ROGERS
Behavioral Health

Doctoral internship program: 2025-2026 Handbook

October 2024

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Introduction

About Rogers Behavioral Health

Rogers Behavioral Health is a not-for-profit, independent provider of highly effective specialized mental health and addiction treatment that helps people reach their full potential for health and well-being. Rogers specializes in a broad range of mental health conditions: obsessive-compulsive and related anxiety disorders, eating disorders, depression, bipolar and other mood disorders, trauma, post-traumatic stress disorder (PTSD), and addiction (substance use disorders).

Based in Wisconsin since 1907 with locations in 10 states, Rogers is one of the largest behavioral healthcare providers in the United States. The System includes the Rogers Behavioral Health Foundation, which supports patient care programs, Community Learning and Engagement and WISE: Initiative for Stigma Elimination, a national collaboration that works to eliminate mental health stigma; as well as the Rogers Research Center, which pursues research that is directly translatable/related to the needs of the patients we serve and the behavioral health field.

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

- Rogers provides treatment in a non-academic setting. Our treatment teams are led by physicians who use a multidisciplinary model to partner with psychologists, social workers, professional counselors, nurses, registered dietitians, and other professionals to deliver care.
- The entire team is committed to the use of evidence-based therapies and medication management to produce the best patient outcomes, even for those with complex cases and co-occurring disorders.
- Rogers' clinical leaders have the recognition and respect of their peers. Many serve as faculty at local universities, conduct research, and present regularly at state, regional, national, and international conferences. Our psychologists and physicians 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 five levels of care:
    - Outpatient care includes outpatient psychiatric services and medication management, traditional outpatient therapy, and transcranial magnetic stimulation (TMS).
    - Specialized outpatient care includes partial hospitalization programs (PHPs) that meet 6.5 hours per day, 5 days a week for 4 to 8 weeks and intensive outpatient programs (IOPs) that meet 3 hours a day, 4 to 5 days a week for 4 to 8 weeks throughout the US.
    - Nationally recognized residential care programs located on our three hospital campuses in southeastern 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 are available at three hospitals in southeastern Wisconsin for stabilization during an acute episode. The length of stay is based on the needs of the patient and condition being treated. While the average adult inpatient stay is 5 to 7 days, inpatient stays for withdrawal management average 3 to 5 days, inpatient stays for eating disorders average 2 to 3 weeks, and adolescent stays average 7 to 10 days.
- Clinical outcomes research shows that patients do best using the full continuum of care completing partial hospitalization (PHP) or intensive outpatient (IOP) after inpatient or residential. Patients are most likely to sustain their gains, and many continue to make progress decreasing the likelihood of readmission. Patients can also step up a level, down a level or find the one level of care that works

best for them. With clinics located across the country, convenient PHP/IOP care may be available close to where patients live.

- Rogers offers telehealth services in Wisconsin, Illinois, Minnesota, and Tennessee, providing patients with the opportunity to participate in PHP, IOP, and outpatient treatment from the comfort of their own homes. Research outcomes show that patient gains within telehealth programming are comparable to in-person treatment at Rogers.

Rogers' therapeutic approach

- At Rogers, 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 one involvement is a key part of many programs.
- Rogers provides both individualized treatment and group therapy throughout all levels of care and as part of specific treatment programs.
- If patients have not seen improvement in depression or OCD symptoms with the combination of therapy and medication, we offer outpatient transcranial magnetic stimulation (TMS) at our West Allis, Wisconsin campus. 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. 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 best helps them on the 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 more than 25 years of tracking clinical outcomes with nearly 65,000 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. Using more that 1 million self-assessments each year, 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 clinics located across the country.

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). The reaccreditation site visit occurred on July 26 and 27, 2023, and Rogers Behavioral Health's accreditation is reaffirmed through 2033.

Commission on Accreditation Contact information:

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

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/

Milwaukee has activities and organizations that celebrate Latino culture: Latino Culture (visitmilwaukee.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/

Adventure Rock, a trio of locally owned climbing gyms in Brookfield, Walkers Point (Milwaukee area), and Milwaukee, hosts monthly Queer Climbing Collective (QCC) nights. The QCC is an organization whose goal is to bring LGBTQI+ individuals together through their love of climbing and the outdoors. QCC Milwaukee is for climbers of all ability levels and backgrounds. QCC Milwaukee meets every second Sunday of the month. The intention is to create space for the community to come to on a regular basis and celebrate the shared love of climbing and the out-of-doors. https://adventurerock.com/event/queer-climbing-collective/

Autism Society of Southeastern Wisconsin holds adult programs and events, including a professional's group for autistic adults. Most groups require advanced registration. Click on the link to see the list of events/plans. Adult Programs & Events - Autism Society of Southeastern Wisconsin (assew.org)

