

## Lincoln Hills and Copper Lake Schools

*American Psychological Association Accredited and Member of the Association of Psychology Postdoctoral Internship Centers*

# Internship in Health Service Psychology

Intern Training Guide  
2021-2022



**State of Wisconsin, Department of Corrections**

*Division of Juvenile Corrections*

Irma, Wisconsin

APA Accredited  
Member of APPIC

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## PURPOSE OF THIS INTERN TRAINING GUIDE

### Overview and Understanding

The purpose of this guide is to provide interns with a general overview and understanding of the Lincoln Hills and Copper Lake Schools Internship in Health Service Psychology. This guide describes the internship training program's mission, aims and goals. It explains how these align with the mission and goals of the supporting agency, the Wisconsin Department of Corrections, Division of Juvenile Corrections. This guide outlines the training schedule, supervision, and experiential opportunities. It provides details regarding the structure of supervision, and the process for evaluating intern competency development and program effectiveness. Prospective interns also find a comprehensive overview of the programs and services provided to residents at LHS/CLS. The guide identifies the role of the Psychological Services Unit (PSU) takes in providing these services. It provides a general overview of the application process.

## ACCREDITATION STATUS

### Fully Accredited

The Doctoral Internship in Health Service Psychology at Lincoln Hills and Copper Lake Schools (LHS/CLS) is fully accredited by the American Psychological Association (APA). The APA Commission on Accreditation can be reached at:

Office of Program Consultation and Accreditation  
American Psychological Association  
750 First Street, NE, Washington, DC 20002  
Phone: (202) 336-5979 / E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)  
[www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)



## **WISCONSIN DEPARTMENT OF CORRECTIONS, DIVISION OF JUVENILE CORRECTIONS**

### **MISSION AND VISION**

#### **Mission**

The mission of the Wisconsin Department of Corrections (WI-DOC), Division of Juvenile Corrections (DJC) is to promote a juvenile justice system that balances protection of the community, youth accountability and competency building for responsible and productive community living.

The Division of Juvenile Corrections (DJC) works to reduce delinquent behavior and promote safety for victims and the community. The mission of DJC is to promote a juvenile justice system that balances protection of the community, youth accountability, and competency building for responsible and productive community living.

#### **Vision**

DJC reduces delinquent behavior and restores a sense of safety to victims and the community. To achieve this vision, we build on our Mission Statement in the following ways:

1. Share ownership for justice through partnerships with the juvenile justice system and the community.
2. Learn from the community and promote opportunities for the community to learn from us.
3. Hold youth accountable by requiring them to contribute to the recovery of victims and the community.
4. Work with the community to assist youth in becoming productive community members.
5. Create a sense of community and mutual responsibility in the workplace.

## **INTERNSHIP PROGRAM SITE**

### **One Site/Two Schools**

Lincoln Hills School (LHS) for male adolescents and young adults and Copper Lake School (CLS) for female adolescents/young adults are the two juvenile correctional institutions in the state of Wisconsin. They are co-located in Irma, Wisconsin within Lincoln County, approximately 30 miles north of the city of Wausau. This is about a 2.5-hour drive north of Madison, the state's capital.



Both schools are administered through the Department of Corrections (DOC), Division of Juvenile Corrections (DJC). Through the Division's Mission and Vision, Lincoln Hills and Copper Lake Schools (LHS/CLS) are charged with the responsibility of providing public safety, holding youth accountable for their behaviors, and offering youth opportunities to build competencies. The Psychological Services Unit (PSU), and by extension, the health service psychology internship program, play an integral role in developing youth competencies through the provision of mental health services and evidenced-based practices.

### **History**

Lincoln Hills School (LHS) was constructed in 1970 and Copper Lake School (CLS) was constructed in 2011 when Wisconsin juvenile facilities were consolidated. Prior to this, juvenile females resided at Southern Oaks Girls School in Union Grove, Wisconsin and juvenile males resided at the Ethan Allen School for Boys in Delafield, Wisconsin. Ethan Allen School was the original location of the internship program in health service psychology. Both youth populations were transferred to the current site of Lincoln Hills and Copper Lake Schools (LHS/CLS) during the summer of 2011.

## **FACULTY AND STAFF**

### **Committed to Psychological Services**

Administrators within the Department of Corrections (DOC), Division of Juvenile Corrections (DJC), and those within LHS/CLS maintain a strong commitment for the rehabilitation of juvenile persons in our care (PIOC). They recognize and appreciate the necessity of psychological services; therefore, they support the internship program and its mission to train highly qualified correctional psychologists.

About one hundred-thirty-five people work at LHS/CLS. This includes about thirty faculty and staff within the school program, nearly twenty social workers, treatment specialists, and unit managers, as well as a variety of health services staff that includes nurses, physicians, nurse practitioners, psychiatrist, and a dentist. Equally vital are the safety staff, maintenance crew, kitchen staff, chaplain, administration, and human resources. It truly takes a village and LHS/CLS has a dynamic and dedicated, multi-disciplinary team.

The Psychological Services Unit (PSU) is comprised of four doctoral-level licensed psychologists, eight full-time psychological associates (4 psychology clinicians with a doctoral degree, seeking licensure and 4 clinicians with a masters-degree in counseling psychology or related field), and one psychological services assistant. The PSU also has one full-time office operations associate. The four full-time psychology interns are also considered a part of the PSU team.

The Wisconsin Department of Corrections is an equal opportunity employer and makes consistent efforts to recruit and retain a diverse staff.

## **THE RESIDENTS**

### **Richly Diverse**

While the average daily population fluctuates, the most recent census (June, 2020) reported 76 male adolescents and young adults at LHS and 11 female adolescents and young adults at CLS. The vast majority of the youth have been committed from a county juvenile court after being adjudicated delinquent and in need of secure and safe placement for an offense that if committed by an adult would have resulted in a sentence of six months or longer. A few of the youth have been placed at this facility after having been sentenced in adult court for a serious felony offense. These youth are allowed to start their adult sentences at the juvenile facility because they are still under eighteen years of age.

Youth ages at LHS/CLS range from ten to twenty-five years, with most falling between the ages of fifteen to eighteen years. There are six different types of commitments to LHS/CLS. First, most common is a commitment from a Wisconsin juvenile court of no less than 6 months. The second most common is the standard Serious Juvenile Offender (SJO) commitment with a commitment from approximately 18 months in a secure facility to five years duration. Third, is another Serious Juvenile Offender (SJO) commitment in which the youth is detained until the age of



twenty-five. This is typically reserved for homicide. Fourth, is an adult commitment which occurs when a youth under the age of eighteen years begins the commitment at LHS/CLS. The fifth type is very atypical. This is when LHS/CLS is used to sanction youth from other designated facilities and programs within the state. The sixth type is when counties use LHS/CLS as a secure detention facility to hold youth for brief periods of time.

The youth population at LHS/CLS is diverse and mostly comprised of African-American, Latinx - American, Asian-American, European-American and Native American adolescents and young adults. Most reside in the more heavily populated counties of Wisconsin, specifically the southeastern part (Milwaukee, Racine, Kenosha, Rock, and Dane counties). A smaller percentage reside in rural areas and small towns across the state. Many youth report significant histories of delinquency, with a high percentage involving weapons or offenses against a person. This includes first degree intentional homicide, first degree sexual assault, assault, battery, and armed robbery. Another group of the youth display significant behavioral problems, yet report infrequent and less extensive histories of delinquency.

According to documentation, approximately two-thirds of the youth report previous mental health services with a number experiencing inpatient psychiatric hospitalizations. Most of the youth require assistance and support to fulfill educational credits in order to graduate from high school. Often, this is due to irregular attendance within their communities. As many as 75 percent of the youth utilized special education programs at their home schools. A number of youth at LHS/CLS acknowledge a wide range of psychiatric signs and symptoms. Many have been assigned various diagnoses, such as Adjustment Disorder, Major Depressive Disorder, Bipolar Disorder, Attention Deficit-Hyperactivity Disorder, Substance Use Disorders, Anxiety Disorders, Post-Traumatic-Stress Disorder, and Intellectual Disability. At times, youth present with psychotic and/or dissociative symptoms. Many of the youth in our care have experienced extensive trauma, impacting their relational effectiveness and other functioning. Oftentimes, youth in this setting exhibit symptoms consistent with attachment-related disorders. Additionally, and not uncommon to a correctional setting, a number of the youth have been assigned diagnoses associated with externalizing behavioral problems, such as Conduct Disorder, Oppositional Defiant Disorder, Disruptive Mood Dysregulation Disorder, and Impulse Control Disorders. Some have been identified as having emerging patterns of behaviors associated with various personality disorders.

Overall, the diversity of the youth at LHS/CLS in terms of culture, ethnicity, sexual orientation, religion, gender, education, personality, age, offense, behavioral and social history, and other demographics provide interns a rich training experience. Due to the symptoms of mental illness often manifesting during adolescence, interns experience an opportunity to observe a shifting constellation of symptoms that may change dramatically from the time of initial assessment to the time a youth is released. The variation in the length of commitment allows interns opportunities to practice both short-term and long-term therapy.

## **OVERVIEW OF LIVING UNITS AND PROGRAMMING**

### **Living Units**

Over the last few years, the population of LHS/CLS has been slowly decreasing. For example, on this day last year (June 9<sup>th</sup>) there were 91 youth at LHS/CLS (78 males and 13 females), this year there are 53 adolescents (48 males and 5 females). This population decline reflects a nationwide trend to treat youth within their home communities using less restrictive methods.

With decreased population and the global pandemic, housing adjustments were made. Currently, there are six total living units between LHS and CLS. CLS, for young women, has one living unit, Wells. During the height of the pandemic, a second building was opened for quarantine and new intakes. CLS typically has few intakes per month. When needed, a second unit (King) is opened.

LHS, for young men, has five units (Black Elk, Curtis, DuBois, Hughes, and Krueger). During the pandemic, Krueger was used for quarantine and new intakes. LHS still receives approximately 12 new intakes each month so there is still a need for this unit. Since programming is consistent across the grounds, units are no longer categorized by specific programming. Primarily, unit population, safety issues, and specific behavioral needs differentiate the various units. All of the unit staff focus on developing behavioral and interpersonal skills. The following descriptions of the various units elaborate on some of the subtle differences between the units.

### **Intake Units for All LHS and CLS Youth**

Youth newly transferred to LHS/CLS, begin their commitment period on either Krueger (males) or King (females). They often transfer from a community youth detention facility. Due to the global pandemic, youth quarantined for two weeks before transferring to the general population.

During this initial intake period, youth receive their orientation to LHS/CLS. They are assessed by the multidisciplinary team across a number of domains. PSU administers a mental health screening tool. The goal of the intake period is to assist the youth in making a successful transition to LHS/CLS. While on the intake unit, they learn the rules, treatment approach, and get accustomed to the routine. During this period housing assignment is considered.

### **CLS Units for Females**

#### **Wells**

As noted, there is one primary unit for young women, Wells. At times, a second living unit (King) opens to accommodate an increased population. Many of the young women have experienced victimization by males. Therefore, young women are segregated from the males in programming, treatment, education, and recreation.

### **LHS Units for Males**

#### **Black Elk**

Young men with low to moderate risk for disruptive and/or assaultive behavior are referred to this unit. The age range of these residents is generally between 15 and 17 years of age.

### **Curtis**

This unit houses older youth. They are typically 17 years of age or older. They often have an adult commitment to an adult correctional facility and/or they have graduated from high school. Most are working at an on-site job. Youth referred to LHS for an adult commitment remain within juvenile corrections until their 18<sup>th</sup> birthday. Youth receive additional orientation and support when transitioning to the adult system.

### **DuBois**

Youth living in this unit are typically at risk of being targeted by others and are generally self-motivated, delay gratification, engage in learning and are more self-controlled.

### **Hughes**

Youth are transferred to this unit when they are struggling with disruptive and aggressive behaviors. The programming on this unit is structured. One PSU clinician is assigned to this unit. This clinician works closely with the unit manager, staff, youth and family members in order to develop a short-term goal to address specific behavioral challenges that keep them from moving through the program at LHS.

### **Overview of Facility Wide Treatment Programming**

All programming takes a multi-disciplinary team approach which includes safety staff, unit supervisors, social workers, treatment specialists, school faculty, and PSU clinicians. Administration and health services also take an active role in institutional program planning.

All programming incorporates effective and empirically sound behavioral and psychological principles shown to increase pro-social and self-enhancing youth behaviors, values, and beliefs. Programming considerations also attend to age-appropriate recreation, educational opportunities, group activities, incentives, culture, traditions, and systemic issues.

While the decreased population and pandemic coincided with facility changes, the programmatic adjustments were already being planned. The most deliberate change occurred when this facility adopted a dialectical treatment model and a system of care approach modeled after similar facilities across the United States.

A Linehan-certified consultant and administrative team facilitated the transition to a facility-wide DBT initiative which also incorporate aspects of the system of care approach. Initiating this program included training every staff member in the DBT treatment model. While all staff obtained an overview, PSU clinicians were provided more in-depth training in DBT assessment, skill building, group facilitation, and consultation group. In addition to this, the PSU clinicians took on the role of training new staff and existing staff regarding DBT practices and application. Every youth is enrolled in two DBT groups (skills training and generalization) each week and education staff offered school time for mindfulness training.



