Doctoral Internship Program

2027-2028
(updated August 26, 2026)

ROGERS
Behavioral Health

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Aims of the program

The doctoral internship program at Rogers Behavioral Health provides a broad range of experiences working with diverse children, adolescent, and adult populations. The program allows interns to apply their scholarly knowledge as they expand and refine their practice skills through clinical experiences including: completion of clinical interviews and assessments as well as participation in interdisciplinary treatment meetings; creation and monitoring of measurable treatment goals; development of interventions appropriate for a diagnosis; planning and implementation of psychoeducational and psychotherapy groups; development of proficiency in the modalities of individual, family and group therapy and supervision of students. The goal of these experiences is for interns to develop the skills and confidence needed to begin their career as a practicing health service psychologist. Interns will be challenged in their tasks and will be offered the support and supervision needed to be effective in their roles.

The doctoral internship program functions as one of the professional training programs within Rogers Behavioral Health. Interns will have exposure to many of the specialized behavioral healthcare services provided by Rogers Behavioral Health. They will benefit from their contact with professional staff across a broad spectrum of settings and clinical programs. Throughout the process, the Director of Clinical Training and Chief Psychologist will be actively involved to direct and monitor the intern's experience.

Specifically, the goals for training will include producing entry-level health service psychologists:

1. With competence in applying theories and methods of effective, evidence-based psycho-therapeutic 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. Who recognize that the people with whom they interact may have different backgrounds, experiences, and perspectives.
7. With competence in applying the current literature and practice in providing supervision.

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 across the country, 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 Behavioral Health is well respected within the mental health and addiction field for its understanding and application of evidence-based therapeutic interventions. Cognitive behavioral therapy and developmental psychology form the theoretical backbone of Rogers' approach to training psychology students.

Specialized outpatient, residential, and inpatient options for care

- Patients can access up to five levels of care:
    - Outpatient care (OP) 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 several states, providing patients with the opportunity to participate in PHP, IOP, and OP 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 lived experiences that impact their mental health symptoms and treatment. By understanding their unique histories, we are able to foster a more collaborative and trusting relationship, which leads to better engagement and outcomes.

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 than 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.

Training locations

Rogers' Oconomowoc main campus is located on 50 acres of wooded, lakefront property outside of Oconomowoc, Wisconsin. The city of Oconomowoc is located along the I-94 corridor about 30 miles west of Milwaukee and less than an hour from Madison. Additional information about the Oconomowoc area can be found at https://visitoconomowoc.com/.

Rogers' West Allis main campus is at 11101 West Lincoln Avenue just off Highway 100. The city of West Allis is a major inner-ring suburb located immediately west of Milwaukee in southeastern Wisconsin. Additional information about West Allis can be found at https://visitstallis.com/

Please note: There are *no* public transportation options that link the Oconomowoc campus to the city of Oconomowoc or the surrounding communities. As such, interns will need independent transportation.

Hospital licensing and accreditation

Rogers Behavioral Health is licensed as a psychiatric hospital by the State of Wisconsin and is accredited by The Joint Commission.

The 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. Questions related to the program's accredited status should be directed to the Commission on Accreditation. Contact information:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE
Washington, DC 20002
Phone: (202) 336-5979
Email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

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:

Rogers is an equal opportunity employer and complies with all applicable federal, state, and local fair employment practices laws. All personnel policies, and all decisions pertaining to your employment, are made and enforced without regard to actual or perceived race, color, hairstyles associated with race, religion, creed, national origin or ancestry, ethnicity, sex (including gender, pregnancy, sexual orientation, and gender identity), age, physical or mental disability, citizenship, past, current, or prospective service in the uniformed services, genetic information, or any other characteristic protected under applicable federal, state, or local law or regulation.

Plan location and sequence of training experiences

While all interns overlap on many aspects of their training, the internship has **four separate track options**:

- 215111 – Teen Recovery Program Residential Care (West Allis)
- 215112 – Child and Adolescent OCD and Anxiety Disorders Residential Care (Oconomowoc)
- 215113 – Adult OCD and Mood Disorders Residential Care (Oconomowoc)
- 215114 – Inpatient Care (West Allis)

Important application note: On the application materials please check boxes for each track you are applying for. Applications will be considered for the track(s) you note in the AAPI portal.

The track an intern matches to is the track they will remain on for the full internship year. All internship tracks are five days a week (Monday through Friday).

Training site descriptions

At Rogers, each program follows a clinical treatment protocol of therapeutic groups that are designed to address the patient's developmental and diagnostic needs. The education and 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.