For a list of locally owned Indigenous business and events, please visit Milwaukee | Our Native American Roots (visitmilwaukee.org)

The greater Milwaukee area is home to various community-support and recovery-oriented social groups to support those in addiction recovery. Please visit https://211wisconsin.communityos.org/support-groups for an overview of offerings in Wisconsin. The Alano Club offers community-support meetings and events: https://www.mkealanoclub.org/. Milwaukee has a local chapter of the national organization The Phoenix: https://thephoenix.org/

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 separate track options**, all located 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 Trauma Recovery Residential Care (one intern)
- Adult Eating Disorder Recovery Residential Care (one intern)

All internship tracks are five days a week (Monday through Friday). Applications will be considered for the tracks you note in the AAPI portal. Please make sure you have checked the boxes for **each** track you are interested in applying to.

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 the Rogers admissions department 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 psychologist, psychiatrist, therapist, behavioral specialist (BS), nurse, 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 response prevention (ERP). In addition to ERP, other evidence-based CBT and cognitive strategies and dialectical behavior therapy (DBT) skills are also taught. Approximately 30 hours of cognitive-behavioral therapy treatment is provided each week.

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).

Interns will have the opportunity to work with patients from various ethnic, cultural, and socio-economic backgrounds with complex 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.

Interns will also engage in a combination of the following:

- Enhancing skills specific to CBT and ERP to provide high quality interventions that are consistent with the Rogers Behavioral Health treatment model,
- Carrying an independent caseload within their treatment teams,
- Leading CBT group weekly,
- Completing diagnostic assessments and 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 treatment protocols,
- Modeling trauma-informed and diversity-sensitive clinical milieu management,
- Supervising line staff and/or practicum students,
- Providing consultation within the program teams and across other programs,
- Participating in weekly staffing and treatment team meetings.

Over the course of the year, the intern will increase their role in supervisory, leadership, research, and program evaluation experiences. This developmental training approach will support the intern in moving from interdependent to independent practice as a psychologist.

Third and fourth quarter part-time supplemental experience opportunities may be available within residential, partial hospitalization, and intensive outpatient programs that have a psychologist who is able to provide supervision.

Adolescent and Adult Inpatient Care tracks

The inpatient team's comprehensive treatment approach helps patients achieve stabilization, learn new skills, and gain hope in improving their overall functioning. The inpatient team works closely with the caregiver/support persons 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 (for the adolescent unit), 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 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 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:

- Provision of individual sessions with highly acute patients alongside the larger treatment team,
- Facilitation of weekly group and some caregiver support sessions,
- Supporting interventions and case conceptualizations of the clinicians,
- Supervision of mental health technicians 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 and 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 treatment 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 Inpatient Units

Each patient is assigned to a core clinical team. The treatment team conducts a detailed assessment, develops the treatment goals with collaboration from the patient and caregiver/support system, 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 groups. Individuals who are in inpatient care may have experienced one or multiple traumas. An awareness of the impact of multi-generational trauma is maintained on an ongoing basis. The treatment team works to better understand the function of the patient's behavior and the ways it is influenced by previous trauma. The understanding of this then leads to more effective interventions and focused treatment that helps them move along the trajectory of the clinical pathway.

General Mental Health Treatment Protocols

Each inpatient unit follows a clinical protocol of therapeutic groups that are 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 system 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 / Motivational Interviewing / 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**.**

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.

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

Differences between Adolescent and Adult Inpatient Care tracks

While the two inpatient programs run very similarly there are a few differences that should be noted:

- The adolescent unit is a 14-bed unit that is all general mental health and can provide care for adolescents with a wide range of diagnoses ages 13 through 17. The adolescent unit also provides an education group daily to help create and maintain healthy school-based skills.
- The adult unit has 22-beds with a flexible split between general mental health and substance use disorder needs. This serves patients ages 18 and older with a wide variety of diagnoses and life circumstances. There are two treatment protocols: one based on general mental health, and one based on substance use diagnoses provided for this unit.

Important application note:

The adult and adolescent tracks are *two separate tracks* for the internship year:

- Interns who match on the Adolescent track do *not* spend time on the Adult track.
- Interns who match on the Adult track do *not* spend time on the Adolescent track.

On the application materials please note in the check boxes which track(s) you are applying for. The track an intern matches to is the track they will remain on for the full internship year.

Adult Trauma Recovery Residential Care track

There are only a few dozen non-VA residential programs treating trauma/PTSD in the United States. The Trauma Recovery program at Rogers is one of the few that emphasizes two goals:

1) Addressing symptom reduction in trauma and comorbid conditions, and
2) Helping the patient develop meaning and values in life so that there prepared and have skills to grow after completing treatment.