The system of care approach supports the DBT initiative, integrates it, and also supports the goal of shifting from a correctional-punitive approach, to a treatment, strengths-based, skill-building, and behavioral approach. This system of care approach was developed by reviewing effective approaches, team planning and incorporating behavioral principles such as a token economy, schedules of reinforcement, and strategies for training prosocial behavior. One of the activities is a weekly growth team meeting between the youth and their multi-disciplinary team.

PSU takes an active role in program development, staff training, growth teams, treatment planning, and training/modeling the youth treatment plans. Interns take part during their training through crisis intervention, rotation specific activities, and milieu treatment.

### **Dialectical Behavior Therapy (DBT)**

At one time, this program was only facilitated by PSU; however, with the shift to a facility wide approach, all interns receive training in DBT and depending on their intern training plan, specific training activities differ.

Many of the youth at LHS/CLS display difficulty regulating emotion, tolerating distress and effectively navigating interpersonal relationships. As a consequence, many of the youth engage in high-risk behaviors, such as non-suicidal self-injury and engage in behaviors that are dangerous to others. The youth sometimes experience periods of hopelessness and suicidal ideation. They struggle with peer and staff interactions. These problems result in program disruptions, compromised safety, and assaultive behavior.

Dialectical Behavior Therapy (DBT) is an evidenced based, highly effective approach used to teach youth a new way of interacting with others, regulating intense emotions, and effectively expressing themselves. While DBT is offered across the facility to every youth through skills and application groups, PSU also may obtain intensive training in DBT and enroll in the DBT rotation. The overarching goals are for youth to increase coping with distress; increase participation in primary programming; reduce self-injurious behavior; increase mindfulness; and increase distress tolerance skills.

### **Sex Offender Treatment Program (SOTP)**

This program is facilitated by PSU and provides a training opportunity for interns through one of the four rotations. The program works with youth who have sexually offended against children and adults. Currently, the SOTP utilizes a three-part program. First, cognitive skills are developed. Next, Core A addresses the sexual misconduct by applying the acquired cognitive skills. Then, through Core B, youth address cognitive distortions and pro-offending beliefs. The youth are encouraged to discuss their offense and are expected to process emotions, thoughts, and unmet needs associated with assaultive sexual behavior. Empathy, moral reasoning, and victim impact are addressed in Core B. Youth are supported as they learn to identify and manage their own risk factors in order to reduce their risk for sexually assaultive behavior in the future.

The program also includes reviews to determine whether youth meet criteria for involuntary commitment under Chapter 980 of the Wisconsin State Statutes. Modeled on mental-health

commitment statutes, this law provides for the involuntary commitment of sex offenders having a mental disorder that predisposes them toward future acts of sexual violence.

There is not a dedicated treatment program for female youth with sexual offense charges. In part, this is due to the low numbers of female adolescents committed to CLS. Additionally, no professional consensus exists regarding an appropriate group treatment approach for juvenile females with sex offense histories. Therefore, females with sex offense histories or issues are treated through individual psychotherapy sessions.

### **Mental Health Treatment Programs**

Approximately 75% of youth at LHS/CLS have been assessed to have a mental-health need. Additionally, many youth have significant behavior problems and have difficulty stabilizing long enough to participate in and benefit from traditional types of intervention. The PSU clinicians provide services to those with identified mental-health needs and psychiatric diagnoses. Individual therapy and groups are offered. Providing individual, group, and family therapy are activities in which interns learn, practice, and develop professional competency skills. Additionally, programs and groups developed within and offered through PSU clinicians provide opportunities for interns.

### **Mendota Juvenile Treatment (MJTC) Program**

For male adolescents, when the mental-health need exceeds the level of services available at LHS, the MJTC program is considered. It offers more intensive treatment. It requires a transfer; however, PSU clinicians routinely participate in the consultation, referral, and transfer process. MJTC offers a hybrid correctional and mental-health program operated by the Wisconsin Department of Health Services. It is an off-site located on the grounds of Mendota Mental Health Institution in Madison, Wisconsin. Interns routinely attend the MJTC consultation held twice a month. They sometimes refer youth to this program and offer a case conceptualization to the team.

### **Treatment Programs for Female Adolescents**

Currently, one living unit houses female adolescents and young adults at CLS. The treatment programs offered to the male adolescents are also offered to the females; however, treatment also incorporates gender-responsive, evidence-based, and trauma-informed principles. These services are facilitated by both Psychological Services Staff and Social Services Staff. The program offers training opportunities for interns.

### **Educational Programs**

Educational programs are the responsibility of the faculty and are not available for intern rotation.

CLS and LHS strive to provide high quality educational services to meet the diverse needs of students within middle and high school grade. The educational faculty provide a high level of service for youth who qualify for special education services and have an Individual Education Plan (IEP). The faculty includes a full-time School Psychologist and many dually certified special-

education staff. Youth earn either a traditional high school diploma or a High School Equivalency Diploma (HSED). The year-round education enables students to earn credits without interruption.

Educational assessment and programming begin immediately after the youth arrives at LHS or CLS. Students are assessed using the STAR Renaissance Reading and Math program and the Brigance assessment.

### **Career and Technical Education**

Career development and technical education programs are the responsibility of the faculty and are not available for intern rotation.

The education department offers career and technical education programs. These include business, pre-engineering, greenhouse, welding and construction initiatives. Youth have access to programs assisting with career development and the development of independent living and family-related skills. The Employability Skills Program (ESP) fosters the development of skills. The education programs also involve youth in various work experiences available at LHS/CLS. This includes experience working in food service, business, grounds keeping, library, and laundry care. Quite a few youth work at LHS/CLS.

### **Cultural Program Services**

As opportunities arise, cultural program services are provided for a culturally diverse population. Youth of all ages are encouraged to participate, and all programs are open-ended. Services are available through the efforts of volunteers, contracted individuals, and linkages with various community-based organizations. LHS/CLS also contract with the Great Lakes Inter-Tribal Council to provide services that engage youth in Native American cultural events, history, culture, spiritual life classes, and teach youth Native American skills and crafts. The Council also trains facility staff on Native American issues. Cultural programs are encouraged and though interns are encouraged to participate in various experiences; however, they do not offer intern rotation opportunities at this time.

### **MusicArts Initiative Program**

Music and various types of arts related activities offer the youth an opportunity to explore self-expression, creativity, career ideas, and a safe engaging interaction with positive role models. Initiated in 2019 through a small music initiative, the MusicArts Initiative has enabled youth to create murals, write and record music, perform for an audience, design a logo, and participate in cultural arts activities. This is a developing program supervised and supported by the psychology unit.

Currently, MusicArts Initiative projects are the responsibility of the MusicArts staff and are not available for intern rotation.

### **Other Programs**

There are numerous other programs at LHS/CLS. These include religious opportunities and programming, foster grandparents and experiential recreational activities (e.g., high and low

ropes courses, Zumba, football, board games, puzzles, cards). Other educational programs include environmental education, parenting education, welding, woodshop and a variety of other specialized educational programs. Also emphasized is the Positive Behavior Intervention and Supports (PBIS) model. PBIS is a systematic approach to encourage proactive and school-wide behaviors based on a Response to Intervention (RTI) model.

Interns have developed and implemented program and groups at LHS/CLS during the Program Development Rotation.

## **OVERVIEW OF THE PSYCHOLOGICAL SERVICES UNIT**

### **Purpose and Services**

The purpose of the Psychological Services Unit (PSU) is to provide psychological services to the residents of LHS/CLS and to provide consultation and direction to multidisciplinary and administrative staff. These services include individual, group, and family therapy, psychological evaluation and assessment, group and program development, training, and consultation. The Psychological Services Unit uses evidenced-based practices to improve the quality of life and functioning of adolescents. Through the internship in health psychology and through post-doctorate employment opportunities, PSU staff provide effective training to aspiring psychologists.

Psychiatric services are available through the Health Services Unit (HSU). Psychiatric services include psychiatric assessment, consultation, prescribing and monitoring the use of psychotropic medication. PSU staff refer youth to HSU for a psychiatry consult. They attend the multidisciplinary medication staff meeting to offer relevant information and updates regarding psychotropic medication prescribed to various youth.

Each PSU clinician is assigned to one or more living units. They collaborate and consult with living unit staff regarding treatment planning and implementation, and youth risk factors. Psychologists and the psychology associates routinely attend living unit team meetings and are generally available to the staff. PSU professionals also provide various mental-health staff trainings that include topics such as ethics, adolescent development, suicide prevention, Dialectical Behavior Therapy, trauma-Informed care, cultural humility, wellness, and behavior management. PSU clinicians also takes turns serving one week (every 4-6 weeks) of on-call duty. This rotation provides LHS/CLS immediate PSU response 24-hours a day, 7 days a week. While on-call PSU clinicians carry a cell phone in order to provide timely risk assessment, crisis intervention consultation and response.

## **PSYCHOLOGICAL SERVICES UNIT STAFF**

### **Training Supervisors**

- Tracy Johnson, Psy.D., Psychology Manager, Division of Juvenile Corrections
- Shauna Ezell, Ph.D., Psychologist Supervisor, Internship Training Director
- Cynthia Bainbridge, Ph.D., Licensed Staff Psychologist

- Neil Schoen, Psy.D., Psychological Associate

### **Psychological Services Unit Staff**

- Maggie Watters PsyD, Psychological Associate
- Stephen Jaskowiak, M.A., Psychological Associate
- Karyn Mehringer, M.A., Psychological Associate
- Victoria Sebranek, PhD, Psychological Associate
- Scott Karlen M.A., Psychological Associate
- Alexandria Gates, B.S., Psychological Services Assistant
- Debbi Koch, Office Operations Associate (OOA), PSU administrative support
- Karen Spencer, PsyD, Psychological Associate (Begins Sept. 2021)
- Tiffany Augustine, PsyD, Psychological Associate (Begins Sept. 2021)

### **Affiliated Staff**

- Juan Fernandez, M.D., Psychiatrist (psychiatric consultation)

## **HISTORY OF THE INTERNSHIP PROGRAM**

### **Brief Overview**

The LHS/CLS Internship in Health Service Psychology is an extension of the professional psychology internship program which began during September 1991 at Ethan Allen School for Boys, in Delafield, Wisconsin. This internship became a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) in 1992 and was granted full accreditation by the American Psychological Association (APA) effective June 27, 1995.

On March 1, 2011 administration announced the closure of two of the three juvenile correctional facilities in Wisconsin (Ethan Allen School for Boys and Southern Oaks Girls School); with a plan to transfer youth to Lincoln Hills and Copper Lake Schools in Irma, Wisconsin. The Executive Committee of the APA Commission on Accreditation approved the plan to transfer the internship to this new location during April 2011.

During the past 10 to 15 years, the population at this juvenile correctional facility grew increasingly more diverse, particularly regarding the age of offenders and length of commitment for offenses. LHS/CLS continues to work primarily with juveniles, with young adults also being committed. A great need exists for evidence-based mental-health services specific to this population. Competent correctional psychologists require specific training to work effectively with the youth. LHS/CLS along with the Wisconsin Division of Juvenile Corrections commit to meeting both of these initiatives - developing effective services and training psychologists. The historical development of this internship program, as well as intern success, reflect this.

On January 4, 2018 a gubernatorial decision was rendered to transform the Division of Juvenile Corrections (DJC) in the state of Wisconsin. On March 30, 2018 Act 185 was signed into law, requiring the state of Wisconsin to move to a regionally based model of juvenile corrections. The law initially required the opening of the regionally based juvenile facilities and conversion of

LHS/CLS to a medium custody adult institution by January 2021. In early July 2019 Governor Tony Evers extended the closure to July 2021, citing significant improvements at the current site; however, this closure has been postponed indefinitely. In 2021 planning continues to be developed and proposed.

Through these changes over the years, the Division of Juvenile Corrections (DJC) has continued to maintain a strong commitment to training correctional psychologists, regardless of site locations. As yet, no plans have been implemented to close the LHS/CLS facility beyond the original date of July 2021. Should any change in site location occur during an internship year, the State Department of Corrections and DJC has developed an internship plan to guarantee successful completion of the internship training year.

## **INTERNSHIP PROGRAM: MISSION AND TRAINING PHILOSOPHY**

### **Experience and Develop**

The mission of the LHS/CLS Internship in Health Service Psychology is to effectively train aspiring psychologists. It achieves this by fostering the development of profession-wide competencies, attending to professional developmental level, and integrating individual and cultural diversity into all aspects of the program. An essential aspect inherent within this mission is to train and support interns to practice professional psychology in a competent, compassionate, respectful, effective, and ethical manner. Developing the intern's professional role and identity begins during an initial orientation period and proceeds sequentially throughout the year by integrating training and supervision with direct experience.

Specific to this site, interns receive training and experience in the field of correctional psychology. The goal within this setting is to train, foster, and develop the intern's clinical competencies and skills consistent with the APA Ethical Principles and Code of Conduct. By maintaining this commitment and approach to intern professional development this internship program also supports the mission of the Division of Juvenile Corrections: "To promote a juvenile justice system that balances protection of the community, youth accountability and competency building for responsible and productive community living."

