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About MMHI

Opened in July of 1860, Mendota Mental Health Institute (MMHI) is a state-operated facility that primarily serves as a forensic hospital for individuals adjudicated not guilty of a crime due to mental illness and those committed to be treated to become competent to stand trial. Currently, there are 16 separate inpatient units totaling over 320 beds and an outpatient office that operates from an assertive community treatment model. Treatment is individualized and provided through the work of multidisciplinary teams to produce integrated interventions.

MMHI works with a diverse patient population in regard to culture, ethnicity, religion, sexual orientation, physical and mental abilities, and other aspects of cultural identity and self-identity. MMHI strives to recognize diversity and to provide services sensitive to and cognizant of individual differences. To this end, staff receives ongoing training to ensure their ability to work effectively with diverse populations. Patients 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, students 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. The result is a breadth of experience, which allows students to gain a better understanding of the role of a psychologist within a complex mental health system.

Psychology constitutes one of the larger professional departments at MMHI. With a department of over 20 psychologists, psychology is well represented throughout the facility in both a clinical and administrative capacity. Psychology plays an integral role in treatment planning and service delivery within the interdisciplinary teams. In addition, MMHI prides itself in serving as a teaching hospital with large numbers of students from all mental health and allied disciplines affiliating with the facility at any given time. This includes five psychology interns that are a part of an APA/APPIC approved doctoral internship, three post-doctoral psychology fellows, and many psychology practicum students.

Accreditation Status

The Psychology Internship Program at MMHI is accredited by the American Psychological Association.

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 their 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, genders, 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 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 facility staff are involved in ongoing research endeavors and make regular contributions to the literature.

**About the Internship**

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.

Internship training activities include, but are not limited to, unit-specific training experiences such as participation in interdisciplinary treatment team meetings, training activities such as didactics, and peer-supervision for undergraduate psychology students. There are additional opportunities available based on intern interests. Interns are considered “colleagues in training” and are expected to function in a professional and ethical manner. Interns will participate in every aspect of professional practice typical of the duties of psychology staff. 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; 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. 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. Violence risk assessments, 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 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 and group 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 but not limited to behavioral, cognitive, cognitive-behavioral, humanistic, gestalt, and psychodynamic. **Interns are required to facilitate at least two hours of therapy per week.**

Serving as a mental health professional
MMHI 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 health institute system.

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 forensic inpatient settings. 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.

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
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.

**Training Rotations**

MMHI accepts five paid interns per year. During the course of the year, interns will choose a combination of three rotations (which may include risk assessment), each for four months, plus one supplemental rotation. Given MMHI’s broad-based or generalist model of training, 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 an intern’s 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, 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 and forensic assessment; individual and group therapy; treatment planning and implementation; individualized programming; general clinical decision-making; periodic consultation activities; and possibly research activities.

**Forensic program: Rotation options**

Forensic patients are referred through the criminal court system. MMHI's forensic program serves male and female patients who are admitted for one or more of the 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 (NGI)
- 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 the patient and treatment staff.
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 **Forensic Maximum Unit (FMU)** is a 14-bed maximum security admission unit for court-ordered adult male forensic patients. This unit provides care and treatment in a trauma-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. Interns wanting to train on FMU will be provided with opportunities to conduct psychological assessments and competency to stand trial evaluations. Additionally, interns will be able to assist in the treatment planning of new admissions and facilitate individual competency restoration sessions as needed.

The **Admission Treatment Unit (ATU)** is a 20-bed maximum security unit. Its primary function is to provide assessment and treatment services for competency to stand trial for criminal offenses. Additionally, the unit provides treatment for NGI patients and residents from Wisconsin prisons or jails who manifest psychiatric difficulties and who cannot be treated in a correctional environment. Intern training would depend on their level of interest and experience but would most likely include competency to stand trial evaluations, facilitating competency groups, facilitating individual competency restoration sessions, and conducting psychological assessments as needed.

The **Secure Assessment and Treatment Unit (SATU)** is a 19-bed maximum security unit which has acted as one of the admission units 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 NGI patients. 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. Intern training would likely include competency to stand trial evaluations, facilitating competency groups, facilitating individual competency restoration sessions, and conducting psychological assessments as needed.