The program incorporates mainly evidence-based CBT treatments, while using evidence-supported techniques from related therapies (i.e., DBT, ACT, compassion focused therapy, schema therapy). It is principles-based, as our clinicians look 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 evidenced-based assessments, including self-report measures of symptom severity, processing targets, and signs of growth, and 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 a partial hospitalization or intensive outpatient program.

Prior to admission, an initial telephone screening is conducted by the Rogers admissions department 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.

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 treatment team 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 (PE). 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.

Interns will have the opportunity to work with patients from various ethnic, cultural, and socio-economic backgrounds with 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.

Interns will also engage in a combination of the following:

- Gaining skills in the treatment approach that Rogers utilizes,
- Carrying a caseload within the treatment team,
- Leading group weekly,
- Supervising mental health technicians and/or practicum students,
- Completing diagnostic assessments and consultations,
- Offering clinical education and support to loved ones to facilitate their follow through in completing the recommended clinical pathway when applicable,
- Monitoring of clinical fidelity to the unit protocols,

- Modeling trauma informed and diversity-sensitive clinical milieu management,
- Attendance at staffing to offer clinical case conceptualizations and clinical guidance,
- Clinical training and mentorship of unit staff,
- Providing consultation within and across other programs,
- Participating in weekly self-care groups for clinicians.

Over the course of the year, the intern will increase their role in supervisory, leadership, and research and program evaluation experiences. This developmental training approach will support the intern in moving from interdependent to independent practice as a psychologist.

Interns may also have the opportunity to participate in the following:

Non-clinical research: 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 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.

Manuscript authorship: In addition to using these data internally, there may be opportunities for 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.).

Adult Eating Disorder Recovery Residential Care track

Rogers Behavioral Health is one of just a few eating disorder programs in the nation that provides comprehensive treatment for both adults and adolescents across all higher levels of care (inpatient, residential, partial hospitalization, intensive outpatient).

This internship track takes place at the Eating Disorder Recovery adult residential center, a 24-bed facility located about two miles down the road from our main campus in Oconomowoc, Wisconsin. The center treats people aged 18 and up who present with a wide range of eating disorders spanning all Feeding and Eating Disorders.

Whereas most patients present with a primary diagnosis of anorexia nervosa, bulimia nervosa, binge eating disorder, or avoidant-restrictive food intake disorder, many also present with complex co-occurring conditions, including diagnoses of obsessive-compulsive disorder, generalized anxiety disorder, posttraumatic stress disorder, and/or a personality disorder.

For these primary eating disorder diagnoses, the program utilizes an evidence-based treatment approach grounded in enhanced cognitive-behavioral therapy for eating disorders (CBT-E), exposure therapy, and dialectical behavior therapy (DBT), with other ancillary treatment offerings. Under the supervision of the psychologist, the treatment team provides evidence-based interventions for co-occurring disorders as well, including behavioral activation and prolonged exposure therapy.

Prior to admission, an initial telephone screening is conducted by the Rogers admissions department 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. Patients work with an interdisciplinary treatment team consisting of an attending provider, psychologist, nursing staff, therapist, registered dietitian, behavioral specialist, experiential therapist, and movement specialist. The treatment team then formulates a case conceptualization in conjunction with the patient, with careful consideration of which treatment targets to

prioritize at the residential level. Whereas the majority of clinical programming occurs during the day, patients participate in supplemental programs on evenings and weekends and staff are on sight 24/7 to provide additional clinical support as needed.

As part of the treatment team in the program, the intern will have the opportunity to work with patients of diverse ethnicities, cultures, and socioeconomic statuses. The intern 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. Throughout the course of the year, the intern will engage in the following activities:

- Gain skills in the provision of CBT-E, DBT, exposure therapy and other interventions
- Carry a caseload within the treatment team
- Lead DBT and psychoeducation groups
- Supervise masters-level practicum students or early career staff members
- Complete diagnostic assessments and consultations
- Offer education and support to patients' support persons
- Monitor clinical fidelity to unit and to the treatment protocols
- Attend staffing to offer clinical case conceptualizations and clinical guidance
- Offer clinical training and mentorship of unit staff
- Provide eating disorder consultation across Rogers Behavioral Health system
- Develop individual and/or group programming for use on unit

Over the course of the year, the intern will increase their role in supervisory, leadership, research, and program evaluation experiences. This developmental training approach will support the intern in moving from interdependent to independent practice as a psychologist.

Third and fourth quarter part-time supplemental experience opportunities may be available within other residential centers, as well as partial hospitalization and intensive outpatient programs within the Rogers system, so long as that program has a psychologist who is able to provide supervision.

Additionally, interns may have the opportunity to participate in the following:

Non-clinical research: Although not a main focus during internship training, an intern may become involved in available research opportunities. These include facilitating ongoing research ventures between Rogers Behavioral Health and major universities as well as analyzing the outcome studies data collected from eating disorder programs. These data are collected from admission, weekly assessments, and discharge packets for each patient and are used to examine treatment effectiveness in each of the programs; further clinical research on eating disorders and frequently comorbid conditions; and identify areas for improved treatment effectiveness.