Given the broad range of clinical disorders, risk issues, and individual youth needs, this internship training exposes psychology interns to examining differential diagnosis, conducting clinical interviews, engaging in crisis management, and completing various types of assessments (e.g., diagnostic, cognitive, and risk). Experience allows interns and developing psychologists to gain proficiency in profession-wide competencies while practicing specialized skills specific to correctional practice and adolescent development. The program design builds upon and expands the intern's knowledge base regarding trauma-informed services and the psychological implications of juvenile criminal behavior. Attention to systems through family work and a multidisciplinary treatment approach prepares interns to work effectively with individuals in various settings.

### **Practitioner-Scholar Model**

This training program maintains the philosophy that the science of psychology provides a solid foundation for professional psychological practice. Rather than producing original research, this internship training emphasizes the development of professional competencies based on current research, scholarship, and practice. The program design supports, fosters, and integrates the practitioner-scholar model into the training components. Supervision and training cultivates the scholarly examination of relevant literature and emphasizes this practice as a necessary practice for professional psychologists. PSU supervisors and staff engage interns in critical thinking regarding their theoretical perspective, case conceptualization, assessment and diagnostic process, and application of the APA code of ethics. Didactic seminar presenters and individual/group supervisors cite relevant research; encourage interns to conduct reviews of various topics; and assign scientific literature to review and discuss.

### **Evidence-Based Practice**

Program staff expect interns to utilize evidenced-based practices when completing assessments, providing psychotherapy, and designing youth intervention plans. Various training experiences, such as didactic seminars and supervision, expose interns to practices specific to this setting. Interns are also informed of available professional training and conferences offering research updates.

### **Cultural Humility**

The internship program integrates matters of diversity across all program components. This begins with training in cultural humility and continues during supervision, consultation, and training. Staff expect interns to grow in their knowledge, understanding, and experience of diversity. They engage interns in growing in their self-awareness regarding how their own individual or cultural identity influences their interactions with others. This site is an equal opportunity employer and is committed to maintaining a work environment free from discrimination, harassment, and retaliation.

### **Increasingly Complex**

Intern training proceeds in a sequential, cumulative, and graduated manner in terms of increasing complexity. The program design and organized structure prepares interns for each novel experience intending to build upon previous training.

During orientation the intern meets with multiple department staff who introduce governing policies and procedures. This period includes meeting PSU staff and being introduced to PSU services and the team approach. The orientation period includes training in safety, suicide prevention and assessment, cultural humility, time management, ethics and the code of conduct, and documentation software and guidelines. During the orientation period, interns meet their supervisors and finalize rotation assignments. All of the interns begin with the intake and risk assessment rotation. This rotation serves as a foundational experience upon which subsequent training continues to build upon. It introduces the intern to the setting, facility staff, procedures, and the youth served. It introduces interns to the knowledge, clinical skills, software programs, staff roles, and unit functioning needed to further develop all of the professional competencies as they proceed to various rotations during the second through fourth quarters.



Interns begin shadowing internship supervisors and other staff immediately following the initial orientation period of two weeks. This allows them more time to acclimate, practice using the various software programs and assessment measures, organize their work space, and further develop a working relationship with various staff. Their initial caseload is built during the first weeks after the intern demonstrates initial competence in various areas such as maintaining safety procedures, adhering to policy, completing electronic documentation, and conducting risk assessments. The intern training supervisor observes at least two therapy sessions within the first 1-2 months of internship. Interns also request consent and assent for tape recorded sessions and present these in supervision. Within the first three months of internship the intern begins work on the first assessment case.

This same step-wise progression is repeated throughout internship. Interns initially observe through shadowing, then practice with supervisory observation, and then proceed independently and seeking consultation as needed. For example group facilitation begins with observation. The intern then co-facilitates and progress towards the role of primary facilitator with supervision and then without.

During the first quarter, all interns receive training in suicide and violence risk assessment. This is followed by shadowing others conducting these assessments, making recommendations and documenting in the electronic medical record. When ready, the supervisor shadows the intern, providing feedback, answering questions, and offering direction. With the developed confidence of the intern and supervisor, the intern progresses to completing risk assessments independently with consultation and supervision as needed. Supervisors continue to monitor intern skill development and documentation throughout the internship. By the third quarter, most interns progress to completing complex risk assessments and psychological evaluations.

During third quarter, interns are typically oriented and prepared enough to begin facilitating and/or developing counseling or psycho-educational groups. This is also the time period when interns requesting the Program Development and Evaluation Rotation may be assigned this rotation. This ensures adequate intern training, experience, and understanding of institution and youth needs has been developed well enough to be successful in this rotation. By the fourth quarter, interns are fairly autonomous.

Intern progression through the program depends upon prior experience, interests, and strengths. Each individual intern is unique requiring more or less training and supervision than another. Interns are encouraged to pursue their interests through training, experience and supervision. They may choose to develop initiatives that serve unmet client and staff needs, such as targeted treatment, skills groups, or staff training in mental-health subjects.

## **INTERNSHIP PROGRAM: TRAINING AIMS AND COMPETENCIES**

### **Fostering and Building Professional Competence**

In alignment with its mission and training philosophy, this internship program is designed to foster and build professionally competent psychologists. Broadly speaking, it accomplishes this by focusing intern training, experience, supervision and consultation on the areas of psychological assessment and intervention, ethical, professional, and interdisciplinary practice, and integrating cultural humility into daily professional practice. These three aims regarding competencies essential and central to the practice of professional psychology are outlined below.

1. To train practitioners in theories and methods of psychological assessment and intervention that are empirically supported and grounded in scientific research, in order to promote youth competencies. The following goals and competencies align with this aim.
  - a. **Research and Scholarly Activities:** Interns demonstrate the professional skills, abilities and knowledge to critically evaluate, translate and apply research to clinical practice. Interns demonstrate skills commensurate to Intermediate level to Independent Skill level.
    - i. Demonstrates knowledge of scientific foundations of psychology including human development and empirically supported assessments and interventions.
    - ii. Demonstrates an ability to evaluate and present research or other scholarly activities in the context of a case conference, presentation to other professionals, or in a publication.
    - iii. Demonstrates an ability to critically evaluate and apply empirically validated research to their clinical practice.
    - iv. Demonstrates familiarity with their primary theoretical orientation in conducting therapy, including its strength and limitations.
    - v. Demonstrates knowledge of literature related to the interns primary theoretical orientation.
    - vi. Demonstrates skill in integrating and critically evaluating relevant theoretical perspectives to fit the individualized client needs.
  - b. **Evaluation and Assessment:** Interns demonstrate professional skills, abilities, and knowledge required to competently conduct psychological evaluations and assessments. Interns demonstrate skills commensurate to Intermediate level to Independent skill level.

Evaluation:

    - i. Demonstrates skill in clinical/diagnostic interviewing.
    - ii. Uses appropriate behavioral observation skills in evaluation process.
    - iii. Uses observation skills in assessing and describing mental status.
    - iv. Uses multiple sources and methods to collect relevant data appropriate to the referral questions and assessment goals.

Assessment:

    - i. Demonstrates skill in administering, scoring, and interpreting Intelligence tests.
    - ii. Demonstrates skill in administering, scoring and interpreting objective personality tests.

- iii. Appropriately selects additional assessment procedures.

Report Writing:

- i. Formulates appropriate diagnosis using DSM-5.
- ii. Writes integrated psychological reports.
- iii. Guards against decision-making biases in formulating conclusions and interpretations; distinguishes subjective from objective aspects of the evaluation.
- iv. Uses evaluation/assessment data to answer referral questions and make appropriate treatment recommendations in reports.

- c. **Case Conceptualization and Intervention:** Interns demonstrate professional skills, abilities and knowledge required to implement effective and empirically supported interventions. Interns demonstrate skills commensurate to Intermediate level to Independent skill level.

Formulate Treatment Plans:

- i. Demonstrates the ability to develop evidence-based intervention plans specific to the service delivery goals.
- ii. Involves client in formulation of treatment goals and objectives.

Intervention Process:

- i. Uses listening and communication skills with a client to implement interventions (individual, group, or both) informed by the current scientific literature, assessment findings and contextual variables.
- ii. Demonstrates the ability to modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking (psychotherapeutic flexibility).
- iii. Demonstrates the ability to evaluate intervention effectiveness, and adjust intervention goals and intervention methods (ongoing evaluation).
- iv. Demonstrates application of theoretical knowledge and relevant research literature to clinical decision making.
- v. Effectively times therapeutic interventions.
- vi. Identifies one's own emotional reactions and handles them appropriately when providing psychotherapy.
- vii. Termination: Appropriately terminates mental health treatment with clients in individual or group treatment.
- viii. Conceptualizes and understands group dynamics.
- ix. Demonstrates skills in assessing, managing and de-escalating crises situations.
- x. Demonstrates skills in conducting suicide and violence risk assessment and identifying appropriate intervention.

- 2. To train providers to practice ethically within a broader system of care requiring effective collaboration and consultation with various stakeholders and professionals. The following goals and competencies align with this aim:

- a. **Ethical And Legal Standards:** Interns demonstrate professional skills, abilities, and knowledge of ethical and legal standards of practice. Interns demonstrate skills commensurate to Intermediate level to Independent skill level.

Ethical Standards

- i. Demonstrates a working knowledge of APA Ethical Principles and Code of Conduct and other relevant professional standards and guidelines, and acts in accordance with them.
- ii. Recognizes ethical dilemmas as they arise, and applies ethical decision making processes to resolve the dilemmas.
- iii. Conducts self in an ethical manner in all professional activities.
- iv. Fosters ethical behavior among peers and within organizations.

Legal Standards

- i. Demonstrates a working knowledge of Federal and Wisconsin laws, regulations, and rules governing health service psychology, and acts in accordance with them.
- ii. Demonstrates a working knowledge of DOC policies, regulations, and rules applicable to health service psychology, and acts in accordance with them.

- b. **Professionalism:** Interns demonstrate skills, abilities and knowledge necessary to exhibit professional values, attitudes and behaviors, as well as engage in reflective self-assessment. Interns demonstrate skills commensurate to Intermediate level to Independent skill level.

Professional Values, Attitudes and Behaviors

- i. Behavior demonstrates the values and attitudes of psychology (e.g., integrity, deportment, and concern for the welfare of others).
- ii. Demonstrates timeliness in keeping appointments, commitments, returning messages, attending meetings, sessions and supervision.
- iii. Demonstrates appropriate autonomy in professional practice in increasingly complex situations.
- iv. Contributes to internship by providing input to faculty regarding content, and structure of program.
- v. Actively seeks and demonstrates openness and responsiveness to feedback and supervision.

Self-Assessment and Reflective Practice

- i. Accurately assesses and identifies personal strengths and areas in need of improvement (on-going self-assessment & training plan).
- ii. Assumes responsibility for meeting one's own identified (see previous competency) training needs and goals.
- iii. Avoids or ameliorates impact of problems or weaknesses by improving professional effectiveness.
- iv. Demonstrates commitment to maintain and improve self-care and personal well-being.

- c. **Communication and Interpersonal Skills:** Interns demonstrate professional skills, abilities and knowledge of competent and effective communication and interpersonal skills. Interns demonstrate skills commensurate to Intermediate level to Independent skill level.
  - i. Forges cooperative relationships with a wide range of colleagues (e.g., other professionals, supervisors, supervisees).
  - ii. Demonstrates skill in managing difficult communication in a variety of settings (e.g., appropriate disclosure/protection of PHI, feedback to difficult clients, different opinions in multidisciplinary team, case conferences and other professions).
  - iii. Professional communications (oral, nonverbal, and written) are informative, well-integrated, and demonstrate a grasp of psychological language and concepts.
  - iv. Effectively communicates evaluation/assessment results and treatment planning to the patient.
  - v. Actively seeks and openly responds to feedback and supervision.
  - vi. Establishes rapport with clients and communicates both at a professional level and developmental level of the client.
  
- d. **Consultation and Interprofessional/Interdisciplinary Skills:** Interns demonstrate professional skills, abilities and knowledge related to consultation and interprofessional/interdisciplinary skills. Interns demonstrate skills commensurate to Intermediate level to Independent skill level.
  - i. Demonstrates knowledge of consultation models and practices (e.g., during participation in multidisciplinary meetings, meeting with referral sources).
  - ii. Demonstrates respect for the roles and perspectives of other health care professionals (e.g., during participation in multidisciplinary meetings or contact with psychiatrists or nurses).
  - iii. Demonstrates respect for the roles and perspectives of other (non-health care) colleagues (e.g., while gathering background information or limiting disclosure of private health information to “need to know”).
  - iv. Balances issues of privacy of health care with other staff’s need to know information.
  
- e. **Supervision:** Interns demonstrate professional skills, abilities and knowledge required to apply appropriate models of supervision to students in training and early career professionals. Interns demonstrate skills commensurate to Intermediate level to Independent skill level.
  - i. Demonstrates knowledge of supervision models and practices through discussions in supervision.
  - ii. Demonstrates knowledge of supervision models and practices through peer supervision or direct practice with psychology trainees, or other health professionals.

