

Wisconsin Department of Health Services

Mendota Mental Health Institute

Psychology Internship Program

Accreditation Status

The Psychology Internship Program at Mendota Mental Health Institute (MMHI) is accredited by the American Psychological Association (APA).

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:

- Practicum Minimum Hours: 350 (Intervention: 150 hours, Assessment: 200 hours)
- Preferred Minimum Integrated Written Psychological Reports: 10 (preferred minimum cognitive assessments: 8)
- Preferred Minimum Undergraduate GPA: 3.0

Application Procedure and Deadline

MMHI is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). MMHI participates in the APPIC Internship Matching Program and follows the match policies in its recruitment and selection of interns. [Visit the APPIC website for a copy of these policies and relevant application forms.](#)

A complete application consists of an APPIC Application for Psychology Internship (AAPI), current vita, at least one clinical writing sample, and three (3) letters of recommendation. These materials should be posted by November 18.

MMHI is an equal opportunity employer and follows all affirmative action guidelines. Minority applicants are encouraged to apply. MMHI 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.

About MMHI

MMHI 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, MMHI 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 the primary mission of MMHI.

To meet these objectives, MMHI began a process of decentralization that still continues and is ever-evolving. A unit system was developed that 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 multidisciplinary teams whose joint efforts combine to yield optimally integrated interventions. MMHI treatment teams take

care to understand and embrace the diverse cultural, ethnic, sexual, religious, and lifestyle orientations of clients.

Currently, there are 16 separate inpatient units totaling over 320 beds and an outpatient office that primarily operates in 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, particularly those hospitalized for competency treatment and evaluation.

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. 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 be involved in a broad array of assessment and treatment activities.

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

About the Internship

Psychology constitutes one of the larger professional departments at MMHI. With a complement of over 18 psychologists, it is well-represented throughout MMHI in both a clinical and administrative capacity. Psychology plays an integral role in the overall treatment planning and implementation for patients who come to MMHI. The internship exists in the context of MMHI'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 MMHI. 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

MMHI accepts five paid interns per year. Interns apply for one general training program with a choice of emphases or interest areas, including: treatment and assessment of mental illness, 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 documentation.

During the course of the year, interns will choose a combination of three unit rotations (which may include risk assessment), each for four months, plus one supplemental rotation one day a week for a full year. Given MMHI'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. 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 interns' 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.

Supplemental Rotations

Aside from the primary training rotations, interns will choose a supplemental rotation to enhance their training experience. These options can occur with community-based outpatient programs or within other specific treatment programs within MMHI. Whereas this rotation is referred to as “supplemental,” over the course of a year at eight hours per week, it should roughly contain the same hours as one “primary” rotation.

Other Community-Based Opportunities

MMHI psychology interns have opportunities to consult with other community organizations. In the past, MMHI psychology interns have consulted with immigration law cases, neuropsychological screens, guardianship evaluations, and other services.

Mock Trial Experience – Expert Witness Testimony

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 another case that the intern completed. MMHI established this training endeavor with the Wisconsin Department of Corrections Internship Program. Psychologists have, at times, played the role of attorneys, providing the direct and cross-examinations, but attorneys have been invited to play this role as well, which has more frequently been the case. Interns receive expert witness testimony training and are well prepared for their respective cases before the trial date, which generally occurs at the Dane County Courthouse in Madison. As described, mock trials and expert witness testifying has 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.

Research Paper/Topic Presentation

Near the end of the internship year, each intern provides a presentation to the MMHI Psychology Department on a research topic of their choice, for example, an evidence-based intervention or modality. The presentation and question 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. Interns also have an option to perform a program management task that involves collecting outcome data for analysis and summary.

Seminars and Other Educational Opportunities

Part of the internship includes regularly scheduled seminars arranged specifically for the interns and aimed at providing an array of educational experiences. The Department of Health Services and Department of Corrections 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 MMHI, the University of Wisconsin, and the Department of Corrections, as well as other Madison-area professionals, serve as the presenters. It is not uncommon for 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, sex offender evaluation and treatment, substance use treatment, psychopharmacology, dealing with violent and aggressive patients, and varied assessment topics.

In addition to the intern seminars, MMHI 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 MMHI 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 UW-Madison and an array of in-service and other training activities at MMHI.

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 MMHI 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 MMHI 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 as well as specific interests and career directions.

Stipend

The stipend for the 2,000-hour, one-year, full-time internship is anticipated to be approximately \$41,000 for each of the internship positions.