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 services to other inpatient units within MMHI through treatment of patients who disrupt or interfere with treatment of other individuals. Whereas 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
provides treatment to those individuals in need of competency treatment and NGI patients. Unlike other units it will also treat residents from Wisconsin prisons/jails who manifest psychiatric difficulties and who cannot be treated in a correctional environment as well as those under Wis. Stat. ch. 51 mental health commitments. Intern training would depend on their level of interest and experience but would most likely include competency to stand trial evaluations, assessment for Individual Emergency Response Plans, facilitating competency groups, facilitating individual competency restoration sessions, conducting individual therapy (when appropriate), and completing psychological assessments as needed.

The **Patient Transition Unit (PTU)** is a 21-bed maximum security unit, partially specializing in the treatment and evaluation of competency to stand trial, with a primary focus in treating NGI individuals. PTU's multidisciplinary team work to stabilize the patient on medication, and as this is occurring, also educate the patient with the information necessary to be opined competent. Mental illness, cognitive limitations, neurological impairments and malingering can all be factors in the final assessment of competency. 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, Unit 1 (TRAC-1)** is a 20-bed maximum-security unit where the primary patient issue is controlling either symptoms and/or behaviors. Both competency and NGI patients reside on this unit. The psychologist’s role on this unit is to complete assessments for competency to proceed, conduct individual and group competency restoration, and facilitate psychoeducational mental health groups. Intern activities would include facilitating competency groups, a group therapy topic of their choice, and individual therapy; as well as completing forensic competency evaluations, psychological assessments, and neuropsychological assessments.

The **Treatment, Rehabilitation, Assessment, and Care, Unit 2 (TRAC-2)** is a 20-bed medium security unit for mostly female NGI patients; some female patients for treatment to competency also reside on this unit. The treatment modalities on this unit consist of individual therapy, group therapies, recreational therapy, primary support network, and milieu therapy. TRAC-2 employs a multidisciplinary team approach toward achieving goals and objectives. Training opportunities on TRAC-2 include providing group and individual therapy, competency evaluations, and psychological assessment.

**Treatment, Rehabilitation, Assessment, and Care Units 3 West and 3 East (TRAC-3 West & TRAC-3 East):** The TRAC 3 West is a 27-bed medium-security unit, which functions as the main transition point for patients preparing for the transfer to minimum security. TRAC 3 East is a 24-bed minimum-security unit. Both units afford patients the opportunity to focus on applying previous treatment gains in a less-restrictive setting with the hope of preparing them for a successful life in the community. Psychology staff and trainees provide individual psychotherapy, group process therapy, consultation, and psychodiagnostic testing in these settings and work closely with the multidisciplinary clinical teams on each unit. Patients on these
units generally are psychiatrically stable and, consequently, therapy is most frequently enlisted to treat personality disorders, improve interpersonal functioning, and provide psychoeducation. The psychodiagnostic assessments completed in these settings are most often requested if the day-to-day behaviors of a patient suggest the possibility of a neurocognitive problem or if more information is desired about a patient’s character structure or personality disorder to better inform treatment.

The **Intensive Treatment Unit (ITU)** is a 22-bed medium-maximum security unit which acts as the female admission unit for the forensic program. Its primary function is to provide assessment and treatment services for competency to stand trial for criminal offenses. As the only female competency unit at MMHI, ITU has significantly high patient turnover, with a minimum length of stay of 7-15 days to a possible maximum stay of 12 months. 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. Training opportunities on ITU include providing group and individual legal education, competency evaluation, neuropsychological assessment, and the determination of the possibility of malingering.

The **Lorenz Medical Unit (LMU)** is a 22-bed, medium security unit for male forensic patients designed to treat those with chronic and acute mental illness and to deliver medical management centering around the unique needs of rehabilitation, complex nursing cares, and the older adult population. Patients are encouraged to participate in treatment and identify barriers that could impede their progression towards their individualized goal. Unit treatment goals include patient safety and continual nursing and psychiatric assessment and management, biopsychosocial therapy focusing on optimizing treatment outcomes, fostering emotionally stability, and incorporating sensory activities and evidenced-based approaches.