Manuscript authorship: In addition to using these data internally, there may be opportunities for 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.).

Overarching 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, 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. 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. The reaccreditation site visit occurred on July 26 and 27, 2023, and Rogers Behavioral Health's accreditation is reaffirmed through 2033.

Commission on Accreditation Contact information:

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

Profession-wide internship competencies

The internship seeks to develop competencies in the following areas of professional practice.

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., case conferences, presentations or publications)
   a. Show independent ability to critically evaluate research/scholarly activities
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 or scholarly activities at the local, regional or national level)
   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. Integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles
   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; engages 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 the referral question appropriate to the practice site and broad area of practice
   a. From a variety of testing materials, select those most appropriate for the referral question
   b. Administer, score, and interpret testing results correctly
4. Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity
   a. Collect data from a variety of sources (interview, medical record, prior testing reports, collateral information)
   b. Incorporate data into a well-written, integrated report
   c. Demonstrate a working knowledge of *DSM-5* nosology and multiaxial classification
5. Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment
   a. Collect data from a variety of sources (interview, medical record, prior testing reports, collateral information)
   b. Incorporate data into a well-written, integrated report
   c. Demonstrate understanding of human behavior within its context (e.g., family, social, societal, and cultural)
6. Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
   a. Incorporate data into a well-written, integrated report
   b. Demonstrate a working knowledge of *DSM-5* nosology and multiaxial classification
7. Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers the 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 evidence-based 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 or simulated 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 and guidance.
    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 knowledge of consultation models and practices in direct or simulated with individuals and their families, other healthcare professionals, interprofessional groups or systems related to health.
    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 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

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 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.

Adult Eating Disorder 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-master's degree students or early career staff working at the residential level of care
3. Provide consultation to behavioral specialists, master's level therapists, and registered dietitians to appropriately apply evidence-based treatment strategies consistent with patient needs and high-quality patient care
4. Apply principles of CBT-E and exposure therapy 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 (DBT, BA, PE, 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. Demonstrate cultural humility in actions and interaction
    a. Integrate discussions and considerations regarding diversity and culture throughout clinical work.

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Clinical experiences include:

Sample time commitment

Weekly intern activity	Hours
Intervention	
Individual therapy	3-4
Group therapy	2
Supportive loved ones / Caregiver sessions	1-2
Assessment / Consultation	
Consultation	4
Psychological / Diagnostic assessment	2-3
Interdisciplinary treatment team meetings	4
Documentation of treatment notes	5
Report writing	3
Supervision	
Supervision of others / Research / Professional development	4
Individual supervision	2
Supervision of supervision and Group supervision	3
Didactic seminars	2
Program development/ Milieu management / Clinical projects	5

Intervention

Intervention needs specific to the Adult OCD and Anxiety Disorders Residential Care track:

Individual Psychotherapy: The intern will have a caseload within the treatment team on the OCD/Anxiety program. There will be many additional opportunities for the intern to become involved in exposure and response prevention (ERP) treatment for OCD for patients not on their direct caseload. 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.

Group Psychotherapy: The intern provides one hour of 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.

Supportive/Loved ones/Caregiver Sessions: The intern will have opportunities to be involved in supportive/loved one sessions to offer a deeper understanding of patient needs and behaviors and to encourage ongoing treatment follow up.

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.

Intervention needs specific to the 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 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, 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.

Supportive/Loved ones/Caregiver Sessions: The intern will have opportunities to be involved in supportive/loved one sessions to offer a deeper understanding of patient needs and behaviors and to encourage ongoing treatment follow up.

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.

Intervention needs specific to the Adult Trauma Recovery Residential Care track:

Individual Therapy: The intern will have a case in the Trauma recovery program. In addition, there will be many opportunities throughout the year for the intern to become involved in prolonged exposure for PTSD/trauma and the variations utilized in our program (e.g., written exposures, schema imaginals, etc.). As most of the patients in this program have complex diagnostic presentations, 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 unit. At times, the intern may also be responsible for crisis management and intervention.

Group Psychotherapy: A number of different types of group psychotherapy take place in this residential program, as group therapy 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. The intern will be able to lead one of these groups.

Supportive/Loved ones Sessions: There will be opportunities to be involved in these sessions to offer a deeper understanding of patient needs and behaviors and to encourage ongoing treatment follow up.

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.

Intervention needs specific to the Adult Eating Disorder Recovery Residential Care track:

Individual Therapy: The intern will have a caseload in the adult eating disorder residential program. In addition, there will be many opportunities throughout the year for the intern to become involved in treatment for patients not on their direct caseload. As most of the patients in this program have complex diagnostic presentations, the intern will learn to provide empirically supported treatments for a variety of diagnoses beyond eating disorders. The intern will provide consultation to various treatment team members on challenging cases and will support and model interventions for staff. At times, the intern may also be responsible for crisis management and intervention.

