

# Copper Lake School/Lincoln Hills School

## Internship in Professional Psychology

Intern Guide  
2014-2015



State of Wisconsin  
Department of Corrections  
Division of Juvenile Corrections  
Irma, Wisconsin

*APA Accredited  
Member of APPIC*

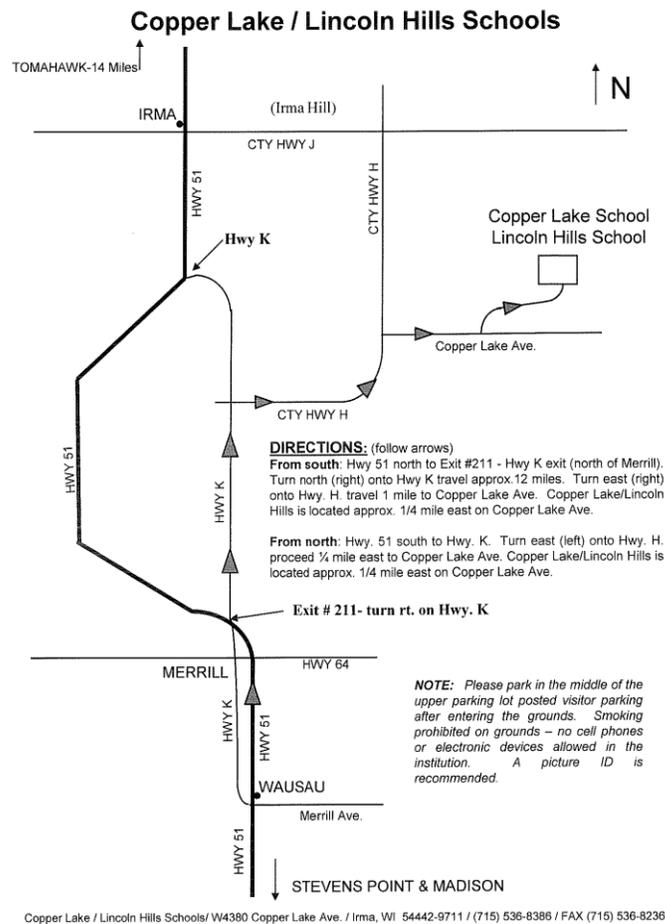
**Last Updated February 4, 2015**

## PURPOSE OF INTERNSHIP GUIDE

The purpose of this guide is to help interns gain a better understanding of the Lincoln Hill School and Copper Lake School (LHS/CLS) Internship in Professional Psychology. This guide provides interns with a description of the institutional mission and goals of LHS/CLS, the programs and services provided to residents at LHS/CLS and a description of the internship's goals and objectives, the training and objectives of each rotation, and how supervision and evaluation are conducted.

## LOCATION

Lincoln Hills School (LHS) for boys and Copper Lake School (CLS) for girls are the two juvenile correctional institutions in the State of Wisconsin. They are co-located in Irma, Wisconsin and are in Lincoln County, approximately 30 miles north of the city of Wausau and approximately a three hour drive north of Madison.



## ACCREDITATION STATUS

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

Office of Program Consultation and Accreditation  
American Psychological Association  
750 1st Street, NE, Washington, DC 20002  
Phone: (202) 336-5979 / E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)  
**[www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)**

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

## WI DEPARTMENT OF CORRECTIONS MISSION, VISION AND CORE

### MISSION:

- **Protect** the public, our staff and those in our charge.
- **Provide** opportunities for positive change and success.
- **Promote**, inform and educate others about our programs and successes.
- **Partner** and collaborate with community service providers and other criminal justice entities.

### VISION:

To achieve excellence in correctional practices while fostering safety for victims and communities.

*Every Person - Every Family - Every Community Matters*

Directly related to our Mission and Vision Statements are the primary ideals we hold highest in pursuit of our goals. What do we need to do? What do we strive for? What are our Core Values?

### CORE VALUES:

**We are accountable to each other and the citizens of Wisconsin.**

- We manage our resources in an efficient, effective, sustainable, and innovative manner.
- We demonstrate competence and proficiency in the work necessary to accomplish our mission.
- We take individual responsibility for how we plan, perform, and manage our work.

**We do what's right - legally and morally - as demonstrated by our actions.**

- We value courage, candor, and conviction of purpose.
- We expect ethical behavior and integrity in all we do.
- We require honesty, adherence to the law, and the fair and equitable treatment of others.

**We recognize employees as the department's most important resource.**

- We work towards building a workforce of diverse individuals who achieve great things together.
- We recognize exemplary performance.
- We advocate in the best interest of our workforce.

**We value safety – for our employees, the people in our charge and the citizens we serve.**

- We provide the resources and training necessary for employees to safely accomplish our mission.
- We operate safe and secure facilities.
- We offer opportunities for offenders to become productive members of their communities.

**We expect competence and professionalism in our communications, demeanor, and appearance.**

- We demonstrate knowledge and skills within our areas of responsibility.
- We respond effectively and appropriately in our interactions and communications.
- We treat all people with dignity and respect.
- We recognize that we have one opportunity to make a positive first impression.

The challenges faced by the adolescents and young adults that the Division is charged with serving are complex and historically include a variety of problems, often including mental and behavioral health disorders. These problems require complex solutions. Achieving the mission and goals of the Division requires coordinated efforts from various departments and programs within the Division and the community. The services provided by the Psychological Services Unit (PSU), along with an array of support and education services, are a vital component to the efforts designed to achieve the Division's mission and goals at LHS/CLS. The internship in professional psychology is an important component of those services. Interns play a key role in providing services fostering pro-social thinking and behavior of clients through treatment interventions and psychotherapeutic relationships. It is a goal of the internship to help developing psychologists become effective professionals and in the process gain an appreciation for the rewards of working with a diverse and challenging population.

## **THE FACILITY**

Both schools are administered through the Department of Corrections (DOC), Division of Juvenile Corrections (DJC). Both CLS and LHS are charged with the responsibility of providing public safety, holding youth responsible for their behaviors, and offering them opportunities to build competencies. LHS was constructed in 1970 and CLS was constructed in 2011 when a consolidation of Wisconsin juvenile facilities took place. During consolidation, Southern Oaks Girls School, where juvenile females had been placed prior to the opening of CLS, was closed along with Ethan Allen School (EAS), for boys, where this internship program had previously operated. Both youth populations were transferred to LHS/CLS in the summer of 2011.



## **THE RESIDENTS**

There is no typical resident of LHS/CLS. However, the vast majority of the youth have been committed from a county juvenile court after being adjudicated delinquent and in need of secure care for an offense that if committed by an adult would have resulted in a sentence of 6-months or longer. A very small number of youth have been placed at the facility after having been sentenced in adult court for a serious felony offense. These youth are allowed to start their adult sentences at the juvenile facility due to their young age. All youth at LHS/CLS are aged ten to twenty-five years with the vast majority being between the ages of fifteen and eighteen.

There are approximately seven different types of commitments to Lincoln Hills/Copper Lake School. The most common is a one to two year commitment from a Wisconsin juvenile court. Second is the regular Serious Juvenile Offender commitment of five years duration, a maximum of three years of which can be served in a secure facility. There is also another Serious Juvenile Offender commitment, typically for homicide, which can be up to the age of twenty-five. Another type is an adult commitment of a youth who is sent to begin his/her sentence here at LHS/CLS due to his/her young age. LHS/CLS is also used to sanction youth from other designated facilities and programs within the state. Some counties also use LHS/CLS as their secure detention facility to hold youth for brief periods of time.

The majority of youth placed at LHS/CLS are from minority groups including African-American, Latino, Asian-American, and Native Americans. In addition, a majority of the youth are sent here from the more heavily populated counties of the state, particularly from those in the southeastern part of the state (including the counties of Milwaukee, Racine, Kenosha, Rock, and Dane). But there are also youth from rural areas and small towns throughout the state. Because LHS/CLS has residents from all over the State of Wisconsin, it offers a

very diverse population for the internship experience. Most youth have long histories of delinquency, and the vast majority perpetrated offenses that involve weapons or offenses against a person, including first degree intentional homicide, first degree sexual assault, assault, battery, armed robbery, and other offenses. There are also youth with significant behavioral problems who have less severe histories of delinquency.

Approximately half of the youth have received mental health services previously, and many of these have experienced inpatient hospitalization for psychological problems. Most youth at Lincoln Hills/Copper Lake have obtained very few high school credits in the community; the average is less than two credits. Additionally these youth had not been attending school regularly in their communities. On average over half of the youth have also previously been placed in special education program. While the average daily population fluctuates, the most recent average has been about 300 boys at LHS and 30 girls at CLS.



*Ariel View of Copper Lake/Lincoln Hills Schools 2011*

## **FACULTY AND STAFF**

There is a strong commitment on the part of administrative staff of LHS/CLS, the Division of Juvenile Corrections, and the Department of Corrections to working with juvenile offenders, to psychological services, and to the internship. About two hundred people work at LHS/CLS; including about thirty faculty and staff within the school program, nearly twenty social workers, a Health Services Unit comprised of nurses and part-time providers including physicians, nurse practitioners, psychiatrists, and a dentist. The Psychological Services Unit is comprised of four full-time doctoral level licensed psychologists, two full-time Psychological Associate (psychology staff who have completed all required coursework from APA approved graduate school programs and an APA approved internship program, but are not yet licensed as psychologists), four full-time psychology interns, and one Office Operations Associate. Additionally, there are numerous youth counselors, food services workers, security personnel, a chaplain, and administrators. The commitment to equal opportunity has resulted in a diverse staff and faculty.

## OVERVIEW OF LIVING UNITS AND PROGRAMS

Below is a listing of all the LHS/CLS living units, along with their primary treatment program affiliations:

LHS currently has 9 operational living units for boys:

- Addams: Houses the Sex Offender Treatment Program.
- Black Elk: Offers specialized programming targeted for older youth, particularly those who have already completed their high school education.
- Douglass: Offers cognitive-behavioral treatment approaches to address criminal thinking patterns via involvement in the Juvenile Cognitive Intervention Program (JCIP) and/or the Victim Impact Program, and/or to address anger management/aggression control issues via involvement in Aggression Replacement Training (ART).
- DuBois: Focuses on substance use (SUD/AODA) treatment issues and Trauma Informed Care (TIC).
- Hughes: Offers employability skills focused program for older youth who are credit deficient and have lower academic skills.
- Miller: Offers cognitive-behavioral treatment approaches to address criminal thinking patterns via involvement in the Juvenile Cognitive Intervention Program (JCIP) and/or the Victim Impact Program (VIP), and/or to address anger management/aggression control issues via involvement in Aggression Replacement Training (ART).
- Rogers: Doubles as the Reception/Intake Unit, and the home of the PRIDE program, a unique short-term program, targeted toward lower-risk offenders, which helps youth identify and further develop their own strengths, via programming focused upon “the 40 developmental assets.” The program emphasizes education, leadership, team building, and community service.
- Roosevelt: Utilized for short-term security placements for youth who act-out within the facility and for sanction or secure detention placements from outside facilities/programs.
- Krueger: Utilized for security placements for youth who act-out within the facility. Krueger is used for youth needing a greater level of security compared to youth placed in Roosevelt security.

CLS currently has 2 operational living units for girls:

- King: Doubles as the Reception/Intake Unit and as a general population unit.
- Wells: Doubles as an Intensive (Mental Health) Treatment Unit, for girls identified as having greater levels of mental health disturbance as a short-term security placement unit for female youth who act-out within the facility and for sanction or secure detention placements from outside facilities/programs.

## YOUTH PROGRAMS

### *Reception and Orientation Program*

Presently, Rogers Living Unit is the first, or reception, residence for all newly admitted boys who are placed at LHS—newly admitted girls are placed in the King Living Unit of CLS. During reception and orientation, youth are assessed and evaluated by program staff. The results of a comprehensive interview of each youth, testing, observation, and a review of his/her history are utilized to generate a report which outlines his/her treatment or program needs and guides his/her placement onto a particular living unit and into specific treatment programming tracks. Medical, dental, educational, and career assessments are also performed at this time, along with a preliminary mental health screening by Psychological Services staff.