The **Medium Admission and Rehabilitation Unit (MARU)** is a 21-bed medium security unit that accommodates 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 and competency patients. The psychology staff conducts assessments and provides individual and group therapy. Intern activities would depend on their interest and experience, but could potentially include facilitating competency groups, a group therapy topic of their choice, and individual therapy, as well as complete forensic competency evaluations and psychological assessments.

The **East Admission Medical Unit (EAMU)** is a 20-bed maximum security unit. EAMU is considered a “medical unit,” as such, a number of the patients that reside on this unit have medical conditions that significantly affect their day-to-day functioning. This unit's multidisciplinary clinical team works with both NGI and competency patients. Assessment and restoration to competency work are prioritized on this unit and as such, the role of an intern is primarily for assessment. Interns that select this unit will be invited to complete competency to proceed to trial evaluations and other psychological assessments for diagnostic purposes. Should they choose, an intern would also have the opportunity to provide individual and group therapy, and individual and group competency restoration services.
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 psychosis and mood disorders. TRU employs a multidisciplinary 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 **Mendota Juvenile Treatment Center (MJTC)** is a 29-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, substance use, sexually aggressive behavior, and primary mental illnesses. Treatment includes multidisciplinary evaluation, educational services, treatment and psychoeducational groups, individual and family therapy, and therapeutic activities.

**Supplemental Rotations**

Aside from the primary training rotations, interns will choose a supplemental rotation to enhance their training experience. Interns will 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. 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.

**MJTC** is available as both a primary rotation or supplementary rotation. See description above for training opportunities.

Interns selecting the **year-long psychotherapy supplemental rotation** are afforded the opportunity to see adult patients in individual psychotherapy for the duration of their training year. Caseloads range from 4-6 patients; the expectation is that patients will generally be seen weekly for a 45-60 minute therapy session. An hour of clinical supervision is provided weekly by a licensed clinical psychologist. Patients are selected based on the needs of the institution and by referral, and every effort is made to provide a diverse and stimulating caseload to each intern. This rotation allows interns to carry long-term psychotherapy patients and to increase their clinical skills during their internship training year. Interns are able to see adult patients on multiple units across the institution, allowing for a broad array of clinical and contextual experiences (unit cultures, variable security levels, varying levels of psychopathology). There is flexibility built into the rotation to accommodate an intern’s clinical interests, and a variety of group treatments may also be made available.
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 people 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, substance use 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.

The **Alcohol and Other Drugs of Addiction (AODA) Program** is based at MMHI and uses the risk-need-responsivity (RNR) framework. 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. The AODA Program uses a cognitive-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.

- **Evaluation:** AODA Program interns will be expected to conduct RNR-based evaluations that utilize substance use disorder screening instruments; a structured professional judgement 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) then 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 focuses on:
  - 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, mental health symptoms, or both.
  - Assisting the 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.
**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 three-day skills training in October and the five-day comprehensive training in January/February. 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. Interns typically carry at least one individual therapy patient after they have completed the 5-day comprehensive training in the winter. Interns in this rotation are also expected to attend and participate in the DBT consultation meetings.

**Mock Trial Experience – Expert Witness Testimony**

Each year all interns participate 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 during a primary rotation. 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 a simulation held at the Dane County Courthouse in Madison.

In addition to the mock trial experience, it is not uncommon for interns to be subpoenaed for expert witness testimony for their completed competency evaluations. Testimony is provided to the courts through videoconferencing and in the presence of their direct supervisor. Feedback is then given after the completion of the court hearing by the direct supervisor.

**Research Paper/Topic Presentation or Group Program Evaluation**

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
Interns have also collaborated on group program evaluation projects, involving collecting available outcome data and analysis and summary, that have parlayed into their supervision of summer criminal justice students from the University of Wisconsin. 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.

Seminars, Didactics, and Other Educational Opportunities
Part of the internship includes regularly scheduled didactics 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 didactic offerings, typically in a virtual setting. Interns from both settings and from other internship sites attend the seminars. Staff of Mendota Mental Health Institute, Sand Ridge Secure Treatment Center, 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 didactics provided 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, diversity considerations in research and clinical practice, 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 didactics, MMHI has a very active training department that arranges a number of workshops and training sessions during the course of the year. These seminars 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 the University of Wisconsin and an array of in-service and other training activities at MMHI.