Adjunctive Experiences

Research

MMHI does not have a central research department; however, several psychologists conduct research. There are also frequently a variety of research projects underway at any given point in time. MMHI 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. MMHI also has an excellent library from which one may obtain journal articles through interlibrary loan services with MMHI's sister institution, the Winnebago Mental Health Institute (WMHI).

Internship Philosophy

The MMHI Internship Program's overriding goal is the final preparation of the 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 MMHI, the MMHI 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. A broad knowledge of assessment and intervention strategies with varied populations is essential for the proper preparation of the clinician. Accordingly, interns are required to sample extensively from the diverse learning opportunities available at MMHI. Thus, upon completion of the internship year, the intern will have worked with patients of a variety of ages and diagnostic categories via several treatment modalities. Staff recognize individuals often have interests in developing specific skills or working in specific realms and attempt, when possible, to accommodate these interests.

With its variety of units and populations, MMHI is able to provide intensive experiences in several specific areas. For example, interns have the opportunity for substantial involvement in such areas as adolescent and juvenile treatment, forensic psychology, and treatment of aggressive and personality disordered clients to name a few. The training program provides a broad, general preparation, but also allows the intern to focus in on particular areas of interest or future career directions. Given the diversity and decentralized organization of MMHI, 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, the MMHI Internship Program adheres strongly to a practitioner-scholar model, and thus supports and encourages the development or enhancement of good research skills, awareness of the scientific literature, and direct involvement in applied research when feasible. Whereas MMHI 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 MMHI pertaining to one aspect or another of the assessment, diagnosis, and treatment of mental disorders. Even if not actively involved in conducting research, MMHI staff is expected to be current on new thinking, developments, and empirical findings reported in the scientific literature. Additionally, a number of MMHI Psychology Department staff and other Institute staff are actively involved in ongoing research endeavors and make regular contributions to the literature. The following are more specific statements regarding the expectations and goals supervisory staffs 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 also are expected to be able to provide a comprehensive assessment of individual functioning (for example, an assessment battery) and to communicate findings in a written report. To this end, interns perform a minimum of 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 is available with MMHI staff trained in neuropsychology. Alcohol and drug abuse/substance use assessments, immigration assessment case, guardianships, and neuropsychological screenings are also part of the assessment repertoire.

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 also will 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 psycho-dynamically oriented therapies.

MMHI 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. MMHI strives to recognize diversity and to provide services sensitive to and cognizant of the effects of diversity. Accordingly, staff receives 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 diverse populations.

Serving as a Mental Health Professional

MMHI uses extensively 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 institute system.

As MMHI has a number of psychologists in administrative and key management positions, there also are opportunities to get exposure to these types of roles. 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 workforce. Former interns have gone to both academic and applied settings, but the majority seeks employment in an applied setting of one type or another. Regardless of setting, 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.

Pre-Doctoral Internship Applicant Qualifications

MMHI welcomes a diversity of experiences and backgrounds in its internship applicants. The program will consider the constellation of an applicant's background, including personal experiences, academic, extracurricular, professional, and other aspects that may inform the MMHI Internship Program of an applicant's fit as an MMHI intern. Staff values one's maturity, compassion, multicultural sensitivity and awareness, as well as intellectual curiosity, among other personal aspects. MMHI'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 1,000 or more practicum hours, as specified in APPIC, will tend to be more competitive than those with fewer practice hours. Staff considers academic performance similarly; a stronger academic background will generally be an advantage. Nevertheless, the MMHI Internship Program reviews each applicant in much more than academic and practice terms, taking into account each person's uniqueness.

Because MMHI'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, that is, WAIS-IV/WISC-V. Furthermore, those with strong forensic interests will find that MMHI is an excellent fit.

Clinical Programs (Primary Rotation Options)

All interns choose three distinct rotations at which they will spend three days per week, for four months each. Supervisors at each rotation provide a minimum of one hour of individual supervision per week. Interns are responsible for maintaining a minimum average of eight client contact hours per week between their primary/supplemental rotations. In accordance with APA standard, a minimum four hours of supervision are provided weekly.

MMHI is organized into three broad program areas: the Civil Program, the Forensic Program, and the Mendota Juvenile Treatment Center (MJTC). Each clinical unit comes under one of the relevant program areas and reports through this channel to central administration. Each unit is a distinct entity with its own physical location and its own multi-disciplinary 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. The MMHI risk assessment rotation (detailed below) and supplemental rotation options (described in a separate section) are separate services that are integrated in all units.