Teen Recovery Program Residential Care track

Track 215111 (West Allis)

The intern placed in the Teen Recovery track will work with adolescents in a residential setting. They will refine their clinical skills by: completing at least six case consultations or assessments, participating in interdisciplinary treatment team meetings, creating and monitoring measurable treatment goals and interventions specific to patient diagnoses, designing and facilitating psychoeducational and psychotherapy groups, modeling and teaching effective clinical milieu management, developing proficiency in individual and family therapy and supervising staff members. They will participate in program development and fidelity/outcome monitoring. Interns will be integral members of the team. 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 may have opportunities to work alongside the psychologist in residential programs that serve adults with depression, substance use disorders and general mental health needs.

Child and Adolescent OCD and Anxiety Disorders Residential Care track

Track 215112 (Oconomowoc)

The intern will focus on the assessment and treatment of anxiety disorders working with children and adolescents. They can broaden their exposure to varying patient presentations by also working alongside their supervisor in additional specialty programs within the organization. Treatment goals are accomplished through use of cognitive behavioral therapy interventions such as exposure and response prevention and other exposure therapy approaches. Interns will become skilled at developing and implementing a graduated exposure hierarchy for each patient, will develop and lead group therapy, will consult with the teams and offer psychoeducation and modeling of milieu management, and will complete six formal consultations or assessments. They will supervise staff or practicum students and participate in outcome monitoring. Opportunities to participate in research may be available. 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.

Adult OCD and Mood Disorders Residential Care track

Track 215113 (Oconomowoc)

The intern placed in the OCD and Mood Disorders track will work with adults struggling with OCD, co-occurring anxiety and mood disorders in a residential setting. They can broaden their exposure to varying patient presentations by also working alongside their supervisor in additional specialty programs within the organization. Treatment goals are accomplished through use of cognitive behavioral therapy interventions such as exposure and response prevention, behavioral activation, and other exposure therapy approaches. The intern will become skilled at developing and implementing a graduated exposure hierarchy for each patient, will develop and lead group therapy, will consult with the teams and offer psychoeducation and modeling of milieu management, and will complete six formal consultations or assessments. They will supervise staff or practicum students and participate in outcome monitoring. Opportunities to participate in research may be available.

Inpatient Care track

Track 215114 (West Allis)

The intern placed in the Inpatient Care track will work with children, adolescents, and adults presenting with a wide variety of diagnoses and presentations. They will refine their clinical skills by: refining proficiency in short term individual and family therapy, supervising staff members or practicum students, participating in interdisciplinary treatment team meetings, creating and monitoring measurable treatment goals and interventions specific to patient diagnoses, designing and facilitating psychoeducational and psychotherapy groups, modeling and teaching effective clinical milieu management, and completing six psychological assessments or formal case consultations. They will participate in program development and fidelity/outcome monitoring. Interns will be integral members of the team. 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.

Overarching 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 evidence-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. Additionally, interns are expected to develop specific competencies and are assessed in relation to their progress with these competencies throughout the year via both their quarterly evaluations and weekly supervision sessions. Then, through this model, graduating interns develop the competencies and sense of professional identity needed for entry-level positions in psychology.

Profession-wide and 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, consider 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 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 identity, accountability, lifelong learning, and concern for the welfare of others
2. Actively seek and demonstrate openness and responsiveness to feedback in supervision
3. Respond professionally in increasingly complex situations with a significant degree of independence
4. Accurately self-assesses competence in all competency domains; integrates self-assessment in practice; recognizes limits of knowledge/skills and acts to address them; 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 the need for and develops a 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 the 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, well-being, 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; demonstrate a 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 the 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-TR* diagnostic classification and criteria
5. Independently and accurately conceptualizes the multiple dimensions of the case based on the results of the 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-TR* diagnostic classification and criteria

7. Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answer 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, establishes and maintains effective relationships with the recipients of psychological services, and uses good judgment even in unexpected or difficult situations
   a. Identify and utilize appropriate evidence-based group and individual interventions
   b. Effectively manage behavioral emergencies and crises
   c. Establish and maintain effective relationships with the recipients of psychological services
   d. Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables

    e. Modify and adapt evidence-based approaches effectively when a clear evidence base is lacking
4. Demonstrates cultural humility in actions and interactions
    a. Considers evidence-based treatment in the context of the 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 the 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 practices 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

Teen Recovery Program Adolescent Residential Care

1. Provide evidence-based individual, group, and family or support system 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.
7. Provide direct observation of programming and feedback about the fidelity to the treatment protocols for unit staff.
8. Apply principles of evidence-based treatment as appropriate to patient population (i.e., MI, CBT, ERP, DBT, 12-Step/harm reduction)
9. Demonstrates cultural humility in actions and interactions

Child and Adolescent OCD and Anxiety Disorders Residential Care

1. Provide evidence-based individual, group, and supportive loved ones sessions 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 in 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