Ombuds Services
MMHI offers ombuds services to provide support and guidance for interns through possible training/work related conflicts or stresses. Psychologists who are not supervising a rotation during the training year provide this service to avoid possible undue influence or other obstacles to discussing concerns freely. Regular meetings are offered biweekly to interns during the course of the training year. Very serious matters would likely be addressed to the training committee for resolution.

Supervision
The supervision philosophy at MMHI emphasizes learning new skills, integration of empirically supported procedures into practice, enhancement of a broad knowledge base, and refinement of existing skills, in an atmosphere of mutual respect and understanding. Supervisors share their knowledge and experience, provide professional mentoring, and share constructive feedback
regarding intern performance. Each intern receives a minimum of four hours of weekly supervision, as described below.

**Primary supervision**
Two hours of supervision are face-to-face with the supervisor of the intern’s primary rotations. Primary supervision is provided by rotation supervisors who are doctoral level licensed psychologists. The duties of the individual supervisor include supervision and direct observation of all intern clinical activities, coordination of the intern’s duties and responsibilities, and facilitation of formal and informal learning experiences. Evaluation of the intern’s initial competency and training needs, completion of formal evaluations of interns every two months, and enhancement of the intern’s professional identity through mentorship experiences will also occur.

**Group supervision**
Interns will meet weekly for two hours to discuss any difficult case issues within a group supervision format. This is also a useful time for the intern cohort to spend time together consulting about their experiences, gaining peer support, and feedback. Group supervision is also facilitated by a fully licensed doctoral level psychologist.

**Peer supervision**
During the last rotation of the training year, interns will take on the responsibilities of supervising an undergraduate student from the Criminal Justice Program at the University of Wisconsin. Interns will be in charge of scheduling and assisting their students in treatment activities while at MMHI. Students will often shadow groups and assessments and, if comfortable, can take over as lead facilitators. Interns coordinate with other licensed psychologists in order to provide their students with a breath of psychology experiences. Interns then provide peer supervision and feedback to their students as they would if they were in a real supervisory role.
COVID-19 Precautions

MMHI follows COVID-19 directives from the Wisconsin Department of Health Services. To that end, trainees are deemed essential employees and are required to engage in clinical practice on-site. Trainees must wear masks at all times at the facility. Trainees must also follow all other guidelines from the Wisconsin Department of Health Services and Centers for Disease Control and Prevention. Contact Mary Brey at 608-301-1197 or the Nursing Office at 608-301-1386 for needed personal protective equipment (PPE) supplies (masks, face shields, goggles). Employee nurses Carrie Muzinga and Debra Cann at 608-301-1764 and 608-301-1279, respectively, are to be notified should you need to report any COVID-19 related symptoms. They also provide fit testing for N-95 respirators. Please notify the training director of related absences. Trainees are also expected to read MMHI staff COVID-19 updates provided by facility director Gregory Van Rybroek and Wisconsin Department of Health Services leadership. COVID-19 precautions may change. Interns are expected to follow current guidelines.

Administrative Policies and Procedures

Every intern is granted access to an internal website that contains all administrative policies and procedures. Access to this website is limited to staff members of MMHI due to state policy. The first two weeks or the equivalent of that time of training are devoted to new employee orientation training, psychology department orientation, and brief meetings with the rotation supervisors. As temporary state employees, all interns must receive training for certification in hospital-approved procedures for physical intervention and patient restraint. At the end of the facility orientation, interns will select their treatment rotations and report to their specific work areas for any additional orientation and training that might be required.

Stipend

The stipend for the 2,000-hour, one-year, full-time internship is anticipated to be approximately $52,000 for each internship position.

Benefits

All interns are allotted two weeks (10 business days) of paid vacation as well as 9 paid holidays per year. Health and dental insurance are not offered as a part of the internship.