Group Psychotherapy: The intern will provide weekly group psychoeducation or psychotherapy groups. Groups in the program include eating disorder psychoeducation groups, treatment intervention groups, DBT groups, and groups on social media and other relevant topics. The intern will also have the opportunity to expand upon existing groups and facilitate the creation of new group activities and ideas.

Support and Caregiver Sessions: There will be opportunities to be involved in support/caregiver sessions to offer a deeper understanding of patient needs and behaviors and to encourage ongoing treatment follow up.

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.

Assessment / Consultation

Diagnostic assessments are individualized to the unique needs of individual patients. Therefore, the assessment batteries can vary in terms of number and types of measures given, based on the diagnostic clarification needed. Batteries can include a clinical interview, review of records, cognitive testing, achievement testing, and/or social-emotional and personality assessments. Interns on all tracks will be expected to complete a minimum of six diagnostic assessments or formal consultations throughout the year.

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.

Assessment/Consultation needs specific to the OCD/Anxiety track

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

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 partial hospitalization) 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 team. Primary goals for completing consultations and assessments include improving diagnostic clarity, making treatment recommendations, and determining recommendations for discharge.

Assessment/Consultation needs specific to Adolescent Inpatient Care and Adult Inpatient Care tracks:

Interns are expected to have basic training in cognitive, personality, and diagnostic assessment prior to starting internship. Competence 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.

Assessment/Consultation needs specific to Adult Trauma Recovery Residential Care track:

The intern is expected to have basic training in cognitive, personality, and diagnostic assessment prior to starting internship. The intern will have the opportunity to meet with current and newly admitted patients 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. 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 Recovery 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 Recovery 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

Recovery program, and, if so, which level of care (e.g., residential versus partial hospitalization) 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 team. Primary goals for completing consultations and assessments include improving diagnostic clarity, making treatment recommendations, and determining recommendations for discharge, and extended recovery plans.

Assessment/Consultation needs specific to Adult Eating Disorder Recovery Residential Care track:

The intern is expected to have basic training in cognitive, personality, and diagnostic assessment prior to starting internship. The intern will have the opportunity to meet with current and newly admitted patients in order to assess diagnoses and develop treatment recommendations. Diagnostic assessment will be a part of the services offered by the intern. The intern may additionally complete formal psychological testing as assigned with patients for whom it is indicated. 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 trauma), for patients who may potentially be referred to the eating disorder 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 an eating disorder program (e.g., suicidality, treatment goals, priority of treatment targets). 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 eating disorder program, and, if so, which level of care (e.g., inpatient versus residential) would be best for that patient. In addition, the intern may be asked to meet with patients within the eating disorder programs to provide treatment recommendations to the team. Primary goals for completing consultations and assessments include improving diagnostic clarity, making treatment recommendations, determining recommendations for discharge, and formulating extended recovery plans.

Treatment team meetings for all tracks

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 for all tracks

Individual supervision

Each intern will receive individual supervision formally for a minimum of two hours per week. In general each individual supervision session includes a review of documentation (e.g., progress notes, testing reports), a review of the case conceptualizations and case plans, including the cultural considerations to be addressed. In addition, professional development and professional identity needs are processed as appropriate.

Supervision of students and/or assigned staff members

Interns will be responsible for the supervision of practicum 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 practicum students will be

completed by the interns as required. If a practicum 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 supervised by the psychologists and all interns participate in supervision of supervision group.

Group supervision and supervision of supervision

Interns receive three hours of group face-to-face supervision per week from the directors of training and/or supervising psychologists. During supervision of supervision, 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. During group supervision, interns discuss case needs, general internship experiences, and professional development topics.

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 ongoing education.

Didactic training / Program development / Clinical projects for all tracks

Interns attend daily unit treatment team meetings, psychology services meetings, and continuing education programs. In addition, interns have the opportunity to participate in program-development and/or clinical projects. Interns may have the opportunity to create and provide a didactic training, in-service training, or present in a professional setting on a clinically relevant topic of interest. Interns may choose to work collaboratively or independently on their projects. Interns are encouraged to join hospital-wide committees and gain competency in the role of psychology on those committees. Examples include but are not limited to: Continuing Education Sponsorship Association (CESA), DEI committees and work groups, and the IRB group.

Interns are required to attend weekly didactic seminars (two hours/week). These didactics are designed to meet the learning goals and competencies of the internship program. Topic areas are noted below.

Staffing and education schedules

Interns participate in new employee orientation. The multi-day session 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 new employee orientation.