Adult OCD and Mood Disorders Residential Care

1. Provide evidence-based individual, group, and supportive loved ones sessions (if applicable) 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.
7. Provide direct observation of programming and feedback about the fidelity to the treatment protocols for unit staff.
8. Apply principles of evidence-based treatment as appropriate to patient population (i.e., ERP, HRT, DBT, CBT, MI)
9. Demonstrates cultural humility in actions and interactions

Inpatient Care

1. Provide evidence-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 individual 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 evidence-based treatment as appropriate to patient population (i.e., DBT, CBT, MI, TIC, PCIT, ARC, CAMS, Pisani risk formulation, etc.)
10. Demonstrates cultural humility in actions and interactions

Internship format

Interns will work 12 consecutive months, 40 hours a week, Monday through Friday. Their time will be spent in direct service, indirect service, didactic training, and supervision. Eighty hours (ten days) of paid time off (PTO) plus three additional days (two wellness and one cultural holiday) and holiday pay for Rogers Behavioral Health-approved holidays will also be offered, except 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)

Applying for the HSP Credential - National Register of Health Service Psychologists

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

Since interns are employed by the hospital for their temporary 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 *My*Rogers, the employee intranet. 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.

Sample weekly schedule of intern activities

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

Didactic seminars overview

Interns meet weekly for two hours of didactic seminars as part of their activities. The following is a list of seminar topics from the 2025-26 program year:

- A Conversation on Camera: How to Tackle a Media Interview
- Assessment and Treatment of Eating Disorders
- Assessment and Treatment of Generalized Anxiety Disorder
- Assessment and Treatment of OCD
- Career Development Models for Supervisors and Clinicians
- Careers in Psychology: Things We Wish We Knew
- Collaboration between Psychology and Dietary for Patient Care Needs
- CPS, Human Trafficking, and Elder Abuse
- Culturally Responsive Care Practices
- Creating Connection: Communicating Effectively with Non-clinical Audience
- Current Topics in Psychology
- Effectively Engaging in Self-evaluation
- Ethical Issues in Psychology
- Factoring in Religious and Spiritual Considerations
- History of Psychology in a Social Context
- Keys to Developing and Conducting Professional Presentations
- Measurement-Based Care and the Use of Artificial Intelligence Tools
- Mental Health and Development: Considerations for Intensive Treatment of Children and Adolescents
- Mind Your Business: A Multi-level Approach to Business Development
- Motivational Interviewing
- Psychological Consultation
- Psychological Testing and Integrated Report Writing
- School Avoidance and Refusal
- Self-care and Its Role in a Psychologist's Ethical and Competent Practice and Secondary Traumatic Stress
- Sleep Awareness and Mental Health
- Substance Use Disorders
- Suicide and Self-harming Behaviors
- Symptom Accommodation

- The Art of Supervision
- The Collaboration of Physicians and Psychology, Medication Conversations
- The Impact of Mental Illness Stigma on Care-seeking Behavior
- The Role of the Psychologist in a Hospital Setting
- The Psychologist's Role in Patient Advocacy with Payors
- Tween and Adolescent ADHD

Accreditation

The internship is a member in good standing of the Association of Psychology Postdoctoral 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. Questions related to the program's accredited status should be directed to the Commission on Accreditation. Contact information:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979 | Email: apaaccred@apa.org | Website: https://accreditation.apa.org/

Program staff

Jessica Lahner, Ph.D., LP, Executive Director of Education and Workforce Strategy, serves as interim Director of Clinical Training.

Martin E. Franklin, Ph.D., serves as Chief Psychologist.

Supervising psychologists

Amanda Heins, Psy.D.
Sarah Lee, Ph.D.
Lauren Scaletta, Psy.D.
Jennifer Yukawa, Psy.D.

Other contributing psychologists

Daniel Elchert, Ph.D.
Andrea Hartman, Ph.D.
Amy Kuechler, Psy.D.
Haley Washburn, Psy.D.
Hana Zickgraf, 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's-level therapists*** who provide the majority of the individual, family, and group therapy throughout a patient's stay. Working with the social worker and the entire treatment team, psychology interns will formulate treatment goals for their patients and assess progress towards these goals. They will manage the individual and family therapy for children on the social worker's and counselor's clinical caseload.
- A ***certified substance use counselor*** to provide assessment, treatment recommendations, and a weekly group therapy session as needed for 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 works with the nursing staff to address any medical needs that may come up during treatment.
- The ***teacher/education specialist*** meets with pediatric patients to do a basic assessment of their academic level, meets with patients each weekday in a classroom setting, and coordinates communication with the patients' school to prepare a successful return to school after discharge.
- The ***experiential therapist*** who addresses a child's treatment needs through the use of group therapy, recreation, art, movement, and socialization.
- The ***therapeutic specialist*** who provides psychoeducational groups to improve the patient's self-esteem and increase their repertoire of coping skills.
- ***Patient care associates*** (PCAs) and ***patient safety associates*** (PSAs) help patients de-escalate and process feelings and behaviors when they become emotionally overwhelmed or disruptive in the group setting.
- ***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*** who are responsible for assessing the patient's spiritual needs and providing offerings that 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.*
- The ***care transition specialist*** who coordinates discharge resources per patient, arranges appointments, and assists in facilitating treatment through communications to other disciplines.
- The ***care advocate*** monitors patient treatment progress from admission to discharge, communicating with their insurance carrier about the need for continued treatment at the level of care.
- *For people who are in Mental Health and Addiction Recovery programs,* the ***continuing care specialist*** contacts them after discharge to ensure they have appropriate continuing care.
- ***Clerical support*** is provided in each department by the unit secretary, as well as the Medical Records Department. Rogers has an electronic medical record (Cerner) and technical assistance is provided at all times via the Clinical Technology Services Department staff.

