performance does not improve as a function of feedback or remediation efforts after a period of time identified for effective remediation

Issues requiring employment-related action

When an intern demonstrates behavior that violates the institutional policies or procedures or when there is a safety risk, Rogers Behavioral Health will evaluate whether employment-related action is needed. Examples include but are not limited to:

- Intern actions result in a negative impact on the quality or safety of services provided
- Intern violates an institutional policy that creates an unprofessional or unsafe work environment for patients or co-workers
- Problem is diffused and not restricted to one area of professional functioning



Procedure:

Informal remediation

If a supervisor continues to observe behavior or performance that indicates the intern is exhibiting or experiencing professionalism issues or is not achieving expected levels of competence according to the identified minimum thresholds, it is the responsibility of the supervisor to communicate written feedback, expectations, and the consequences of uncorrected behavior in a specific and concrete manner. Concerns must be addressed in a consistent manner, free of prejudice and bias, and without discrimination.

The clinical supervisor should directly discuss the concern(s) with the intern in supervision. Should the concern(s) be identified by other faculty or staff members, the staff should report to the clinical supervisor and/or Training Director. The insufficient competency and/or professionalism issues should be addressed by the most appropriate faculty member, either the clinical supervisor and/or Training Director. When an intern is demonstrating below expected level of competence in need of informal remediation, feedback detailing the specific behaviors observed or omitted, the competencies and elements in need of development, and behavioral outcomes needed to demonstrate sufficient competence will be noted on the supervision log and discussed in supervision. This documentation will be placed in the intern's training file and employment record, as appropriate.

Formal remediation / corrective action

Should the problem persist, the Training Director will work with the clinical supervisor to develop a written Development Plan to facilitate improvement in the intern's performance.

The Development Plan should be reviewed and discussed with the intern, supervisor, and Training Director. After verbal discussion, a signed and dated copy (signed by the intern, supervisor, and Training Director) will be given to the intern and placed in the intern's training record. The program will also present a copy to the Director of Clinical Training at the intern's academic program of origin and provide a copy of the same to Rogers Behavioral Health Human Resources department.

If at any time during the review process the intern's performance is determined to be potentially threatening to patient care or the intern's personal welfare, the intern's work assignment/access to provide direct clinical care may be reduced or revoked for a specified period of time determined appropriate by the clinical supervisor, Training Director and Rogers Behavioral Health's Human Resources department. Should this occur, the intern's academic program Director of Clinical Training will be notified of this action. At the end of the specified period of time, the intern's primary supervisor in consultation with appropriate staff (including but not limited to Human Resources, the Training Director, and the Training Committee) will assess the intern's capacity for safe and effective functioning to determine whether work assignment with direct patient care will be restored or whether reduction in clinical exposure or removal from the program is appropriate.

Rogers Behavioral Health may determine, in its sole discretion, that certain issues warrant immediate intervention to ensure the safety of patients and/or a safe working or learning environment. Rogers Behavioral Health shall intervene as it deems appropriate for the circumstances. Furthermore, should an intern be charged with any crime, they must notify Rogers Behavioral Health of the same as soon as possible but no later than the next business day. Depending on the nature of the crime, this may result in immediate suspension until Rogers can complete an investigation of all available information. If an intern is alleged to have had sexual contact with a patient, or alleged to have made a serious ethical violation, the intern may also be placed on immediate suspension with cessation of access to patient care, the medical record, computer systems, and Rogers Behavioral Health facilities. The disposition of the intern will be determined by the Training Director in consultation with the Training Committee, following a full

evaluation of all available information. In addition to consulting appropriate academic stakeholders, the Training Director will also engage institutional stakeholders, including Human Resources and others as appropriate.

Notification and remediation

It is the goal of the program to provide feedback about professionalism issues and insufficient competence as early as possible with the goal of remediation, unless remediation conflicts with Rogers Behavioral Health's primary obligation to ensure safe patient care, working and learning environments in which case(s) Rogers will take all action necessary to preserve such environment(s). When a professionalism or competence matter is identified and remediation is an appropriate objective, notification and remediation will move through the following levels:

Official Warning: This level of notification is appropriate for less serious professionalism or insufficient competence problems that can be remediated through education and supervision (i.e., informal remediation). The Clinical Supervision Form for Management of Insufficient Competency form serves as the Official Warning notification. This form is designed to be educative and directly linked to clinical competencies and includes a clear description of the insufficient competence (including behavior, attitudes, and omissions) and will link directly to the program competencies and associated elements. The intern is provided with a clear description of expectations for improvement in professional behavior or sufficient competence. The problem may result in increased supervision time or other action as Rogers Behavioral Health deems appropriate. The supervisor will provide a copy of the form detailing the aforementioned elements to the intern in supervision and place a copy in the intern's training file. This level of remediation will be retained as part of their training file, as appropriate.

Development Plan: This occurs when the professionalism or insufficient competency problem does not resolve through an official warning or if a problem is moderately serious and a verbal warning does not, in Rogers Behavioral Health's discretion, constitute a sufficient response. In this case, the intern will be informed of the level of concern and a Development Plan will be developed.

A Development Plan includes a list of problematic behavior, performance, or insufficient competence as well as how these map onto the specific competencies and elements outlined for the program:

- The date(s) when the problem was brought to the intern's attention, who notified the intern of the issue, and what steps have been taken thus far to rectify the problem
- Expectations for improvement or remediation
- Intern's responsibilities in development plan
- Supervisor/Training Director responsibilities in development plan
- Timeframe for acceptable performance
- Assessment methods for determining acceptable performance
- Dates of follow-up evaluation
- Consequences of unsuccessful remediation

This level of remediation is documented in the intern's permanent training record, employment record, and is also shared with the Director of Clinical Training at the intern's academic program of origin.

Suspension or Dismissal: This level of remediation is considered under the following circumstances (this list is not exhaustive):

- Serious violations of APA Code of Ethics, state or federal regulations/statutes/laws
- Imminent harm to a patient
- A pattern of unprofessional behavior

- Evidence of professional impairment including but not limited to professional impairment associated with substance abuse or mental illness impacting competency and/or qualification
- Demonstrated inability to remediate a performance problem
- Any other situation that Rogers Behavioral Health deems a serious violation of policy, practice or behavior.