An introduction and general overview of training sites is track-specific and will be completed by the main supervisors on each campus.

Monthly Educational Opportunities and Meetings:

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 9:30 am every other month.

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

Please note that interns attend the meetings specific to their respective tracks only **Subject to change **

Monday	Tuesday	Wednesday	Thursday	Friday
8-9 am Adult Eating Disorder Residential staffing Inpatient staffing 8:45 - 9:45 am Adolescent; 9 - 10 am Adult 12 - 1 pm Adult OCD Residential staffing	8-9 am Adult Eating Disorder Residential staffing Inpatient staffing 8:45 - 9:45 am Adolescent; 9 - 10 am Adult 12 - 1 pm Adult OCD Residential staffing 2 - 3:30 pm Supervision of Supervision (held at Ladish Center) 2 - 3 pm Trauma Residential staffing	8-9 am Adult Eating Disorder Residential staffing Inpatient staffing 8:45 - 9:545 am Adolescent; 9 - 10 am Adult 12 - 1 pm Adult OCD Residential staffing 2 - 3 pm Trauma Residential staffing	8-9 am Adult Eating Disorder Residential staffing Inpatient staffing 8:45- 9:45 am Adolescent; 9 - 10 am Adult 2 - 3 pm Trauma Residential staffing 12 - 1:30 pm Group Supervision (held at Ladish Center)	8 - 10 am Didactics (For psychologist presenters based on the west coast, times will be later in day)

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 OCD
- Assessment and Treatment of PTSD
- Careers in Psychology: Things We Wish We Knew
- Creating Connection: Communicating Effectively with Non-Clinical Audience
- Current Topics in Psychology
- Effectively Engaging in Self-Evaluation
- Ethical Issues in Psychology
- Symptom Accommodation
- Racial and Identity Based Trauma Considerations
- History of Psychology in a Social Context
- 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
- Process-based CBT
- Psychological Consultation
- Psychological Testing and Integrated Report Writing
- 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 and Science of Supervision
- The Psychologist's Role in Patient Advocacy with Payors
- Trauma-focused CBT
- Tween and Adolescent ADHD
- Understanding and Exploring Gender and Sexuality

Didactics seminar schedule

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

August 6: 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 7: CPS, Elder Abuse, and Human Trafficking *– Nancy Goranson, PsyD, and Kristin Miles, PsyD*

This four hour didactic focuses on helping doctoral interns explore their current knowledge in the areas of mandated reporting in Wisconsin and beyond. We will review the current regulations and mandates and review several case examples to discuss legal and ethical considerations. Time will be dedicated to age specific needs and cultural factors that are interwoven with these topics. Additionally, we will explore the legal and ethical mandates related to human trafficking and explore factors unique to this location.

Primary resources for this seminar are taken from the WI Department of Human Services, and law enforcement human trafficking information, The unique role of psychology will be discussed at length in making reports ourselves and guiding others to do the same.

Learning objectives:
1. Identify two things to look for when assessing for a child and/or adult in need of protective services.
2. Identify three steps in consideration of and in completion of a report to the legal reporting agencies.
3. Identify at least 3 areas of cultural considerations in having conversations related to mandated reporting

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

August 23: Ethical Issues in Psychology – *Sarah Lee, 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.

August 30 and September 6: 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 13: Effectively Engage in Self-Evaluation – *Sam Cares, PhD*

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 20 and 27 and October 4: Suicide and Self-Harming Behaviors – *Nancy Goranson, PsyD*

This six hour / three 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 11: Psychological Consultation – *Stephan Siwiec, 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.

October 18: Creating Connection: Communicating Effectively with Non-Clinical Audiences – *Maureen Remmel, MBA*

This two hour / one-week didactic centers on equipping participants with the skills to understand and engage with a general audience. Attendees will learn to translate complex medical concepts into accessible language while maintaining accuracy and professionalism. Goals of this seminar are to provide participants with an understanding of the non-clinical audience, their preferences, and behaviors, and offer tips for tailoring communications to share complex clinical information. These skills will contribute to the participants ability to build trust and foster clear and empathetic communication with a general audience.

Learning objectives:
1. Identify three key characteristics of their target audience.
2. Apply three practical strategies for developing clear, engaging, and thoughtful consumer-facing communication that fosters understanding and build trust.

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

October 25: 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.

***November 1 and 8 : Assessment and Treatment of Eating* Disorders –** *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.

November 15: Career Development Models for Supervisors and Clinicians *– Patrick Michaels, PhD*

This two hour / one-week didactic will focus on preparing psychology interns to explore the process of defining, setting, and achieving career goals for both themselves as interns and for use in their long term future role as supervisors. It will acquaint them with the literature on career development models, focus on both teaching and utilizing the critical skill of self-reflection, and delve into the benefits of this structure as a staff engagement and job satisfier strategy. Resources and references will be shared for their ongoing use in future roles within psychology.