- iii. Demonstrates knowledge of ethical and legal responsibilities of supervision and appropriately practices within their level of training.
3. To enhance necessary knowledge and skills required for competent practice within a culturally diverse society. The following goals and competencies align with this aim:
- a. **Individual and Cultural Diversity:** Interns demonstrate professional skills, abilities and knowledge related to individual and cultural diversity as it pertains to clinical practice and self-assessment. Interns demonstrate skills commensurate to Intermediate level to Independent skill level.
    - i. Applies appropriate theories to a client's historical and cultural background.
    - ii. Uses sources and methods of assessment appropriate for the diversity characteristics of the patient.
    - iii. Addresses cultural and diversity issues in reports when relevant to test measures and interpretation.
    - iv. Discusses and modifies treatment approach and treatment goals in light of a client's cultural background (cultural sensitivity) when appropriate.
    - v. Appropriately addresses individual and cultural diversity issues in the context of psychotherapy and patient therapist relationship.
    - vi. Demonstrates understanding of the impact which individual and cultural differences may have on the supervisory relationship and appropriately addresses this when appropriate.
    - vii. Articulates, understands, and monitors own cultural identity.
    - viii. Demonstrates the ability to independently apply self-knowledge to working effectively with the diverse individuals and groups encountered during internship.

## **INTERNSHIP PROGRAM: TRAINING STRUCTURE**

### **Material Resources**

Each intern is assigned a private office with desk, computer, phone, and basic office supplies. These offices are located in the psychological services area of the school building. This is where the intern conducts individual psychotherapy and psychological assessment. Materials specific to PSU are also found in the storage room and library located in this area. Access to a larger meeting room is available as needed to provide services to families or groups. Interns receive a laptop with the software required to complete documentation, communicate with the multidisciplinary team, and use teleconferencing technology as needed during the pandemic.

Interns have access to a variety of testing materials for assessment referrals. Related reference material and interpretive texts are also available. A number of instruments can be computer scored and some generate interpretive data. Some testing instruments may require hand scoring and interpretation. Interns are responsible for seeking supervision on instruments they have not administered, scored or interpreted. Filing, photocopying, faxing, printing, and other clerical services are available through the PSU Office Operations Associate and related office equipment.

### **Psychological Services Staff and Multi-Disciplinary Meetings**

Interns attend and participate in certain staff meetings. This provides an excellent training experience in the group decision-making process. It allows an opportunity to contribute to the development of clinical and internship programs. Attending staff meetings also provides insight into the systemic problems and professional issues experienced in an institutional setting. The Multi-Disciplinary staff meeting with psychiatry, health services and social services fosters the coordination of care for youth receiving medication treatment for various mental health disorders.

Approximately 25 percent of an intern's training experience is dedicated to supervision, consultation and training.

### **Training Didactics and Seminars**

The Lincoln Hills School and Copper Lake School Internship Program in Health Psychology, the Wisconsin Department of Corrections Internship Program, and the Mendota Mental Health Institute Internship Program (all APA accredited internships) schedule weekly didactics and training seminars on topics relevant to psychologists in training. Training focuses on a variety of topics, such as diversity, assessing NCI, EMDR, Positive Psychology, DBT, Ethics, and Mental Health Law to name just a few of the many training opportunities. The presenters are professionals with considerable expertise within their specific field. Until the 2020 pandemic, interns attended training in person by traveling to Madison, Wisconsin. Until further notice, interns attend these trainings using video-conferencing technology.

Approximately 25 percent of an intern's training experience is dedicated to supervision, consultation and training.

### **Psychological Assessment and Report Writing**

Proficiency in a wide range of psychological assessment techniques is a prerequisite for this internship. This includes personality assessment, behavioral assessment, vocational assessments, and cognitive assessment. Interns are afforded numerous opportunities to refine their assessment and report writing skills. Interns respond to a specific referral question by selecting various measures. They administer, score, interpret, summarize results and conclusions, and make recommendations outlined in a written report. Interns also provide youth with a feedback session. Interns administer a wide range of personality, projective, and intellectual/cognitive measures. They also present a testing case to the treatment team.

During the first few weeks, interns receive training regarding the format and related procedures for report writing and documenting in the electronic medical record. Supervision of the intern's assessment reports includes feedback regarding their individual writing style. Interns are challenged to be more concise and improve the quality of written psychological reports.

The number of integrated psychological assessments and evaluation reports completed during the course of the training year is determined at the beginning of the year. All interns gain



experience conducting clinical interviews, completing file reviews, administering measures, organizing test data, gathering corroborative reports and writing reports throughout the year.

At the beginning of the internship year, supervision and training focus on conducting thorough risk assessments for non-suicidal self-injurious, suicidal, and aggressive behaviors. While assessment supervisors focus on the oversight, training and development of assessment skills, all supervisors provide supervision, training, and direction regarding risk assessments. Throughout the year, interns receive information on different types of assessment instruments designed to increase the breadth of knowledge of various assessments and allow them to identify strengths and weaknesses of the instruments. This also helps interns be able to make educated decisions and provide a rationale base for their selection in assessment batteries.

Approximately 20 percent of an intern's training experience is dedicated to psychological assessment.

### **Individual Psychotherapy**

Over the course of the training year, interns provide both long-term and short-term treatment to youth, depending upon the individual needs and commitment period of the youth. In order to provide a variety of training experiences, interns manage a small caseload ranging between 5-8 therapy clients; however, they may provide other services to as many as 30 youth over the 12-month period. Frequency of individual therapy is based upon the mental-health classification level established by a PSU clinician during the mental-health intake upon arrival to the school. Often, youth are seen every other week with many seen every four weeks. Some are seen weekly. Consideration is given when referring therapy clients to the interns. Interns more receive more complex cases later in the year.

Approximately 25 percent of an intern's training experience is dedicated to providing individual psychotherapy and crisis intervention. This includes face-to-face contact, treatment planning and completing required documentation.

### **Rotations**

This internship offers five rotations from which interns select three based upon their goals and training interests. Directly following Match Day, incoming interns consult with the Internship Training Director regarding their rotation preferences. Interns work closely with the specific rotation supervisor, unit and safety staff, to provide psychological services and facilitate groups. Interns attend meetings, read research literature, and sometimes engage in program development specific to a particular rotation. All interns complete the Intake and Risk Assessment Rotation during the first quarter.

Interns can expect that approximately 20 percent of internship training experience be dedicated to rotation-specific activities, experience, and training.

### **Intake and Risk Assessment Rotation**

This rotation is required of all interns and is completed during the first quarter of the training year. This rotation serves as a foundational experience for the incoming intern. It introduces the intern to the organizational structure, processes, procedures, policy, and the team members with whom they be interacting across the internship year. Skills obtained during this rotation continue to be used throughout the year. This rotation focuses primarily upon acquiring and practicing clinical interviewing and assessment-evaluative skills. It introduces the intern to available assessment measures with a specific focus on the mental-health intake interview. This structured tool assists in determining the level of mental-health monitoring and the need for a psychiatric medication consult. It identifies risk potential for suicide and harm to self and others and identifies general symptoms. Another activity during this rotation is the completion of the initial Youth Plan. This formal plan is completed with the youth assigned to the intern. The other component of this rotation includes training in suicidal and para-suicidal risk assessment.

#### General Objectives:

The intern takes an evaluative role during this rotation. The primary objective is to identify youth needing psychological services. Activities includes interviewing, conducting intakes, reviewing available records, reaching out to the youth's family, and consultation with multi-disciplinary team members. Interns receive referrals for youth with whom they will interview, evaluate, diagnose, and collaborate to produce a Youth Plan. An important objective of this rotation is to identify effective incentives and interventions to help the youth reach their individual goals.

#### Specific Objectives:

1. **Intake Interview and Screening:** Interns complete initial interviews and intake screenings of newly committed youth. Interns formulate initial diagnostic impressions based upon a clinical interview, records review, and collateral contacts. They determine level of clinical monitoring and make recommendations for treatment. Interns establish a diagnosis and develop initial treatment and youth plans. (3 hours weekly)
2. **Risk Assessments:** Incarcerated youth are at a greater risk for suicide and self-injury than youth in the general population, and youth are at greatest risk in the first 24 hours after arriving at a correctional facility. Each youth is immediately screened for risk of suicide and harm to self. Youth scoring within the critical range are referred to psychological services to complete risk assessment and make recommendations to ensure safety. The intern must learn the LHS/CLS policies and procedures for intervention with suicidal youth. This includes guidance on providing appropriate levels of monitoring and observation as well as seeking supervisory and psychiatric consultation. As the rotation progresses interns extend and expand risk assessment skills to include the general population and violence risk assessment. (3 hours weekly)
3. **Inform and Promote Available Psychological Services:** During this rotation the intern learns about the available services offered through the Psychological Services Unit (PSU) and begins to promote these services to youth. Sometimes, interns conduct an orientation group, explaining the available services youth may request. (1 hour weekly)
4. **Crisis Intervention:** Interns assess youth in crisis. They determine the level of risk related to various behavioral signs and symptoms. They refer youth for psychiatric consultation. They refer youth for more intensive programming. They use motivational interviewing

techniques to resolve crises. During this rotation interns gain experience in evaluating the crisis, applying risk management strategies, and working with youth to develop an effective plan. The intern learns to engage collateral sources of support that include family and staff. (1 hour weekly)

5. Youth Plans: Within the first month, interns and youth develop a plan. To develop a meaningful and helpful plan, interns get to know the youth. They schedule time to meet and develop rapport. They use interviewing skills and collaborate on achieving youth goals. Interns consult with unit staff and attend meetings to ensure implementation of the plan.

### **Sex Offender Treatment Program (SOTP) Rotation**

This rotation involves working with youth who have been adjudicated for sexually assaultive behavior. The program works with Youth who have sexually offended against children and adults. The program identifies the following goals: 1) to increase accountability and responsibility for sexual offenses; 2) to learn alternative ways of thinking and managing sexual impulses; and, 3) to identify and respond to signs indicating increased risk to re-offend.

Criminogenic factors often coincide with the committing sexual offense. The program also includes reviews to determine whether a youth meets criteria for involuntary commitment under Chapter 980 of the Wisconsin State Statutes. Modeled on mental health commitment statutes, this law provides for the involuntary commitment of sex offenders having a mental disorder that predisposes them toward future acts of sexual violence. Interns observe and then co-facilitate the Sex Offender Treatment Group. They generally shadow and complete at least one Sex Offender Risk Assessment. They may also participate in Sexually Violent Persons Committee (SVPC).

#### General Objectives:

The intern develops awareness and knowledge regarding the psychological treatment of Youth adjudicated for sexual offenses. They gain a working knowledge of the Wisconsin sexual assault statutes and penalties, including the Sexually Violent Persons Act. They practice a team approach for treatment and management of youth adjudicated with a sexual and/or sexually motivated offenses and other criminal attitudes and behaviors as needed.

#### Specific Objectives:

1. The intern actively participates as a member of Sex Offender Treatment Program (SOTP) team. The intern accomplishes this by providing direct psychological services to youth enrolled in the program and by participating in monthly SOTP and SVPC meetings. (1-3 hours monthly)
2. The intern attends and participates in group therapy sessions. The intern gains a working familiarity with the program policies and treatment orientation. They obtain a working knowledge of treatment phases and related goals by routinely reviewing files and group notes, especially for the presenting youth. The intern discusses the group experience in individual supervision with their rotation supervisor. (4 hours weekly)

3. As assigned by the rotation supervisor, the intern provides individual psychotherapy using the recommended therapy model. This involves activities such as interviewing, assessing, reviewing youth records, and developing a treatment plan. Through these activities, supervision and consultation, the intern develops a theory regarding the etiology of aberrant sexual behavior. The intern gains experience and skill in modifying and adapting psychotherapeutic approaches according to developmental considerations, personality style, and severity of symptoms. (1 hour weekly)
4. The intern administers and scores the Revised Juvenile Sex Offender Protocol (J-SOAP-II) as needed. The intern first observes the administration of the instrument. Once the intern acquires a sufficient understanding of the test, they independently administer, score, and interpret it. (1 hour weekly)

### **Dialectical Behavior Therapy (DBT) Rotation**

Many of the youth at LHS/CLS display difficulty regulating mood, tolerating distress and effectively navigating interpersonal relationships. As a consequence many of the youth engage in high risk behaviors, such as non-suicidal self-injury and experience periods of hopelessness which leads to suicidal ideation. Dialectical Behavior Therapy (DBT) is an evidenced based treatment for these symptoms and is employed to treat youth experiencing these difficulties at LHS/CLS. Interns undergo a training period in DBT and then observe and co-facilitate a DBT skills group. After they have been trained in DBT, they may see one DBT client for individual treatment, as well as respond to skills coaching requests and attend DBT consultation meetings.

#### General Objectives:

The intern builds a knowledge about the DBT philosophy and treatment of suicidal and non-suicidal self-injury. The intern participates in DBT skills groups, meets individually with DBT clients, responds to skills requests, participates in DBT consultation, and co-facilitates new and existing staff training, orienting them to DBT.