Suspension is the mandated leave of absence without pay, release from clinical duties, and restriction of access to Rogers Behavioral Health portals as well as Rogers Behavioral Health physical space for a designated period of time. Suspension for professionalism or insufficient competence reasons must be approved by the Training Director and Rogers Behavioral Health's Human Resources department. The Training Director must also consult through Association of Psychology Postdoctoral and Internship (APPIC)'s Informal Problem Consultation and work collaboratively with APPIC should an intern require termination.

Dismissal is a permanent termination from the training program at Rogers Behavioral Health that includes termination of employment and non-completion of the training program. Dismissal for insufficient competence or professionalism reasons must be approved by the Internship Training Committee and Human Resources. The Training Director must also consult through the Association of Psychology Postdoctoral and Internship (APPIC)'s Informal Problem Consultation and work collaboratively with APPIC should a resident require termination.

If an intern faces suspension or dismissal, the intern will be notified of this immediately and provided documentation of the reasons for the suspension or dismissal. The intern will then be provided with the procedure for appealing the suspension and/or dismissal.

Should the decision to suspend or dismiss an intern be made the Training Director will make all efforts to provide a written notification to the intern's academic program Director of Clinical Training within two working days after the decision is made. In the case of dismissal, the Training Director will send written notification to the intern's academic program Director of Clinical Training and include recommendations to the academic program regarding professional development options for the intern.

Due Process and Appeal Procedures for Interns

Notice and appeal:

Should an intern desire to appeal the notice of a problem with competency, performance, or professionalism, the intern must use the appeal procedures outlined below.

Appeal process:

Professionalism and Insufficient Competence – Interns can appeal decisions or actions taken by a clinical supervisor, the training committee, and/or the Training Director as stated in the Grievance policy. Decisions and actions respect competence, professionalism, program-related suspension/dismissal and exclude employment-only related suspension or dismissal, which shall be handled pursuant to the below section. All academic appeals are recorded in a log, with the steps in the procedure being behaviorally and specifically documented. The copy of the appeal will be provided to the intern and the Training Director.

Employment – Appeals of employment-related decisions or actions will be handled through Rogers Human Resources department. Interns may appeal employment-related corrective actions or terminations, provided the intern has completed the 90-day probationary period with Rogers Behavioral Health successfully.

Appeal procedures:

- 1) *Written appeal:* The intern must file an appeal of any competency decision or action in writing to the Training Director or their designee (the Chief Psychologist if the complaint is against or

otherwise involves the Training Director) within seven (7) days of being notified. The appeal should include:

- a) Reasons intern is filing the appeal
- b) Documentation regarding the decision/event/action that is being appealed
- c) Rationale for why the decision/event/action should be reconsidered or withdrawn
 - i) Note: the intern will have access to all documentation used by the clinical supervisor, training committee, or Training Director in making their original decision the intern is seeking to appeal, unless otherwise protected or prohibited by law.

- 2) *Review Panel:* Within five (5) business days of when the written appeal was received, the Chief Psychologist will appoint a Review Panel. The Chief Psychologist will chair the panel that will consist of two supervisory faculty members selected by the Review Panel chair and two supervisor staff members selected by the intern. All such individuals will be vetted for known conflicts of interest that may impair an objective review of the matter.

The Review Panel chair will secure all documentation related to the academic decision/action under appeal and will interview persons they believe who have information helpful to the Review Panel deliberation. The intern may, but is not required to, make an oral or written testimony as part of the deliberation process. Such oral testimony shall not exceed 15 minutes in duration, or five (5) single spaced standard letter size pages typed in a reasonable font size and color.

A simple majority vote will decide all academic appeal decision. The Review Panel chair will cast the vote only in the event of a tied vote.

The Review Panel chair will present the findings and recommendations of the Review Panel in a written summary report to the Internship Training Committee within five (5) business days of the adjournments of the Review Panel.

- 3) *Final adjudication:* The Internship Training Committee will respond to the Review Panel's recommendations within five (5) business days of receiving the summary report. The Internship Training Committee may accept, modify, or overrule any of the Review Panel's recommendations in the event the committee determines such recommendations, or portion(s) thereof, resulted from arbitrary and/or capricious means; and/or a misapplication of relevant policies and/or procedures.
- 4) *Notice to intern:* The intern appealing the academic action will be informed by the Training Director of the Internship Training Committee's final decision in writing within five (5) business days of the decision being reached.

Notwithstanding anything stated herein to the contrary, matters involving discrimination (including sex-based) will be handled under the applicable institutional policy(ies). See the Non-discrimination policy for more information. Furthermore, Rogers Behavioral Health recognizes issues may arise which contain components crossing multiple program and institutional policies, or which are complex in nature. In such instances, Rogers Behavioral Health will respond in a manner and under the policy(ies) which, in its sole discretion, allows full compliance with applicable laws, rules, and regulations. Ambiguities under this policy will be construed in a manner allowing for the fullest compliance with applicable laws and institutional policies.

Clinical Supervision Form for Management of Insufficient Competency

Purpose: To provide specific, competency-based feedback on areas of needed growth to accomplish sufficient competence in the doctoral internship program.

Track	
Date	
Intern	
Clinical supervisor	

Description of the behavior(s) not meeting expected level of competence. Please provide feedback in specific, behavioral terms (i.e., when observed, where observed, type of behavior):

Identification of specific competency and elements of the competency where work is needed to achieve expected level of competency:

Description of behaviors that need to be observed by supervisor to demonstrate appropriate progress toward sufficient competence:

Description of support / resources offered to facilitate change:

Timeline for review of progress toward sufficient competence:

Clinical supervisor signature

Date

Intern signature

Date

Doctoral internship program: Formal development plan

Section 1:

Description of the problematic behavior, performance, or insufficient competence:

How this maps onto the specific competencies and elements outlined for the program:

The date(s) when the issue was brought to the intern's attention: _____

Who notified the intern: _____

Steps taken thus far to rectify the issue:

Section 2:

Expectations for improvement or remediation	Assessment method and timeframe for determining acceptable performance	Responsibility		Date(s) expectation was met	Comments
		Intern	Sup/TD		

Section 3:

Date(s) of follow-up evaluation:

Consequences of unsuccessful remediation:

This is documented in the intern's training record and shared with the Director of Clinical Training at the intern's academic program of origin.

Intern signature and date

Supervisor signature and date

Evaluation, Feedback, Remediation and Termination Decisions

Policy:

Rogers Behavioral Health has established an intern evaluation system which includes both informal and formal evaluation procedures, as well as related policies and procedures for addressing concerns that may arise regarding intern performance and/or behavior and its evaluation during internship.