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, match between their theoretical orientation and experience and the track to which they are applying, ability and willingness to work as part of a multidisciplinary team, and research/scientist potential. As part of this form, members of the training committee are asked if they would recommend granting an interview to the applicant.

Interviews

Following an in-depth review of all applicants' materials, some applicants will be asked to complete a virtual interview via Microsoft Teams. 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. We allot ample time for you to ask questions. After this interview, you will be given an opportunity to meet with the current interns to ask them questions and hear their experiences. The meeting with the interns is non-evaluative.

Timeline

Application materials are due **November 15** and interview notification will be by **December 15.** Interviews will be conducted in **mid to late December and in early January**. Annual 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. In regard to 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 five 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.

APPIC ranking agreement

The internship program at Rogers Behavioral Health abides by all APPIC and APA regulations and policies regarding the match process. No person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. For additional information, please see www.appic.org.

Outside employment

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

Internship program tables

Internship admissions, support, and initial placement data

Date Program Tables are updated: 07/7/26

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	_____ **Yes** __X__ **No**
If yes, provide website link (or content from brochure) where this specific information is presented:	

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:
Applicants must be a student in an APA-accredited clinical or counseling psychology program. At least three years of graduate education needs to have been completed by the applicant, and a master's degree in psychology or a closely allied field needs to be conferred by the start date of the internship. Completion of 1,000 of clinical practice, including at least 400 hours of direct patient care, is required. A picture for identification purposes may be requested at the interview. Interviews can be held virtually via the Microsoft Teams application or similar platform. Endorsement from the applicant's director of graduate training or department chair that they are prepared for internship, on the standard forms designated as part of the universal application is required.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If yes, indicate how many:			
Total Direct Contact Intervention Hours	**Yes**		Amount: **400 hours**
Total Direct Contact Assessment Hours		**No**	Amount:

Describe any other required minimum criteria used to screen applicants:

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

Students from doctoral programs who have met all the requirements of their program and are able to apply for internship must submit the following materials:

1. Cover letter that clearly indicates professional goals and interests as well as the intern track to which the applicant is applying
2. Curriculum vitae
3. Three letters of recommendation
4. Completed AAPI (APPIC Application for Psychology Internship)
5. All graduate school transcripts
6. Writing sample (psychological report or treatment summary), preferred but not required

This information should be submitted through the AAPI online portal.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	$35,568	
Annual Stipend/Salary for Half-time Interns	NA	
Program provides access to medical insurance for intern?	**Yes**	
If access to medical insurance is provided:		
Trainee contribution to cost required?	**Yes**	
Coverage of family member(s) available?	**Yes**	
Coverage of legally married partner available?	**Yes**	
Coverage of domestic partner available?	**Yes**	
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	80 hours (10 days) plus 3 additional days (2 wellness and 1 cultural holiday)	
Hours of Annual Paid Sick Leave	Encompassed in PTO	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	**Yes**	

Other Benefits (please describe):

- Health, Dental, and Vision Insurance
- Flexible Spending Accounts
- Life, Long & Short Term Disability
- Voluntary Life and AD&D Insurance
- Paid Time Off Plan
- Continuing Education Reimbursement
- Retirement – 401(k) Plan
- Employee Assistance Program
- Wellness Program

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding Three Cohorts)

	2022-2025	
Total # of interns who were in the three cohorts	18	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	2	
	PD	**EP**
Academic teaching	0	0
Community mental health center	0	0
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	4	0
Veterans Affairs Health Care System	1	0
Psychiatric facility	1	2
Correctional facility	0	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	4	4
Other	0	0

Note: “PD” = postdoctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

Questions

Questions regarding the program may be directed to Jessica Lahner, Ph.D., LP, Executive Director of Education and Workforce Strategy, who serves as interim Director of Clinical Training.