#### Specific Objectives:

1. The intern becomes familiar with the group process by serving as co-facilitator in the treatment group. The intern takes on more responsibility as time passes in the rotation. The intern participates in process meetings related to the group process, and helps evaluate progress, balance within the group, and better understand secondary functions of behavior and reinforcement of prosocial behaviors. (3 hours weekly)
2. Interns provide individual psychotherapy to some clients in the DBT program. Interns become familiar with the DBT philosophy, schedules of reinforcement, and secondary targets of therapy. In addition to this, interns learn to conceptualize clients from a DBT perspective in order to explain and understand the individual's pattern of behavior (1 hour weekly)
3. Interns participate in the Consultation Team Meeting and increase understanding of the application of DBT, by applying principles to self and members of the team. Interns increase self-awareness of DBT skills which improve their effectiveness of treatment with clients and hold a non-judgmental approach toward team members. (1.5 hours weekly)

4. Interns gain knowledge in non-suicidal self-injury and suicide risk assessment that adheres to the DBT model. Interns apply interventions to keep youth safe that is as least restrictive as necessary and adheres to the consultation to the patient agreement. The intern must learn the LHS policies and procedures for intervention with suicidal youth, including the system of room checks, ensuring safety, and psychiatric and supervisory consultation. (1 hour weekly)
5. Interns are expected to respond to DBT skills coaching for youth enrolled in the DBT program. Interns adhere to the crisis intervention model when conducting skills coaching. (1 hour weekly)
6. Interns may co-facilitate new and existing staff training, teaching and presenting DBT skills and materials. Interns in this rotation learn to present DBT theory, how to implement the various DBT elements across the facility, and the define the various role staff take across discipline regarding the DBT milieu approach. Interns learn to navigate interdisciplinary approaches and gain experience working with a multidisciplinary team. They help with coaching and model effective DBT treatment practice.

### **Copper Lake School (CLS) Therapeutic Community Rotation**

Many female youth who are incarcerated have histories significant for trauma. At Copper Lake School, post-traumatic stress, major mental illnesses, sexual abuse, and attachment difficulties are particularly acute within this population of young women. We find that many of the young women also struggle with forming and maintaining positive relationships with others and themselves. This rotation involves providing gender-responsive programming to the female population at CLS. Particular focus is on providing group and milieu treatment within the therapeutic community. Interns gain a better understanding of the unique characteristics of juvenile females presenting with serious delinquency concerns coupled with prominent mental health diagnoses. The intern gains exposure to a variety of therapeutic approaches used when working with this population.

#### **General Objective:**

The intern enhances their knowledge regarding differences in the etiology and treatment of juvenile delinquency in females. Interns develop familiarity with the various treatment approaches used with this population. Interns provide ongoing treatment to the juvenile female clients. They provide psychological testing services as needed.

#### **Specific Objectives:**

1. Intake Screenings. Interns in this rotation complete the initial mental health screening of incoming CLS youth. The intern learns to interview and assess risk for self-harm. They gain a working knowledge and understanding of how to conduct a mental status examination and the identify risk factors for suicide. Additionally, consistent with CLS programming, the intern practices collaborative strength-based treatment planning with each youth during this session. (1 hour weekly)
2. Interns provide group, family, and milieu therapy to CLS youth. At times, there is the potential for providing individual therapy depending on our population size. Interns assess the treatment needs of the youth, including areas of emotional and behavioral

difficulty. Interns also conduct psychological evaluations as needed/requested while on this rotation. (3 Hours weekly)

3. Interns participate in a variety of group treatment approaches as applicable. These treatment approaches incorporate gender-responsive and trauma-informed principles. Interns co-facilitate at least 1 group. Examples of these groups include: Creative Writing, Expressive Art, PSU Team Challenge, EMDR Resourcing Support Group, Dialectical Behavior Therapy, Mindfulness, Social Activities Group, or other developed groups. (1-2 hour weekly)
4. The intern becomes an active member of the multidisciplinary treatment team of psychologists, social workers, teachers, unit manager, treatment specialist, and youth counselors. This will be accomplished by attending and participating in weekly team meetings, attending some community meetings, providing direct psychological services as needed or requested by staff, providing indirect milieu engagement, and providing consultation to members of the treatment team. (1 hour weekly)
5. Assessment and intervention for self-harm. Incarcerated youth are at a greater risk for self-harm than youth in the general population, and youth are at greatest risk in the first 24 hours after arriving at a correctional facility. Each youth in reception is evaluated for risk of self-harm, and youth who score in the critical range are referred to psychological services for further assessment. The intern must learn the CLS policies and procedures for intervention with suicidal youth, including the system of room checks, ensuring youth safety, and psychiatric and supervisory consultation. ( 1 hour weekly)
6. Given the higher rate of mental health needs in a smaller community, in order to provide effective gender-responsive and trauma-informed care, CLS operates as a therapeutic community (or milieu). As such, Interns be expected to learn the CLS program model in order to maintain consistent engagement. This also provides interns with the opportunity to engage in training staff via modeling, in vivo skill building, observational feedback, and direct classroom training. (1 hour weekly possible)
7. Crisis Intervention. The intern is expected to assess youth in crisis, determine the level of risk for behavioral problems or mental health issues, and make referrals to the psychiatrist as needed. The intern must be able to evaluate the crisis and work with the youth to create an intervention. The intern must also learn to engage collateral sources of support, including family, prior placements, and institution staff. (1 hour weekly)

### **Program Development and Evaluation Rotation**

A wide variety of opportunities exist to develop effective therapeutic groups and programs at LHS/CLS. During this rotation, interns select an area of interest and progress through all of the steps required to develop a group or program. Interns complete a proposal which includes a needs assessment, relevant research literature, selection procedure for participation (inclusion and exclusion criteria), implementation, and evaluation. After the Psychology Supervisor and Psychology Manager approve the program proposal, the intern implements the program plan. They collect pre- and post-intervention data and evaluate effectiveness. This is a complex process and requires a solid foundation of training and experience at this site. Therefore, interns complete this rotation during the second half of their internship year and typically within the 4<sup>th</sup>

quarter. This ensures interns receive the necessary training and experience to develop an effective group or program.

**General Objective:**

Interns enhance existing knowledge and experience of program development and evaluation by progressing through all the steps of developing, implementing, and evaluating a therapeutic group or program. This experience draws from knowledge and experience gained through the first half of the internship year and integrates this regarding program development and LHS/CLS. Interns get experience conducting a needs assessment, reviewing the existing and relevant research specific related to the need and proposed therapy model, group, or program. Interns gain experience in writing a proposal and completing outcome measures, necessary items of program development. Finally, interns have the opportunity to implement and facilitate a group/therapy model and evaluate the outcome.

**Specific Objectives:**

1. Interns learn how to complete a needs assessment and use this to fuel a program development proposal, in order to obtain support and resources from administrative staff on the benefits and needs of the proposed treatment/program.
2. Interns improve research evaluation skills and have an opportunity to evaluate other therapy programs for effectiveness. Interns use their research to guide a program proposal where they identify inclusion and exclusion criteria, group size, mode of facilitation and a procedure for implementation, as well as proposed curriculum for their group. Interns enhance their skills of curriculum development.
3. The intern gain experience with other facilitation or co-facilitation, depending upon level of development during the implementation phase of this rotation. Rotation supervisor either observe or co-facilitate the group and offer constructive feedback on group process.
4. Interns develop skills in program evaluation by means of obtaining outcome data. Interns present on their pre and post measures during group supervision and discuss the utility of their program and any improvements or changes they would make, from analyzing their outcome data.

**Supervision**

The LHS/CLS Psychological Services Unit is committed to productive and effective supervision of interns. Supervision guides the interns' professional development and enhances their philosophy and practice. The intern supervisors are Wisconsin-licensed, doctoral-level psychologists. They are in good standing and, in compliance with current licensing standards, and are qualified to provide the supervisory oversight in the specific areas in which they provide supervision. Adjunct intern supervisors are doctoral psychology associates who are completing the final steps to be licensed. Supervision is provided at a minimum of four hours per week. Interns can expect that approximately 25 percent of their training experience be dedicated to supervision, consultation and training.

**Individual Supervision**



Interns participate in two hours of formal individual supervision each week. Together the intern and supervisor schedule individual supervision sessions. During each quarterly rotation, interns are assigned an individual supervisor and a rotation supervisor. Individual supervisors are primarily responsible for reviewing assigned therapy cases, whereas the rotation supervisor oversees all aspects of the assigned rotation. Assessment supervisors provide Interns with additional supervision and oversight regarding psychological assessment. Additional informal supervision is provided within specific rotations and as requested or needed. Intern offices are in immediate proximity to supervisors. Timely and informal supervisory consultations are frequent and welcome.

### **Group Supervision**

Interns are expected to participate in two hours of group supervision each week. Group supervision is typically held off-site in Madison, Wisconsin in conjunction with weekly didactic trainings. However, due to the global pandemic, the didactic training and is provided via teleconferencing technology and when necessary to abide by social-distancing guidelines, group supervision is also held via this technology.

Both interns and supervisors are able to select topics for group supervision. Group supervision covers topics brought up throughout the individual rotations, and it is an essential aspect of the rotation system. Interns are expected to present a number of cases throughout the year and generally present cases on a rotating basis. Group supervision is an important aspect of training. Group supervision provides a meeting forum where interns can exchange views and experiences and build strong collegial relationships with other interns. It also serves as a group experience that fosters individual and professional growth and development.

### **On-site supervisor's responsibilities**

The on-site supervisors are responsible for:

1. Introducing the intern to the site, such as notifying and introducing administrative staff, orientating the interns to both their site (such as providing tours) and to essential safety procedures and responsibilities.
2. Introducing the intern to available equipment, assessment instruments, and reference material for the interns to meet their clinical responsibilities.
3. Ensuring that interns are held to the same work hour and rule standards as other DOC staff, employing the appropriate department disciplinary processes should the need arise.
4. Assessing the intern's clinical practice needs, through self-assessment and other tools; setting training and supervisory goals; overseeing the content and quality of the training; and ensuring compliance with professional and the Department of Corrections standards, policies and procedures.
5. Designing and supervising the intern's clinical experiences, taking the intern's skills and internship goals into consideration while making appropriate assessment and therapy assignments and providing organizational experiences in profession-wide competency areas. The supervisor must be sufficiently familiar with the intern's caseload so that intervention is possible in the event of an intern's absence or a crisis.

6. Providing the intern with on-site access to other Psychological Service staff in the event of the supervisor's absence. It is inappropriate for an intern to conduct clinical duties on-site without licensed staff available.
7. Complying with applicable professional, ethical and license practice standards.
8. Helping the intern:
  - a. Learn to document explanation of the limits of confidentiality within or outside DOC.
  - b. Obtain informed consent for treatment or assessment, and authorization to make audio or video recordings of sessions for supervisory purposes.
  - c. Obtain releases for Protected Health Information to gain authorization for collateral contacts, and gather assessment and diagnostic information from outside sources.
  - d. Write and explain treatment plans, progress notes, assess client progress, and consult with health and non-health professionals, write a termination summary, and document aftercare plans in preparation for service interruption or the youth's release into the community.
9. Informing interns about the supervisor's theory of supervision, the areas of supervisor competence, and the criteria used to evaluate the intern's performance. This includes information about the method of observing the intern (e.g., audio, video and direct), specifics regarding intern responsibilities, and the guidelines used to assess intern professional competence. Supervisors demonstrate a developmental scaffolding approach by providing increased direct observation at the outset of internship and progressing interns towards a level of independent practice. Interns are provided with and informed about the supervisor's schedule, limits of confidentiality within the supervisory process, and the due-process resolution regarding intern-supervisor conflicts.
10. Providing appropriate, ongoing, feedback to the intern, other supervisors, and the Internship Training Director.

During orientation interns receive a copy of department work rules. They also receive an explanation of the disciplinary processes and are shown how to gain access to relevant executive directives and work-related policies.

### **Supervision Documentation**

Interns and intern supervisors maintain systematic documentation of supervisory sessions which includes notes on cases discussed, supervisory direction, progress in attaining professional competency, and feedback offered to the intern. At the end of each quarter, the on-site supervisor completes the Supervisor Evaluation of Intern Competencies. The intern completes the Intern Evaluation of the Supervisor.

### **Sample Intern Weekly Schedule**

This is an approximation of the number of hours each activity takes within a 40-hour week.

- |    |   |
|----|---|
| 10 | hours of Individual Therapy/Crisis Intervention and documentation |
| 8  | hours of Rotation Duties (varies by rotation)                     |

WI DJC Internship in Health Service Psychology

- 8 hours of Psychological Assessment Administration, Scoring, Interpretation, Writing
- 2 hours of Individual and Individual Rotation Supervision
- 2 hours of Group Supervision
- 2-6 hours of Didactic Training
- 3-4 hours of Consultation/Meetings

35-40 hours TOTAL

## **INTERNSHIP PROGRAM: INTERN AND INTERNSHIP PROGRAM EVALUATION**

### **Ongoing, Progressive, and Constructive**

Evaluation of intern progress and supervision is an ongoing process throughout the year. The purpose is to offer constructive feedback, enhance performance, and provide instruction. Interns are provided ongoing input from supervisors regarding skill and knowledge development in the nine professional competency areas outlined in the section entitled “Internship Training Aims and Competencies”.

Supervisors evaluate intern performance and offer correction and positive feedback during weekly supervision sessions. Likewise, interns are encouraged to offer ongoing feedback and to raise concerns as they occur. Intern progress regarding professional competencies is documented in supervision notes. In this way, progress and concerns are addressed and documented immediately. During the last week of each quarter, individual, assessment, and rotation supervisors evaluate each assigned intern based on the outlined professional competencies. Supervisors verbally review this evaluation with the intern.