In 2012, a new risk-needs assessment tool, called COMPAS, was implemented to further assist in the identification of treatment needs and to differentiate varying levels of recidivism risk. COMPAS incorporates a

theory-based approach to assessment designed to incorporate key scales from several of the most important theoretical explanations of crime and delinquency including; Social Bonding and Control Theory, Strain Theory, General Theory of Crime, Criminal Opportunity/Lifestyle Theories, Moffitt's taxonomy of juvenile offenders and Bandura's cognitive model of moral development. Extensive measurements assess the key areas of family, school, and peer contexts, in addition to individual personality and cognitive characteristics of youth. It also incorporates a "strengths perspective," attempting to identify currently present or potential strengths that may be accessed and/or enhanced to further protect the high-risk youth from further progression into serious delinquency.

### ***Substance Use Disorders (SUD) or AODA Program Rotation***

This is a sixteen-week, closed ended program designed to provide a safe, secure, and supportive environment for delinquent adolescent males to effectively address their identified substance abuse issues as well as other individual goals. Through a primarily education-based model (Seeking Safety), adolescents are provided the opportunity to make positive lifestyle changes and to be better prepared to lead a life free of crime and chemical abuse. Areas of emphasis include self-assessment, group awareness, alcohol and drug educational awareness, relapse prevention, responsible thinking, and advanced therapeutic skills for internalizing and applying concepts. Trauma Informed Care (TIC) is also emphasized in this program. Family nights are offered periodically and family and individual psychotherapy are conducted on a regular basis.

### ***Sex Offender Treatment Program***

The Sex Offender Treatment Program (SOTP) for males is housed in Addams Living Unit. It is designed to work with male youth committed to LHS for serious sexual assaults. The program works with perpetrators of sexual assault against children and against adults. The program includes many youth for whom sexual assault is but one offense in a long and varied history of delinquency. Currently, the SOTP utilizes a three part program: beginning with Juvenile Cognitive Interventions Program (JCIP), which develops a number of cognitive skills. Following JCIP is Core, which deals with the sexual misconduct, applying what they learned in JCIP. Finally, youth participate in the Victim Impact Program (VIP) which is designed to help youth see the impact that their crime has on other people.

There is not a dedicated treatment program for female youth with sex offense charges, since there are so few of these youth placed at CLS at any given point in time, and there is no professional consensus regarding an appropriate group treatment approach for juvenile females with sex offense histories. Subsequently, these issues are addressed as a part of individual psychotherapy sessions for these youth.

Youth committed for applicable sexual offenses are reviewed prior to release to determine if they meet the criteria for an involuntary commitment under Chapter 980 of the Wisconsin State Statutes. This law provides for involuntary commitment of sex offenders who have a mental disorder that predisposes them toward future acts of sexual violence. Psychologists and interns assigned to the SOTP are actively involved in the decision-making process regarding which youth are appropriate for referral under the provisions of Chapter 980.

### ***Mental Health Treatment Programs***

Anyone working in a juvenile correctional facility will soon recognize that many youth appear to have mental health needs that far outpace their needs as juvenile delinquents. Additionally, many youth have such severe behavior problems that they are unable to stabilize long enough to participate in and benefit from traditional types of intervention.

For male youth, we have access to 29 intensive mental health treatment beds (used exclusively by youth transferred from LHS) at the Mendota Juvenile Treatment Center (MJTC). MJTC is a hybrid correctional/mental health program operated by the Wisconsin Department of Health Services on the grounds of Mendota Mental Health Institution in Madison, Wisconsin. If male youth admitted to LHS exhibit mental health issues which seem too extreme for management/treatment at LHS, or which make them unable to be successful in regular treatment programming at LHS, psychological staff at LHS can have the youth transferred to MJTC for more intensive mental health treatment.

For female youth who are admitted to CLS with pronounced mental health issues, there is an Intensive Treatment Program offered within the Wells living unit of CLS. The ITP program provides intensive mental health services roughly comparable to those offered to the male youth who are placed at MJTC.

### ***Female Treatment Programs***

There are two living units for the female youth at CLS. These units have continued many of the treatment approaches previously utilized at Southern Oaks Girls School, which incorporate gender-responsive, evidence-based, and trauma-informed principles. Examples of the programs offered include Dialectical Behavioral Therapy (DBT), Juvenile Cognitive Intervention Program (JCIP), Aggression Replacement Therapy (ART), and TRIAD group for girls, and others.

The King living unit is subdivided into two sections, one of which serves as a reception area for newly admitted youth, and one which is utilized as a general population housing unit. The Wells living unit is also subdivided into two sections, one of which houses the Intensive (mental health) Treatment Unit (ITP), and one which is utilized for short-term security placements for female youth who act-out within the facility and for sanction or secure detention placements for female youth from outside facilities/programs.

### ***Education Programs***

Lincoln Hills School and Copper Lake School include a comprehensive educational program that offers regular middle school and a senior high school diploma, as well as a comprehensive High School Equivalency Diploma.

### ***Academic Programs***

Lincoln Hills/Copper Lake School offers classes in all of the traditional areas, including Social Studies, English, Science, Physical Education, and Mathematics. LHS/CLS has special education programs for residents with Emotional Disturbance, Learning Disabilities, Developmental Disabilities, Speech and Language Disabilities, and other handicapping impairments. Complete Multidisciplinary Team assessments are in compliance with Public Law 94-142 and Wisconsin law. There is currently one school psychologist position in the special education program. The school psychologist consults with Psychological Services interns and staff regarding psychological and educational assessment, as well as providing expertise pertaining to the needs and placement of special education students.

### ***Career and Technical Education***

Presently we offer career and technical education programs including business, pre-engineering, greenhouse, welding and construction. Youth also have access to programs which assist them in career development and in the development of independent living and family-related skills. The Employability Skills Program (ESP) includes classes and programs that facilitate independent and/or career skills. The education programs also involve work experiences in food service, business, grounds keeping, and laundry. A significant number of youth work at LHS/CLS for modest salaries.

## ***Other Programs***

There are numerous other programs at LHS/CLS. These include religious opportunities and programming, cultural awareness, foster grandparents and, experiential recreational activities (e.g., high and low ropes courses), etc. Other educational programs include environmental education, parenting education, and a variety of other specialized educational programs. The education department also offers recreational sports activities in a wide range of areas, which even includes an interscholastic sports program in basketball (where the LHS basketball team competes against the high school teams of several nearby communities). Also emphasized is the Positive Behavior Intervention and Supports (PBIS) model. PBIS is a systematic approach to encourage proactive and school-wide behaviors based on a Response to Intervention (RTI) model.

## **HISTORY OF THE INTERNSHIP**

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

When it was announced on March 1, 2011, that two of the three juvenile correctional facilities in Wisconsin (including Ethan Allen School) would be closed a plan was put together for relocating the internship program from EAS to LHS/CLS. This plan was approved in April of 2011 by the Executive Committee of the APA Commission on Accreditation.

During the past 10-15 years, the population at juvenile institutions has become increasingly diverse, particularly in regards to the age of offenders and length of commitment for offenses. LHS/CLS continues to work primarily with juveniles, but young adults are also now committed here. The need for effective mental health services in this changing context is great. LHS/CLS and the Wisconsin Division of Juvenile Corrections are committed to meeting that need. The development of the EAS internship program and the continuation of the internship at LHS/CLS reflect that commitment.

The Psychological Services Unit is dedicated to the use of psychology for the improvement in the lives of others, especially those of troubled juveniles and young adults. We hold an expansive rather than exclusive perspective when considering which residents we should work with and what our work should encompass. We firmly believe that adolescents and young adults in correctional settings can be helped and changed in a positive manner by the appropriate psychological interventions of skilled clinicians.

## **INTERNSHIP MISSION AND TRAINING PHILOSOPHY**

The mission of the internship in professional psychology at LHS/CLS is to train aspiring psychologists to be effective in working with adolescents and young adults within a correctional setting in a manner that is consistent with APA Ethical Standards. Given the broad range of clinical disorders and symptoms presented to clinicians by LHS/CLS residents, the clinical learning experiences and supervisory input received by interns should increase their skills, knowledge and confidence in treating what many consider to be one of the most challenging treatment populations. The intent is to help developing psychologists become generalists and gain an appreciation for the rewards of working with a young, diverse and challenging population. The intern program is designed to produce psychologists who are knowledgeable about the psychological implications of juvenile delinquency and criminal behavior. This includes preparing interns to work effectively as mental health professionals with the families of such individuals and with other important systems or jurisdictions.

LHS/CLS is committed to the philosophy that psychological practice should be based on the science of psychology which is influenced by the professional practice of psychology. We are grounded in the practitioner-scholar model and believe interns should receive training that integrates research and clinical experience. Rather than the production of original research, this model of training emphasizes the development of professional competencies that are based on current research, scholarship, and practice. “Scholar” is here defined as a practitioner who is always reading, learning, and developing in order to maintain and/or increase his or her competence in whatever professional roles he or she undertakes. Thus, psychology interns are urged to critically evaluate current theory, research, and practice when approaching their clinical tasks.

The interns are expected to utilize evidenced-based practices in their assessments and interventions. They are exposed to these practices through didactic seminars, and they are clinically guided in implementing these practices through group and individual supervision. They are encouraged to scientifically review and critique the current literature that is relevant to this population and are given opportunities to seek the literature and attend professional training and conferences. Our ultimate goal is to support and assist the intern in learning how to act competently, respectfully, ethically, and to be empathetic in the delivery of mental health services. This includes becoming aware of the cultural and individual diversity of the clients being served.

The need for training to be graded in complexity, sequential, and cumulative is viewed as vital to the overall development of the intern’s professional identity. The intern progresses from initially being closely supervised and monitored, to gradually developing into a more autonomously functioning professional, able to manage more clinically complex cases. Training begins with a two week orientation that introduces interns to LHS/CLS programs, policies and protocols. Supervisor assignments are made and interns spend the first few weeks acclimating to the institution grounds and the Psychological Services Unit (PSU). Clients are gradually introduced and by the end of the first week of training the intern is assigned his/her first assessment case and reviews the file with the supervisor before beginning. During the second week of training, interns interview their first therapy clients which are worked into their schedule over the following month and are observed at least once in a therapy session within the first 2-3 months. During the 2nd quarter, interns may be prepared to participate as a group co-facilitator and may begin doing crisis risk assessments under supervision. By the 3<sup>rd</sup> quarter interns may progress to completing more complex assessments, including sex offender evaluations. During this time is when interns can begin leading and/or developing their own counseling or psycho-educational groups. By the 4<sup>th</sup> quarter, interns are fairly autonomous and functioning independently. Intern progression of course depends upon prior experience and interests. Each individual intern might require or desire more experience and/or supervision in different areas. Interns are encouraged to pursue these interests through training and consultation or development of initiatives that serve unmet client needs, including targeted treatment or skills groups or training of other professionals.

## **INTERNSHIP GOALS AND OBJECTIVES**

The training program is intended to help interns transition from trainees to entry level professional psychologists. This is accomplished through the provision of clinical services to adolescents and young adult males and females and their families. Consistent with the practitioner-scholar model and our training philosophy, the doctoral program integrates theory, research, and practice to achieve the following three goals of professional development: (I) to have the knowledge and skills for competent psychological evaluation and therapeutic interventions, (II) to have the necessary knowledge and skills for competent practice within a multicultural diverse society, and (III) to have the competence to practice ethically within a broader system of care requiring effective collaboration and consultation with various stakeholders and professionals. These goals are achieved through the following training objectives and competencies.

## **Objective 1: Development of Professional Conduct and Ethical Behavior**

- a. Competencies:
- b. Professional Interpersonal Behavior
- c. Seeks Supervision and Consultation Appropriately
- d. Uses Positive Coping Strategies
- e. Professional Responsibility and Documentation
- f. Time Management
- g. Administrative Competency
- h. Knowledge of and conformance to APA ethical guidelines
- i. Knowledge of and conformance to state and federal law pertaining to the practice of psychology

## **Objective 2: Individual and Cultural Diversity**

### Competencies:

- a. Builds rapport with Youth and Adult Offenders, Male and Female
- b. Sensitivity to diversity
- c. Articulates, understands and monitors own cultural identity.
- d. In reports, articulates the influence of the offender's cultural background on the testing situation.
- e. Understands, discusses, and modifies treatment approach and treatment goals in light of a client's cultural background (cultural sensitivity).
- f. Knows how to gain knowledge and understanding of new cultural groups (cultural knowledge).
- g. Can apply theory (or theories) to a client's historical and cultural background.