Procedure:

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.

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

Third Quarter Review: Obtain ratings of “3” (*some supervision needed*) or higher as rated by supervisors.

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

Remediation and Termination:

The program’s minimal levels of achievement are linked to the evaluations that directly correspond to the program’s goals and objectives. Interns, supervisors, and the Training 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 the steps outlined in the **Management of Insufficient Competence, Due Process, and Appeal for Doctoral Interns** policy will be followed.

An intern failing to comply with the remediation plan, 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 or Chief Psychologist 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**.

Intern Administrative and Financial Assistance

Policy:

Rogers Behavioral Health provides financial and other support for doctoral interns, including a stipend and access to Rogers Behavioral Health Employee Assistance program, information technology 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. Doctoral interns are informed of the stipend prior to admission to the program. Detailed information about the stipend, benefits and attendance requirements can be found in the handbook
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 doctoral interns (as well as employees) effectiveness. Information regarding access and scope of services can be found on Rogers Connect, the employee 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 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 is available from the HR department and on Rogers Connect, the employee intranet.

Intern grievance

Policy:

Rogers Behavioral Health provides 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 their immediate supervisor within five (5) working days after the intern becomes aware of the problem.
2. The supervisor will attempt to resolve the intern's grievance during a meeting that will then be scheduled within two (2) working days.
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 with this proposed solution, they will meet with the Internship Training Director within five (5) working days to discuss a resolution to the grievance.
5. If the grievance is not satisfied, the intern will meet with 2 available members of the Internship Training Committee within five (5) working days to further discuss a resolution to the matter.
4. If the intern is still not satisfied, they may then request a 'Step Two' meeting.

Step Two:

1. If the intern is not satisfied with the 'Step One' resolution, they must submit, in writing, within five (5) working days, the problem or grievance to Human Resources. The HR representative 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 Human Resources representative 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 Chief Psychologist, or their designee.
2. The Chief Psychologist, 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.

Intern selection

Policy:

Rogers Behavioral Health has a selection process for the doctoral internship which is designed to assess the strengths of individual applicants and their capacity to succeed in the training program. The selection process involves the Internship Training Committee members and additional staff psychologists as appropriate in reviewing 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, their graduate school program coursework, their letters of recommendations, and the fit between the training program and their stated future career goals. Intern essays submitted within the APPIC Application for Psychology Internship (AAPI) will be reviewed to explore the quality of their training and the fit between their experiences, theoretical orientation, and future career goals and the internship program.

In-person or virtual interviews are required of all applicants who are in the final selection round. 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 members then rank order applicants according to data gathered from both the file review and interview process. The selection committee looks for applicants whose training goals match sufficiently the training that the internship can offer.

The selection committee members or designees 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, their level of engagement in non-traditional activities, 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 for which the applicants are applying to ensure that they meet 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 as to whether 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 and supervisors and having a building tour in addition to the interview

meeting. In person Interviews will take place at the track's respective locations. Directions are provided to the applicant upon notification of interview offer. Virtual interviews include meeting the current interns and supervisors in addition to the formal interview meeting. A video is available to all prospective candidates that includes a description of the internship and images of the sites.

5. Upon completion of the interview the interviewers will complete the remainder of the **Psychology Internship Applicant Evaluation Form**.
6. Based on the ratings on the applicant evaluation form and on 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, Rogers Behavioral Health 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 experiences and training goals that fit well with our internship program along with attracting diverse applicants.

Procedure:

The training program has a defined procedure for recruitment of new doctoral interns. The training program 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 internship positions. We provide supporting information on the Rogers Behavioral Health website to further describe our program. The website, 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 on the website and are accessible to applicants. Requirements include: enrollment in a clinical or 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 minimum of 1000 total clinical hours, completion of dissertation proposal by December 15th of the applying year, a current academic vitae, 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 of the trainee.

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 noted and reviewed, minimally, on a yearly basis by the Internship Training Committee. Recommendations for changes or improvements are discussed and implemented.

The training program follows the philosophy that both the training program and the applicant are engaging in a mutual assessment to find a good fit. As such, the interview day includes time describing the organization, specifics of the training program, the culture of the program, the specific diversity related activities and factors, and the experience of 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 training committee.

Maintenance of records

Policy:

Rogers Behavioral Health has a process in place to maintain records related to doctoral interns to ensure records are 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 page, hours logs, 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 Director completing or receiving the document to save it to the doctoral intern's training file.
3. All Internship Training Committee (ITC) 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 larger 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 active. If the program no longer remains active, the data will be transferred to the Human Resources Department in order to continue to support reference and credentialing requests.

Non-Discrimination

Policy:

Rogers Behavioral Health 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, Rogers expects that all relationships among persons in the office will be business-like, respectful, and free of bias, prejudice and harassment.

Purpose and Procedure:

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. Rogers 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 Director.

If the offender is part of the training program, an individual may pursue the matter through grievance procedures. See the **Intern Grievance Policy** in the Handbook. The **Management of Insufficient Competence, Due Process, and Appeal for Doctoral Interns Policy** will be utilized in order to make decisions and provide remediation if a doctoral intern has discriminated against or harassed another individual. If the offender is not involved in the training program, please refer to the Compliance Handbook. Rogers Behavioral Health prohibits retaliation against anyone who has reported harassment or who has cooperated in the investigation of harassment complaints. See Rogers Whistleblower Policy.

Related system-wide policies (**found under “Policies & Procedures tab of Rogers Connect, the employee 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

Requirements for Successful Completion of Doctoral Internship Program

Policy:

Rogers Behavioral Health provides supervisors and interns a set of requirements which outline the minimum thresholds for achievement to successfully complete the doctoral internship training program.

Procedure:

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.

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

Third Quarter Review: Obtain ratings of “3” (*some supervision needed*) or higher as rated by supervisors.

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

Successful completion of the internship year necessitates:

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

Supervision Requirements

Policy:

The internship program adheres to the supervision requirements issued by the APA Commission on Accreditation through its *Standards of Accreditation for Health Service Psychology* and corresponding Implementing Regulations.

