Mendota Mental Health Institute
PSYCHOLOGY INTERNSHIP PROGRAM

ACCREDITATION STATUS
The Psychology Internship Program at Mendota Mental Health Institute is accredited by the American Psychological Association.

ELIGIBILITY
Applicants must be enrolled and in good standing in an APA approved graduate program leading to the doctoral degree in professional psychology (clinical, counseling, or school psychology). Preference will be given to applicants with all graduate requirements (except dissertation) completed by the beginning of the internship.

Specifically, the requirements are as follows:

1. Practicum Minimum Hours: 350 (Intervention: 150 hrs., Assessment: 200 hrs)
2. Preferred Minimum Integrated Written Psychological Reports: 10 (preferred minimum cognitive assessments 8)
3. Preferred Minimum Undergraduate GPA: 3.0

APPLICATION PROCEDURE AND DEADLINE
Mendota Mental Health Institute is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Mendota participates in the APPIC Internship Matching Program and follows the match policies in its recruitment and selection of interns. Applicants are directed to the APPIC web site for a copy of these policies and relevant application forms.

A complete application consists of a completed APPIC Application for Psychology Internship (AAPI), current vita, at least one clinical writing sample, and three letters of recommendation. These materials should be posted by November 17.

Mendota Mental Health Institute is an equal opportunity employer and follows all affirmative action guidelines. Minority applicants are encouraged to apply. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

THE INSTITUTE
Mendota Mental Health Institute is a state operated facility that serves as a resource for and provides specialized treatment services to the state's community based mental health system. In 1973, when Wisconsin's counties were made responsible for developing comprehensive local psychiatric services, the Institute was mandated to develop only the specialized treatment services that could not be efficiently provided locally and to invest significantly in professional training, consultation, and applied research. These goals remain as the primary mission of the Institute.

To meet these objectives, Mendota began a process of decentralization that still continues and is ever evolving. A unit system was developed which fostered the growth of a large number of relatively small and semi-independent clinical programs, each focused on the treatment needs of a specialized patient population. Treatment is thoroughly individualized and provided through the work of truly multidisciplinary teams whose joint efforts combine to yield optimally integrated interventions.

Our Treatment teams take care to understand and embrace our clients' diverse cultural, ethnic, sexual, religious and lifestyle orientations.

Currently, there are 15 separate inpatient units totaling over 260 beds and an outpatient office that operates in primarily a preventive and community based treatment mode. As part of the continuing evolution of services, this total includes beds to meet an increasing need for services for forensic male patients and those in the process of re-entering the community.

For the psychology intern, this means that a variety of experiences are available. Client populations range from juvenile to geriatric, diagnostic categories range from adjustment disorder to severe psychosis, and both short term evaluations and long term treatment services are provided. Treatment approaches include individual, group, and family modalities, and a wide variety of theoretical orientations are represented. Working within the multidisciplinary team, interns have the opportunity to work with staff from a variety of other disciplines and to be involved in a broad array of assessment and treatment activities.

Supervisors are available who have administrative and research responsibilities as well as clinical responsibilities, and interns have the opportunity to be exposed to both roles. The end result is a breadth of experience which allows interns to get maximum exposure to the role of a psychologist in a complex mental health system.

THE INTERNSHIP

Psychology constitutes one of the larger professional departments at Mendota. With a complement of over 18 psychologists, psychology is well represented throughout the Institute in both a clinical and administrative capacity. Psychology plays an integral role in the overall treatment planning and implementation for patients who come to Mendota. The internship exists in the context of Mendota's strong training orientation and is one of many ongoing professional programs. At any given point in time, large numbers of students from all mental health and allied disciplines can be found at the Institute. Psychology interns are treated as emerging professionals in the final phase of formal training. The end result is an intensively supervised, hands-on involvement in the clinical process at all levels.

TRAINING ROTATIONS

Mendota Mental Health Institute accepts three paid interns per year. Interns apply for one general training program with a choice of emphases or interest areas, including: general, juvenile/adolescent, forensic and forensic risk assessment. The interest area for which an intern is selected determines the specific rotations and experiences during the course of the training year. The units available for rotations are described in this brochure.