## **Objective 3: Broad-Based Skills in Psychological Assessment, Diagnosis and Evaluation**

### Competencies

- a. Skill in clinical /diagnostic interviewing.
- b. Uses behavioral observation skills in evaluation process.
- c. Uses observation skills in describing mental status
- d. Skill in administering, scoring, and interpreting intelligence tests.
- e. Skill in administering, scoring and interpreting objective personality tests.
- f. Formulates appropriate diagnosis using DSM-5.
- g. Writes integrated psychological reports.

## **Objective 4: Broad-Based Skills in the Provision of Psychotherapy and Intervention with a Diverse Population**

### Competencies:

- a. Formulates realistic treatment goals in the context of psychotherapy.
- b. Involves client in formulation of treatment goals and objectives.
- c. Uses listening and communication skills with a client to establish a productive therapeutic alliance in assessment, individual and group therapy.
- d. Appropriately adjusts psychotherapeutic intervention techniques during course of a session to meet client needs (psychotherapeutic flexibility).
- e. Demonstrates use of theoretical knowledge to plan psychotherapeutic interventions.
- f. Effectively times therapeutic interventions.
- g. Identifies her or his own emotional reactions and handles them appropriately in the provision of psychotherapy.
- h. *Termination:* Appropriately terminates mental health treatment with clients in individual or group treatment.

## **Objective 5: Professional Consultation and Personal Development**

### Competencies

- a. Effectively relates interpersonally and professionally to other health professionals in LHS/CLS (e.g., peers, psychologists, & health staff).
- b. Skill in identifying systemic and environmental factors that influence the mental health of offenders.
- c. Sensitivity to organizational boundaries and dynamics.
- d. Ethically communicates relevant protected health information to non-health professionals (e.g., security, administration, agents, officers) .
- e. Does requested reading and preparing for discussions with staff and/or supervisor .
- f. Integrates information from readings, training seminars, or both into clinical situations.
- g. Knows major theory of personality and/or therapy, including its strength and limitations.
- h. Knowledge of literature of the theory or theories used.

The Psychological Services Unit strives to provide interns with a learning experience which will help them to become confident and successful practitioners in the professional practice of psychology. Our ability to develop a schedule specific to the needs of each intern and to revise that schedule as the needs of the intern change is an important value of this internship site. Interns are treated as junior colleagues, and mutual respect between interns and faculty is paramount, so that interns can expect supervision, mentorship, and collegiality.

Upon completion of the internship, it is expected that interns will be ready to commence careers in private practice, corrections, other public service agencies, managed health care organizations, or academia. Regardless of their career choices, it is expected that LHS/CLS interns will take with them a commitment to providing treatment informed by research, social justice and a willingness to strengthen their community by giving of themselves to others.

### **Ethical Standards**

Interns are expected to perform ethically in all professional situations. Conformity with the ethical provisions and guidelines for professional psychology of the American Psychological Association is expected of all interns and staff members. A developing knowledge of federal and Wisconsin state law is expected where it pertains to LHS/CLS treatment issues, professional testimony, and ethical obligations – including confidentiality of Protected Health Information under HIPPA and its limits.

### **Overview of the Psychological Services Unit**

The purpose of the Psychological Services Unit (PSU) is to provide psychological services to the residents of LHS/CLS and to provide consultation and advice to staff and administration regarding mental health, psychological disorders, and treatment issues. The services provided include psychological evaluation and assessment, individual, group, and family psychotherapy, and consultation. Psychiatric services are available through the Health Services Unit (HSU). Psychiatric services include psychiatric assessment, consultation, and prescribing and monitoring the use of psychotropic medication. PSU staff must refer youth to HSU for these psychiatric services.

Each staff psychologist is assigned to one or more living units and provides consultation to living unit staff regarding treatment approaches. Psychologists regularly attend living unit team meetings and are generally available for consultations with individual members of living unit teams. Staff psychologists are also “on-call” outside of work hours to help deal with crises.

## Psychological Services Unit Staff

The Psychological Services Unit consists of a Chief Psychologist, a Staff Psychologist who serves as the Director of Psychology Training, two full-time doctoral level licensed psychologists, one psychological associate (psychology staff who have completed all required coursework from APA approved graduate school programs and an APA approved internship program, but are not yet licensed as psychologists), four doctoral-level psychology interns, and one Office Operations Associate. All four of the licensed psychologists, who serve as primary supervisors for the internship program, have doctoral degrees from APA accredited graduate programs and have completed APA accredited psychology internship programs.

- **Vincent Ramos, Ph.D.**, Chief Psychologist, Lincoln Hills School/Copper Lake School, School Psychology, Texas A & M, 1993.
- **Wilson F. Fowle, III, Psy.D.**, Internship Training Director, Interim, Lincoln Hills School/Copper Lake School, Clinical Psychology, Wisconsin School of Professional Psychology, 1988.
- **D. Jeremy John, Ph.D.**, Licensed Staff Psychologist, Lincoln Hills School/Copper Lake School, Clinical Psychology, Illinois Institute of Technology, 1999.
- **Cynthia Bainbridge, Ph.D.**, Licensed Staff Psychologist, Lincoln Hills School/Copper Lake School, School Psychology, University of Georgia, 1999.
- **Cassandra Jennings, Psy.D.**, Psychological Associate provides psychological services to the female population at Copper Lake School, Clinical Psychology, Chicago School of Professional Psychology, 2014.
- **Kristy Schulz**, Office Operations Associate (OOA), provides administrative support to the Psychological Services Unit.

## Affiliated Staff

- **Caroline Palmer, M.D.**, Psychiatrist (Board Certified), Medical College of WI, 2006. (Provides psychiatric consultation sessions to LHS and CLS youth two days per week via video conferencing equipment)
- **Juan Fernandez, M.D.**, Psychiatrist (Board Certified), Universidad Cetec, 1982. (Provides on-site psychiatric consultation to LHS youth one day per week)
- **Gabriella Hangiandreou, M.D.**, Psychiatrist (Board Certified), University of Wisconsin Medical School, 1993. (Dr. Hangiandreou provides on-site psychiatric consultation to CLS youth one day per week.)

## Overview of clients

The range of LHS/CLS offenders' psychological problems and disorders presented for treatment is quite broad. These include adjustment and mood disorders, family problems and conflict, relationship concerns, chemical abuse and dependency, anger management issues, anxiety disorders, neuropsychological disorders, sexual paraphilia's, hyperactivity, character disorders, and at times psychoses. The population to be treated is very needy and professionally challenging. Many of the individuals have been resistant to interventions

and therapeutic relationships in past settings. Interns will treat clients experiencing depression, suicidality, impulsivity, thought disorders, personality disorders, anxiety, anger and aggression problems, sleep disturbances, and other psychological problems or disorders that are found in general adolescent populations. The clients treated may be in crisis or in special populations such as sexual offenders or those dually diagnosed with addiction and mental illness. The presenting complaints, ethnicity, socioeconomic background, language skills, and education levels of our clients are very diverse. Given the broad range of concerns and symptoms presented by LHS/CLS residents, the clinical learning experiences and supervisory input received by interns should increase their ability and confidence in treating mild, moderate, and serious psychological problems and disorders in adolescents and young adults.

## **DESCRIPTION OF REQUIREMENTS: TREATMENT, CONSULTATION AND ROTATIONS**

All interns are expected to provide long-term treatment to youth throughout the course of the internship, which may include individual therapy, family therapy, and behavioral intervention. While the internship program and staff value the different rotations, there is also a recognition that interns need to become substantially involved in long-term treatment of the youth at LHS/CLS. While short-term treatment is useful, the depth of problems of some LHS/CLS residents indicates that long-term psychotherapy is needed. There is also the potential that interns will become re-involved in working with youth that had been released from the institution but have since returned due to aftercare violations or further criminal activity. Rotation supervisors and the Training Director will assist interns in balancing the need of long-term therapy cases with the changing demands of each rotation. Generally, interns maintain a total caseload of approximately 12-15 individual therapy clients.

## **SESSION NOTES & OTHER DOCUMENTATION**

Interns are expected to complete brief session notes following each individual or family psychotherapy session. These notes will be forwarded to the intern's supervisor for signature and then placed in the youth's confidential psychological services file by the Office Operations Associate. The Director of Internship Training and Office Operations Associate serve as custodians of the records and should be consulted before sharing clinical notes/reports with non-clinical staff. A signed authorization is required to share ANY information with non-DOC personnel.

Interns are expected to complete the necessary paperwork when providing crisis assessment. This includes assessment of the potential for self-harm or suicide. Interns will also make recommendations regarding measures to be taken in order to protect vulnerable, suicidal, or dangerous youth as well as keeping other residents and staff safe. New interns will be provided with training regarding risk assessment and documentation during their first weeks at the institution.

## **REQUESTS FOR PSYCHOLOGICAL SERVICES**

Youth can request services by submitting a "Green Slip" to psychological services. The Office Operations Associate picks up these slips daily and distributes them to the appropriate psychologist. When a green slip is received by an intern, the intern should read the request, review the youth's file, and respond appropriately. The responses may include one or more of the following:

- Clinical interview of the youth and document results in a session note.
- Schedule interview of youth for some time in the near future.
- Forward request to Health Services Unit on the same day as reviewed if the request reflects a medical need. Contact HSU immediately if the request is urgent.
- Other interventions as deemed appropriate, such as a written response, and/or attachment of appropriate mental health packets.

The green slips need to be responded to within three working days and returned to the Office Operations Associate to be placed in the youth's file after the request has been appropriately responded to.

## **REFERRALS**

Referrals to psychological services are submitted through an electronic Access database. These are distributed to the appropriate psychologist by the Office Operations Associate. Interns may receive these referrals from their supervisors. When an intern has completed a referral, he or she will respond to the referral via the electronic database and also complete the appropriate paperwork for the youth's file.

## **SUPERVISION**

The LHS/CLS Psychological Services Unit is committed to productive and effective supervision of interns. Supervision guides the interns' professional development and enhances their philosophy and practice. The intern supervisors are Wisconsin-licensed, doctoral-level psychologists in good standing and, in compliance with current licensing standards, have been licensed for at least three years and are qualified to provide the supervisory oversight in the specific areas in which they provide supervision. Supervision is provided at a minimum of four hours per week.

## **INDIVIDUAL SUPERVISION**

Interns are expected to participate in two hours of formal individual supervision each week. The intern is responsible for scheduling individual supervision appointments with the appropriate supervising psychologist. Additional informal supervision is provided within specific rotations and as requested or needed. Interns' offices are in close proximity to supervisors and timely informal supervisory consultations are frequent and welcome. Interns can swiftly obtain help from supervisors about client concerns or other issues that need immediate attention.

NOTE: Interns with particular interests can receive additional supervision in such areas.

## **GROUP SUPERVISION**

Interns are expected to participate in two hours of group supervision each week. Group Supervision is provided by the Training Director. Both interns and supervisors are able to select topics for group supervision. Group supervision covers topics brought up throughout the individual rotations, and it is an essential aspect of the rotation system. Interns are expected to present a number of cases throughout the year and will generally present cases on a rotating basis. Group Supervision is an important aspect of training. Group supervision provides a meeting forum where interns can exchange views and experiences, and build their peer relationships. It also serves as a group experience that can foster individual growth and development.

## **ON-SITE SUPERVISOR'S RESPONSIBILITIES**

The on-site supervisors are responsible for:

- a. Introducing the intern to the site, such as notifying and introducing administrative staff, orientating the interns to both their site (such as providing tours) and to essential security procedures and responsibilities.
- b. Introducing the intern to available equipment, assessment instruments, and reference material for the interns to meet their clinical responsibilities.