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

Civil Program

The **Geropsychiatric Treatment Unit (GTU)** is a 16-bed unit that 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 works as a multi-disciplinary 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.

Forensic Program

Forensic patients are referred through the criminal court system. MMHI's forensic program serves only male patients who are admitted for one of four services:

- Assessment of competency to stand trial;
- Treatment to competency to stand trial;
- Treatment upon a finding of not guilty of a crime due to mental illness (i.e., NGI); or
- Evaluation for risk to assist the trier of fact in determining placement after a finding of NGI.

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, VRAG, Dynamic Escape Risk Scale, and Cornell Coding Guide for Violent Incidents, among others. Furthermore, the intern will be supervised closely on preparing five detailed written reports 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 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 **Forensic Maximum Unit (FMU)** is a 14-bed maximum security admission unit for court-ordered adult male forensic patients. The unit is a secure setting that provides care and treatment in a trauma-informed and sensitive manner for patients who are placed at MMHI for a competency evaluation or treatment to competency. Psychologists, post-doctoral psychology fellows, and psychology interns all collaborate with the other members of the clinical team to conduct the assessment, diagnosis, and treatment of competency patients who require a moderate to high level of security.

The **Admission Treatment Unit (ATU)** is a 20-bed maximum security unit which acts as one of 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. Psychopharmacological treatment, behavioral skills training, social skills training and legal issues training are also offered.

The **Secure Assessment and Treatment Unit (SATU)** is a 19-bed maximum security unit which acts as one of 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 7-15 days to a possible maximum stay of 12 months. Competency evaluation, neuropsychological assessment, and the determination of the possibility of malingering are the major assessment activities occurring on the unit.

The **Management and Treatment Unit (MTU)** is a 14-bed 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 MMHI 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 treatment. It is an active admission unit directly admitting the more aggressive/acting out patient.

The **Patient Transition Unit (PTU)** is a 21-bed maximum security unit, partially specializing in the treatment to and evaluation of competency to stand trial, with a primary focus in treating individuals found not guilty due to mental disease or defect (i.e., NGI). PTU's multi-disciplinary team work to stabilize the patient on medication, and as this is occurring, also educate the patient with 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 with each patient being treated for competency to stand trial. Although it is a maximum security unit, it often operates as a transition unit for NGI patients progressing to medium security. With NGI patients, PTU's goal is to stabilize their behavior through medication and individually-

based psychological interventions. These interventions can include behavioral programming, as well as group and individual therapy.

The **Treatment, Rehabilitation, Assessment, and Care (TRAC)** units are four separate forensic units which emphasize continuity of care/treatment throughout the course of a forensic patient's hospitalization at MMHI. TRAC 1 is a 20-bed maximum security unit where the primary issue is often that of controlling either symptoms and/or behavior for both competency and NGI patients. TRAC 2 is a 20-bed medium security unit where patients are ready for a deeper and broader treatment approach. TRAC 3 West is a 25-bed medium/minimum Transition Unit for NGI patients. TRAC 3 East is a 25-bed minimum security unit for NGI patients, 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 **Intensive Treatment Unit (ITU)** is a 23-bed medium security unit treating male patients who have been found not guilty of criminal charges due to mental illness (i.e., NGI).. The majority of patients either carry a diagnosis of schizophrenia, or intellectual disability. Those with schizophrenia 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 multi-disciplinary orientation, emphasizing the development of self-esteem and social skills along with maximizing of individual competencies and relationship building. Treatment is based on individual needs and may include specific behavioral plans, individual therapy, and group therapy.

The **Medium Admission 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 multi-disciplinary clinical team works with NGI and competency 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 multi-disciplinary clinical team works with NGI and competency 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 22-bed medium security unit. 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 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 primarily 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 multi-disciplinary team approach toward achieving goals and objectives. 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 a 15-bed minimum security unit for NGI patients transitioning into the community, with a focus on independent-living skills and work experience. This unit has a half-time psychologist position. Interns on occasion have opportunities to provide psychological services, assessment or therapy, for specific cases and be supervised by the unit psychologist or another designated psychologist.

The **Mendota Juvenile Treatment Center (MJTC)** is a 30-bed unit that 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. There are two levels of security. Presenting problems may include anger problems, disruptive or aggressive behavior, depression, social skills deficits, alcohol and other drug abuse problems, sexually aggressive behavior, and primary mental illnesses. Treatment includes multidisciplinary evaluation, educational services, treatment and psycho-educational groups, individual and family therapy, and therapeutic activities.