During the course of the year, interns will choose a combination of 2 unit rotations and a risk assessment rotation each of four months duration, plus one out patient site. Given Mendota's broad based or generalist model of training, explained in more detail later, each intern is expected to work with a range of clientele during the year. An intern is therefore expected to choose rotations that provide experiences with adults and juveniles/adolescents during the course of the internship. The proportion of time spent working with the different populations is dependent on the specific interests of the intern.

Overall, the internship program strives for flexibility and attempts to meet interns' interests and preferences in experience. Given the broad array of choices, it is generally easy to satisfy both the philosophy of broad based training and the intern’s interests. During the training year, interns will be able to obtain both general exposure to clinical treatment and specific experience with more specialized populations.

During all rotations and affiliations, the intern functions as a member of a multidisciplinary team under the supervision of the psychologist and senior staff of the unit. In general, interns have the opportunity to participate in various endeavors, including psychological assessment, individual, group, and family therapy, treatment planning and implementation; individualized programming; general clinical decision making, periodic consultation activities; and possibly research activities.

OUTPATIENT EXPERIENCE

All interns also spend one day per week for the entire year at a designated outpatient setting. As the Institute is primarily an inpatient setting, this arrangement has been made to provide ongoing community-based outpatient experiences during the course of the year. This once again provides the breadth and variety of experiences that are a part of our training philosophy. The outpatient experience occurs at local community based mental health agencies/clinics or can occur in Mendota's outpatient service Program of Assertive Community Treatment (PACT). The agencies used are independent, freestanding facilities that have a training arrangement with Mendota's internship program. Clientele represent a diverse outpatient population with a variety of presenting problems. The outpatient services are described later in this brochure.

At the outpatient site/setting, interns have the opportunity to participate in individual, couples, family, and, occasionally, group therapy. On occasion, assessment opportunities are also available. The interns conduct therapy independently and as co-therapists with other members of the agency staff or the unit staff. Regular supervision is provided by a psychologist affiliated with the particular agency or unit. Interns also have the opportunity to participate in staff meetings, peer supervision, case discussions, and other activities at the outpatient site/setting.

MOCK TRIAL EXPERIENCE – EXPERT WITNESS TESTIMONY

As part of the forensic training offered in our Internship Program, each intern participates as an expert witness for a mock trial, based on a forensic case of their choice. Usually the case involves a competency evaluation or other case that the intern completed. Mendota Mental Health Institute established this training endeavor with Wisconsin Department of Corrections Internship Program. Psychologists have played the role of attorneys, providing the direct and cross-examinations, but we have invited attorneys to play this role as well. Interns receive expert witness testimony training and are well prepared on their respective cases before the trial date, which generally occurs at the Wisconsin Courthouse in Madison.

RESEARCH PAPER/TOPIC PRESENTATION

During the end of the internship year, each intern provides a presentation to the Psychology Department on a research topic of their choice, usually their dissertation or an Evidence-based intervention / modality. The presentation and answer session provides interns an opportunity to demonstrate their professional presentation skills as well as their ability to interpret and analyze research data and information.

SEMINARS AND OTHER EDUCATIONAL OPPORTUNITIES

Part of the internship includes regularly scheduled seminars arranged especially for the interns and aimed at providing an array of educational experiences. Mendota, Wisconsin Corrections and the Lincoln Hills School jointly arrange and share the intern seminar offerings. Interns from both settings, and from other internship sites, attend the seminars. Professionals from the staff of Mendota, the University of Wisconsin and Wisconsin Corrections Administration, as well as other Madison area professionals, serve as the presenters. It is not uncommon for our program to invite nationally renowned speakers to present.

The seminars include a wide variety of topics that focus on professional and applied issues that pertain to the practice of psychology. Recent offerings have included various health care psychology topics, ethical issues, forensic psychology, neuropsychology, antisocial personality disorder, psychopathy, risk assessment, psychopharmacology, dealing with violent and aggressive patients, and varied assessment topics, to name a few.