Interns consistently receive at least 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 of weekly group supervision as a cohort and one hour of weekly 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 each week. At least one psychologist is involved in the program within which the interns work. Each supervising 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 documentation 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 notes needs related to ethics, diversity, clinical direction, patient safety, the supervisory relationship, and general requirements. In addition, supervisors are available to consult with trainees regarding patient care outside of formal supervisory sessions or ensure that another qualified psychologist is available for such consultations.
5. Each trainee is formally evaluated quarterly. Clinical supervisors conduct live observations and 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 may be invited to attend the evaluation.
6. The evaluation is based on the **Doctoral Psychology Intern Evaluation Form**. 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 or at least receive electronic copies of all evaluations and certificate at the end of the internship year. A copy of their second quarter evaluation, final evaluation and certificate is forwarded to the Intern's university or professional school at the end of the second and fourth quarter respectively.

Tele-supervision

Policy Rationale:

Interns have historically been provided with 100% in-person supervision, however, with the COVID-19 pandemic it has been necessary to provide tele-supervision. Though we do not foresee this occurring, it is possible that tele-supervision may be a need outside of the COVID-19 pandemic due to circumstances out of the intern or supervisors' control. If that occurs, this policy would also need to be followed and tele-supervision be kept to a minimum with in-person supervision being the preferred and primary mode of supervision.

How to utilize tele-supervision due to a pandemic:

1. Interns will be provided with an orientation to Microsoft Teams upon the start of internship. Clinical Technology Services (CTS) is also available to assist with any technology questions or needs.
2. Tele-supervision is to happen at the regularly agreed upon day and time unless adjustments are agreed upon ahead of time.
3. Interns are to still receive the same number of supervision hours as in-person (2 hours of individual supervision and 2 hours of group supervision).
 - a. Interns will be presented with the option of in-person supervision with appropriate distancing and PPE or tele-supervision depending on comfort level of both the supervisor and intern for the duration that it is deemed necessary for health and safety.
4. Tele-supervision will occur via Microsoft Teams as this is a HIPPA compliant platform for the security and protection of patient information being discussed.
5. Both the intern and the supervisor must keep cameras and microphones on at all times to assure that there is no one else in the supervision without the others knowledge and that the supervision is occurring between the identified intern and supervisor it is intended to be between.
6. Supervisor and intern are to discuss ahead of time how the intern can best reach the supervisor for non-scheduled consultation needs and crisis coverage.
7. The aims and outcomes of the program continue to be upheld as the interns are expected to continue to engage in the intern activities daily that are the basis for the growth and development of the internship aims.
8. The supervisor is required to continue to have professional clinical responsibility for the patient care within the program and is engaged in aspects of that care with the intern as well as the treatment team as a whole. The supervisor and intern continue to engage in staff meetings, case conferences, team meetings and patient interventions despite the use of tele-supervision and tele-health (where applicable).
9. A relationship between supervisor and intern will need to be maintained throughout the use of tele-supervision. It should begin (in-person or tele-supervision) with a supervision contract and continue throughout discussions of any needs the intern or supervisor may have in maintaining this relationship and repairing any ruptures within the supervision relationship if/when necessary.

How to utilize tele-supervision outside of pandemic:

All of the above statements are true in addition to the following:

1. Supervisors and interns will determine the appropriateness of use of tele-supervision based on individual situations and only utilized when absolutely necessary.

- a. For example: An inability to get to the office due to weather, an inability to meet due to caring for another who is ill and being unable to reschedule, or no other in-person supervisors available to meet with intern while primary supervisor is away from the main office (i.e., at a conference).
2. Supervision via tele will be kept to a maximum of 50% of all supervision time or less.
3. Tele-supervision must allow for all aims of the program to continue to be upheld. This includes continual engagement in the activities of the internship designed to achieve the aims throughout the year:

Third and Fourth Quarter Supplementary Experience

Purpose:

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 Southeastern Wisconsin Rogers Behavioral Health system that is under direction and supervision of a psychologist. This program may only be applied for if the intern is meeting all expected competency levels of achievement in their first two quarters within the OCD and Anxiety track. If the intern is not meeting minimum thresholds in their 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 are developed with their supervisors to help promote progress in internship.

Interns are expected to complete the following patient related activities by the termination of their supplemental experience:

- Providing case conceptualizations
- Identifying behavioral treatment targets
- Developing behavioral interventions for treatment targets (e.g., ban behaviors, hierarchies)

Although interns will be expected to work independently with patients/residents by the end of the supplementary experiences, given the truncated time spent on the unit, interns will also 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:

1. The specific program in which they would like to gain additional training experience
2. The rationale behind their decision regarding how this additional training experience will enhance their professional development.
3. The intern's 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) or in the April meeting (prior to Q4 beginning). All supervisors will need to agree 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. Once the ITC agrees that the intern can join this program and the psychologist of the requested program agrees to follow all internship requirements, the intern's primary supervisor will then share the ITC's decision and any related expectations with the intern.

Relevant Rogers Behavioral Health Policies and Procedures

The following policies are available on Rogers Connect, the employee intranet.

Rogers Compliance Handbook

The Compliance Handbook is also meant to assist in providing standards by which all employees must conduct themselves in order to protect and promote organizational integrity and to enhance Rogers' ability to achieve its strategic objectives. These obligations apply to relationships with patients, affiliated physicians, third-party payors, subcontractors, independent contractors, vendors, consultants, and one another.

Equal Employment Opportunity Affirmative Action

Category: Human Resources (HRM) Policies and Procedures

Policy #: PER-HRM-113

Applies to: All Employees

ADA Americans with Disabilities Act

Category: Human Resources (HRM) Policies and Procedures

Policy #: PER-HRM-112

Applies to: All Employees

Dress Code

Category: Human Resources (HRM) Policies and Procedures

Policy #: PER-HRM-118

Applies to: All Employees

Attendance at Work

Category: Human Resources (HRM) Policies and Procedures

Policy #: PER-HRM-116

Applies to: All Employees

Employee Rights and Responsibilities

Category: Human Resources (HRM) Policies and Procedures

Policy #: PER-HRM-122

Applies to: Clinical Staff

Employee Grievances

Category: Human Resources (HRM) Policies and Procedures

Policy #: PER-HRM-134

Applies to: All Employees

Anti-harassment policy

Category: Human Resources (HRM) Policies and Procedures

Policy #: 19-025-0118

Applies to: All Employees

Alcohol and Other Drugs

Category: Human Resources Policies and Procedures

Policy #: 19-051-0320

Applies to: All Employees

Background Checks

Category: Human Resources Policies and Procedures

Policy #: PER-HRM-103

Applies to: All Employees

Social Networking

Category: Marketing (MKT) Policies and Procedures

Policy #: GOV-MKT-105

Applies to: All Employees

Personnel Files

Category: Human Resources Policies and Procedures

Policy #: PER-HRM-135

Applies to: All Employees

Code of Conduct and Employee Misconduct

Category: Corporate Support Services (COR) Policies and Procedures

Policy #: ADM-COR-104

Applies to: All Employees

Covid Vaccine Mandate

Category: Human Resources (HRM) Policies and Procedures

Policy #: PER-HRM-128

Applies to: All Employees

Termination

Category: Human Resources (HRM) Policies and Procedures

Policy #: PER-HRM-133

Applies to: All Employees

Doctoral internship program: Applicable forms

2023-2024

(updated July 2023)

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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.