Supplemental Rotation Options

All interns also spend approximately 8 hours per week for the entire year at either a designated outpatient setting or one of the supplemental options at MMHI. Supervisors at each rotation provide a minimum of one hour of individual supervision per week. MJTC is available as both a primary rotation and/or supplementary rotation.

Outpatient Options

As MMHI is primarily an inpatient setting, outpatient rotations 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 can occur at local community-based mental health agencies/clinics, including: the University of Wisconsin Health and Counseling Center; Journey Mental Health Center; Rainbow Project. The sites offered are independent, freestanding facilities that have a training arrangement with MMHI's Internship Program. Clientele represent a diverse outpatient population with a variety of presenting problems. At the outpatient site/setting, interns have the opportunity to participate in individual, couples, family, and, occasionally, group therapy. Assessment opportunities are typically also available. The interns conduct therapy independently and as co-therapists with other members of the agency staff or the unit staff. Usually, regular supervision is provided by a psychologist affiliated with the particular agency or unit; however another designated psychologist may also provide supervision. Interns also have the opportunity to participate in staff meetings, peer supervision, case discussions, and other activities at the outpatient site/setting.

MMHI Options

Other options for supplemental rotations include the Program of Assertive Community Treatment, MJTC, alcohol and other drugs of addiction assessment and treatment, sex offender treatment (behavior specific therapy), and dialectical behavior therapy, all housed within MMHI. These programs provide treatment for individuals who were found not guilty due to mental disease or defect (i.e., NGI) for their crimes. *Note: The availability of the following rotations may vary slightly from year to year.*

The **Program of Assertive Community Treatment (PACT)** is a certified community-support program which serves up to 150 consumers in the local area. 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 multi-disciplinary 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 provides technical assistance to a variety of visitors each year.

The **Mendota Juvenile Treatment Center (MJTC)** is a 30-bed unit that 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. There are two levels of security. 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 psycho-educational groups, individual and family therapy, and therapeutic activities.

The **Alcohol and Other Drugs of Addiction (AODA) Program** uses the risk-need-responsivity (RNR) framework established by Donald A. Andrews and James Bonta (2006). Developed in the 1980s and first formalized in 1990, the risk-need-responsivity model has been used with increasing success to assess and rehabilitate criminals in Canada and around the world. As suggested by its name, it is based on three principles. Briefly, the three core principles can be stated as follows:

- Risk principle: The risk principle asserts that criminal behavior can be reliably predicted, and that treatment should match the level of service to the offender's risk to re-offend.
- Need principle: The need principle highlights the importance of criminogenic needs in the design and delivery of treatment, suggesting that effective programs assess criminogenic needs and target them in treatment.
- Responsivity principle: The responsivity principle describes how the treatment should be provided. Specifically, to be effective a program should maximize the offender's ability to learn from a rehabilitative intervention by providing cognitive behavioral treatment and tailoring the intervention to the learning style, motivation, abilities, and strengths of the offender.

Evaluation: AODA Program interns will be expected to conduct RNR-based evaluations that utilize substance use disorder screening instruments; a structured professional judgement (SPJ) approach to clinical, diagnostic interviewing; and a variety of treatment readiness assessment tools. This process is designed to not only identify the patient's substance use disorder diagnosis, but is designed to identify specific need and responsivity issues. The process follows the American Society of Addiction Medicine (ASAM) Criteria for clinical decision-making related to level of care for substance use disorder treatment. The patients at MMHI have a higher rate of co-occurring disorders (substance use disorders and other mental health disorders) than the general AODA treatment population, so interns who select this training option will be given ample opportunity to explore the complex presentation of substance use and mental illness.

Treatment: Interns involved in the AODA Program would also be able to participate in a variety of treatment options. Using a variety of multidimensional treatment perspectives, treatment conducted in the AODA Program generally focus on the following objectives:

- A combination of motivational interviewing and harm reduction to examine the patient's interest in changing their substance use patterns.
- Using cognitive-based and behavioral strategies to correct unproductive coping practices that trigger or engage their substance use disordered symptoms, the mental health symptoms, or both.
- Assisting participant in restructuring their lifestyle to support recovery from a life of addictive behavior and self-regulation issues related to their substance use and/or related criminal activity.