In addition to the intern seminars, Mendota has a very active training department that arranges a number of workshops and training sessions during the course of the year. These sessions are open to the professional community at large sometimes for a fee, but all Institute staff and affiliates can attend for free. Presenters are experts in the particular area, often with a national

reputation. A variety of other educational resources are also available for MMHI staff and students including Psychology Department colloquia and Psychiatry Department Grand Rounds at the University and an array of in-service and other training activities at MMHI.

As described, mock trials and expert witness testifying have been a popular and highly effective training program, in which actual attorneys may be involved in the direct and cross examination of an intern's testimony on a forensic report.

EVALUATIVE FEEDBACK

Throughout the year, interns receive regular evaluative feedback. Evaluations are completed every two months (mid-rotation and at the end of each rotation) and discussed with each intern. Interns are also asked to evaluate their experiences and complete evaluations at the end of each rotation and at the end of the training year. Interns and rotation supervisors develop rotation training agreements that specify the available experiences, expectations, and objectives for each rotation. Every attempt is made to both meet training needs and to provide interns with an opportunity to expand and develop specific areas of interest.

The internship program is administered by a training committee, made up of psychology staff, many of whom frequently supervise interns, under the leadership and direction of the Director of Psychology and Research. The training committee and Director provide the interns with guidance and direction in planning their internship in order to achieve the goal of a balanced experience consistent with both educational and professional needs and specific interests and career directions.

STIPEND

The stipend for the 2,000-hour, one year full time internship is anticipated to be $38,000 for each of the internship positions.

ADJUNCTIVE EXPERIENCES

RESEARCH

Whereas Mendota does not have a central research department; it does have several psychologists who conduct research. There are also frequently a variety of research projects underway at any given point in time. Mendota both encourages and supports applied research activities. Interns may have the opportunity to join a research project or to develop a project of their own, either singly or in collaboration with others. Research activities are seen as important professional endeavors and a legitimate part of the internship experience. Mendota also has an excellent library from which one may obtain journal articles through interlibrary loan services with our sister institution, Winnebago Mental Health Institute.

INTERNSHIP PHILOSOPHY

The Mendota Internship Program's overriding goal is the final preparation of the pre-doctoral intern for entry into the professional community. The internship year is seen as a time for integrating knowledge and experiences gained during previous training, for further refining clinical skills, and for generally developing the broad capacity to function as an independent practitioner.

Although many areas of specialization exist within the professional psychology community and at Mendota, the Psychology Department subscribes to a generalist model of clinical training. This model views experience in a wide range of clinical areas as crucial in preparing the intern for his or her future professional career, regardless of the eventual area of practice. We believe that broad knowledge of assessment and intervention strategies with varied populations is essential for the proper preparation of the clinician. Consequently, we require interns to sample extensively from the diverse learning opportunities available at the Institute. Thus, upon

completion of the internship year, the intern has worked with patients of a variety of ages and diagnostic categories via several treatment modalities. We also recognize, however, that individuals often have interests in developing specific skills or working in specific realms and we therefore attempt, within reasonable capability, to accommodate these interests.

With its variety of units and populations, Mendota is able to provide intensive experiences in several specific areas. For example, interns have the opportunity for substantial involvement in such areas as adolescent / juvenile treatment, forensic psychology, and treatment of aggressive and personality disordered clients to name a few. We have created a training program that both provides a broad, general preparation but also allows the intern to focus in on particular areas of interest or future career directions.

The program strives for flexibility in meeting training goals and attempts to meet the interests and needs of each intern. Given the diversity and decentralized organization of the Institute, it is generally the case that interns are able to easily structure an individual program that is interesting, challenging, and well suited to their unique professional training needs.

Finally, we adhere strongly to a practitioner-scholar model and thus support and encourage the development or enhancement of good research skills, awareness of the scientific literature, and direct involvement in applied research when feasible. Whereas Mendota is a clinical setting and the first priority is service to patients, attempts are made to encourage and support applied research. Through the years, a number of investigations have been conducted at Mendota pertaining to one aspect or another of the assessment, diagnosis, and treatment of mental illness. Even if not actively involved in conducting research, Mendota staff are expected to be current on new thinking, developments, and empirical findings reported in the scientific literature. Additionally, a number of the department staff and other staff are actively involved in ongoing research endeavors and make regular contributions to the literature.