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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; 10 is highest): _____

Comments:

3. Overall impression of academic qualifications

(e.g., grades, quality of graduate program, demonstrated commitment to diversity).

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, commitment to diversity).

Rating (1-10; 10 is highest): _____

Comments:

5. Level of engagement in non-traditional activities

(e.g., holding multiple jobs to finance education, advocacy / outreach / service activity, volunteer work, lived experience).

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, commitment to diversity):

Rating (1-10, 10 is highest): _____

Comments:

8. Further comments on the candidate.

9. Overall rating

(1-10; 10 is highest): _____

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!

Interview Rating Form

Interviewer Name: _____

Interview Date: _____

Applicant Name: _____

Track: _____

Graduate School: _____

Degree Sought: ☐ Ph.D. ☐ Psy.D.

(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

[This is now completed online through google forms
but the questions have not changed]

Format of the interview?

Virtual In person

Program Materials

1. How did you hear about us?

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

2. Indicate the track you've interviewed for.

___ Child & Adolescent Inpatient ___ Adult OCD/Anxiety Residential
___ Adult Inpatient ___ Adult Mental Health & Addiction Recovery Residential

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 platform.

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

Interview Process

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

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

Interaction with Current Interns

18. 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
---------------------------	-----------------------	---------------------	--------------------------	------------------------------	---------------------------

19. Rate your experience with opportunities to ask questions.

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

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

Tour

21. Rate how informative you found your tour

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

22. 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
---------------------------	-----------------------	---------------------	--------------------------	------------------------------	---------------------------

23. 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
---------------------------	-----------------------	---------------------	--------------------------	------------------------------	---------------------------

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

Overview and Feedback

25. 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
---------------------------	-----------------------	---------------------	--------------------------	------------------------------	---------------------------

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

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

28. 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
---------------------------	-----------------------	---------------------	--------------------------	------------------------------	---------------------------

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

Intern Self-Evaluation

Supervisor: _____

Intern: _____

This information is to be shared with your initial primary supervisor in order to familiarize him or her with your assessment of your clinical strengths, areas in need of improvement, and goals for the internship year.

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

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

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

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

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

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

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

☐ 1 = Substantial supervision/remediation needed

☐ 2 = Close supervision needed (internship entry level)

☐ 3 = Some supervision needed (mid-internship level)

☐ 4 = Little supervision required, mostly independent (internship exit level)

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

a.

b.

c.

d.

e.

f.

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

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 of performance and also a vehicle for change. The evaluation should be reviewed in-person with the Intern and ample opportunity allowed for questions. 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 intern.

Supervisor signature: _____

Directions:

Circle the supervisee's skill level for each competency 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 (readiness for entry level practice); functions in a broad range of clinical and professional activities; generalizes skills and knowledge to new situations; self-assesses when to seek additional training, supervision, or consultation
nr	No rating (no data / not applicable)

At the end of the form, please provide a brief narrative summary of your overall impression of this trainee's current level of competence.

I. Research/Scholarly Inquiry

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

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

III. Individual and Cultural Diversity

<p>1. Independently monitors and applies an understanding of how their own personal/cultural history, attitudes, and biases may affect assessment, treatment, and consultation</p> <p>a) Understand and explore the impact of the one's own cultural background and biases and their potential impact on the process of treatment</p> <p>b) Effectively engage in self-evaluation in order to utilize personal strengths in the therapeutic process</p> <p>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</p>	<p>1 2 3 4 nr</p>
<p>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</p> <p>a) Understand and explore the impact of the client's cultural background and biases and their potential impact on the process of treatment</p> <p>b) Establish rapport and therapeutic alliances with individuals from diverse backgrounds</p> <p>c) Applies current theoretical and empirical knowledge in assessment, supervision, research, training, and consultation</p>	<p>1 2 3 4 nr</p>
<p>3. Applies, knowledge, skills, and attitudes regarding dimensions of diversity to professional work</p> <p>a) Understand and explore the impact of the one's own cultural background and biases and their potential impact on the process of treatment</p> <p>b) Understand and explore the impact of the client's cultural background and biases and their potential impact on the process of treatment</p> <p>c) Establish rapport and therapeutic alliances with individuals from diverse backgrounds</p> <p>d) Applies a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of prior training</p> <p>e) Able to work effectively with individuals whose group membership, demographic characteristics or worldviews create conflict with their own</p>	<p>1 2 3 4 nr</p>

<p>4. Independently monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation</p> <p>a) Provide accurate culturally and clinically relevant feedback regarding testing, assessment, and behavior modification plans to non-psychology staff</p> <p>b) Interact professionally as a member of a multidisciplinary team</p> <p>c) Provide culturally sensitive psychological input to improve patient care and treatment outcomes</p>	<p>1 2 3 4 nr</p>
<p>5. Demonstrates cultural humility in actions and interactions</p> <p>a) Considers and explores one's own areas of weakness with regard to cultural understandings</p>	<p>1 2 3 4 nr</p>

IV. Professional Values and Attitudes

1. Behave in ways that reflect the values and attitudes of psychology including integrity, deportment, professional identify, accountability, lifelong learning and concern for the welfare of others.	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; understands the importance of having an extended plan to enhance knowledge/skills a) Interact with colleagues and supervisors in a professional and appropriate manner b) Engage in self-care and appropriate coping skills in regard to stressors c) Effectively engage in self-evaluation in order to utilize personal strengths in the therapeutic process d) Shows awareness of need for and develops plan for ongoing learning to enhance skills	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