The AODA Program is structured as a three-phase program, although the nature of the population served by this program requires a flexible and fluid application of this approach. Briefly, the phase model is a skill-building approach that endeavors to scaffold the individual's skills toward successful completion of the identified goals and objectives. Phase one is comprised of skill building and psychoeducational material that prepares the participant for engagement in the treatment tasks that lie ahead. Phase one addresses both

general and treatment-specific skill building, as well as psychoeducation related to substance use disorder and the impact of substance abuse on their mental health. Phase two utilizes the skills obtained and information learned in phase one to explore the etiology of their substance use disorder and the related behaviors. This is done through cognitive-based interventions and a modified Schema Therapy approach. Phase three is designed to apply the features addressed in treatment in a recovery-focused, Good Lives Model plan for the present and future. The AODA Program uses a cognitively-based intervention—a hybrid of cognitive behavioral therapy, dialectical behavior therapy, and Schema Therapy—to assist participants in identifying maladaptive coping strategies, recognizing the impact that these strategies have on their addiction lifestyle, and identifying and practicing healthier alternatives. There are also possibilities for conducting individual therapy with AODA candidates on a case-by-case basis.

Behavior specific therapy (BST) services are provided to patients with a history of sexual offending. One option for both treatment and evaluation experiences for an intern is the Behavior Specific Treatment (BST) Program. Like the AODA Program, the BST Program also draws from the risk-need-responsivity (RNR) framework established by Andrews and Bonta (2006).

With the BST Program, interns will be expected to conduct RNR-based evaluations that utilize empirically-supported risk instruments (for example, VRS-SO and Static-99R), dynamic risk and protective factor conceptualization, and responsivity considerations that are derived from cognitive assessment and clinical interview impressions. Treatment progress and risk amelioration are also a part of this comprehensive evaluation process.

Interns involved in the BST Program would also be able to participate in a variety of treatment options. Using multidimensional treatment perspectives, treatment conducted in the BST Program generally focus on the following objectives:

- Ameliorating characteristics that contribute to generalized rule violation, established criminogenic needs, and interference to responsivity toward treatment.
- Using cognitive-based and behavioral strategies to correct pro-criminal attitudes, values and beliefs as they contribute to deficits in dysregulated and criminal behavior.
- Assisting participant in restructuring their lifestyle to support recovery from a life of sexual misbehavior and self-regulation issues related to the personal boundaries of other people, therefore establishing a prosocial pattern of functioning in the community.

The BST Program is structured as a three-phase program, although the nature of the population served by this program requires a flexible and fluid application of this approach. Briefly, the phase model is a skill-building approach that endeavors to scaffold the individual's skills toward successful completion of the identified goals and objectives. Phase one is comprised of skill building and psychoeducational material that prepares the participant for engagement in the treatment tasks that lie ahead. Phase one addresses both general and treatment-specific skill building. Phase two utilizes the skills obtained and information learned in phase one and to modify treatment targets. Specifically, the primary task of phase two is to reduce the risk factors and enhance the protective factors associated with each participant's referral issues. Phase three is designed to apply the features addressed in treatment in a recovery-focused, Good Lives Model plan for the present and future. The BST Program uses a cognitively-based intervention—a hybrid of cognitive behavior therapy, dialectical behavior therapy, and Schema Therapy—to assist participants in identifying distorted thoughts and beliefs, recognizing the impact that these distortions have on functioning, and identifying and practicing healthier alternatives. There are also possibilities for conducting individual therapy with BST candidates on a case-by-case basis.

Dialectical behavior therapy (DBT) is a treatment with empirical evidence supporting its efficacy for use with a broad range of individual behaviors, problems, and diagnoses. Individuals are referred for a DBT

assessment by their unit treatment teams and assessed by members of the DBT consultation team to determine their appropriateness for this treatment approach. DBT at MMHI specifically targets individuals with a combination of emotional, behavioral, interpersonal, cognitive, and self-dysregulation. Individuals participating in DBT adherent treatment receive weekly skills training, individual therapy, and access to milieu skills coaching. DBT is structured as a multi-stage model. Stage one treatment primarily focuses on behavioral stabilization and directly targets life threatening behavior, therapy interfering behavior, quality of life interfering behavior, and enhancing behavioral and coping skills in order to progress toward their goals in living. Therapists plan behaviorally-based interventions to address each of these areas of concern to bring them more within the patient's control. As patients stabilize in stage one of DBT treatment, they may progress to stage two which focuses on treating posttraumatic stress and problems with emotional processing. These areas are addressed directly with evidence-based approaches including prolonged exposure. Finally, patients may then progress to a third stage of treatment, if required, which focuses on increasing self-respect and solidifying movement toward life-worth-living goals including independent living if applicable.