Following are more specific statements regarding the expectations and goals supervisory staff have for each intern and the opportunities that are available to meet these goals.

ASSESSMENT

Interns are expected to have proficiency in a broad range of psychological assessment procedures by the end of the internship year. These include instruments to assess personality functioning via both projective and objective means; instruments to assess cognitive, intellectual, and adaptive functioning; and instruments and procedures to assess behavioral excesses and deficits. Interns are also expected to be able to provide a comprehensive assessment of individual functioning (i.e., an assessment battery) and to communicate findings in a written report. To this end interns perform at minimum 10 formal assessments during the course of the year with a varied population both from the standpoint of age and diagnostic issues. In addition, interns have the opportunity to learn how to do assessments of competency to stand trial and other assessments related to legal issues and questions. Furthermore, exposure to neuropsychological assessments are available with our staff of trained neuropsychologists.

TREATMENT

Interns are expected to have proficiency in a variety of treatment approaches. Supervised training will be provided in a number of specific areas. Interns can expect to work with a spectrum of diagnostic categories ranging from severe disturbances to less severe problems in living or adjustment. Interns will also sample broadly from the age ranges represented with opportunities to work with children, adolescents, adults, and geriatric patients.

Individual, group, couple, and family therapy formats will be used in both inpatient and outpatient settings. It is also expected that experience will be gained with a variety of theoretical

approaches including behavioral, cognitive and cognitive-behavioral, humanistic, gestalt, and psychodynamically oriented therapies.

Mendota works with a diverse patient population in regard to culture, ethnicity, religion, sexual orientation, physical and mental abilities, and other aspects of cultural and self identity. Mendota strives to recognize diversity and to provide services sensitive to and cognizant of the effects of diversity. To this end, staff receive ongoing training to maintain their awareness of diversity and to ensure their ability to work effectively with diverse populations. Interns have the opportunity to learn about, gain experiences, and in general have their awareness increased in regard to working with diversity.

SERVING AS A MENTAL HEALTH PROFESSIONAL

Mendota extensively uses a multidisciplinary team concept of treatment which means that interns will have the opportunity to work and interact with a variety of other professional staff. Interns will have the chance to learn how to function effectively as part of a larger system of care and to learn how to use and apply the expertise of others. An additional part of the experience is the opportunity to serve as a consultant with expertise in human behavior to other members of the team and to the larger mental institutional system.

As Mendota has a number of psychologists in administrative and key management positions, there are also opportunities to get exposure to this area of role functioning. Interns have the chance to observe and participate in various aspects of administration, decision making, supervision, and general systems issues.

By the end of the internship year, it is the goal that the intern will be able to enter the professional work force. Former interns have gone to both academic and applied settings, but the majority seek employment in one type or another of an applied setting. Regardless of setting, however, it is expected that interns will have broad skills in assessment and treatment, have a keen sense of ethical practice, strive for high standards of professionalism, be able to work with diverse populations, and be able to work successfully with members of other professional groups.

PREDOCTORAL INTERNSHIP APPLICANT QUALIFICATIONS

The Mendota Mental Health institute welcomes a diversity of experiences and backgrounds in its internship applicants. We will consider the constellation of an applicant's background, including personal experiences, academic, extracurricular, professional, and other aspects that may inform the Program of an applicant's fit as a Mendota intern. We value one’s maturity, compassion, multicultural sensitivity and awareness, as well as intellectual curiosity, among other personal aspects.

Mendota's training program does not subscribe strictly to set academic or practice standards in selecting intern applicants (although the Eligibility criteria are observed). Those with 1000 or more practicum hours, as specified in APPIC, will tend to be more competitive than those with fewer practice hours. We consider academic performance similarly; a stronger academic background will generally be an advantage. Nevertheless, the Program reviews each applicant in much more than academic and practice terms, taking into account each person's uniqueness.