### **Intern Evaluation of Supervisor, Internship Training Director, and the Internship Program**

At the end of each quarter, interns use a standardized form to evaluate each of their individual and rotation supervisors. This evaluation is used to evaluate aspects of supervision experience. It provides interns an opportunity to consider the ability of the supervisor to model and support the intern in acquiring competence in the nine professional competency areas. Copies of the forms are forwarded to the Internship Training Director. These evaluations are used for quality improvement and filed in the intern’s e-file for an indefinite period of time.

While the intern is encouraged to discuss any immediate and specific issue or concern as it arises with their assigned supervisor, there may be times when this is impractical or counterproductive. In these cases, the intern may choose to discuss issues with the Internship Training Director. At this site, there are multiple supervisors; therefore, an intern may also choose to approach any supervisor participating on the Internship Training Committee.

Internship supervisors and the Internship Training Director attempt to negotiate and resolve concerns and conflicts as they arise. This approach models an approach supported by the APA Ethical Principles and Code of Conflict. It fosters and maintains collegial relationships. Most importantly, it supports the intern. Ultimately, the goal of this program is to develop professional competence as a psychologist. If issues and concerns elevate to a significant, irreconcilable level, mediation is available and may be offered.

The intern also evaluates the Internship Training Director every six months using a standardized evaluation. The intern completes the Evaluation of Training Director form. Again, interns are encouraged to address issues as they arise. After doing this, if intern issues and concerns with the director remain unresolved, the intern may choose to address the Internship Training Committee by directly contacting a member of the committee. They may also confide in any intern supervisor.

Prior to leaving the internship program, the intern completes a written or in-person exit interview using the End of Year Intern Feedback form.

Together, all of these evaluations inform quality improvement of the program and staff. They are valued and may be used in the recruitment and selection of future internship supervisors.

**Supervisor Evaluation of Intern Professional Competence**

Training supervisors provide ongoing supervision evaluation of intern professional competence using the nine professional competency areas outlined in the section entitled “Internship Training Aims and Competencies”. They also use guidelines to determine the level of performance (see Figure 1. Performance Rating Guidelines). The competency areas are outlined on the evaluation form. Supervisors coordinate with the intern to schedule weekly supervision sessions. Performance feedback, direction, and concerns are often discussed during this time. Supervisors identify early indicators of concerning performance. They discuss and resolve any concerns with the intern as soon as possible. Discussions, plans and resolutions are documented within supervision notes. Interns receive timely and written notification of any problematic performance. Supervisors also report concerns during the weekly committee meeting. In some cases, concerns are discussed immediately with the internship training director. If needed, the intern and supervisor include the Internship Training Director in discussing and resolving problems. In certain situations, the Internship Training Director seeks consultation from the intern’s University Training Director and/or the American Psychological Association (APA) Council on Accreditation.

Individual and rotation supervisors, as well as assessment supervisors, rate the intern’s performance at the end of each quarter using the Performance Rating Guidelines found on the evaluation form. The Supervisor Evaluation of Intern Competencies form outlines performance indicators for each of the nine professional competency areas. There is also a section to include comments.

Both the intern and the supervisor review and sign the evaluation forms after discussing them at the end of quarter. The intern receives a copy and a signed copy is sent to the Internship Training Director in an electronic version. The intern’s School/University Training Director receives copies of the quarterly evaluations twice a year.

Figure 1. Performance Rating Guidelines

<b>Not Applicable</b>	This is not an area of development during this rotation/ not applicable / not assessed during training period
<b>Remedial Level</b>	Performance is below expectations for entry to Internship. Intern requires a combination of education, practice and supervised experience in the area.  <b>Supervisors</b> are more involved than typical, and provide education on competency areas in which interns are lacking. Frequent direct observation, review of audio recordings and feedback is needed while interns expand and

	<p>apply their knowledge base to the area. A remediation plan is developed for any competencies evaluated at this level.</p> <p><b>Probation</b> should be considered if interns receive more than three such ratings in a competency area on the Supervisor Evaluation of Intern Competencies Form (e.g., Evaluation and Assessment).</p>
<b>Entry Level</b>	<p>Has education in the area and some practice and experience. Standard for entry level interns and intensive supervision needed. By the six-month point, this rating should be uncommon.</p> <p><b>Supervisor’s</b> support is routine but intensive and extensive while interns are able to apply their knowledge base to this environment. Supervision consists of direct observation, review of recordings and frequent feedback to support growth and skill development.</p> <p><b>Probation</b> should be considered if interns receive more than three such ratings in an area after the first three months, unless no learning opportunity existed.</p>
<b>Intermediate Level</b>	<p>Has sufficient education, practice and experience, and requires minimal guidance to successfully complete evaluated competency. Difficult activities may remain an area of focus in supervision to enhance knowledge or skill to progress to more independent practice. Intern is ready for post-doctoral supervised experience. Minimum Level of Achievement</p> <p><b>Supervisor</b> provides supervision of more difficult activities that include occasional direct observation or review of audio recordings to support transition to more independent practice. Supervisors provide supportive feedback to further develop existing skills and support increasing independence. Intern is ready for post-doctoral supervised experience to increase independence in this area of competency.</p>
<b>Advanced Level</b>	<p>Education, practice, &amp; supervision is sufficient to handle typical items/clients/situations independently, but requires occasional guidance &amp; supervision on more difficult items/clients/situations.</p> <p><b>Supervisor</b> provides general oversight of trainee's activities; depth of supervision varies as clinical needs warrant. The intern is able to use much of supervision time to advance skills in desired areas. Intern’s judgment is trusted in seeking supervision for special situations or problems.</p>
<b>Independent Skill Level</b>	<p>Has education, sufficient practice, and supervision to handle both typical and challenging items/clients/situations; knows when guidance and supervision on difficult and atypical items/clients/situations is needed. Competent for independent practice (licensure) in this area.</p>

**Supervisor** supports trainee's development; supervision progresses to consultative in nature. The intern uses supervision time to advance skills in advanced or desired areas. The supervisor trusts an intern's judgment to identify special situations or problems in the course of supervision.

## **INTERNSHIP PROGRAM: MEETING PROFESSIONAL COMPETENCY EXPECTATIONS**

### **Overview**

By the completion of internship, interns demonstrate skills, abilities, proficiencies and knowledge commensurate to a range between Intermediate Level and Independent Skill level. When interns continually meet the nine professional competency expectations outlined in this guide as evaluated by the supervisor, progress proceeds to achieving or exceeding the level of competence needed to successfully complete the internship program.

The level of performance required to meet expectations is graduated over the four quarters. The level rises from entry level at the beginning of internship to intermediate or independent skill level by the end of internship. Entry level is expected at the beginning of internship; however, it is unacceptable after the first quarter. Probation should be considered at this point if it occurs in more than three competency areas. By the end of the second quarter, the intern should reach the intermediate level in most competency areas. In summary, a performance level that meets expectation for one quarter is not going to meet expectation by the end of the following quarter. The expectation rises as the intern becomes more knowledgeable, skilled, and experienced.

A remedial level at any time is unacceptable because this is the level expected by the start of the internship year. However, if an intern performance is rated at the remedial level, the supervisor and intern develop a plan together to raise the performance level. Probation should be considered if interns receive more than three such ratings in a competency area on the Supervisor Evaluation of Intern Competencies Form.

The supervisory evaluation form of the intern has a place to provide the intern with comments, suggestions, and plans regarding the selected performance level. This section within each of the competency areas may include feedback regarding performance, ideas for more focused learning, or a remediation plan. Strengths and positive comments may also be found in these areas of the evaluation.

### **Remediation**

Training Supervisors indicate a Remedial Level when an intern requires intensive focus and improvement in any competency area. If this level is designated, the internship supervisor informs members of the internship training committee and collaborates with the intern to formulate a Remediation Plan.

At times, the learning contract may be modified. More than three ratings at the Remedial Level may result in being placed on probation and a modification of the contract. Other interventions may include identification and assignment of extra training in the deficient area(s), a rotation change, and/or a change of supervisor.

Remediation plans are implemented whenever an intern's functioning falls significantly below what is expected at the given point of internship. They are not restricted to ratings of Remedial Level on the evaluation form.

### **Minimal Requirements for Each Rotation**

Supervisors assign a global rating indicating the intern has either successfully or unsuccessfully completed the minimal requirements for a rotation. When the rating is unsuccessful and attempts to resolve the problem prove ineffective, the supervisor or Internship Committee may decide to place the intern on probation. With this decision, the Internship Training Director informs the Intern's University Training Director. The supervisor, committee, and intern develop a Remediation Plan. Failure to successfully meet the terms of this plan may result in unsuccessful completion of the internship or early termination of the intern's training program.

### **Probation**

An intern may be placed on a probation status when serious concerns about performance arise. Being placed on probation, as designated by the Internship Committee, requires the development of a remediation plan and may involve the modification of the learning contract. Both identify the specific problem(s) and outline the intern training need(s) to be addressed in order to resolve the problem(s).

The process can be initiated:

1. When an on-site supervisor contacts the Internship Training Director because of specific concerns,
2. Based on an early progress review initiated by the supervisor or Internship Training Director, or
3. By the committee at each supervisor meeting.

The Internship Training Director consults with one or more members of the Internship Training Committee and makes a recommendation to the committee members about placing the intern on probation.

1. The supervisor, committee members, Internship Training Director, and the intern develop a remediation plan.
2. As part of this process, the Internship Training Director consults with the intern's University Training Director.
3. Representatives of the committee may be assigned to serve as consultants to the intern and the supervisor.
4. The remediation plan specifies outcomes and dates for satisfactory completion of specific training objectives related to the competency concern.



5. The intern should be removed from probation when the remediation plan is followed leading to a resolution of the problem(s).

Failure to meet the terms of the remediation plan resulting in the unsatisfactory resolution of the problem may result in the Internship Committee dismissing the intern from the internship, or indicating the intern has unsuccessfully completed the internship. This may lead to withholding the certification of completion. Under these circumstances, the Intern Problem Resolution Process is made available to the intern.

### **Criteria for Non-Completion**

An intern can fail the internship program in two ways. The first is administrative; when an intern violates significant state employment policies, procedures, and executive orders (reviewed during orientation; continually available through the MyDoc website). This process, for the most part, is outside the control of the Internship Training Committee members.

The second way to fail is clinically. For example, when an intern does not meet the minimum level of achievement established by the Internship Training Committee. Clinical failure exists when:

1. The intern does not meet the **Criteria for Completion** described below,
2. An intern receives global unsuccessful rating in two successive evaluations by both training supervisors,
3. The intern fails to demonstrate ethical practices and adherence to the APA Ethical Principles and Code of Conduct,
4. The intern does not meet provisions of a remediation plan during a probationary period.

The intern's doctoral program University Training Director is notified in writing of the reasons for non-completion.

### **Criteria for Completion**

The goal of the LHS/CLS Internship in Health Psychology is to prepare interns to perform as ethical and competent professionals who acknowledge the limits and boundaries of their competence. Successful completion of the internship is a judgment by supervisors and members of the Internship Training Committee that the intern is nearly ready (Intermediate) or ready (Advanced/ Independent skill) to function as a licensed professional psychologist by the end of the internship year.

The Internship Training Committee members must certify all successful interns completed the requirements for the one-year Doctoral Internship in Health Service Psychology. This judgment is made when an intern demonstrates an acceptable level of competence across the nine areas of professional competency. The Supervisor Evaluation of Intern Competencies tool measures the level of competency. This program retains all evaluations of interns, supervisors and training directors indefinitely in order to provide testament to intern training, program outcome data and to improve this internship training program.

Provided an intern does not meet any criteria for non-completion (described in the previous section), rare occasions exist when intern performance falls below an acceptable level. The following table (Table 1) outlines the competency area goals, objectives, performance descriptions, evaluation methods; and identifies the minimal level of achievement required. This minimum level of achievement must be reached by the end of internship. Failure to achieve these levels across settings results in failure to pass the internship.

Table 1.

<b>Goal 1. Research and Scholarly Activities</b>
Objective: Intern demonstrates the professional skills, abilities and knowledge to critically evaluate, translate and apply research to clinical practice.
Competencies: <ol style="list-style-type: none"> <li>1. Demonstrates knowledge of scientific foundations of psychology including human development and empirically supported assessments and interventions.</li> <li>2. Demonstrates an ability to evaluate and present research or other scholarly activities in the context of a case conference, presentation to other professionals, or in a publication.</li> <li>3. Demonstrates an ability to critically evaluate and apply empirically validated research to their clinical practice.</li> <li>4. Demonstrates familiarity with their primary theoretical orientation in conducting therapy, including its strength and limitations.</li> <li>5. Demonstrates knowledge of literature related to the interns primary theoretical orientation.</li> <li>6. Demonstrates skill in integrating and critically evaluating relevant theoretical perspectives to fit the individualized client needs.</li> </ol>
Evaluative Forms Used for Expected Competencies: Supervisor Evaluation of Intern Competencies Form
How Outcomes are Measured: Refer to Supervisor Evaluation of Intern Competencies Form
Minimum level of Achievement: Intern demonstrates skills commensurate to Intermediate level to Independent Skill level on all assessed competencies.