Interns completing a DBT supplemental rotation throughout the year are required to attend both the two-day skills training and the five-day comprehensive training offered at MMHI in September and October. Interns co-facilitate at least one group therapy session per week, and have the option of adding either individual DBT skills-coaching sessions or co-facilitating a second weekly DBT group therapy session. They typically carry at least one individual therapy patient throughout the year. Interns in this rotation are expected to attend and participate in the DBT consultation meetings.

Internship Program Admissions

Date Program Tables Updated: 07/23/2018

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

- Applications are accepted from APA accredited doctoral programs
- Applications are considered from Ph.D., Psy.D., and Ed.D. doctoral programs, although Ph.D. and Psy.D. candidates are preferred.
- Applications are considered from clinical, counseling, and school psychology programs, although clinical and counseling psychology programs are preferred.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If yes, indicate how many:

Total direct contact intervention hours	<input type="checkbox"/> N	<input checked="" type="checkbox"/> Y	Amount: 150
Total direct contact assessment hours	<input type="checkbox"/> N	<input checked="" type="checkbox"/> Y	Amount: 200

Describe any other required minimum criteria used to screen applicants:

- MMHI does not offer sponsorship for visas.
- A select number of applicants will be invited for individual interviews with the MMHI faculty (3-4 hour commitment).

Financial and Other Benefit Support for Upcoming Training Year

Annual stipend/salary for full-time interns	\$41,000	
Annual stipend/salary for half-time interns	NA	
Program provides access to medical insurance for intern?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Coverage of family member(s) available?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Coverage of legally married partner available?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Coverage of domestic partner available?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Hours of annual paid personal time off (PTO and/or vacation)	NA	
Hours of annual paid sick leave	NA	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other benefits (please describe): NA		

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2014-2017	
Total # of interns who were in the 3 cohorts	13	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral	0	
	PD	EP
Community mental health center	0	1
Federally qualified health center	0	0
Independent primary care facility/clinic	1	1
University counseling center	0	0
Veterans Affairs medical center	0	0
Military health center	0	0
Academic health center	0	0
Other medical center or hospital	0	0
Psychiatric hospital	4	3
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	1
School district/system	0	0
Independent practice setting	1	1
Not currently employed	0	0
Changed to another field	0	0
Other	0	0
Unknown	0	0

Note: "PD" = Post-doctoral residency position; "EP" = Employed position.

MMHI PSYCHOLOGY DEPARTMENT

Ahrens, Christine, Ph.D.

University of Wisconsin–Madison, Madison, Wisconsin

Psychologist, PACT Program

Professional counselor (specialty in rehabilitation psychology).

Caldwell, Michael, Psy.D.

University of Denver, Denver, Colorado

Psychologist, MMHI (MJTC)

Treatment outcomes, evaluation, management and treatment of aggressive patients, risk analysis, forensic psychology.

Carr, Caroline, Psy.D.

Loma Linda University, Loma Linda, California

Psychologist, MMHI (ATU)

Forensic evaluation, psychological assessment, risk assessment, severe and persistent mental illness, competency restoration, sex offender evaluation, group and individual therapy utilizing cognitive behavior treatments.

Conklin-Weaver, Sara, Psy.D.

Wisconsin School of Professional Psychology, Milwaukee, Wisconsin

Psychological Associate, MMHI (MJTC)

Forensic evaluations, cognitive assessments, alcohol or drug assessments and treatment.

DeBoer, Thomas, Psy.D.

University of St. Thomas, Minneapolis, Minnesota

Psychologist, MMHI (FMU)

Forensic evaluations, psychological reports, individual and group psychotherapy.

Dosado-Bernacky, Laura, Psy.D.

Roosevelt University, Chicago, Illinois

Psychologist, MMHI (TRU)

Forensic assessment, dialectical behavior therapy

Frey, Jana, Ph.D.

University of Wisconsin–Madison, Madison, Wisconsin

Unit Chief, PACT Program

Individual supportive psychotherapy, the development of symptom management strategies, vocational rehabilitation, dual diagnosis treatment and CTT team management

Garbelman, Jeffrey L., Ph.D.