Because Mendota's training program has a "Clinical Psychology" orientation, applicants with strong assessment backgrounds will be at an advantage, particularly those who have had cognitive assessment experience, e.g., WAIS IV/WISC V. Furthermore, those with strong forensic interests will find that Mendota is an excellent fit.

Siji John, Franz Kubak, and Ana Garcia
and Director of Psychology and Research, Dr. David Lee

CLINICAL PROGRAMS

MMHI is organized into three broad program areas: the Civil Program, the Forensic Program, and the Mendota Juvenile Treatment Center. Each clinical unit comes under one of the relevant program areas and reports through this channel to the central administration. Each unit is a distinct entity with its own physical location and its own multidisciplinary staff. This staff (the team) is generally responsible for the day to day operation and decision making regarding the functioning and programming of the unit. The units available for training experiences are described below. These units exclude our Risk Assessment program which is a separate service that is integrated in all units.

THE CIVIL PROGRAM

The **Geropsychiatric Treatment Unit (GTU)** provides evaluation and treatment for older men and women who are experiencing problems in later life related to mental illness and/or dementing disorders and who require more specialized services than are available in their home community. The emphasis of the program is to develop a plan for the solution or management of the problem and to arrange placement of the individual in the most appropriate setting. Quality of life is a major concern. Interventions include group activities, behavioral programs, environmental modification, pharmacological treatment, and individual/group therapy. Neuropsychological screening is provided. GTU clinical staff work as a multidisciplinary team consisting of psychiatry, nursing, social work, occupational therapy and physical therapy. GTU also provides follow-up after discharge and consultation and training to community agencies.

The **Program of Assertive Community Treatment (PACT)** is a certified community support program. PACT provides comprehensive clinical and case management services for young persons with severe and persistent mental illness. PACT pioneered the development of the "continuous treatment team approach" and publishes under the Training in Community Living Model. PACT utilizes a multidisciplinary treatment team approach. The treatment team provides a full range of individualized clinical and rehabilitative services. These include symptom monitoring and supportive psychotherapy, vocational rehabilitation services, alcohol and other drug abuse services, independent living skills teaching and support, family education/therapy and the utilization of a variety of cognitive and behavioral approaches focused on illness management. Research, training, and model dissemination are critical program elements and the unit staff provide technical assistance to a variety of visitors each year.

THE MENDOTA JUVENILE TREATMENT CENTER

The **Mendota Juvenile Treatment Center (MJTC)** consists of a unit with 30 beds. There are two levels of security. The program provides intensive treatment for male adolescents who have been adjudicated delinquent and are considered to have mental health problems that have affected their adjustment in juvenile corrections institutions. Presenting problems may include anger problems, disruptive or aggressive behavior, depression, social skills deficits, AODA problems, sexually aggressive behavior, and primary mental illnesses. Treatment includes multidisciplinary evaluation, educational services, treatment and psychoeducational groups, individual and family therapy, and therapeutic activities.

THE FORENSIC PROGRAM

Forensic patients are referred through the criminal court system. MMHI's forensic program serves only male patients who are sent for one of three services: 1) assessment of competency to stand trial, 2) treatment to competency to stand trial or 3) treatment upon a finding of not guilty of a crime due to mental illness. The units described below are designated maximum, medium, or minimum security. The major difference between these security designations is the degree of supervision/monitoring of the patients, the degree of access off the unit, and the items the patients are allowed to have in their possession. Movement through the security levels is determined by the degree to which a patient poses a risk to self or others, the level of involvement and participation in treatment, and the degree to which the patient has established a level of trust on the part of the treating staff. The following units serve a primarily forensic population but may have non-forensic patients who need either the level of security or the specialized treatment afforded by the unit.

The **Admission Treatment Unit (ATU)** is a maximum security unit which acts as the admissions unit for the forensic program. Its primary function is to provide assessment and treatment services for competency to stand trial for criminal offenses. Additionally, the unit provides treatment for patients found not guilty of a criminal offense by reason of mental disease or defect and prisoners from Wisconsin penitentiaries who manifest psychiatric difficulties and who cannot be treated in a correctional environment. Individual and group therapy are the primary treatment modalities, and psychopharmacological treatment, behavioral skills training, social skills training and legal issues training are also offered.