- c. Ensuring that interns are held to the same work hour and rule standards as other DOC staff, employing the appropriate department disciplinary processes should the need arise<sup>1</sup>.
- d. Assessing the intern's clinical practice needs; setting training and supervisory goals; overseeing the content and quality of the training; and ensuring compliance with professional and the Department of Corrections standards, policies and procedures.
- e. Designing and supervising the intern's clinical experiences, taking the intern's skills and internship goals into consideration while making appropriate assessment and therapy assignments and providing organizational experiences. The supervisor must be sufficiently familiar with the intern's caseload so that intervention is possible in the event of an intern's absence or a crisis.
- f. Providing the intern with on-site access to other Psychological Services' staff in the event of the supervisor's absence. It is inappropriate for an intern to conduct clinical duties on-site without licensed staff available.
- g. Complying with applicable professional, ethical and license practice standards.
- h. Helping the intern:
  - i. Learn to document explanation of the limits of confidentiality within or outside DOC.
  - j. obtain informed consent for treatment or assessment, and authorization to make audio or video recordings of sessions for supervisory purposes,
  - k. Obtain releases of "Personal Health Information" to gain authorization for collateral contacts, and gather assessment and diagnostic information from outside sources.
  - l. Write and explain treatment plans, progress notes, assess client progress, and consult with health and non-health professionals, write a termination summary, and document aftercare plans in preparation for service interruption or the offender's release into the community.
  - m. Informing interns about the supervisor's theory of supervision, the areas of their supervisor's competence, and the criteria used to evaluate the intern's performance. This includes information about how the intern's practices will be observed (e.g., audio, video and direct), what the interns responsibilities are, and the guidelines used to assess their competence. Interns will also be provided and informed about schedules for supervision, limits of confidentiality within the supervisory process, and the due-process resolution of intern/supervisor conflicts.
  - n. Providing appropriate feedback to the intern, other supervisors, and the internship director.

## **SUPERVISION DOCUMENTATION**

Each intern and intern supervisor will be responsible for maintaining systematic documentation of the dates of supervisory meetings, cases discussed, supervisory direction, and feedback to the intern. The on-site supervisor is responsible for completing the Psychology Intern Competency Assessment Process Review Form (Appendix B). The intern is responsible for completing the Intern Evaluation of Training Experiences Form (Appendix A)

## **PSYCHOLOGICAL SERVICES STAFF MEETINGS**

Interns will attend and participate in selected staff meetings to develop a broader and systemic knowledge of professional issues and problems, to partake in the group decision making process, to contribute to the development of clinical and internship programs, and to partake in ongoing improvement of LHS/CLS psychological services.

## **TRAINING SEMINARS/PRESENTATIONS**

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A copy of department work rules and an explanation of the disciplinary processes is provided to each intern during orientation week.

The Lincoln Hills School/Copper Lake School Psychological Services Unit, the Wisconsin Department of Corrections, and the Mendota Mental Health Institute (all three with APA accredited internships) provide presentations and training seminars on topics which are relevant to the internship and to treating adolescents, older offenders, and non-correctional populations. A majority of the trainings will take place using video conferencing equipment. Past training events focused on seminars in evaluation of suicide and dangerousness, psychotherapy with delinquents, cognitive approaches to psychotherapy, forensic psychology, motivational interviewing, gangs in Wisconsin, diagnosis and treatment of attention deficit hyperactivity disorders, treatment of sex offenders, providing supervision, and other pertinent topics.

## **PSYCHOLOGICAL ASSESSMENT AND REPORT WRITING**

Interns are expected to be proficient in a wide range of psychological assessment techniques by the beginning of the internship year. This includes personality assessment, behavioral assessment, and cognitive assessment. While a solid understanding of assessment and intervention is necessary as a prerequisite for beginning this internship, there will be ample opportunities to refine relevant skills. Interns will utilize and master various psychological assessment instruments, including the MMPI-A, the MACI, the BASC-2, the WISC-IV, the Rorschach, and others. Interns are expected to complete 6 formal integrative psychological assessment and evaluation reports during the course of the training year, utilizing clinical interviews, test data, and a variety of other sources (e.g. teacher/youth counselor input, youth's file history, prior psychological evaluations, public school information, community information from prior placements, interviews with family members, consultation with the psychiatrist, etc.). A full test battery consists of adequately administered interview, projective, objective, and intellectual/cognitive assessment instruments.

Feedback regarding the assessments will be provided to the youth and, at times, to the treatment team. These are formal assessments in which a specific referral question is addressed via a battery of instruments and a formal report is written summarizing results, conclusions, and recommendations. New interns will receive training regarding the format and procedures for writing these evaluations during their first few weeks at the institution. Supervision of the intern's assessment reports will include feedback on their writing style. It is expected that interns will be challenged to be more concise and improve the quality of their written psychological reports. It is expected that an intern will complete all the assessments for a specific rotation before beginning another rotation, or completing the internship.

## **ROTATIONS**

There are four rotations available in the internship program. Interns must consult with the Chief Psychologist/Training Director regarding any deviations from these normal four rotations. In these rotations, interns work closely with program or unit/agency staff members, attend meetings as representatives of Psychological Services, provide assessment services, and provide psychotherapy to groups, individuals, and families of offenders.

### **A. Reception/Triage/Intake Rotation**

This rotation focuses primarily upon evaluation and triage of the youth sent to LHS/CLS, particularly during their first days/weeks at the facility, including suicide risk assessments, screening of psychiatric medication requests, and assistance with decision-making regarding which youth are sent to Mendota Juvenile Treatment Center (MJTC) for more intensive mental health treatment. MJTC is a unique treatment program that combines components of a traditional psychiatric treatment hospital with elements of juvenile corrections and is available to a limited number of our male population. A team approach to treatment is utilized in this rotation and the intern is expected to attend weekly team meetings, and to consult with Youth Counselors, teachers, social workers, and medical and psychiatric staff.

General Objectives: the role of the intern in this rotation includes evaluation, screening to identify residents who need further psychological services, consultation with living unit staff, crisis assessment of suicide potential and dangerousness to others, and appropriate clinical and/or systemic interventions for crises and emergencies. The intern screens youth new to the institution and helps determine, with his/her supervisor, what precautions need to be taken and what follow-up services need to be provided. The intern helps orient youth to psychological and psychiatric services and helps to determine which offenders are appropriate to refer for psychiatric consultation or intervention. This includes new placements as well as sanctions and returnees, e.g., youth returned for violation of the rules of supervision in community placements.

#### Specific Objectives:

1. Intake Screenings. Interns in this rotation are expected to do the initial intake screening of incoming LHS/CLS youth. The intern is expected to learn how to interview youth to assess risk for self-harm, including an understanding of how to conduct a mental status examination and the risk factors for suicide.
2. Evaluation and intervention for self-harm. Incarcerated youth are at a greater risk for self-harm than youth in the general population, and youth are at greatest risk in the first 24 hours after arriving at a correctional facility. Each youth in reception is evaluated for risk of self-harm, and each youth is administered a MAYSI. Youth who score in the critical range are referred to psychological services for further assessment. The intern must learn the LHS/CLS policies and procedures for intervention with suicidal youth, including the system of room checks, security placements, and psychiatric and supervisory consultation.
3. Develop ability to inform and promote useful psychological services. The intern is expected to help youth become aware of what psychological services can do to help them. There is a possibility of conducting an orientation group that meets to explain what psychological services is, what services are available, and how youth can obtain these services.
4. Crisis Intervention. The intern is expected to assess youth in crisis, determine the level of risk for behavioral problems or mental health issues, and make referrals to the psychiatrist as needed. The intern must be able to evaluate the crisis, apply risk management strategies, and work with the youth in developing an intervention. The intern must also learn to engage collateral sources of support, including family, prior placements, and institution staff.

#### **B. Sex Offender Treatment Rotation**

This rotation involves working with youth committed to LHS for sexual assaults. The program works with perpetrators of sexual assault against children and sexual assault against adults. The program is designed to break through denial, to lead to the accepting of responsibility for sexual offenses, to learn alternative ways of thinking and acting on sexual impulses, and to identify and respond to signs that indicate the potential to re-offend. The sexual assault for many youth in the program is but one offense in a long history of delinquency. Youth committed for applicable sexual offenses are reviewed before release to determine if they meet the criteria for an involuntary commitment under Chapter 980 of the Wisconsin State Statutes. Modeled on mental health commitment statutes, this law provides for the involuntary commitment of sex offenders having a mental disorder that predisposes toward future acts of sexual violence.

NOTE: Depending on each intern's level of comfort with this particular population, the rotation may be altered with approval from the Chief Psychologist/Training Director.

General Objectives: The intern will develop awareness and knowledge of issues in the psychological treatment of sex offenders, advance group and individual psychotherapy skills, participate in a team approach for treating and managing youth adjudicated with a sexual offense along with, often, other criminal acting out behaviors, and gain knowledge of the Wisconsin Sexually Violent Persons Act.

Specific Objectives:

1. The intern will become an actively participating member of the Addams living unit team of psychologists, social workers, teachers, and youth counselors. This will be accomplished by attending and participating in weekly team meetings, providing direct psychological services as needed or as requested by staff, providing consultation to members of the Addams living unit team, and participating in monthly Ch. 980 committee meetings.
2. The intern will attend and participate in group therapy sessions. The intern will become familiar with the policies and treatment orientation of the Sex Offender Treatment Program (SOTP) and should regularly review files and group notes to gain an understanding of what phase of treatment each youth is working on in the group; in particular, for the youth that will be presenting that day. The intern will discuss the group experience in individual supervision.
3. The intern will provide individual psychotherapy for individuals from the SOTP as referred/assigned by the rotation supervisor. This involves assessing the needs/problems of the referred resident via interview, review of the resident's file, and appropriate instruments, preparing a treatment plan for each individual in consultation with the rotation supervisor, gaining an understanding of the etiology of the individual's aberrant sexual behavior, and MODIFYING and adapting psychotherapeutic approaches according to developmental considerations, personality style, and severity of symptoms.
4. The intern will participate in administering and scoring the Revised Juvenile Sex Offender Protocol (J-SOAP-II). The intern will first observe the rotation supervisor administer the instrument. When the intern appears to have a sufficient understanding of the test, they will independently administer and score the test.
5. Assessment and intervention for self-harm. The intern is expected to learn how to interview youth to assess risk for self-harm, including an understanding of how to conduct a mental status examination and the risk factors for suicide. The intern must learn the LHS policies and procedures for intervention with suicidal youth, including the system of room checks, security placements, and psychiatric and supervisory consultation.
6. Crisis Intervention. The intern is expected to assess youth in crisis, determine the level of risk for behavioral problems or mental health issues, and make referrals to the psychiatrist as needed. The intern must be able to evaluate the crisis accurately, work cooperatively with the youth to address the crisis, and seek a resolution.

### **C. SUD (Substance Use Disorders) or AODA Program Rotation**

Many youth placed at LHS/CLS have chemical dependency issues in addition to significant behavioral and psychological problems. This rotation focuses on providing individual and group therapy services to these youth. It parallels intense outpatient treatment for chemically dependent adolescents. Through treatment, education, and life skills training, adolescents are provided the opportunity to make positive lifestyle changes and be better prepared to lead a life free of crime and chemical dependency. Areas of emphasis include self-assessment, group awareness, alcohol and drug educational awareness, relapse prevention, responsible thinking, and advanced therapeutic skills for internalizing and applying concepts.

General Objective: The intern will enhance his or her knowledge regarding drug awareness and treatment of adolescents who have significant problems with drug and alcohol abuse and dependency. The rotation will familiarize interns with the basic assessment and intervention techniques utilized with individuals who are at risk for chemical dependency and for those who are chemically dependent. The intern will participate in adolescent SUD (AODA) treatment groups that are an integral part of the treatment program for these residents.