Learning objectives:
1. Identify the steps in a career development model that can be applied in a behavioral health setting.
2. Identify three ways to employ the APA principle of self-reflective practice within individual career development.
3. Name at least two ways having career development conversations can create a healthy culture to drive staff retention and engagement.

November 22 and December 6: Understanding and Exploring Gender and Sexuality – *Angela M. Orvis, PsyD*

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

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

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

December 13 and January 10: Expanding cultural competence: Religious and spiritual considerations – *Jennifer Yukawa, PsyD, and Jeromy J. Wells, DMin, BCC, RYT, USAF (Ret)*

This four hour / two-week seminar focuses on developing an understanding of diverse cultural and religious perspectives from an objective lens. The first week will have an overview of religious history, define religious and spiritual terms, and share various cultural implications for a clinician to consider. The second week will look at the intersection of psychology and spiritual care. 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.

January 17: Assessment and Treatment of Generalized Anxiety Disorder *– Adrianne McCullars, 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 24 (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.

January 31 and February 7: Assessment and Treatment of OCD – *Martin E. 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 13 (Thursday): 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.

February 21 and 28: 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 7: Strategies to Implement Culturally Responsive Behavioral Activation *– TBD*

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 adaptions, 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.

March 14: Racial and identity-based trauma considerations *– 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 21: 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.

March 28: Micro-aggressions in real time – *TBD*

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.

April 4: 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.

April 11: Motivational Interviewing: The "WD-40" of behavior change – *Lauren Scaletta, PsyD*

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 18 and 25: Assessment and Treatment of PTSD – *TBD*

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 2: 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 9: 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.

May 16: 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 23: Process-based CBT *– TBD*

This two hour / one-week seminar focuses on the development and current research evidence of process-based cognitive and behavioral therapy as an emerging approach to treat transdiagnostic conditions. We will discuss psychological processes that are commonly found across diverse diagnoses. We will discuss CBT strategies that are commonly used to target the different processes. Strategies to develop a treatment plan will be presented.

Learning objectives:
1. Describe one rationale for a process-based approach to treating co-morbid conditions.
2. Identify at least two common psychological processes that maintain psychological disorders.
3. Identify three separate CBT strategies to target common psychological processes.

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

May 30: Current topics in Psychology *– Carly Wallace, PsyD*

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 6: 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 13: Functional Analytic Psychotherapy *– TBD*

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 20: The Collaboration of physicians and psychology, medication conversations *– Sharon Hirsch, MD*

This two hour / one-week seminar focuses on the importance of leveraging expertise from psychologists in real-time collaboration with psychiatrists to improve patient-centered care and coping skills across all levels of care.

Learning objectives:
1. Identify at least two common barriers to effective communication and collaboration between these two disciplines.
2. Name two ways the medical model of conceptualization used by psychiatrists differs from the model used by psychologists.

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

June 27: 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 11 and 18: 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 25: Advocating with Payors *– Shannon Boling, LPCC, LMFT, and Nancy Goranson, PsyD*

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

Learning objectives:

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

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

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Internship format

Interns will work 12 consecutive months, 40 hours a week, Monday through Friday. Their 2,080 hours will be spent in direct service, indirect service, didactic training, and supervision. Two weeks of paid time-off and holiday pay for Rogers 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 two hours per week. Group supervision takes place at a minimum of three 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 patients 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. Some interns have found it helpful to explore this information here:

Requirements to Practice - The Association of State and Provincial Psychology Boards (asppb.net)

HSP Credential for Licensed Psychologists - National Register

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 urine 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, two wellness days, 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. Each intern is also awarded a cultural holiday day to celebrate a day that is important to them.

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

Brenda Bailey, Ph.D., Chief Psychologist

Sam Cares, Ph.D., Supervising Psychologist

Kristin Miles, Psy.D., Supervising Psychologist

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

Stephan Siwiec, Ph.D., Supervising Psychologist

Nicole Stettler, Ph.D., Supervising Psychologist

Other contributing psychologists

Martin Franklin, Ph.D.
Amanda Heins, Psy.D.
RaeAnne Ho Fung, Ph.D.
Sonia Izmirian, Ph.D.
Amy Kuechler, Psy.D.
Sarah Lee, Ph.D.
Adrienne McCullars, Ph.D.
Patrick Michaels, Ph.D.
Beth Reeder, Ph.D.
Lauren Scaletta, Psy.D.
Carly Wallace, Psy.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 can provide individual and group therapy throughout a patient's stay along with support system sessions.
- 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 adolescent 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 (TS) who provides psychoeducational groups to improve the patient's self-esteem and increase their repertoire of coping skills.
- Milieu support specialists help patients de-escalate and process feelings and behaviors when they become emotionally overwhelmed or disruptive in the group setting.
- Behavior 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.
- For people who are in the Mental Health and Addiction Recovery programs, the recovery support specialists work as counselors and recovery coaches to assist with connecting patients to resources for aftercare.
- 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 Information 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 diversity, equity, and inclusion (DEI) 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. DEI advocates for social justice and the right of all people to reach their full potential. DEI 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.