The **Secure Assessment and Treatment Unit (SATU)** is a maximum security unit which acts as the admissions unit for the forensic program. Its primary function is to provide assessment and treatment services for competency to stand trial for criminal offenses. Additionally, the unit provides treatment for patients found not guilty of a criminal offense by reason of mental disease or defect and prisoners from Wisconsin penitentiaries who manifest psychiatric difficulties and who cannot be treated in a correctional environment. The unit's assessment of and treatment to competency mission results in a significantly high patient turnover, with a minimum length of stay of 15 days to a possible maximum stay of 12 months. Competency evaluation, intellectual assessment, and the determination of the possibility of malingering are the major assessment activities occurring on the unit. Individual and group therapy are the primary treatment modalities, and psychopharmacological treatment, behavioral skills training, social skills training and legal issues training are also offered.

The **Management and Treatment Unit (MTU)** is a maximum security unit that specializes in management and treatment of aggressive male patients. MTU's mission is to provide service to other inpatient units within Mendota and the state when patients' behavior is sufficient to disrupt or interfere with treatment of other individuals. While MTU specializes in working with physically aggressive patients, it also treats patients who have complicated problems related to mental health which are so severe that they cannot be managed in a less secure setting. MTU also provides consultation to other MMHI units regarding treatment of physically aggressive patients, it provides competency evaluations, and is an active admission unit directly admitting the more aggressive/acting out patient.

The **Patient Transition Unit (PTU)** is a 20 bed maximum security unit specializing in the treatment to and evaluation of competency to stand trial. The patients residing on the unit can be there for up to a year. PTU's multidisciplinary team works together to stabilize the patient on medication, and as this is occurring, teach him the information necessary to be determined competent. Mental illness, cognitive limitations, neurological impairments and malingering can all be factors in the final assessment of competency. Formal assessments utilizing standardized

instruments and clinical interviews are done on each patient. Other patients on PTU are individuals committed to MMHI after being found Not Guilty for Reason of Mental Disease or Defect, and due to their behavior in medium security, are believed to need the structure of a maximum security unit. With this group of patients, PTU's goal is to stabilize their behavior through medication and individually based psychological interventions. These interventions can include behavioral programming and group and individual therapy.

The **Treatment, Rehabilitation, Assessment, and Care (TRAC) units** are three separate forensic units which emphasize continuity of care/treatment throughout the course of a forensic patient's hospitalization at MMHI. **TRAC 1** is a maximum security unit where the primary issue is often that of controlling either symptoms and/or behavior. **TRAC 2** is a medium security unit where patients are ready for a deeper and broader treatment approach. **TRAC 3 West** is a medium/minimum Transition Unit. **TRAC 3 East** is a minimum security unit where the primary focus is upon patient preparation to re-enter the home community. Each unit has a mixed population of patients encompassing a diversity of diagnostic categories and varying levels of symptom remission. The Case Management Team (CMT) is comprised of multidisciplinary treatment professionals who float among the three units and along with other unit staff help coordinate and provide individualized clinical services within the continuity of care treatment model.

The **Intensive Treatment Unit (ITU)** is a medium security unit treating male patients who have been found not guilty of criminal charges due to mental illness (i.e., insanity acquittal). ITU also accepts civilly committed and protectively placed patients. The majority of patients carry a diagnosis of schizophrenia, which may be at an active stage of psychosis or may be at various stages of remission. The field of psychology has a significant role in ITU's multidisciplinary orientation emphasizing the development of self-esteem and social skills along with the maximizing of individual competencies and relationship building. Treatment is based on individual needs and may include individual and group therapy.

The **Medium Assessment and Rehabilitation Unit (MARU)** is a 21 bed unit that accommodates admissions to forensically committed patients who may be mentally ill, medically compromised and/or otherwise disabled, within the structure and safety of a medium security setting. This unit’s multidisciplinary clinical team works with NGI, Competency- 971.14 (2) and Treat to Competency- 971.14 (5) patients. The psychology staff conducts assessments and provides individual and group therapy. Assessment and restoration to competency work are highly stressed on this unit in order to meet statutory time frames.