<p>7. Conducts self in a professional manner across settings and situations</p> <p>a) Interact professionally as a member of a multidisciplinary team</p> <p>b) Provide informative and appropriate professional presentations</p>	<p>1 2 3 4 nr</p>
<p>8. Demonstrates cultural humility in actions and interactions</p> <p>a) Role models cultural humility with the interdisciplinary team</p>	<p>1 2 3 4 nr</p>

V. Communication and Interpersonal Skills

1. Develop and maintain effective relationships with a wide range of individuals including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.	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

<p>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.</p> <p>a) From a variety of testing materials, select those most appropriate for the referral question</p> <p>b) Collect data from a variety of sources (interview, medical record, prior testing reports, collateral information)</p>	1	2	3	4	nr
<p>2. Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning</p> <p>a) From a variety of testing materials, select those most appropriate for the referral question</p> <p>b) Collect data from a variety of sources (interview, medical record, prior testing reports, collateral information)</p> <p>c) Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process</p>	1	2	3	4	nr
<p>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</p> <p>a) From a variety of testing materials, select those most appropriate for the referral question</p> <p>b) Administer, score, and interpret testing results correctly</p>	1	2	3	4	nr
<p>4. Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity</p> <p>a) Collect data from a variety of sources (interview, medical record, prior testing reports, collateral information)</p> <p>b) Incorporate data into a well-written, integrated report</p> <p>c) Demonstrate a working knowledge of DSM-5 nosology and multiaxial classification</p>	1	2	3	4	nr
<p>5. Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment</p> <p>a) Collect data from a variety of sources (interview, medical record, prior testing reports, collateral information)</p> <p>b) Incorporate data into a well-written, integrated report</p> <p>c) Demonstrate understanding of human behavior within its context (e.g., family, social, societal, and cultural)</p>	1	2	3	4	nr

<p>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.</p> <p>a) Incorporate data into a well-written, integrated report</p> <p>b) Demonstrate a working knowledge of DSM-5 nosology and multiaxial classification</p>	1	2	3	4	nr
<p>7. Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question</p> <p>a) Provide accurate and clinically relevant feedback regarding testing, assessment, and behavior modification plans to non-psychology staff</p> <p>b) Provide psychological input to improve patient care and treatment outcomes</p>	1	2	3	4	nr
<p>8. Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations</p> <p>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</p> <p>b) Interact professionally as a member of a multidisciplinary team</p> <p>c) Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.</p>	1	2	3	4	nr
<p>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.</p> <p>a) Provide accurate and clinically relevant interpretation regarding testing, assessment, and behavior modification plans to non-psychology staff</p> <p>b) Apply evidence-based practice in clinical work</p>	1	2	3	4	nr
<p>10. Demonstrates cultural humility in actions and interactions</p> <p>a) Seeks out further knowledge regarding cultural considerations in the process of assessment.</p>	1	2	3	4	nr

VII. Intervention

<p>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</p> <p>a) Utilize theory and research to develop case conceptualizations</p> <p>b) Identify and utilize appropriate evidence-based group and individual interventions</p> <p>c) Demonstrate the ability to apply the relevant research literature to clinical decision making</p>	1	2	3	4	nr
<p>2. Independently plans interventions; case conceptualizations and intervention plans are specific to case and context</p> <p>a) Develop evidence-based treatment goals that correspond to the case conceptualization and service delivery goal</p> <p>b) Identify and utilize appropriate evidence-based group and individual interventions</p> <p>c) Effectively manage behavioral emergencies and crises</p> <p>d) Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation</p>	1	2	3	4	nr
<p>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</p> <p>a) Identify and utilize appropriate evidence-based group and individual interventions</p> <p>b) Effectively manage behavioral emergencies and crises</p> <p>c) Establish and maintain effective relationships with the recipients of psychological services.</p> <p>d) Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.</p> <p>e) Modify and adapt evidence-based approaches effectively when a clear evidence base is lacking.</p>	1	2	3	4	nr
<p>4. Demonstrates cultural humility in actions and interactions</p> <p>a) Considers evidence-based treatment in the context of patient's cultural needs.</p>	1	2	3	4	nr

VIII. Supervision

1. Apply knowledge of supervision models and practices in direct or simulated practice with psychology trainees or other mental health professionals (i.e., role play, peer supervision)	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 using the skills of observing, evaluating, and offering feedback. a) Interact with colleagues and supervisors in a professional and appropriate manner b) Document clinical contacts timely, accurately, and thoroughly	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

<p>1. Determines situations that require different role functions and shifts roles accordingly to meet referral needs</p> <p>a) Interact professionally as a member of a multidisciplinary team</p> <p>b) Provide psychological input to improve patient care and treatment outcomes</p>	1	2	3	4	nr
<p>2. Applies methods to enhance learning of others in multiple settings</p> <p>a) Interact professionally as a member of a multidisciplinary team</p> <p>b) Provide informative and appropriate professional presentations</p> <p>c) Engages in role-played consultation, peer consultation or provision of consultation to other trainees</p>	1	2	3	4	nr
<p>3. Applies literature to provide effective consultative services (assessment and intervention) in most routine and some complex cases</p> <p>a) Provide accurate and clinically relevant feedback regarding testing, assessment, and behavior modification plans to non-psychology staff</p> <p>b) Provide psychological input to improve patient care and treatment outcomes</p> <p>c) Apply evidence-based practice in clinical work</p>	1	2	3	4	nr
<p>4. Demonstrates knowledge of didactic learning strategies and how to accommodate developmental and individual differences across multiple settings.</p> <p>a) Interact professionally as a member of a multidisciplinary team</p> <p>b) Provide informative and appropriate professional presentations</p> <p>c) Apply evidence-based practice in clinical work</p>	1	2	3	4	nr
<p>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</p> <p>a) Interact professionally as a member of a multidisciplinary team</p> <p>b) Effectively engage in self-evaluation in order to utilize personal strengths in the therapeutic process</p>	1	2	3	4	nr