<b>Goal 2. Evaluation and Assessment</b>
Objective: Intern demonstrates professional skills, abilities, and knowledge required to competently conduct psychological evaluations and assessments.
Competencies <ol style="list-style-type: none"> <li>1. Evaluation:                     <ol style="list-style-type: none"> <li>a. Demonstrates skill in clinical / diagnostic interviewing.</li> <li>b. Uses appropriate behavioral observation skills in evaluation process.</li> </ol> </li> </ol>

<ul style="list-style-type: none"><li>c. Uses observation skills in assessing and describing mental status.</li><li>d. Uses multiple sources and methods to collect relevant data appropriate to the referral questions and assessment goals.</li></ul> <p>2. Assessment:</p> <ul style="list-style-type: none"><li>a. Demonstrates skill in administering, scoring, and interpreting Intelligence tests.</li><li>b. Demonstrates skill in administering, scoring and interpreting objective personality tests.</li><li>c. Appropriately selects additional assessment procedures.</li></ul> <p>3. Report Writing:</p> <ul style="list-style-type: none"><li>a. Formulates appropriate diagnosis using DSM-5.</li><li>b. Writes integrated Psychological reports.</li><li>c. Guards against decision-making biases in formulating conclusions and interpretations; distinguishes subjective from objective aspects of the evaluation.</li><li>d. Uses evaluation/assessment data to answer referral questions and make appropriate treatment recommendations in reports.</li></ul>
Evaluative Forms Used for Expected Competencies: Supervisor Evaluation of Intern Competencies Form
How Outcomes are Measured: Refer to Supervisor Evaluation of Intern Competencies Form
Minimum level of Achievement: Intern demonstrates skills that are commensurate to Intermediate level to Independent Skill level on all assessed competencies.

<b>Goal 3. Case Conceptualization and Intervention</b>
Objective: Intern demonstrates professional skills, abilities and knowledge required to implement effective and empirically supported interventions.
Competencies
<p>1. Formulate Treatment Plans:</p> <ul style="list-style-type: none"><li>a. Demonstrates the ability to develop evidence-based intervention plans specific to the service delivery goals.</li><li>b. Involves client in formulation of treatment goals and objectives.</li></ul> <p>2. Intervention Process:</p> <ul style="list-style-type: none"><li>a. Uses listening and communication skills with a client to implement interventions (individual, group, or both) informed by the current scientific literature, assessment findings and contextual variables.</li><li>b. Demonstrates the ability to modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking (psychotherapeutic flexibility).</li><li>c. Demonstrates the ability to evaluate intervention effectiveness, and adjust intervention goals and intervention methods (ongoing evaluation).</li><li>d. Demonstrates application of theoretical knowledge and relevant research literature to clinical decision making.</li></ul>

<ul style="list-style-type: none"><li>e. Effectively times therapeutic interventions.</li><li>f. Identifies one's emotional reactions and handles them appropriately in the provision of psychotherapy.</li></ul> <p>3. Termination:</p> <ul style="list-style-type: none"><li>a. Appropriately terminates mental health treatment with clients in individual or group treatment.</li><li>b. Conceptualizes and understands group dynamics.</li><li>c. Skill in assessing, managing and de-escalating crises situations.</li><li>d. Skill in conducting suicide and violence risk assessment and identifying appropriate intervention.</li></ul>
Evaluative Forms Used for Expected Competencies: Supervisor Evaluation of Intern Competencies Form
How Outcomes are Measured: Refer to Supervisor Evaluation of Intern Competencies Form
Minimum level of Achievement: Interns demonstrate skills that are commensurate to Intermediate level to Independent Skill level on all assessed competencies.

<b>Goal 4. Ethical And Legal Standards:</b>
Objective: Intern demonstrates professional skills, abilities, and knowledge of ethical and legal standards of practice.
Competencies
<ul style="list-style-type: none"><li>1. Ethical Standards<ul style="list-style-type: none"><li>a. Demonstrates a working knowledge of APA Ethical Principles and Code of Conduct and other relevant professional standards and guidelines, and acts in accordance with them.</li><li>b. Recognizes ethical dilemmas as they arise, and applies ethical decision making processes to resolve the dilemmas.</li><li>c. Conducts self in an ethical manner in all professional activities.</li><li>d. Fosters ethical behavior among peers and within organizations.</li></ul></li><li>2. Legal Standards<ul style="list-style-type: none"><li>a. Demonstrates a working knowledge of Federal and Wisconsin laws, regulations, and rules governing health service psychology, and acts in accordance with them.</li><li>b. Demonstrates a working knowledge of DOC policies, regulations, and rules applicable to health service psychology, and acts in accordance with them.</li></ul></li></ul>
Evaluative Forms Used for Expected Competencies: Supervisor Evaluation of Intern Competencies Form
How Outcomes are Measured: Refer to Supervisor Evaluation of Intern Competencies Form

Minimum level of Achievement: Intern demonstrates skills that are commensurate to Intermediate level to Independent Skill level on all assessed competencies.

**Goal 5. Professionalism**

Objectives: : Interns demonstrate skills, abilities and knowledge necessary to exhibit professional values, attitudes and behaviors, as well as engage in reflective self-assessment.

Competencies

1. Professional Values, Attitudes and Behaviors
  - a. Behavior demonstrates the values and attitudes of psychology e.g., integrity, deportment, and concern for the welfare of others.
  - b. Demonstrates timeliness in keeping appointments, commitments, returning messages, attending meetings, sessions and supervision.
  - c. Demonstrates appropriate autonomy in professional practice in increasingly complex situations.
  - d. Contributes to internship by providing input to faculty regarding content, and structure of program.
  - e. Actively seeks and demonstrates openness and responsiveness to feedback and supervision.
2. Self-Assessment and Reflective Practice
  - a. Accurately assesses and identifies personal strengths and areas in need of improvement (on-going self-assessment & training plan).
  - b. Assumes responsibility for meeting intern's identified (in i. above) training needs and goals.
  - c. Avoids or ameliorates impact of problems or weaknesses by improving professional effectiveness.
  - d. Demonstrates commitment to maintain and improve self-care and personal well-being.

Evaluative Forms Used for Expected Competencies: Supervisor Evaluation of Intern Competencies Form

How Outcomes are Measured: Refer to Supervisor Evaluation of Intern Competencies Form

Minimum level of Achievement: Intern demonstrates skills that are commensurate to Intermediate level to Independent Skill level on all assessed competencies.

<b>Goal 6. Communication &amp; Interpersonal Skills</b>
Objective: Intern demonstrates professional skills, abilities and knowledge of competent and effective communication and interpersonal skills.
Competencies <ol style="list-style-type: none"> <li>1. Forges cooperative relationships with a wide range of colleagues (e.g., other professionals, supervisors, supervisees).</li> <li>2. Demonstrates skill in managing difficult communication in a variety of settings (e.g., appropriate disclosure/protection of PHI, feedback to difficult clients, different opinions in multidisciplinary team, case conferences and other professions).</li> <li>3. Professional communications (oral, nonverbal, and written) are informative, well-integrated, and demonstrate a grasp of psychological language and concepts.</li> <li>4. Effectively communicates evaluation/assessment results and treatment planning to the patient.</li> <li>5. Actively seeks and openly responds to feedback and supervision.</li> <li>6. Establishes rapport with clients and communicates both at a professional level and developmental level of the client.</li> </ol>
Evaluative Forms Used for Expected Competencies: Supervisor Evaluation of Intern Competencies Form
How Outcomes are Measured: Refer to Supervisor Evaluation of Intern Competencies Form
Minimum level of Achievement: Intern demonstrates skills that are commensurate to Intermediate level to Independent Skill level on all assessed competencies.

<b>Goal 7. Consultation and Interprofessional/Interdisciplinary Skills</b>
Objective: Interns demonstrate professional skills, abilities and knowledge related to consultation and interprofessional/interdisciplinary skills.
Competencies <ol style="list-style-type: none"> <li>1. Demonstrates knowledge of consultation models and practices (e.g., during participation in multidisciplinary meetings, meeting with referral sources).</li> <li>2. Demonstrates respect for the roles and perspectives of other health care professionals (e.g., during participation in multidisciplinary meetings or contact with psychiatrists or nurses).</li> <li>3. Demonstrates respect for the roles and perspectives of other (non-health care) colleagues (e.g., while gathering background information or limiting disclosure of private health information to “need to know”).</li> <li>4. Balances issues of privacy of health care with other staff’s need to know information.</li> </ol>
Evaluative Forms Used for Expected Competencies: Supervisor Evaluation of Intern Competencies Form

How Outcomes are Measured: Refer to Supervisor Evaluation of Intern Competencies Form

Minimum level of Achievement: Intern demonstrates skills that are commensurate to Intermediate level to Independent Skill level on all assessed competencies.

**Goal 8. Supervision**

Objective: Intern demonstrates professional skills, abilities and knowledge required to apply appropriate models of supervision to students in training and early career professionals.

Competencies

1. Demonstrates knowledge of supervision models and practices through discussions in supervision.
2. Demonstrates knowledge of supervision models and practices through peer supervision or direct practice with psychology trainees, or other health professionals.
3. Demonstrates knowledge of ethical and legal responsibilities of supervision and appropriately practices within their level of training.

Evaluative Forms Used for Expected Competencies: Supervisor Evaluation of Intern Competencies Form

How Outcomes are Measured: Refer to Supervisor Evaluation of Intern Competencies Form

Minimum level of Achievement: Intern demonstrates skills that are commensurate to Intermediate level to Independent Skill level on all assessed competencies.

**Goal 9. Individual and Cultural Diversity**

Objective: Intern demonstrates professional skills, abilities and knowledge related to individual and cultural diversity as it pertains to clinical practice and self-assessment.

Competencies

1. Applies appropriate theories to a client's historical and cultural background.
2. Uses sources and methods of assessment appropriate for the diversity characteristics of the patient.
3. Addresses cultural and diversity issues in reports when relevant to test measures and interpretation.
4. Discusses and modifies treatment approach and treatment goals in light of a client's cultural background (cultural sensitivity) when appropriate.
5. Appropriately addresses individual and cultural diversity issues in the context of psychotherapy and patient therapist relationship.
6. Demonstrates understanding of the impact which individual and cultural differences may have on the supervisory relationship and appropriately addresses this when appropriate.
7. Articulates, understands and monitors own cultural identity.
8. Demonstrate the ability to independently apply self-knowledge to working effectively with the diverse individuals and groups encountered during internship.

Evaluative Forms Used for Expected Competencies: Supervisor Evaluation of Intern Competencies Form
How Outcomes are Measured: Refer to Supervisor Evaluation of Intern Competencies Form
Minimum level of Achievement: Intern demonstrates skills that are commensurate to Intermediate level to Independent Skill level on all assessed competencies.

## **INTERNSHIP PROGRAM: INTERN PROBLEM-RESOLUTION PROCESS**

### **Intern Privileges and Protections**

As a Limited Term Employee (LTE) an intern of the Lincoln Hills and Copper Lake School Internship in Health Psychology is an employee of the State of Wisconsin, Department of Corrections (DOC). Therefore, they are entitled to the privileges and protection afforded any State of Wisconsin LTE. As a state employee, the intern is protected by law, policy, work rules, and executive directives prohibiting sexual and/or physical harassment by supervisors, other staff, and/or clients.

Employment related policies, procedures, executive directives and laws are reviewed with the intern during orientation. Interns are instructed in how to access these outside of orientation. These are continuously available through the MyDoc website accessible to state DOC employees. Interns also receive a copy of the LHS/CLS Internship Program Guide. Together, these publications outline and support intern performance expectations. These publications contain the guidance needed to ensure successful, safe, and fulfilling employment with the State of Wisconsin. They provide support and direction when resolving conflicts and problems. They outline the terms and conditions under which employee termination may occur. In short, they contain and reference laws, philosophy, ethics, and procedure needed to guide employees (interns and supervisors) through a problem/conflict resolution and grievance process.

### **Intern Problem Resolution Process**

The intern problem-resolution process is a stepwise process in which each step is seriously considered before moving on to the next. Each progressive step can be viewed as an appeal, or a grievance process, if dissatisfied with the outcome of the previous step. The following is the recommended course of action for interns and internship supervisors to pursue when seeking to resolve conflicts, issues, and/or problems.

1. During this first step, the intern and internship supervisor discuss the concern, problem, and/or performance issue, in an attempt to resolve it informally. Each party is encouraged to remain respectful in order to foster and ensure an effective discussion. Each party is also encouraged to take a global perspective involving all concerned parties.

If the intern shares concerns about someone not directly involved with the internship program and if the issue allows for it, those involved are encouraged to use their best



professional judgment to resolve the issue informally. However, any issue regarding the mistreatment of youth, regardless of how trivial it may seem, must be immediately reported to and discussed with an internship supervisor and/or the Internship Training Director.