The **Medium Assessment and Treatment Unit (MATU)** is a 20 bed unit that accommodates admissions to forensically committed patients who may be mentally ill, medically compromised and/or otherwise disabled, within the structure and safety of a medium security setting. This unit’s multidisciplinary clinical team works with NGI, Competency- 971.14 (2) and Treat to Competency- 971.14 (5) patients. Interns and Practicum students will be invited to work with the team, under the psychologist’s supervision, to conduct assessments, provide individual and group therapy and work with outside caseworkers and family when relevant. Assessment and restoration to competency work are highly stressed on this unit in order to meet statutory time frames.

The **Treatment and Rehabilitation Unit (TRU)** is a medium security unit which serves 22 adult males. The primary criterion for inclusion in the program is that the patient has achieved stability in behavior while on another more restrictive unit. It is also expected that the patient has fairly well developed coping skills. The treatment modalities consist of individual therapy, group therapies, recreational therapy, primary support network, and milieu therapy. The focus on TRU is directed towards the treatment of sex offenders and patients with personality disorders

although the unit also treats patients with psychoses and mood disorders. TRU employs a multidisciplinary team approach toward achieving goals and objectives. The team is comprised of the Nurse Manager, Psychologist, Social Worker, Recreational Therapist, Psychiatrist, Psychiatric Nurses, and Resident Care Technicians. All treatment efforts are directed towards preparing the patients to advance to a less restrictive unit and be recommended for return to the community.

The **Forensic Treatment Unit (FTU)** is an inpatient minimum security unit for patients transitioning into the community, with a focus on independent living skills and work experience. Whereas their clinical team does not formally include a psychologist, psychological services are rendered there on a case by case basis. Interns on occasion have opportunities to provide psychological services, assessment or therapy, for specific cases and be supervised by a designated psychologist.

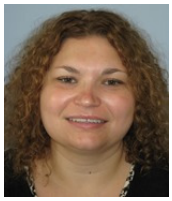
Note: Due to unanticipated vacancies or changes, MMHI cannot guarantee that each of the above units will be available for rotations throughout the internship year. It is, however, the case that all of the above described populations and services will be available for experiences in one capacity/setting or another.

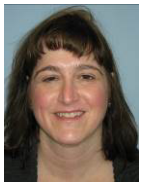
RISK ASSESSMENT

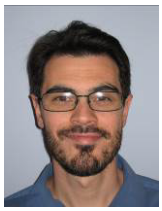
The Risk Assessment rotation provides psychology interns with rigorous and research-based knowledge concerning forensic risk assessment.

An intern is expected to establish competence in the administration of various risk assessment tools including the PCL-R, HCR-20, SAPROF, VRAG, Dynamic Escape Risk Scale, and Cornell Coding Guide for Violent Incidents, among others. Furthermore, the intern will be supervised closely on preparing a detailed written report on findings for the risk referral and convey findings to patient and treatment staff. Several psychologists are involved in the training and supervision of this rotation.

THE PSYCHOLOGY DEPARTMENT

Ahrens, Christine, Ph.D. **University of Wisconsin, Madison**	**Psychologist, PACT Program** Professional Counselor. Specialty in Rehabilitation Psychology.
	VACANT, MJTC
 Munizza, Janice, Psy.D. **Illinois School of Professional Psychology**	**Psychologist, ITU/ Neuropsychology** Psychological, neuropsychological and competency evaluations, risk assessments, and treatment and management of aggressive patients with mental illness and/or personality disorders.
 Caldwell, Michael, Psy.D. **University of Denver**	**Psychologist, MJTC** Treatment outcomes evaluation, management and treatment of aggressive patients, risk analysis, forensic psychology.
 **Sara Conklin-Weaver**	**Psychological Associate, Forensics** Forensic evaluations, cognitive assessments, alcohol or drug assessments and treatment. Dissertation topic: risk factors related to involuntary re-hospitalization for individuals with schizophrenia.
 DeMarzo, Laura, Psy.D. **Florida Institute of Technology**	**Psychologist, TRU** Forensic psychology; individual, group, and family therapy; psychological assessments' court reports; risk assessments; relapse prevention.
Bernacky, Laura, Psy.D. **Roosevelt University**	**Psychologist, TRAC 1** Forensic psychology, competency evaluations, treatment of schizophrenia, mental health stigma, individual and group therapy.
Frey, Jana, Ph.D. **University of Wisconsin**	**Unit Chief, PACT** Individual supportive psychotherapy, the development of symptom management strategies, vocational rehabilitation, dual diagnosis treatment, and CTT team management.