DEI 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+, Allyship, Size and Ability (Health Equity), 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/loved one 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, adults 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 patients 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 LGBTIA+ 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 DEI 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 DEI 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 APA 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, and serve on the DEI board for the International OCD Foundation.
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. There are 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.
10. We track the demographics of our applicant pool on a quarterly basis with data provided by our Human Resources Division. We also monitor the hire efficacy for minority and non-minority applicants. We utilize Mercer employee engagement surveys to track our retention efforts.
11. In 2021, Rogers established an Diversity, Equity, and Inclusion Department (DEI) department to offer leadership for Rogers to reach our equity vision.
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 many 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
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 15.** Questions can be directed to Nancy Goranson, PsyD, 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). To guide this process, members of the internship selection committee will complete an Applicant Evaluation Form on which they will rate applicants based on a number of criteria, including the quality of their letters of recommendation, academic qualifications, clinical qualifications, 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 a virtual interview via Microsoft Teams. A picture for identification purposes may be taken during the interview only with your permission. Applicants will be notified if they have received an interview no later than **December 15.**

Applicants invited for an interview will meet with the supervisors for their track and with the Director of Clinical Training at the same time. They will also be provided with information about the hospital system and the track to which they applied. A link to an informative internship video will be given to you at the time of interview scheduling. We allot ample time for you to ask questions. After the interview with the supervisors and DCT, you will be given an opportunity to meet with the current interns to ask them questions and hear their experience. The meeting with the interns is non-evaluative.

Interviews are held in mid to late December and early 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 in **mid to late December and in early 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, the individual must successfully complete the Rogers Behavioral Health application process, which includes completing a written application and passing a criminal background check. Regarding criminal background checks, Rogers aligns with applicable state and federal laws and regulations for healthcare organizations. We review any convictions: to understand whether they are job related, with consideration for quality standards of care, and with a goal 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 and gravity of the crime and its relationship to the position, and time since the conviction. Please be thorough and complete in your responses when filling out the background check form.

Upon written acceptance of an offer of employment, a pre-employment occupational physical will need to be completed within 5 business days. Rogers' HR team will communicate the location where the individual will need to schedule the appointment. These pre-employment requirements will be done at Rogers expense.

This physical examination includes a TB test and a urine drug screen. Please note that states differ in regard to legalization of marijuana and related substances. **Wisconsin law prohibits marijuana possession and consumption for both medicinal and recreational purposes.** Wisconsin law allows the use of CBD oil and hemp-derived products when the THC content does not exceed 0.3 percent.

Rogers Behavioral Health is committed to a drug-free work environment. Rogers will withdraw the offer of employment to any applicant with a verified positive marijuana test result. The HR team will notify the individual, via phone and in writing, that they are precluded from employment due to failure to pass the drug testing component of the pre-employment physical exam. Additionally, a supervisor may require an employee to take a drug test if there is reasonable suspicion that the employee is under the influence of any drug, legal or illegal, that renders the employee unfit for duty, and/or reasonable suspicion that an employee is involved in the improper use, sale, transfer, or possession of any drug, legal or illegal, while on the job, on Rogers property, operating Rogers equipment, and/or operating any

other equipment and vehicles on Rogers business. Reasonable suspicion testing may apply to an employee, multiple employees, a unit, or department if diversion is suspected.

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 hospital in-service
- Attendance at scheduled didactic opportunities, please reference the Didactic Attendance policy
- Completion of 2000 hours
    - At least 25% of time in face to face psychological 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.

See the *Requirements for Successful Completion of Doctoral Internship Program* policy in the policies and procedures document that follows this handbook.

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*.

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

We want all interns to be successful in gaining competency throughout the year. To support clear communication, the program's expected minimal levels of achievement at all points in the year are noted in the formal evaluations.

Having four quarterly evaluations provides an opportunity for both the intern and the supervisor to formally assess progress on a routine basis. In addition to the formal reviews, it is a natural function of the weekly supervision meetings to openly discuss and check in on competencies. The goal here is two-fold:

1) to provide open and normative developmental dialogue related to growth and areas of need in competencies throughout the year, and
2) to pay attention to areas where insufficient competence may arise as a concern.

Should competency concerns arise, we will follow the policy entitled *Management of Insufficient Competence, Due Process, and Appeal for Doctoral Interns*. This policy is included within our policies and procedures document that is connected to the handbook.

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

Please note: The policies and forms referenced in this handbook are included in the policies and procedures document that follows.