Eligibility and Qualifications

MMHI is best suited for students seeking inpatient experiences that will complement their previous training. Internship-eligible doctoral students from APA accredited clinical, counseling, and school psychology programs who have obtained approval from their faculty may apply. Successful applicants will
- Possess a solid foundation in psychological assessment and therapeutic intervention.
- Have completed or be in the process of completing a formal dissertation.
- Have successfully defended the dissertation proposal prior to the internship start date.

Matched interns must be able to pass a criminal background check.
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. A strong applicant would likely have the following background: good academic performance with high marks in treatment and assessment, 1,000 or more supervised clinical hours, a strong performance in clinical assessment, especially in regards to administering and scoring the WAIS-IV, PAI, and MMPI-3, as well as proficient writing and time management skills. MMHI’s training program does not subscribe strictly to set academic or practice standards in selecting intern applicants (although the eligibility criteria are observed). Nevertheless, the MMHI Internship Program reviews each applicant in much more than academic and practice terms, taking into account each person's uniqueness.

**Application Procedure and Deadline**

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.

The application deadline is November 1, 2022.

**Application requirements are as follows:**

1. Completed APPIC Application for Psychology Internship (APPI), submitted through [http://www.appic.org](http://www.appic.org)
2. Current curriculum vitae uploaded into the APPI
3. Official graduate school transcripts uploaded into the APPI
4. One writing sample in the form of a psychological report or written case summary with any identifying information redacted
5. Three letters of recommendation uploaded into the APPI
6. Practicum minimum hours: 1,000 total
   a. Intervention: 150 hours face-to-face
   b. Assessment: 100 hours face-to-face
7. Preferred minimum integrated written psychological reports: 10
   Preferred minimum cognitive assessments: 8
8. Preferred minimum graduate GPA: 3.5
Interviews

Applications will be reviewed in November and selected applicants will be invited to participate in interviews in mid- to late-December and January. Due to the fluid nature of the COVID-19 pandemic, it is anticipated that all interviews will be virtual this year. Still, there is a possibility of in-person interviews or a combination of both.

Interviews will include a structured interview and conversation with members of the psychology department, a meeting with current interns, and opportunities to answer any questions applicants may have about the internship. Each applicant will be assessed using a structured interview rating scale. If you are selected to interview and need a reasonable accommodation, please contact Mary Brey at 608-301-1197.
### Internship Positions Program Data

**Date Program Tables Updated: 09/15/2021**

<table>
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<tr>
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<th>2018-2021</th>
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<td>Total number of interns who were in the 3 cohorts</td>
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MMHI Psychology Department Staff

Ahrens, Christine, Ph.D.
- **Education**: University of Wisconsin–Madison, Madison, Wisconsin
- **Job title**: Psychologist, PACT Program
- **Professional interests**: Professional counselor (specialty in rehabilitation psychology)

Caldwell, Michael, Psy.D.
- **Education**: University of Denver, Denver, Colorado
- **Job title**: Psychologist, MMHI (MJTC)
- **Professional interests**: Treatment outcomes, evaluation, management and treatment of aggressive patients, risk analysis, and forensic psychology

Calas, Danielle, Psy.D.
- **Education**: Chicago School of Professional Psychology, Chicago, Illinois
- **Job title**: Psychologist, MMHI (MARU)
- **Professional interests**: Forensic evaluations and competency evaluations

Conklin-Weaver, Sara, Psy.D.
- **Education**: Wisconsin School of Professional Psychology, Milwaukee, Wisconsin
- **Job title**: Psychologist, MMHI (MJTC)
- **Professional interests**: Forensic evaluations, cognitive assessments, alcohol or drug assessments and treatment

DeBoer, Thomas, Psy.D.
- **Education**: University of St. Thomas, Minneapolis, Minnesota
- **Job title**: Psychologist, MMHI (FMU)
- **Professional interests**: Forensic evaluations, psychological reports, individual and group psychotherapy

Dosado-Bernacky, Laura, Psy.D.
- **Education**: Roosevelt University, Chicago, Illinois
- **Job title**: Psychologist, MMHI (TRU)
- **Professional interests**: Forensic assessment and dialectical behavior therapy

Frey, Jana, Ph.D.
- **Education**: University of Wisconsin–Madison, Madison, Wisconsin
- **Job title**: Unit Chief, PACT Program
- **Professional interests**: Individual supportive psychotherapy, the development of symptom management strategies, vocational rehabilitation, dual diagnosis treatment, and CTT team management
Garbelman, Jeffrey L., Ph.D.
- **Education**: Indiana University, Bloomington, Indiana
- **Job title**: Psychologist, MMHI (FTU)
- **Professional interests**: Suicide risk assessment, treatment, and documentation; posttraumatic stress disorder and assessment; and dialectical behavior therapy.