Indiana University, Bloomington, Indiana

Psychologist, MMHI (FTU)

Suicide risk assessment, treatment, and documentation; posttraumatic stress disorder and assessment; and dialectical behavior therapy.

Garcia, Ana, Ph.D.

Marquette University, Milwaukee, Wisconsin

Psychologist, MMHI (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, Muncie, Indiana

Psychologist Supervisor, MMHI (FMU)

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–Madison, Madison, Wisconsin

Psychologist, MMHI (MTU)

Psychotherapy, assessment, management and treatment of aggressive patients, treatment of sex offenders, competency assessment.

Horowitz, Julian, Ph.D.

The New School for Social Research, New York, New York

Psychologist, MMHI (TRAC 2)

Individual and group psychotherapy, assessment, clinical training and supervision, psychotherapy research.

Jackson, Krystine, Psy.D.

University of Denver, Denver, Colorado

Psychologist, MMHI (SATU)

Competency evaluations, risk assessments, neuropsychological assessments, sex offender evaluations, and individual therapy.

Johnson, Kristin, Psy.D.

Saint Mary's University of Minnesota, Minneapolis, Minnesota

Psychologist, MMHI (TRAC 1)

Competency evaluations, risk assessments, neuropsychological assessments, sex offender evaluations, and individual therapy.

Lane, Paul, Ph.D.

Indiana State University, Terre Haute, Indiana

Deputy Director, MMHI

Clinical supervision; individual, group and family therapy; psychological assessments, cognitive/behavioral and systems orientations.

Laurent, Dawn, Psy.D.

The Adler University, Chicago, Illinois

Psychologist, MMHI (MARU)

Competency evaluations, cognitive behavioral therapy, alcohol and other drug abuse.

Lee, David, Ph.D., J.D.

University of Wisconsin–Madison, Madison, Wisconsin

University of California, Berkeley, California

Director of Psychology and Research, MMHI

Psychological assessments, individual and group therapy, forensic psychology, multicultural competency, clinical supervision and training, violence and coercion free treatment initiative

Marx, David, Psy.D.

Wheaton College, Wheaton, Illinois

Psychologist, MMHI (TRAC 3 East and TRAC 3 West)

Contemporary psychoanalytic theory, intersubjectivity theory, gender socialization, psychology and spirituality, object relations theory, mentalization-based treatment.

McGlynn, Adrea, Psy.D.

The Chicago School of Professional Psychology, Chicago, Illinois

Psychologist, MMHI (SATU)

Competency, psychological, and alcohol and other drug abuse evaluations; individual and group therapy incorporating cognitive behavioral approaches, work with Spanish-speaking clientele and children and adolescents.

Murguia-de Moore, Maria, Ph.D.

University of Wisconsin–Madison, Madison, Wisconsin

Psychologist, MMHI (Risk Assessment)

Forensic assessment, individual and group therapy, and behavioral programming.

Splitek, Steve, Ph.D.

University of Wisconsin–Madison, Madison, Wisconsin

Psychologist, MMHI (MJTC)

Individual, group, and family psychotherapy; psychological assessment of adolescents and adults.

Trepasso, Ana, Psy.D.

Alliant International University, Los Angeles, California

Psychologist, MMHI (PTU)

Forensic assessments, treatment to competency, Dialectical Behavior Therapy, cognitive processing therapy, suicide risk assessment.

Trevino, Stefany, Psy.D.

Adler University, Chicago, Illinois

Psychologist, MMHI (ITU)

Psychological assessment, sex offender assessment and treatment, psychotherapy, group therapy, forensic psychiatric populations.

Van Rybroek, Gregory J., Ph.D., J.D.

University of Wisconsin–Madison, Madison, Wisconsin

Director, MMHI

Management and treatment of aggressive patients, forensic evaluations, interrelationship of psychology/psychiatry and law, anti-social personalities, treatment of juveniles, clinical supervision/administration.

Yackovich, Nick, S., Ph.D., MSW, MPA

West Virginia University, Morgantown, West Virginia

University of Pittsburgh, Pittsburgh, Pennsylvania

Psychologist Manager, MMHI (AODA & BST)

Tasks: Psychosexual and Violence Risk Assessment, Treatment Program Development, Group Therapy, Individual Therapy, and Clinical Supervision. Areas of Focus: Sex offender treatment, violent offender treatment, personality disorder, and psychopathy.

Accrediting Body

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