Specific Objectives:

1. The intern will become familiar with the group process by serving as co-facilitator in the treatment group. The intern will take on more responsibility as time passes in the rotation. The intern will participate in team meetings related to the group process, and help evaluate progress, recognize signs of relapse, and provide insight into psychological functioning on individuals in group.
2. Interns provide individual psychotherapy to some residents in the SUD program. Interns become familiar with the impact of chemical dependency on youth's lives, and how that changes the goals and direction of psychotherapy. Interns recognize and react to the influence of chemical dependency on the youth and their family.
3. Assessment and intervention for Self-Harm. The intern is expected to learn how to interview youth to assess risk for self-harm, including an understanding of how to conduct a mental status examination and the risk factors for suicide. The intern must learn the LHS policies and procedures for intervention with suicidal youth, including the system of room checks, security placements, and psychiatric and supervisory consultation.
4. Crisis Intervention. The intern is expected to assess youth in crisis, determine the level of risk for behavioral problems or mental health issues, and make referrals to the psychiatrist as needed. The intern must be able to evaluate the crisis and work with the youth in developing an intervention. The intern must also learn to engage collateral sources of support, including family, prior placements, and institution staff.

### **D. CLS- Girls Treatment Program Rotation**

Many girls and young women who are incarcerated have substantial problems with past abuse, particularly sexual abuse. While post-traumatic stress, sexual abuse, and attachment issues are readily present in the population of adolescent boys and young men, it is particularly acute with girls and young women. This rotation involves working with the population of female youth placed at Copper Lake School and providing individual, group, and family therapy services. The rotation also includes involvement with residents placed within the Intensive Treatment Program, which provides comprehensive mental health services for the most severely disturbed subset of the CLS population. Interns can expect to gain a better understanding of the unique characteristics of juvenile females presenting with serious delinquency concerns (usually also coupled with

prominent mental health issues) and exposure to a variety of treatment approaches for working with this population.

The intern will enhance his or her knowledge regarding differences in the etiology and treatment of juvenile delinquency in females, and develop familiarity with the differing treatment approaches for this population. Interns will be expected to maintain an ongoing caseload of juvenile female clients and to provide psychological testing services as needed.

#### Specific Objectives:

1. Intake Screenings. Interns in this rotation will do the initial intake screening of incoming CLS youth. The intern is expected to learn how to interview youth to assess risk for self-harm, including an understanding of how to conduct a mental status examination and the risk factors for suicide.
2. Interns will provide individual and family psychotherapy to CLS youth and will maintain a caseload of adolescent female clients. Interns will assess the treatment needs of the youth, including areas of emotional and behavioral difficulty. Interns will also conduct psychological evaluations as needed/requested.
3. The intern will become an actively participating member of the interdisciplinary treatment team of psychologists, social workers, teachers, and youth counselors. This will be accomplished by attending and participating in weekly team meetings, providing direct psychological services as needed or as requested by staff, and providing consultation to members of the treatment team.
4. Interns will participate in Dialectical Behavioral Therapy (DBT) Groups and have the opportunity to participate in a variety of other group treatment approaches. These treatment approaches incorporate gender-responsive, evidence-based, and trauma-informed principles. Interns can facilitate or co-facilitate these groups. Examples of other groups include: Juvenile Cognitive Intervention Program (JCIP), Aggression Replacement Therapy (ART), TRIAD group for girls, and others. Similar groups are also offered to the male population of LHS.
5. Assessment and intervention for self-harm. Incarcerated youth are at a greater risk for self-harm than youth in the general population, and youth are at greatest risk in the first 24 hours after arriving at a correctional facility. Each youth in reception is evaluated for risk of self-harm, and administered a screening instrument, the Massachusetts Youth Screening Instrument (MAYSI-II). Youth who score in the critical range are referred to psychological services for further assessment. The intern must learn the CLS policies and procedures for intervention with suicidal youth, including the system of room checks, security placements, and psychiatric and supervisory consultation.
6. Crisis Intervention. The intern is expected to assess youth in crisis, determine the level of risk for behavioral problems or mental health issues, and make referrals to the psychiatrist as needed. The intern must be able to evaluate the crisis and work with the youth to create an intervention. The intern must also learn to engage collateral sources of support, including family, prior placements, and institution staff.

#### **MATERIAL RESOURCES**

Each intern will have a private office with desk, computer, phone, etc. located in the psychological services area in the school building where he/she can provide individual psychotherapy. Access to larger meeting rooms is also available as needed to provide services to families or groups. A separate office is dedicated for testing, set

up for the testing of clients, and containing a wide variety of testing materials. A number of instruments can be computer scored and will generate interpretive data. A variety of testing materials are available for use and easily accessible in a nearby office. Relevant materials and interpretive texts for assessment instruments are also readily available. Filing, photocopying, faxing, printing, and other clerical services are available through the PSU Office Operations Associate.

## **EVALUATION OF INTERNS AND THE INTERNSHIP EXPERIENCE**

Interns are expected to participate fully in the evaluation process. Interns and supervisors will complete written evaluations following the completion of each rotation experience. A final evaluation form is to be completed by each intern and submitted to the Chief Psychologist during the last week of the internship. Sometimes evaluation input may be discussed by the Psychological Services Unit as a whole in order to improve the internship program or to address an emerging problem. In addition to the written evaluations, each intern should meet with their rotation supervisor for oral summary evaluations occasionally to examine successes, skill development, and problem areas. Suggestions for improvement should be forthcoming from supervisors.

### **Intern's Evaluation of Supervisor and Internship Director**

Interns present their On-Site Supervisors and the Internship Director with a formal evaluation of their site experience and the supervisory process every three or six months using the Intern Evaluation of Supervisor Form (Appendix A) and the Intern Evaluation of Training Director Form (Appendix C). Copies of the forms are forwarded to the Internship Director for filing. This supervisor-site evaluation is used to evaluate strengths and weaknesses of the supervision experience, and provide interns an opportunity to evaluate their response to the supervision process. The assessment evaluates the on-site supervisor in terms of helpfulness in increasing the intern's competence in the areas of assessment, interventions (individual, group, and family), and consultation, as well as characteristics of the professional relationship that are key to the intern's professional development.

The intern is encouraged to discuss any site-specific issues and concerns with the on-site supervisors whenever possible. When discussing issues or concerns with the on-site supervisor directly is impractical, the intern is encouraged to discuss them with the Internship Director or any member of the Internship Core Committee. Attempts are made to negotiate and work out differences and conflicts so that interns can focus on learning and developing competence as a professional psychologist. If the issues and concerns are significant enough, a change in rotation may be implemented.

The Internship Director will be evaluated every six months using Intern Evaluation of Training Director Form (Appendix C). If an intern's concerns cannot be addressed this way, the intern may bring them to the attention of the Internship Committee by contacting a member of the committee directly, or through a confidential contact such as their on-site supervisor.

Prior to leaving the internship program, the intern participates in a written or in-person exit interview (End of Year Program Feedback Form, Appendix D). These evaluations are essential to maintaining the quality of supervision and in selecting future on-site supervisors.

### **Supervisor Evaluation of Intern**

The Internship Director consults with on-site supervisors early in any new rotation (about four to six weeks) to identify early signs of problems or concerns. The on-site supervisors rate the interns at least every three months (more often if necessary) on their progress in each of the five areas described above using *Psychology Intern Competency Assessment Process Review Form*. Interns receive timely and written notification of any problems that occur as well as opportunities to discuss problems with the on-site

supervisor and the Internship Director. Both the intern and the supervisor review and sign the evaluation forms. The intern receives a copy and a signed copy is sent to the Internship Director in an electronic version. The intern's School/University Training Director receives copies of the quarterly progress report.

The following ratings are used to identify an intern's progress through the internship year:

Not Applicable	<p>1. not an area of development at this site, or</p> <p>2. is not applicable, or</p> <p>3. was not assessed during training period</p>
Remedial level	<p>Performance is below expectations for entry to Internship. Needs a combination of education, practice, and experience in the area.</p> <p><b>Supervisors</b> are more involved than usual, while interns expand and apply their knowledge base to the area. Frequent observation or extended review may be needed.</p> <p><b>Probation</b> should be considered if interns receive more than 3 such ratings in an evaluation section of the form (e.g., Evaluation/Assessment).</p>
Entry level	<p>Intern's education, supervised practice, and experience in the area is standard. This is the most common rating for end of practicum experiences and the beginning of internship. By the six-month point, this rating should be uncommon.</p> <p><b>Supervisor's</b> support is routine but intensive and extensive while interns are able to apply their knowledge base to this environment.</p> <p><b>Probation</b> should be considered if interns receive more than <i>three</i> such ratings in an area <i>after</i> the first three months, unless no learning opportunity existed.</p>
Progressing level	<p>Has education and some practice, but should remain a focus of supervision. This is a common rating throughout the first half to three-fourths of the internship year.</p> <p><b>Supervisor</b> provides routine supervision of each activity. Incoming interns with above average practicum experiences often start at this level.</p>
Satisfactory Level	<p>Education, practice, and supervision is sufficient to handle typical items/clients/situations, but needs guidance and supervision on more difficult items/clients/situations (this is the expected level of skill at end of Internship).</p> <p><b>Supervisor</b> provides overall management of trainee's activities; depth of supervision varies as clinical needs warrant. The intern is able to use much of supervision time to advance skills in desired areas. Intern's judgment is trusted in seeking supervision for special situations or problems.</p>
Independent level	<p>Advanced level: Has education, sufficient practice, and supervision to handle both typical and challenging items/clients/situations; knows when guidance and supervision on difficult and atypical items/clients/situations is needed. Competent for independent practice (licensure) in this skill or area.</p> <p><b>Supervisor</b> guides a trainee's development; depth of supervision varies as clinical needs warrant. The intern uses supervision time to advance skills in desired areas. The supervisor trusts an intern's judgment to identify special situations or problems in the course of supervision.</p> <p><b>Note:</b> Interns should strive to attain this level, although the rating is above standard expectations at the completion of internship training.</p>

## **Expectations**

Interns are expected to achieve a satisfactory level of performance. When Interns meet all the performance expectations of their supervisor, they are making sufficient progress to achieve or exceed the level of competence for satisfactory performance by the end of the internship. The level of performance needed to meet expectations is graduated, and increases for each quarter of the internship. Thus, a performance level that meets expectations at the end of one quarter will fall below expectations at the end of the next quarter because expectations rise. A place for comments, suggestions for more focused learning, and remediation plans follows each section of the evaluation form to allow the supervisor to explain the ratings and note particular strengths or difficulties. The *comments* section is an ideal place for supervisors to identify areas in which interns demonstrate competence before the end of the internship.

## **Remediation**

On-Site Supervisors check ratings of *Remedial level* when incoming interns need intensive work to develop a skill or ability to the expected level. Supervisors who give this rating will develop a *Remediation Plan* (at the end of the appropriate section) along with the intern, and inform the committee of the plan. A modification of the learning contract will be considered. Several of such ratings might mean *Probationary Status* resulting in modification of the contract, identification and assignment of extra training in the deficient area, or consideration of a change in the rotation-site and/or supervisor.

Example 1: An intern might be rated at the *Remedial level* if she or he has WISC-IV experience, but no experience administering and scoring the Wechsler Adult Intelligence Scale, 4<sup>th</sup> edition. The intern may need extra practice to meet expectations. The *Remediation Plan* might be to “solicit three volunteers with whom administration and scoring can be practiced.”

Example 2: An intern is rated at the *Remedial level* if she or he persistently makes the same type of significant administration and scoring errors when using the Rorschach Psychodiagnostic Inkblot Test. The intern may need to do extra reading, practice, and be better prepared to *Meet Expectations*. The *Remediation Plan* for this example might be to “study the Exner workbook on Rorschach administration, work through the scoring examples, and solicit three volunteers with whom administration and scoring can be practiced.”

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

## **Minimal Requirements for a Rotation**

Supervisors assign a global rating indicating that the intern has either *successfully* or *unsuccessfully* completed the minimal requirements for the rotation. When the rating is *unsuccessful*, the supervisor or Internship Committee will place the intern on *Probation Status*. The Training Director will inform the Intern’s academic institution. The supervisor, committee, and the intern will develop a remediation plan. Failure to successfully meet the terms of the remediation plan may result in unsuccessful completion of the internship or early termination of the intern’s training program.