 Baird, Lesley, Psy.D. **University of Denver**	**Psychologist, PTU** Forensic Assessments. Treatment to Competency. DBT training using prolonged exposure approach and suicide risk assessment
 Garcia, Ana, Ph.D. **Marquette University**	**Psychologist, MATU** Forensic psychology, risk assessment, competency, psychological assessments and individual and group therapy incorporating cognitive behavioral and dialectical behavioral approaches.
 **Gust-Brey, Karyn, Ph.D.** **Ball State University**	**Psychologist, SATU** Psychological assessment, competency evaluations, intellectual and developmental disabilities, assessment of juvenile sex offenders, risk assessments, cognitive behavioral and motivational interviewing approaches.
 Hammer, Michael, Ph.D. **University of Wisconsin**	**Psychologist, MTU** Psychotherapy, assessment, management and treatment of aggressive patients, treatment of sex offenders, competency assessment.
Lane, Paul, Ph.D. **Indiana State University**	**Deputy Director** Clinical supervision; individual, group, and family therapy; psychological assessments, cognitive/behavioral and systems orientations.
Laurent, Dawn, Psy.D. **The Adler School in Chicago**	**Psychologist, MARU** Competency evaluations, CBT, AODA, utilizes Adlerian perspective in work.
 Lee, David, Ph.D., J.D. **University of Wisconsin, University of California**	**Director of Psychology and Research** Psychological assessments; individual and group therapy. Forensic psychology and multicultural competency. Clinical supervision and training. Violence and Coercion Free Treatment Initiative Chair, Chair of Research, Restrictive Measures, Psychology training, Risk Assessment Committees and Behavioral Treatment Committee member.

 Marx, David, Psy.D. **Wheaton College**	**Psychologist, TRAC 3 West and TRAC 3 East** Contemporary psychoanalytic theory, intersubjectivity theory, gender socialization, psychology and spirituality, object relations theory, Mentalization-Based treatment.
 McGlynn, Adrea, Psy.D.	**Psychologist, SATU** Conduct competency, psychological and AODA evaluations with a forensic population. Individual and group therapy incorporating cognitice behavioral approaches. Work with Spanish speaking clientele and children and adolescents in forensic and other settings.
 **Moran, Zachary, Ph.D.** **University of California, Los Angeles**	**Psychologist, TRAC 2/Research** Research focusing on therapeutic outcome measures and factors affecting therapeutic alliances with inpatient forensic populations. Juvenile and Forensic assessment and evaluation, including risk assessment.
	VACANT, Psychologist, ATU
 Murguia, Maria, Ph.D. **University of Wisconsin**	**Psychologist, Risk Assessment** Forensic assessment; individual and group therapy, and behavioral programming.
 Splitek, Steve, Ph.D. **University of Wisconsin**	**Psychologist, MJTC** Individual, group, and family psychotherapy; psychological assessment of adolescents and adults. Interests include Lorna Benjamin's Structural Analysis of Social Behavior (SASB) and meditation. Treatment styles include Rogerian, cognitive, behavioral, and SASB-informed treatment. Hobbies include drawing. Training philosophy involves giving the intern as much freedom as they can handle, and functioning as a safety net for them to develop and stretch professionally.
Van Rybroek, Gregory J. Ph.D., J.D. **University of Wisconsin**	**Director, MMHI** Management and treatment of aggressive patients, forensic evaluations, interrelationship of psychology/psychiatry and law, antisocial personalities, treatment of juveniles, clinical supervision/administration.

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