<p>6. Demonstrates beginning, basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning</p> <p>a) Provide accurate and clinically relevant feedback regarding testing, assessment, and behavior modification plans to non-psychology staff</p> <p>b) Interact professionally as a member of a multidisciplinary team</p> <p>c) Effectively engage in self-evaluation in order to utilize personal strengths in the therapeutic process</p>	1	2	3	4	nr
<p>7. Participates in and initiates interdisciplinary collaboration/consultation directed toward shared goals</p> <p>a) Provide accurate and clinically relevant feedback regarding testing, assessment, and behavior modification plans to non-psychology staff</p> <p>b) Provide psychological input to improve patient care and treatment outcomes</p>	1	2	3	4	nr
<p>8. Develops and maintains collaborative relationships over time despite differences</p> <p>a) Interact professionally as a member of a multidisciplinary team</p> <p>b) Effectively engage in self-evaluation in order to utilize personal strengths in the therapeutic process</p>	1	2	3	4	nr
<p>9. Develops and maintains effective and collaborative relationships with a wide range of clients, colleagues, organizations, and communities despite potential differences</p> <p>a) Interact with colleagues and supervisors in a professional and appropriate manner</p> <p>b) Engage in self-care and appropriate coping skills in regard to stressors</p>	1	2	3	4	nr
<p>10. Demonstrates cultural humility in actions and interactions</p> <p>a) Adds to the cultural competence and knowledge base of the team.</p>	1	2	3	4	nr

X. Track-specific: Adult OCD and Anxiety Disorders Residential Care

1. Provide evidenced-based individual, group, and supportive loved ones sessions (if applicable) consistent with the role of a Health Service Psychologist.	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 residential level of care.	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 and culture throughout clinical work.	1	2	3	4	nr

X. Track specific: Adolescent Inpatient Care

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

X. Track-specific: Adult Inpatient Care

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

X. Track-specific: Adult Mental Health and Addiction Recovery Residential Care

1. Provide evidenced-based individual, group, and supportive loved ones sessions consistent with the role of a Health Service Psychologist.	1	2	3	4	nr
2. Provide individual supervision in direct practice that includes observing, evaluating, and giving guidance and that is consistent with currently accepted competency-based models to assigned staff members or students.	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. Complete high quality diagnostic assessments to clarify patient needs, diagnosis, and recommended course of treatment	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 evidence-based treatment methods independently as needed (CBT, MI, ERP, 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 clinical conceptualizations and corresponding treatment recommendations at staffing to assist with developing targeted goals and behavior plans.	1	2	3	4	nr
9. Provide case management services through identification of resources and community-based support groups	1	2	3	4	nr
10. Provide informal consultation to the treatment team to strengthen their ability to maintain a trauma informed environment that shows awareness of diversity needs.	1	2	3	4	nr

X. Track-specific: Adult Trauma Recovery Residential Care

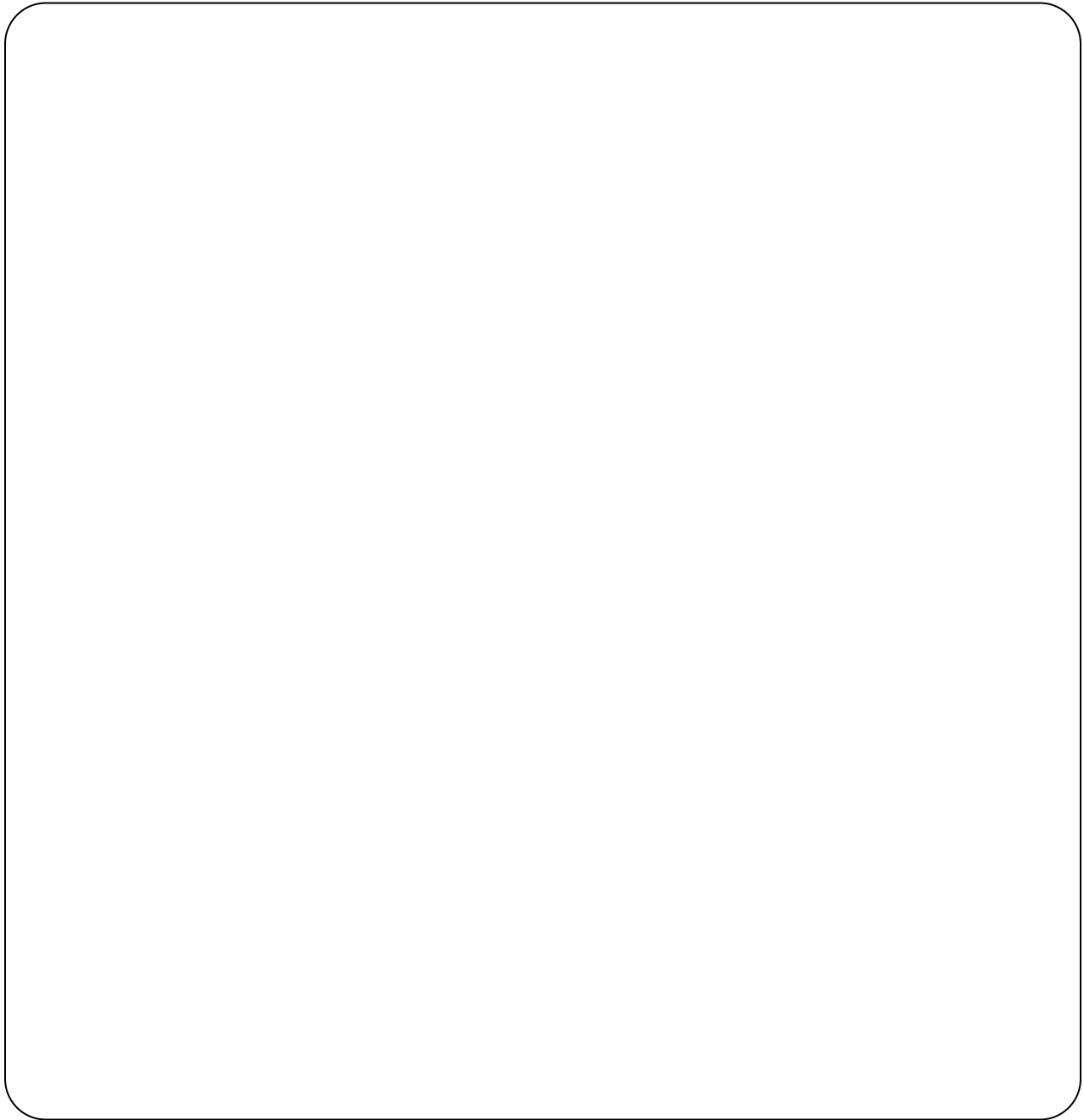
1. Provide evidenced-based individual, group, and supportive loved ones sessions (if applicable) consistent with the role of a Health Service Psychologist.	1	2	3	4	nr
2. Provide individual and group (if applicable) supervision that is consistent with currently accepted competency-based models to pre- and post-masters students working at the residential level of care.	1	2	3	4	nr
3. Provide consultation to therapists and social service personnel to appropriately apply evidence-based treatment strategies consistent with patient needs and high-quality patient care.	1	2	3	4	nr
4. Apply principles of Prolonged Exposure and other exposure variants independently to complex cases	1	2	3	4	nr
5. Monitor patients' treatment progress of symptoms reduction and increased life engagement with validated measures and offer guidance to treatment team members regarding patients' clinical needs.	1	2	3	4	nr
6. Apply ancillary CBT-based treatment methods independently as needed (DBT, ACT, Schema Therapy, 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 interaction a. Integrates discussions and considerations regarding diversity and culture throughout clinical work.	1	2	3	4	nr