Example A: An intern is assigned to a rotation where the primary focus is psychological assessment. During the first three months, the intern completes one assessment report based on an interview, objective personality test, and a neuropsychological screening test. No complete batteries are administered. The On-Site Supervisor assigns a global rating indicating that the intern has “*unsuccessfully completed the minimal requirements*” for the rotation. The Internship Committee may indicate the intern is on “Probation Status.”

Example B: An intern assigned to a rotation where the primary focus is psychological assessment, has difficulty writing integrated assessment reports. He or she includes trivial information, assigns inappropriate diagnoses, and there is a poor fit between background information, current functioning, and test data. Reports

are very late, and supervisor's suggestions for improvement elicit a minimal response. The On-Site Supervisor assigns a global rating indicating that the intern has "*unsuccessfully completed the minimal requirements*" for the rotation. The supervisor or Internship Committee would indicate the intern is on "Probation Status." The "*Remediation Plan*" indicates the intern must remain at the site until the work is satisfactorily completed. Two committee members oversee the intern's progress and independently review the work product.

### **Probation Status**

Probation status is a special designation by the Internship Committee that requires formulation of a remediation plan and the modification of the learning contract that pays special attention to the intern's training needs. An intern can be placed on probation status when serious concerns about performance arise.

The process can be initiated:

- a. when an on-site supervisor contacts the Internship Director because of specific concerns,
- b. based on an early progress review initiated by the supervisor or Internship director, or
- c. by the committee at the quarterly review meetings.

The Internship Director will then consult with one or more members of the core committee and make a recommendation to the core committee members about placing the intern on probation.

- a. The supervisor, (sub) committee, Internship Director, and the intern will develop a remediation plan.
- b. As part of this process, the Internship Director will consult with the Intern's academic institution.
- c. Representatives of the committee may be assigned to serve as consultants to the intern and the supervisor.
- d. The remediation plan will specify outcomes and dates for satisfactory completion of specific training objectives.
- e. The intern will be removed from Probation Status when she or he completes the remediation plan to the committee's satisfaction, and no other serious concerns arise.

Failure to successfully meet the terms of the remediation plan(s) may result in the Internship Committee dismissing the intern from the internship, or indicating the intern has unsuccessfully completed the internship by withholding certification of completion. Under these circumstances, the ***Intern Problem Resolution Process*** will be available to the intern.

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

An intern can fail the Internship Program in two ways. One is administrative; when an intern violates significant state employment work-rules (see the *Employee Handbook*). This process, for the most part, is outside the control of the Internship Committee.

The second way to fail is clinically, i.e., when an intern does not meet the Minimum Thresholds for Achievement established by the Internship Committee. Clinical failure exists when:

- a. the intern does not meet the **Criteria for Completion** described below,
- b. an intern receives global *unsuccessful* rating in two successive evaluations by both on-site supervisors,
- c. the intern fails to demonstrate ethical practices and adherence to the APA Ethical Guidelines,
- d. the intern does not meet provisions of a remediation plan during a probationary period.

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

**Criteria for Completion**

The goal of the internship is to prepare trainees with the basic competence, skill, and self-knowledge to function as an ethical professional who know the limits and boundaries of her or his areas of competence. Passing the internship is a judgment by supervisors and the committee that the intern is nearly ready (satisfactory) or ready (independent) to function as a professional psychologist. The Internship Committee must certify all successful interns as having completed the requirements for the one-year Doctoral Internship in Professional Psychology. That judgment is made when an intern demonstrates the desired level of competence in all areas of professional practice that we assess. The tool that measures intern performance is the *Psychology Intern Competency Assessment Process Review Form*, (Appendix B) which incorporates our training.

Provided an intern does not meet any of the Criteria for Non-Completion described above, there are rare occasions when an intern’s performs falls below acceptable levels. The following tables describe the minimum level of performance that must be achieved by the end of internship. Failure to achieve these levels across settings will result in failure to pass the internship.

<b>Table 1. PROFESSIONAL CONDUCT AND ETHICAL BEHAVIOR</b>		
<b>Professionalism</b>	<ul style="list-style-type: none"> <li>• Professional Interpersonal Behavior</li> <li>• Seeks Supervision and Consultation Appropriately</li> <li>• Uses Positive Coping Strategies</li> <li>• Professional Responsibility and Documentation</li> <li>• Time Management</li> <li>• Administrative Competency</li> </ul>	4 of these must be SAT or better
<b>Legal/Ethical Behavior</b>	<ul style="list-style-type: none"> <li>• Professional behavior reflecting knowledge and conformance to APA ethical principles.</li> <li>• Professional behavior reflecting knowledge and conformance to state and federal laws related to the practice of psychology</li> </ul>	These must be SAT or better

<b>Table 2. INDIVIDUAL and CULTURAL DIVERSITY</b>		
<b>Cultural identity and diversity</b>	<ul style="list-style-type: none"> <li>• Builds rapport with Youth and Adult Offenders, Male and Female</li> <li>• Sensitivity to diversity</li> <li>• Articulates, understands and monitors own cultural identity</li> </ul>	5 of these must be SAT or better
<b>Cultural factors and testing</b>	In reports, articulates the influence of the offender’s cultural background on the testing situation	
<b>Cultural factors and treatment</b>	Understands, discusses, and modifies treatment approach and treatment goals in light of a client’s cultural background (cultural sensitivity)	
<b>Applying theory to practice and culture</b>	<ul style="list-style-type: none"> <li>• Knows how to gain knowledge and understanding of new cultural groups (cultural knowledge)</li> <li>• Skilled in applying the theory (or theories) to a client’s historical and cultural background</li> </ul>	

<b>Table 3. PSYCHOLOGICAL ASSESSMENT, DIAGNOSIS and EVALUATION</b>		
<b>Evaluation</b>	<ul style="list-style-type: none"> <li>• Skilled in clinical /diagnostic interviewing</li> <li>• Uses behavioral observation skills in evaluation process</li> <li>• Uses observation skills in describing mental status</li> </ul>	2 of these must be SAT or better
<b>Assessment</b>	<ul style="list-style-type: none"> <li>• Skill in clinical /diagnostic interviewing.</li> <li>• Uses behavioral observation skills in evaluation process.</li> <li>• Uses observation skills in describing mental status</li> </ul>	2 of these must be SAT or better
<b>Diagnosis</b>	Formulates appropriate diagnosis using DSM-5	SAT required
<b>Report writing</b>	Writes integrated psychological reports	SAT required
Number of “Integrated Reports” completed:		6 by end of year

<b>Table 4. PSYCHOTHERAPY and INTERVENTION</b>		
<b>Treatment Planning</b>	<ul style="list-style-type: none"> <li>• Formulates realistic treatment goals in the context of psychotherapy</li> <li>• Involves client in formulation of treatment goals and objectives</li> </ul>	Both require SAT
<b>Treatment Process</b>	<ul style="list-style-type: none"> <li>• Uses listening and communication skills with a client to establish a productive therapeutic alliance in assessment, individual and group therapy</li> <li>• Appropriately adjusts psychotherapeutic intervention techniques during course of a session to meet client needs (psychotherapeutic flexibility)</li> <li>• Demonstrates use of theoretical knowledge to plan psychotherapeutic interventions.</li> <li>• Effectively times therapeutic interventions</li> <li>• Identifies her or his own emotional reactions and handles them appropriately in the provision of psychotherapy.</li> <li>• <i>Termination:</i> Appropriately terminates mental health treatment with clients in individual or group treatment</li> </ul>	4 of these must be SAT or better

<b>Table 5. CONSULTATION and PERSONAL DEVELOPMENT</b>		
<b>Consultation with Health Professionals</b>	<ul style="list-style-type: none"> <li>• Effectively relates interpersonally and professionally to other health professionals in LHS/CLS (e.g., peers, psychologists, &amp; health staff)</li> <li>• Skill in identifying systemic and environmental factors that influence the mental health of offenders</li> <li>• Sensitivity to organizational boundaries and dynamics</li> </ul>	2 of these must be SAT or better

<b>Consultation with non-health professionals</b>	Ethically communicates relevant protected health information to non-health professionals (e.g., security, administration, agents, officers)	SAT required
<b>Scholarship and internship performance</b>	<ul style="list-style-type: none"> <li>• Does requested reading and preparing for discussions with staff and/or supervisor</li> <li>• Integrates information from readings, training seminars, or both into clinical situations</li> </ul>	3 of these must be SAT or better
<b>Scholarship related to theories of personality and psychotherapy</b>	<ul style="list-style-type: none"> <li>• Knows major theory of personality and/or therapy, including its strength and limitations</li> <li>• Knowledge of literature of the theory or theories used</li> </ul>	3 of these must be SAT or better

## INTERN PROBLEM RESOLUTION PROCESS

As State employees, the interns are protected by law, policy, and directives against sexual or physical harassment by supervisors, other staff, or clients. Interns can access intranet copies of the Wisconsin Department of Corrections Employee Handbook and this Internship Handbook. These publications are reviewed with the interns during orientation week. These publications contain written policies and procedures regarding program requirements and performance expectations as well as continuation and termination from the program. They contain work rules and policies to which all Wisconsin State employees must adhere. These documents also contain philosophies, policies, and procedures with respect to problem/conflict resolution and grievance resolution.

The Intern Problem Resolution Process is a stepwise process in which each step is seriously considered before moving on to the next. Each progressive step can be seen as an appeal or grievance process for a lack of satisfaction with the outcome from the previous step. Interns are Limited Term Employees (LTEs) of the State of Wisconsin Department of Corrections and, as such, they are entitled to the privileges and protection accorded to other LTE employees. The following is the recommended course of action to be followed by interns and supervisors. (The intern has the option, however, to pursue grievances as outlined in the Employees Handbook, a copy of which is accessible.)

1. The intern and supervisor should clearly discuss the problem, performance, or concern, and attempt to resolve it. Each party should be respectful of the other and allow for a discussion of the concerns from the perspectives of both. If the intern is concerned about an individual not directly involved with the internship, they should use their judgment in trying to resolve the problem informally (if the issue is not considered serious). Any concerns regarding mistreatment of youth, no matter how trivial they may seem, should be discussed with a supervisor immediately.
2. When the problem is seen as more serious or if the first step does not resolve the problem, the Chief Psychologist should be contacted. The Chief Psychologist will meet with the intern and supervisor or other staff member(s) in order to clarify the issues and to allow concerned parties to provide input. The Chief Psychologist will serve as arbitrator or facilitator in seeking a satisfactory resolution. The plan will then be developed and implemented by all parties with frequent follow-up to ensure that problem resolution is occurring.
3. If the problem is very serious, or if the problem is still not resolved in the second step, the intern or staff member may request to meet with the Chief Psychologist and LHS/CLS administration. A full investigation should be conducted to ensure that all facts are known and all relevant data/information

has been gathered and then the Chief Psychologist and administration will discuss and deliberate upon the facts and develop appropriate recommendations. This may include a plan of action or specified changes in the particular intern's program. The Chief Psychologist and administration will remain involved until such time as satisfactory resolution is reached.

4. When problems are sufficiently serious to call into question whether or not an intern can (or will be permitted) to successfully complete the internship program, and when previous attempts at problem resolution have been unsuccessful, the Training Director of the intern's academic institution will be contacted and informed. Contact will be from the Chief Psychologist. The Training Director of the intern's academic institution will be apprised of all facts and actions previously attempted. The Director will be invited to join in the problem solving process in an attempt to reach a satisfactory resolution. The intern will also be encouraged to directly contact their Training Director as well so that he or she can provide a personal perspective about the problem. Solutions will be formulated after thorough consultation with all parties.
5. Additional Recourse – the internship is accredited by the American Psychological Association. Concerns may be addressed with The APA Office of Program Consultation and Accreditation at 750 First Street, NE, Washington, D.C. 20002-4242, 202-336-5500.

Each situation will be dealt with on a case by case basis in order that the problem can be resolved in as satisfactory a manner as possible.

## **PROGRAM EVALUATION and RESEARCH**

It is important that Psychology interns understand and are able to apply Program Evaluation theories and methods in their future work as Psychologists. Given that psychologists should demonstrate clear evidence of effectiveness in achieving desired goals, conducting formal program evaluations is one way to be rigorous in this endeavor. This training activity will expose interns to various theories and methods of program evaluation. In addition, interns will have the opportunity to apply these new skills through a small-group Logic Model exercise. After the first Program Evaluation didactic, they will collaborate with their site supervisors on carrying out a program evaluation, applying the Logic Model method. During the second didactic, interns' group project will be reviewed and they will be trained on delivering program evaluation feedback to stakeholders (Appendix F).