Garcia, Ana, Ph.D.
- **Education**: Marquette University, Milwaukee, Wisconsin
- **Job title**: Psychologist, MMHI (EAMU)
- **Professional interests**: Forensic psychology, risk assessment, competency, psychological assessments, and individual and group therapy incorporating cognitive behavioral and dialectical behavioral approaches

Gust-Brey, Karyn L., Ph.D.
- **Education**: Ball State University, Muncie, Indiana
- **Job title**: Psychologist Supervisor, MMHI (Interim Training Director)
- **Professional interests**: Psychological assessment, competency evaluations, intellectual and developmental disabilities, assessment of juvenile sex offenders, risk assessments, cognitive behavioral and motivational interviewing approaches

Horowitz, Julian, Ph.D.
- **Education**: The New School for Social Research, New York, New York
- **Job title**: Psychologist, MMHI (LMU)
- **Professional interests**: Individual and group psychotherapy, assessment, clinical training and supervision, and psychotherapy research

Grusecki, Katelyn, Psy.D.
- **Education**: Pepperdine University, Malibu, California
- **Job title**: Psychologist, MMHI (SATU)
- **Professional interests**: Competency evaluations, risk assessments, neuropsychological assessments, sex offender evaluations, and individual therapy

Johnson, Kristin, Psy.D.
- **Education**: Saint Mary’s University of Minnesota, Minneapolis, Minnesota
- **Job title**: Psychologist, MMHI (ITU)
- **Professional interests**: Competency evaluations, risk assessments, neuropsychological assessments, sex offender evaluations, and individual therapy

Johnson, Shawn, Psy.D.
- **Education**: Chicago School of Professional Psychology, Chicago, Illinois
- **Job title**: Psychologist, MMHI (Float)
- **Professional interests**: Dialectical Behavior Therapy, trauma treatment, diagnostic assessment, competency assessment, and neuropsychological screening
Krickeberg, Jenna, Psy.D.
- **Education**: Pacific University, Hillsboro, Oregon
- **Job title**: Psychologist, MMHI (MTU)
- **Professional interests**: Competency evaluations, sexual offense risk evaluations, violence risk evaluations, treatment of individuals with sexual offense histories, and cognitive behavioral therapy (CBT)

Kaseroff, Ashley, Ph.D.
- **Education**: University of Wisconsin-Madison, Madison, Wisconsin
- **Job title**: Psychological Associate, PACT Program
- **Professional interests**: Professional counselor (specialty in rehabilitation psychology)

Marx, David, Psy.D.
- **Education**: Wheaton College, Wheaton, Illinois
- **Job title**: Psychologist, MMHI (TRAC-3 East and TRAC-3 West)
- **Professional interests**: Contemporary psychoanalytic theory, intersubjectivity theory, gender socialization, psychology and spirituality, object relations theory, and mentalization-based treatment

Peissig, Emily, Psy.D.
- **Education**: Wisconsin School of Professional Psychology, Milwaukee, Wisconsin
- **Job title**: Psychologist, MMHI (TRAC-1)
- **Professional interests**: Competency, neuropsychological, risk, and sex offender evaluations; treatment of individuals with sexual offense histories and SMI; and competency restoration

Shepherd, Alix, Psy.D.
- **Education**: Pacific University, Hillsboro, Oregon
- **Job title**: Psychologist, MMHI (SATU/ITU)
- **Professional interests**: Competency evaluations, violence risk evaluations, treatment of insanity acquittees and individuals with substance use disorders, and cognitive behavioral therapy (CBT)