Supervisor's overall impression of trainee's current level of competence

In the space below, 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:

1. Do you believe that the trainee has reached the level of competence expected by the program at this point in training? ☐ Yes ☐ No
2. If applicable, is the trainee ready to move to the next level of training, or independent practice? ☐ Yes ☐ No ☐ N/A
3. Use the space below to answer the following two questions:
 - What are the trainee's particular strengths?
 - What are the trainee's areas for growth?

Trainee's comments (optional)



Supervisor's Signature: _____

Date: _____

Intern's Signature: _____

Date: _____



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): _____

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

	Unsatisfactory		Satisfactory		Excellent
1. Rate how well the presentation met stated learning objectives:	1	2	3	4	5
2. The <u>currency</u> of the information presented	1	2	3	4	5
3. The <u>effectiveness</u> of the presentation	1	2	3	4	5
4. The <u>relevance</u> to my clinical area of practice	1	2	3	4	5
5. Was the presentation appropriate to my...					
a) Level of education?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
b) Professional experience?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Unsatisfactory		Satisfactory		Excellent
6. Presenter's knowledge of subject matter	1	2	3	4	5
7. Clarity of presenter's presentation	1	2	3	4	5
8. Presenter's responsiveness to participants	1	2	3	4	5
9. Presenter's ability to utilize appropriate technology to support participant learning	1	2	3	4	5
10. Was the presentation free of commercial bias?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11. Did the presenter discuss diversity and cultural considerations?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
12. Did the presenter discuss ethical considerations?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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 <u>best</u> about this program?	<hr/> <hr/>				
17. What did you like <u>least</u> about this program?	<hr/> <hr/>				
18. How might you change your care of patients based on this program?	<hr/> <hr/>				
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:	<hr/> <hr/>				

Thank you for taking the time to complete this evaluation.



Rogers Behavioral Health

Evaluation of Supervision

Supervisor: _____

Intern: _____

Evaluation Period (check):

☐ Period 1 (September through February)

☐ Period 2 (February through August)

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

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

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

I. Supervision Relationship

My supervisor:

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

Additional comments:

Supervisor's response to evaluation:

Intern	Date
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Clinical Supervision Form for Management of Insufficient Competency

Purpose: To provide specific, competency-based feedback on areas of needed growth to accomplish sufficient competence in the doctoral internship program.

Track	
Date	
Intern	
Clinical supervisor	

Description of the behavior(s) not meeting expected level of competence. Please provide feedback in specific, behavioral terms (i.e., when observed, where observed, type of behavior):

Identification of specific competency and elements of the competency where work is needed to achieve expected level of competency:

Description of behaviors that need to be observed by supervisor to demonstrate appropriate progress toward sufficient competence:

Description of support / resources offered to facilitate change:

Timeline for review of progress toward sufficient competence:

Clinical supervisor signature

Date

Intern signature

Date

Post-Internship Information Form

[This is now completed online through google forms
but the questions have not changed]

Name: _____

Date: _____

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 ten (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: To become an entry level psychologist who demonstrate 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
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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
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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
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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
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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
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Goal 10 (Adult OCD and Anxiety Residential Care): Become an entry level psychologist who is able to function confidently as Psychologist within an evidence-based residential program.

Objective(s) for Goal 10 (Adult OCD and Anxiety Residential Care): 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
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Goal 10 (Child and Adolescent Inpatient Care): Become an entry level psychologist who is able to function confidently as a Health Service Psychologist on a child/adolescent inpatient psychiatric unit.

Objective(s) for Goal 10 (CAU): Provide high quality consultation and clinical supervision to interdisciplinary team members, effectively teach, model and apply trauma informed milieu management strategies, provide case conceptualizations and consultation regarding effective evidence-based interventions, monitor program fidelity, and complete accurate and thorough psychological assessments as requested.

1	2	3	4	5	N/A
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Goal 10 (Adult Inpatient Care): Become an entry level psychologist who is able to function confidently as a Health Service Psychologist on an adult inpatient psychiatric unit.

Objective(s) for Goal 10 (Adult Inpatient Care): Provide high quality consultation and clinical supervision to interdisciplinary team members, effectively teach, model and apply trauma informed milieu management strategies, provide case conceptualizations and consultation regarding effective evidence-based interventions, monitor program fidelity, and complete accurate and thorough psychological assessments as requested.

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

Goal 10 (Adult Mental Health and Addiction Recovery Residential Care): Become an entry level psychologist who is able to function confidently as a Health Service Psychologist within an evidence-based mental health and substance use treatment residential program.

Objective(s) for Goal 10 (Adult Mental Health and Addiction Recovery Residential Care):

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

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

Goal 10 (Adult Trauma Recovery Residential Care): Become an entry level psychologist who is able to function confidently as a Health Service Psychologist within an evidence-based residential program.

Objective(s) for Goal 10 (Adult Trauma Recovery Residential Care): Demonstrate the ability to deliver high quality evidence-based treatment to patients who present with PTSD, Complex trauma, or trauma-related conditions in individual and group format. Provide high quality consultation and supervision to team members, effectively apply milieu management and problem-solving strategies, monitor, and guide treatment progress in both symptom reduction and engagement in life, and participate on and support a multidisciplinary team.

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

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

Select all the activities that apply to this formal postdoctoral position

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

What is the job title of this position?

Professional Employment Post-Internship Setting

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

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

Select all the activities that apply to this professional employment position

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

What is the job title of this position?

Current Employment Setting

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

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

What is the job title of this position?

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.

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