All research must be approved in advance by LHS/CLS, the Division of Juvenile Corrections, and the Department of Corrections. Due to the myriad of ethical, legal, and other issues related to research in juvenile corrections, anyone interested in pursuing a research project is best served by consulting with the Chief Psychologist at the initial stages of the research project. This allows one to receive feedback as to the viability of the proposed project prior to putting a significant amount of effort into its development.

Interns are allowed at times to complete their doctoral dissertation research at LHS/CLS. Those who are interested are provided help in determining what research might be accomplished at LHS/CLS. Flexible scheduling is also provided when necessary to help those who need to utilize libraries or perform other important activities in order to complete their doctoral research.

In the past four years (while the internship still operated at EAS), eight interns engaged in research at EAS as a major part of their doctoral dissertation projects. Four interns have worked closely with EAS staff in developing a project for their dissertation. Most of the research completed in collaboration with EAS staff has been or will be published. Proposed research projects, including those of interns, have not always been approved.

Interns with a goal of teaching and doing research are encouraged to apply to this internship. There is a dearth of valuable research on the effectiveness of treatment and intervention with this population. This is disconcerting in consideration of the high numbers of individuals who are incarcerated in the United States. The potential for useful psychological research in this area is extraordinary.

## **STIPEND**

All interns receive a stipend of approximately 30K per year. There are no medical or dental benefits. Interns are expected to be off work for 9 state holidays (listed below), and may take up to two weeks of additional vacation/sick leave, although they cannot be paid for the time off work. Interns may be provided leave with pay for approved training activities.

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

- New Year's Day (January 1)
- Martin Luther King Jr.'s Birthday (Third Monday in January)
- Memorial Day (Last Monday in May)
- Independence Day (July 4)
- Labor Day (First Monday in September)
- Thanksgiving Day (Fourth Thursday in November)
- Christmas Eve Day (December 24)
- Christmas Day (December 25)
- New Year's Eve Day (December 31)

## **OUTSIDE EMPLOYMENT**

Interns are not allowed to participate in any other outside professional activities without first being granted permission. Psychological Consultation or other Psychological Services for a fee will not be allowed, including that under the supervision of a psychologist not affiliated with the training program. This position is taken to reduce the potential for liability and to keep clear the role of the intern within the internship program. Services for training or teaching, and other work, will be considered on an individual basis.

## **SAFETY**

While there are many youth placed here who are dangerous, there are also significant security measures in place to reduce the risk of being harmed. As this is a secure facility, the issue of safety does come up as a concern to some applicants. Personal safety has never been a significant problem for interns. It is, however, very important for all staff to strictly follow security precautions and procedures. Interns are thoroughly oriented in these areas and are not at a high risk of being injured if they follow them carefully and consistently. Being complacent regarding security issues presents the most significant risk for interns. LHS/CLS bans cell phones, pagers, and smoking material. A more comprehensive list of banned items is available. If someone has questions about other issues related to security or safety, feel free to contact the Training Director.

## **BACKGROUND CHECKS**

Interns are Limited Term Employees of the state of Wisconsin. As such they are all subjected to comprehensive criminal background checks prior to a final offer of hire. Anyone with concerns about this should consult with the Director of Psychology Training for further information or clarification.

## **RESIDENCY REQUIREMENT**

All interns must become residents of the state of Wisconsin for the duration of the internship. Maintaining residence or moving to Wisconsin fulfills this requirement. All intern applicants must be citizens of the United States.

## **CONCLUSION**

This internship intends to provide interns with the best possible foundational training for their future careers in professional psychology. The diversity of our client population both in terms of cultural and ethnic diversity as well as their presenting mental health problems add up to a rich foundation upon which to build a career.

## **REFERENCES**

Sections of this Handbook incorporated standards and guidelines drawn from the American Psychological Association's Ethical Guidelines (2002), the American Association of Correctional Psychologist's Standards for Psychology Services in Adult Jails and Prisons (1999), APA Specialty Guidelines for Forensic Psychologists (2013), Chapter 5 of Wisconsin's Psychology Examining Board's Administrative Code (1995), and the Wisconsin Department of Correction's Work Rules and Administrative Codes and Directives pertinent to the care and treatment of offenders.

[end]

The following is the link to the Division of Juvenile Corrections Website, which provides additional information regarding the institution, the Department of Corrections, and the Division of Juvenile corrections:

<http://doc.wi.gov/Families-Visitors/Juvenile-Services>

*For additional information please contact:*

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Copper Lake School/Lincoln Hills School  
W4380 Copper Lake Ave  
Irma, WI 54442-9711  
715-536-8386, ext. 1385  
**Vincent.Ramos@wisconsin.gov**

**APPENDIX A**

**Lincoln Hills School/Copper Lake School  
Intern Evaluation of Supervisor Form**

**Completed by Intern at (CIRCLE ONE): Three-, Six-, Nine-, and Twelve-Months**

Intern's Name: \_\_\_\_\_

Rotation Title: \_\_\_\_\_ Time Period: \_\_\_\_\_

Rotation Supervisor: \_\_\_\_\_

1. Please indicate how your supervisor was regarding scheduling and keeping supervisory appointments:

1-----2-----3-----4-----5  
poor average excellent

2. Please indicate the overall availability of your supervisor over and above the set appointments, i.e., how available was your supervisor when needed?

1-----2-----3-----4-----5  
poor average excellent

3. Please rate the overall quality of the supervision you received during the course of the rotation.

1-----2-----3-----4-----5  
poor average excellent

4. Please rate the overall quality of the therapy training you received over the course of the rotation.

1-----2-----3-----4-----5  
poor average excellent

5. Please rate the overall quality of the assessment training you received over the course of the rotation, if it was provided by this supervisor. If supervision in this area was not provided by this supervisor, leave this area blank.

1-----2-----3-----4-----5  
poor average excellent

6. Please rate the overall quality of the rotation as a learning experience relative to your clinical training.

1-----2-----3-----4-----5  
poor average excellent

7. Rate the overall atmosphere of the unit as a training site or setting.

1-----2-----3-----4-----5  
poor average excellent

8. To what extent did you feel you had an opportunity to participate in decisions that affected you, including the structuring of your training experiences?

1-----2-----3-----4-----5  
very little average a great deal

9. Was a training agreement negotiated between you and your supervisor and were the terms of the training agreement generally met?

10. Which aspects of the rotation did you find most useful from the standpoint of training experiences?

11. Which aspects of the rotation did you find least useful from the standpoint of training experiences?

Comments: (Please elaborate on any of the above ratings and provide any additional feedback, suggestions, etc.)

\_\_\_\_\_  
Signature of Intern

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

**APPENDIX B**

**Psychology Intern Competency Assessment Process Review Form  
Completed by Rotation Supervisor at (CIRCLE ONE):  
Three-, Six-, Nine-, and Twelve-Months**

Intern: \_\_\_\_\_ Rotation Title \_\_\_\_\_

Rotation Time Period: \_\_\_\_\_ Rotation Supervisor: \_\_\_\_\_

<b>Not Applicable:</b>	This is not an area of development at this site / not applicable / not assessed during training period
<b>Remedial level:</b>	Performance is below expectations for entry to Internship. Needs a combination of education, practice, and experience in the area.
<b>Entry level:</b>	Has education in the area & some practice/experience, intensive supervision needed.
<b>Progressing level:</b>	Has education & some practice, but should remain a focus of supervision.
<b>Satisfactory level:</b>	Education, practice, & supervision is sufficient to handle typical items/clients/situations, but needs guidance & supervision on more difficult items/clients/situations (usually reached at end of Internship).
<b>Independent level:</b>	Advanced level: Has education, sufficient practice, and supervision to handle both typical and challenging items/clients/situations; knows when guidance and supervision on difficult and atypical items/clients/situations is needed. Competent for independent practice (licensure) in this area.

**I - Independent    S - Satisfactory    P - Progressing    E - Entry    R – Remedial    NA – Not applicable**

**Objective 1: Development of Professional Conduct and Ethical Behavior**

Competencies:

1. Professional Interpersonal Behavior.	I	S	P	E	R	NA
2. Seeks Supervision and Consultation Appropriately	I	S	P	E	R	NA
3. Uses Positive Coping Strategies	I	S	P	E	R	NA
4. Professional Responsibility and Documentation	I	S	P	E	R	NA
5. Time Management	I	S	P	E	R	NA
6. Administrative Competency	I	S	P	E	R	NA
7. Knowledge of and conformance to APA ethical guidelines	I	S	P	E	R	NA
8. Knowledge of and conformance to state and federal law pertaining to the practice of psychology	I	S	P	E	R	NA

**Objective 2: Competence in Individual and Cultural Diversity**

Competencies:

1. Builds rapport with Youth and Adult Offenders, Male and Female	I	S	P	E	R	NA
2. Sensitivity to diversity, accepting, non-judgmental	I	S	P	E	R	NA
3. Articulates, understands and monitors own cultural identity.	I	S	P	E	R	NA
4. In reports, articulates the influence of the offender’s cultural background on the testing situation.	I	S	P	E	R	NA
5. Understands, discusses, and modifies treatment approach and treatment goals in light of a client’s cultural background (cultural sensitivity).	I	S	P	E	R	NA
6. Knows how to gain knowledge and understanding of new cultural groups (cultural knowledge).	I	S	P	E	R	NA
7. Can apply theory (or theories) to a client’s historical and cultural background.	I	S	P	E	R	NA

**I - Independent   S - Satisfactory   P - Progressing   E - Entry   R – Remedial   NA – Not applicable**

**Objective 3: Competence in Broad-Based Skills in Psychological Assessment, Diagnosis and Evaluation**

Competencies

1. Skill in clinical /diagnostic interviewing.	I	S	P	E	R	NA
2. Uses behavioral observation skills in evaluation process.	I	S	P	E	R	NA
3. Uses observation skills in describing mental status .	I	S	P	E	R	NA
4. Skill in administering, scoring, and interpreting intelligence tests.	I	S	P	E	R	NA
5. Skill in administering, scoring and interpreting objective personality tests.	I	S	P	E	R	NA
6. Formulates appropriate diagnosis using DSM-5.	I	S	P	E	R	NA
7. Writes integrated psychological reports.	I	S	P	E	R	NA

**Objective 4: Competence in Broad-Based Skills in the Provision of Psychotherapy and Intervention**

Competencies:

1. Formulates realistic treatment goals in the context of psychotherapy.	I	S	P	E	R	NA
2. Involves client in formulation of treatment goals and objectives.	I	S	P	E	R	NA
3. Uses listening and communication skills with a client to establish a productive therapeutic alliance in assessment, individual and group therapy .	I	S	P	E	R	NA
4. Appropriately adjusts psychotherapeutic intervention techniques during course of a session to meet client needs (psychotherapeutic flexibility) .	I	S	P	E	R	NA
5. Demonstrates use of theoretical knowledge to plan psychotherapeutic interventions.	I	S	P	E	R	NA
6. Effectively times therapeutic interventions.	I	S	P	E	R	NA
7. Identifies her or his own emotional reactions and handles them appropriately in the provision of psychotherapy.	I	S	P	E	R	NA
8. <i>Termination:</i> Appropriately terminates mental health treatment with clients in individual or group treatment.	I	S	P	E	R	NA

**Objective 5: Competence in Professional Consultation and Personal Development**

Competencies

1. Effectively relates interpersonally and professionally to other health professionals in LHS/CLS (e.g., peers, psychologists, & health staff).	I	S	P	E	R	NA
2. Skill in identifying systemic and environmental factors that influence the mental health of offenders.	I	S	P	E	R	NA
3. Sensitivity to organizational boundaries and dynamics.	I	S	P	E	R	NA
4. Ethically communicates relevant protected health information to non-health professionals (e.g., security, administration, agents, officers)	I	S	P	E	R	NA
5. Does requested reading and preparing for discussions with staff and/or supervisor .	I	S	P	E	R	NA
6. Integrates information from readings, training seminars, or both into clinical situations.	I	S	P	E	R	NA
7. Knows major theory of personality and/or therapy, including its strength and limitations.	I	S	P	E	R	NA
8. Knowledge of literature of the theory or theories used.	I	S	P	E	R	NA

*Supervisory Narrative Evaluation of Psychology Intern (additional pages may be used if needed):*

*Relative Strengths of the Intern:*

*Relative Weaknesses of the Intern/Recommendations for Improvement:*

Intern is (check one) \_\_\_\_\_ or is not \_\_\_\_\_ at intern target goal for this quarter. If intern is not at target goal, a remedial plan must be developed.