Splitke, Steve, Ph.D.
- **Education**: University of Wisconsin–Madison, Madison, Wisconsin
- **Job title**: Psychologist, MMHI (MJTC)
- **Professional interests**: Individual, group, and family psychotherapy; psychological assessment of adolescents and adults

Daniel Stabin, Daniel, Ph.D.
- **Education**: Auburn University, Auburn, Alabama
- **Job title**: Psychologist, MMHI (TRAC-2)
- **Professional interests**: Individual and group psychotherapy, forensic assessment, clinical training and supervision, and psychotherapy research
Trepaso, Ana, Psy.D.
- **Education**: Alliant International University, Los Angeles, California
- **Job title**: Psychologist, MMHI (PTU)
- **Professional interests**: Forensic assessments, treatment to competency, Dialectical Behavior Therapy, cognitive processing therapy, and suicide risk assessment

Trevino, Stefany, Psy.D.
- **Education**: Adler University, Chicago, Illinois
- **Job title**: Psychologist, MMHI (Risk Assessment)
- **Professional interests**: Psychological assessment, risk assessment, sex offender assessment and treatment, psychotherapy, group therapy, and forensic psychiatric populations

Van Rybroek, Gregory J., Ph.D., J.D.
- **Education**: University of Wisconsin–Madison, Madison, Wisconsin
- **Job title**: Director, MMHI
- **Professional interests**: Management and treatment of aggressive patients, forensic evaluations, interrelationship of psychology/psychiatry and law, anti-social personalities, treatment of juveniles, and clinical supervision/administration

Washelesky, Jeffrey, Psy.D.
- **Education**: Chicago School of Professional Psychology, Chicago, Illinois
- **Job title**: Psychologist, MMHI (ATU)
- **Professional interests**: Psychological assessment, competency evaluation and treatment, sex-offender evaluations, and forensic psychiatric populations
About Wisconsin

- Population: 5,895,908
- Largest City: Milwaukee, 592,649 people
- 66 state parks
- Nearly 21 million gallons of ice cream are consumed by Wisconsinites each year. The first ice cream sundae was concocted in Two Rivers in 1881.
- Door County has more shoreline than any other county in the United States (over 250 miles).
- Wisconsin’s state symbol, the badger, doesn’t refer to the animal but instead to the 1820s lead miners who traveled for work and dug tunnels to sleep in and keep warm, much like a badger. Celebrate the name on game day at UW-Madison with the Wisconsin Badgers.
About Madison

- Second largest city in Wisconsin, 258,366 people
- Madison has 15,000 acres of lakes where residents enjoy sailing, canoeing, kayaking, fishing, swimming, and stand-up paddle boarding. There are five notable lakes: Mendota, Monona, Wingra, Waubesa, and Kegonsa.
- The city is home to over 260 parks covering 6,000 acres and more than 200 miles of off-road paths and trails. When in Madison, you are never more than a 10-minute walk from a park. In addition, there are 15 off-leash dog parks.
- The Dane County Farmers’ Market (located on the Capitol Square) is the largest producer-only market in the nation. Madison is also home to the world’s largest Brat Fest, which is held annually on Memorial Day weekend. More than 4 million sausages have been sold at the festival since 1983.
- Madison is located on land originally inhabited by the Ho-Chunk Nation. A community building for tribal members is located in Madison.
About the MMHI Campus

- The MMHI campus is on public grounds.
- Governor's Island is only accessible via a man-made land bridge on the MMHI campus. Governor's Island is one of Madison’s hidden gems. It is a 60-acre green space along Lake Mendota with a 0.75-mile paved walking path around the island. This space is a popular fishing and kayaking location.
- The Mendota State Hospital Mound Group is located on MMHI grounds. The effigy mounds have been listed on the National Register of Historic Places since 1974. The site contains 11 conical mounds and remnants of 2 panthers, a bird, and 3 linear mounds. The largest of the mounds is said to be an eagle or thunderbird that originally had a 624-foot wingspan. The eagle in MMHI's logo is based on this mound.

Mendota Mental Health Institute
301 Troy Drive
Madison, WI 53704
608-301-1000
www.dhs.wisconsin.gov/mmhi

Accrediting Body
American Psychological Association
750 First Street, NE
Washington, DC 20002
202-336-5979