2. If the first step is serious or does not achieve resolution, the progressive step is to contact the appropriate PSU Psychologist Supervisor. The Psychologist Supervisor meets with the intern and the appropriate internship supervisor. The goal of this meeting is to identify and clarify important and relevant details. If necessary, other involved staff may be invited to attend this meeting and engage in the discussion. This allows concerned parties an opportunity to voice their perspectives and reveal relevant details. The Psychologist Supervisor facilitates and may act as an arbitrator to reach a satisfactory resolution of the issue, concern, and/or problem. A plan of action to resolve the identified issue(s) is developed and implemented by all involved parties. Frequent follow-up is scheduled to ensure resolution is progressing in a timely and appropriate manner.
3. If the first and second steps do not effectively address the seriousness of the issue or if these first steps do not achieve successful resolution, the intern and/or the appropriate intern supervisor (or involved staff) requests a meeting with the Psychologist Supervisor, Psychology Manager and/or appropriate LHS/CLS administration. The step includes a full investigation being conducted and documented to gather and submit information and facts relevant to the concern, problem, and/or issue. Once this has been accomplished, the Psychologist Supervisor, Psychologist Manager, and appropriate administrative staff meet together to discuss and deliberate upon the body of information and facts. The goal of this meeting is to develop appropriate recommendations to resolve to the concern, problem, and/or issue. This may include a specific plan of action and/or specified changes to the intern's program. The Psychologist Supervisor, Psychology Manager, and appropriate administration staff remain involved until the issue has been satisfactorily resolved.
4. When the problem is serious enough to call into question whether or the not the intern will be able to successfully complete the internship program or if the previous steps fail to achieve resolution of the concern, problem, or performance issue, the Internship Training Director and/or the Psychologist Supervisor informs the intern's University Training Director regarding the concerns about unsuccessful completion of the internship program. The goal of this step is to formulate a plan of action in order to resolve the matter. When appropriate or essential, all concerned parties are invited to participate in a discussion and/or planning meeting. This step includes providing the intern's University Training Director with the details needed to identify and take the necessary action to resolve the concern, problem and/or issue. The intern is also encouraged to directly contact their University Training Director. This allows the intern to voice their perspective regarding the concern, problem and/or issue. The University Training Director may also identify options and/or provide support and direction helpful to the intern.

If additional consultation or recourse is necessary, this internship is accredited by the American Psychological Association (APA). Concerns may be addressed with The APA Office of Program Consultation and Accreditation at 750 First Street, NE, Washington, D.C. 20002-4242. The phone number is 202-336-5979.

## **INTERNSHIP PROGRAM: PROGRAM EVALUATION AND RESEARCH**

### **Onsite Research and Dissertation**

All research must be approved in advance by the administration of this site, the Division of Juvenile Corrections, and the Department of Corrections. Research with juveniles in general and specifically those involved with the correctional process requires informed attention to a number of related issues. Ethical and legal details must be sufficiently addressed. Interns interested in pursuing a research project involving this site must consult with the Psychologist Supervisor during the initial planning stage of the project. The intern's time and effort is protected by obtaining feedback regarding the viability of a project proposal during its planning phase.

At times, interns complete their doctoral dissertation research during their internship year. Those interested in this are aided in determining what types of research might be accomplished at LHS and/or CLS. Flexible scheduling is also available to assist those needing access library material and/or engage in research activities essential for completing the doctoral dissertation.

Interns aspiring to teach and conduct research are encouraged to apply to this internship. A dearth of research exists regarding effective treatment with this population. Considering the high rate of incarceration in the United States, this is a concern. The potential for relevant psychological research in this area is extraordinary.

## **INTERNSHIP PROGRAM: ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA (Date program tables are updated: June 2021)**

### **Internship Program Admissions**

**The following briefly describes the program. This description is consistent with the program's policies on intern selection and practicum and academic preparation requirements:**

The Lincoln Hills and Copper Lake Schools internship program provides a solid experience in working with adolescents and young adults. Given that more than 75% of our youth qualify for a mental health disorder, the correctional facility maintains a strong treatment focus. Interns provide individual therapy to youth and young adults, from a variety of evidence-based treatment perspectives, including CBT, DBT and TF-CBT. Interns learn crisis management strategies and gain skills in suicide and violence risk assessment. Interns also complete psychological assessments. At times, interns develop and/or facilitate mental health training for correctional staff. The youth population come from diverse backgrounds and the internship program attends to this diversity across all program components. The State of Wisconsin,

Department of Corrections, Division of Juvenile Corrections at LHS/CLS is an affirmative action, equal opportunity employer. This site, with the full support of the state, department, and division maintains a strong commitment to the ethical training of professional psychologists.

### Application Information

Does the program require that applicants have received a minimum number of hours of the following at time of application? **YES** If Yes, indicate how many? **500 Total**

Total Direct Contact Intervention Hours	No	<u>Yes</u>	Amount <b>300</b>
Total Direct Contact Assessment Hours	No	<u>Yes</u>	Amount <b>200</b>

### Describe any other required minimum criteria used to screen applicants:

The internship is a member in good standing of the Association of Psychology Pre-doctoral and Post-doctoral Internship Centers (APPIC). As such, this program follows all the rules and regulations of the national intern selection procedures. This internship site agrees to abide by the APPIC policy—no person at this training facility solicits, accepts, or uses any ranking-related information from any intern applicant. For more information, please go to [www.appic.org](http://www.appic.org).

### Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: **September 24 2021**

### 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, access this website link (or content from brochure) below where this specific information is presented:**

Not Applicable

**Applicants apply to the internship** program via the Association of Psychology Postdoctoral and Internship Centers (APPIC); for consideration, candidates must complete the following:

1. A complete Association of Psychology Postdoctoral and Internship Centers (APPIC) application for psychology Internship including the following:
  - a. Update Curriculum Vita (CV),
  - b. Official university transcripts of all graduate coursework,
  - c. Three letters of recommendations,
  - d. APPIC Application for Psychology Internships (AAPI)
2. Submitted by the application deadline of December 3, 2021

Applicants must be enrolled in a doctoral program in Clinical, Counseling or School Psychology at an accredited institution. Ideal applicants have completed at least three years of full-time graduate-level study by the start of the internship year. The internship requires a minimum of 500 combined hours of prior clinical training experience, including both assessment and therapy practica. Successful interns have previous training in adolescent treatment and psychopathology; however, this is not required. Similarly, successful interns have previous training or experience in a forensic or correctional setting. Again, this is not required. It is expected that prospective interns have an approved proposal for their dissertation/doctoral research project by the start of internship. Preference is given to applicants from programs accredited by the American Psychological Association or the Canadian Psychological Association.

**Financial Support and Other Benefits for the Upcoming Training Year**

Annual Stipend/Salary for Full-time Interns	\$39,320- \$40,892
Annual Stipend/Salary for Half-time Interns	N/A
Does the program provides access to medical insurance for interns?	No
<b>If access to medical insurance is provided,</b>	
Does internship trainee contribute to the cost?	N/A
Is coverage of family member(s) available?	N/A
Is coverage of a legally married partner available?	N/A
Is coverage of a domestic partner available?	N/A
How many hours of paid time off and/or vacation time are provided?	0
How many hours of annual paid sick leave are provided?	0
In the event of a medical condition and/or family needs requiring extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes

**Other Benefits**

Interns receive the following nine Wisconsin State holidays off (below). These are unpaid holidays. Additional time off outside these nine days depends on the day of the week upon which the holiday falls. Sometimes the holiday falls on the weekend. When this occurs, this holiday time may be used at another time during the internship year. Unpaid time off cannot exceed 80 hours (10 days-including the nine below) or the intern may not be able to meet the 2000-hours requirement. Adjustments to the work schedule must be approved by a Psychologist Supervisor, Internship Supervisor or the Internship Training Director. The range in the stipend from \$39,320 to \$40,892 accounts for the range in pay that may occur when a holiday falls on a weekend versus weekday.

Wisconsin State holidays, which are (unpaid) days off for interns:

- New Year's Day (January 1)
- Martin Luther King Jr.'s Birthday (Third Monday in January)
- Memorial Day (Last Monday in May)
- Independence Day (July 4)

- Labor Day (First Monday in September)
- Thanksgiving Day (Fourth Thursday in November)
- Christmas Eve Day (December 24)
- Christmas Day (December 25)
- New Year's Eve Day (December 31)

Interns may be provided leave with pay for approved training activities outside the didactic schedule as well as 10 hours of dissertation compensation. Interns are provided a state vehicle or travel reimbursement for approved trainings. Interns receive meal and lodging reimbursement consistent with DOC policy for all approved trainings.

### **Interviews**

Applicants receive notification of an offered interview by December 17, 2021 and may anticipate a scheduled interview in early to mid-January. Due to any remaining health concerns and restrictions related to 2020-2021 pandemic, interviews, tours, and informal meetings with staff and current interns will continue to be conducted via teleconferencing technology and other forms of technology (virtual). In some situations, telephone interviews will be available.

### **Notification of Application Status**

The National Matching Service (NMS) provides notification of acceptance into the LHS/CLS Internship Program in Health Psychology. Additionally, the Internship Training Director provides a phone call to matched applicant following the notification. Selected interns and their respective University Directors of Clinical Training also receive written confirmation within two business days of the match.

### **Former Intern Graduate Programs**

Antioch University	Pacific University School of Graduate Psychology
Adler University	Pacific University School of Professional Psychology
Alliant International University, San Francisco	Regent University
Azusa Pacific University	Rutgers University-New Brunswick
Arizona School of Professional Psychology	Spalding University
California School of Professional Psychology	The Chicago School of Professional Psychology – Chicago
Chaminade University of Honolulu	The Chicago School of Professional Psychology-Washington DC
Fielding University	University of Denver
Gallaudet University	University of Nebraska-Lincoln
George Washington University	University of Wisconsin-Milwaukee
Illinois School of Professional Psychology	Western Michigan University
Jackson State University	Williams James College
Kean University	Wright State University
Marquette University	
Massachusetts School of Professional Psychology	

**Data: Initial Post-Internship Positions (2017-2020)**

Total: Interns across 3 cohorts		12	
Total: Interns who did not seek employment because they returned to their doctoral program (finishing degree) and are not seeking employment		0	
<b>PD = Post-doctoral residency position and EP = Employed Position</b>		PD	EP
Each individual represented in this table is only counted one time. The setting selected represents their primary position if working in more than one setting.			
Academic Teaching			
Community mental health center Consortium			2EP
University counseling center			
Hospital/Medical Center			
Veterans Affairs Health Care system			
Psychiatric Facility			
Correctional facility		1PD	8EP
Health Maintenance Organization			
School District/System			
Independent Practice Setting			
Other (Not seeking employment)	1		

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Fielding University	University of Denver
Gallaudet University	University of Nebraska-Lincoln
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Illinois School of Professional Psychology	Western Michigan University
Jackson State University	Williams James College
Kean University	Wright State University
Marquette University	
Massachusetts School of Professional Psychology	

## **INTERNSHIP PROGRAM: ONSITE AND EMPLOYMENT**

### **Dates and Hours of Training**

The Internship program is 12 months in duration with a typical start date of September 1 and an end date of August 31. Interns are expected to be on-site Monday through Friday from 0745-1615 with an unpaid 30-minute lunch time. Interns are expected to accumulate a minimum of 2,000 hours of training during this 12-month period. In order to maintain a strong emphasis on training, interns are required to attend weekly didactic training and group supervision. For any required trainings off-site, a fleet vehicle is provided. In some cases, mileage reimbursement is made. Additionally, interns are reimbursed for any meals and lodging required when the training has been approved by the Internship Training Director.

### **Outside Employment**

Interns are not allowed to participate in any other outside professional activities without first being granted permission. Providing or receiving psychological consultation or other psychological services for a fee is not allowed. This includes receiving supervision by a psychologist not affiliated with this training program. This position is taken to reduce the potential for liability and to maintain clarity regarding the intern's role within the internship program. Services for training, teaching, research and other work, be considered on an individual basis.

### **Safety**

This is a secure facility and at times applicants voice concern regarding their safety during internship. This site takes intern safety seriously. While some youth placed at LHS/CLS may be dangerous, significant safety precautions and procedures are in place. Interns are thoroughly oriented and trained in these.

Staff and interns complete the same safety training. Complacency regarding safety presents the greatest risk for interns. As a matter of safety, LHS/CLS bans cell phones, pagers, other electronics, smoking material and a variety of other items. A more comprehensive list of restricted items is provided to interviewees.

If an applicant has questions about issues related to safety, please direct them to contact the Internship Training Director.

### **Background Checks**

Interns are Limited Term Employees (LTE) of the state of Wisconsin. As such they are all subjected to comprehensive criminal background checks prior to a final offer of hire. Applicants are required to share any criminal history on their application. Anyone with concerns or needing clarification may consult with the Internship Training Director.

**Conclusion**

The Lincoln Hills and Copper Lake Schools Internship in Health Service Psychology is dedicated to providing a rich training experience for doctoral psychology interns. Experience as part of a multidisciplinary team committed to mental-health treatment with a diverse population provides a solid foundation upon which to build a career in professional psychology.

The following link directs you to the Division of Juvenile Corrections website. This site provides additional information regarding Lincoln Hills and Copper Lake Schools, the Department of Corrections, and the Division of Juvenile Corrections.

<https://doc.wi.gov/Pages/AboutDOC/JuvenileCorrections/DivisionOfJuvenileCorrections.aspx>

If you have any questions, please contact the Internship Training Director using any of the following contact information.

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Internship Training Director  
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