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Intern

\_\_\_\_\_  
Date

**Comments of Intern:**

**APPENDIX C**

**Lincoln Hills School/Copper Lake School  
Intern Evaluation of Training Director Form  
Completed by Intern at (CIRCLE ONE): Six and Twelve-Months**

Intern's Name: \_\_\_\_\_

Rotation Title: \_\_\_\_\_ Time Period: \_\_\_\_\_

Rotation Supervisor: \_\_\_\_\_

1. Please indicate how your Training Director was regarding scheduling and keeping supervisory appointments:

1-----2-----3-----4-----5  
poor average excellent

2. Please indicate the overall availability of your Training Director over and above the set appointments, i.e., how available was your Training Director when needed?

1-----2-----3-----4-----5  
poor average excellent

3. Please rate the overall quality of the supervision you received from the Training Director during the course of the rotation.

1-----2-----3-----4-----5  
poor average excellent

4. Please rate the overall quality of the leadership provided by the Training Director.

1-----2-----3-----4-----5  
poor average excellent

5. Please rate the overall quality of support provided by your Training Director.

1-----2-----3-----4-----5  
poor average excellent

6. Please rate the overall quality of the Training Director's mentoring and coaching.

1-----2-----3-----4-----5  
poor average excellent

7. Rate the overall atmosphere of the PSU.

1-----2-----3-----4-----5  
Negative average positive

8. To what extent did you feel you had an opportunity to participate in decisions that affected you, including the structuring of your training experiences?

1-----2-----3-----4-----5  
very little average a great deal

9. Which aspects of the internship did you find most useful from the standpoint of training experiences?

10. Which aspects of the internship did you find least useful from the standpoint of training experiences?

11. What aspects of the internship would you improve? How?

Comments: (Please elaborate on any of the above ratings and provide any additional feedback, suggestions, etc.)

---

Signature of Intern

---

Date

---

Signature of Supervisor

---

Date

**Appendix D**

**Lincoln Hills School/Copper Lake Schools  
Psychology Internship Program  
End of Year Intern Feedback Form**

Intern Name (optional): \_\_\_\_\_

Internship Dates: \_\_\_\_\_

1. What is your overall impression of the internship?

Far Below Expectations	Below Expectations	As Expected	Above Expectations	Well Above Expectations
---------------------------	-----------------------	-------------	-----------------------	----------------------------

Comments/Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What improvements do you think need to be made so the internship can be more effective in future internship years?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What were you most pleased about regarding the internship?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What were you most disappointed or frustrated about regarding the internship?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. How well did the internship prepare you for your current position?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Any other comments you'd like to make (positive or negative) about any aspect of your experience with the internship program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## APPENDIX E

### Lincoln Hills/Copper Lake Schools Psychology Internship Program Didactic Program Evaluation Survey

Topic Title: \_\_\_\_\_

Date: \_\_\_\_\_

Presenter(s): \_\_\_\_\_

We appreciate your help in evaluating this program. Please indicate your rating of the presentation in the categories below by circling the appropriate number, using the following scale:

1 – Deficient    2 – Weak    3 – Adequate    4 – Strong    5 - Outstanding

#### OBJECTIVES

1. This program met the stated objectives described:    1    2    3    4    5

#### SPEAKERS (generally)

1. Knowledgeable in content areas    1    2    3    4    5

2. Content consistent with objectives    1    2    3    4    5

3. Clarified content in response to questions    1    2    3    4    5

4. Prepared to present on topic    1    2    3    4    5

5. Able to answer questions    1    2    3    4    5

#### CONTENT

1. Appropriate for intended audience    1    2    3    4    5

2. Consistent with stated objectives    1    2    3    4    5

#### TEACHING METHODS

1. Visual aids, handouts, and oral presentations  
clarified content    1    2    3    4    5

2. Teaching methods were appropriate for subject matter    1    2    3    4    5

#### RELEVANCY

1. Information could be applied to practice    1    2    3    4    5

2. Information could contribute to achieving personal,  
professional goals    1    2    3    4    5

3. Your interest in the topic being presented    1    2    3    4    5

4. What is your overall rating of the presentation?    1    2    3    4    5

## APPENDIX F

### Lincoln Hills/Copper Lake Schools Psychology Internship Program Didactic Program Evaluation Survey PROGRAM EVALUATION Curriculum

#### **Description:**

Interns will gain knowledge of theories and methods of Program Evaluation during two didactic sessions. After the first didactic, they will collaborate with their site supervisors on carrying out a program evaluation, applying the Logic Model method. During the second didactic, interns' group project will be reviewed and they will be trained on delivering program evaluation feedback to stakeholders.

#### **Rationale:**

It is important that Psychology interns understand and are able to apply Program Evaluation theories and methods in their future work as Psychologists. Given that psychologists should demonstrate clear evidence of effectiveness in achieving desired goals, conducting formal program evaluations is one way to be rigorous in this endeavor. This three-part training activity will expose interns to various theories and methods of program evaluation and will have the opportunity to apply these new skills through a small-group Logic Model exercise.

#### **Learning Objectives and Outcomes:**

Interns will demonstrate intermediate to advanced levels of competency in program evaluation knowledge and skills. Interns who successfully complete this training will be able to:

- 1) Demonstrate knowledge of the theories and methods of Program Evaluation.
- 2) Demonstrate the ability to develop a logic model that is relevant to their current work.
- 3) List 1-2 ways in which a logic model may be helpful.

#### **Activities:**

- Interns will attend two Program Evaluation didactic presentations
- Interns will plan and execute a small-group program evaluation, using a Logic Model.

#### **Outcome Measures:**

- Evaluation of Intern competencies in program evaluation using the Program Evaluation Knowledge and Skills Rating Form
- Evaluation by the Intern's supervisors of Intern competencies in program evaluation using the Intern Quarterly Evaluation based on feedback from the Program Evaluation Knowledge and Skills Rating Form as well as any other available evidence from site-based program evaluation activities.

#### **Resources:**

Webinar on LOGIC model at:

[http://www.uwex.edu/ces/lmcourse/interface/coop\\_M1\\_Overview.htm](http://www.uwex.edu/ces/lmcourse/interface/coop_M1_Overview.htm)

Helpful Worksheets:

<http://www.uwex.edu/ces/pdande/evaluation/evallogicmodelworksheets.html>

Templates and Examples: <http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html>

**APPENDIX G**  
**Lincoln Hills/Copper Lake Schools**  
**Psychology Internship Program**

PROGRAM EVALUATION KNOWLEDGE AND SKILLS RATING FORM

Please indicate the intern student's rating reflecting how well their project and performance meet the listed expectations.

1 – Deficient    2 – Weak        3 – Adequate    4 – Strong        5 - Outstanding

1. The problems to be solved/or issues to be addressed by the planned program are clearly stated	1	2	3	4	5
2. There is a specific, clear connection between the identified programs needs/assets and the problems to be solved (or issues to be addressed).	1	2	3	4	5
3. The breadth of programs needs/assets has been identified by expert/practitioner wisdom, a needs assessment and/or asset mapping process.	1	2	3	4	5
4. The desired results/changes in the program are specific.	1	2	3	4	5
5. Influential factors have been identified.	1	2	3	4	5
6. Change strategies are identified and cited.	1	2	3	4	5
7. The connection among known influential factors and broad change strategies has been identified.	1	2	3	4	5
8. The assumptions held for how and why identified change strategies should work are clear.	1	2	3	4	5
9. The focus areas reflect the questions asked by a variety of audiences.	1	2	3	4	5
10. Indicators are SMART—Specific, Measurable, Action oriented, Realistic, and Timed.	1	2	3	4	5
11. It is clear what data collection, management, and analysis strategies will be most appropriate for each indicator.	1	2	3	4	5
12. Strategies and required technical assistance have been identified.	1	2	3	4	5

**APPENDIX H**  
**INTERNSHIP HANDBOOK**  
**Lincoln Hills/Copper Lake Schools**  
**California Brief Multicultural Competence Scale (CBMCS)**

Below is a list of statements dealing with multicultural issues within a mental health context. Please indicate the degree to which you agree with each statement by circling the appropriate number.

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
1. I am aware that being born a minority in this society brings with it certain challenges that White people do not have to face.	1	2	3	4
2. I am aware of how my own values might affect my client.	1	2	3	4
3. I have an excellent ability to assess, accurately, the mental health needs of persons with disabilities.	1	2	3	4
4. I am aware of institutional barriers that affect the client.	1	2	3	4
5. I have an excellent ability to assess, accurately, the mental health needs of lesbians.	1	2	3	4
6. I have an excellent ability to assess, accurately, the mental health needs of older adults.	1	2	3	4
7. I have an excellent ability to identify the strengths and weaknesses of psychological tests in terms of their use with persons from different cultural, racial and/or ethnic backgrounds.	1	2	3	4
8. I am aware that counselors frequently impose their own cultural values upon minority clients.	1	2	3	4
9. My communication skills are appropriate for my clients.	1	2	3	4
10. I am aware that being born a White person in this society carries with it certain advantages.	1	2	3	4
11. I am aware of how my cultural background and experiences have influenced my attitudes about psychological processes.	1	2	3	4
12. I have an excellent ability to critique multicultural research.	1	2	3	4
13. I have an excellent ability to assess, accurately, the mental health needs of men.	1	2	3	4
14. I am aware of institutional barriers that may inhibit minorities from using mental health services.	1	2	3	4
15. I can discuss, within a group, the differences among ethnic groups (e.g. low socioeconomic status (SES), Puerto Rican client vs. high SES Puerto Rican client).	1	2	3	4
16. I can identify my reactions that are based on stereotypical beliefs about different ethnic groups.	1	2	3	4
17. I can discuss research regarding mental health issues and culturally different populations.	1	2	3	4
18. I have an excellent ability to assess, accurately, the mental health needs of gay men.	1	2	3	4
19. I am knowledgeable of acculturation models for various ethnic minority groups	1	2	3	4
20. I have an excellent ability to assess, accurately, the mental health needs of women.	1	2	3	4
21. I have an excellent ability to assess, accurately, the mental health needs of persons who come from very poor socioeconomic backgrounds.	1	2	3	4

Gamst, G., Dana, R. H., Der-Karabetian, A., Aragon, M., Arellano, L., Morrow, G., & Martenson, L. (In Press, 2004). Cultural competency Revised: The California Brief Multicultural Competency Scale. *Measurement and Evaluation in Counseling and Development*, 37, 3.

Intern Handbook: Appendix I

Lincoln Hills/Copper Lake Schools  
Psychology Internship Program  
Former Intern Feedback Form

Intern Name (optional): \_\_\_\_\_

Internship Dates: \_\_\_\_\_

1. What was your overall impression of the internship?

Far Below  
Expectations

Below  
Expectations

As Expected

Above  
Expectations

Well Above  
Expectations

Comments/Explanation: \_\_\_\_\_

\_\_\_\_\_

2. How well did the internship prepare you for your current position?

Far Below  
Expectations

Below  
Expectations

As Expected

Above  
Expectations

Well Above  
Expectations

\_\_\_\_\_

\_\_\_\_\_

2. What improvements do you think need to be made so the internship can better prepare interns for post-graduate work?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What were you most pleased about regarding the internship?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What were you most disappointed or frustrated about regarding the internship?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Any other comments you'd like to make (positive or negative) about any aspect of your experience with the internship program?

\_\_\_\_\_

\_\_\_\_\_

Please Fax completed form to: Clinical Services 715-536-8236