



**WISCONSIN DEPARTMENT
of HEALTH SERVICES**

**Mendota Mental Health Institute
Madison, Wisconsin
Psychology Internship Program
2027-2028**



P-02181 (08/2026)

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Internship admissions, support, and initial placement data

Date program tables are updated: 08/28/2026

Program disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	☐ Yes ☒ No
If yes, provide website link (or content from brochure) where this specific information is presented:	
N/A	

Internship program admissions

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

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

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

Total Direct Contact Intervention Hours	☒ Yes	☐ No	Amount: 150
Total Direct Contact Assessment Hours	☒ Yes	☐ No	Amount: 100

Describe any other required minimum criteria used to screen applicants:

Doctoral students from APA-accredited clinical, counseling, and school psychology programs who have obtained approval from their faculty and are internship-eligible may apply.

Qualifying examination complete by application date.

Will have completed or be in the process of completing a formal dissertation.

Must have successfully defended the dissertation proposal prior to the internship start date.

Matched interns must be able to pass a criminal background check.

Financial and other benefit support for upcoming training year*

Annual Stipend/Salary for Full-time Interns	\$51,950	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	☐ Yes	☒ No
If access to medical insurance is provided:		
Trainee contribution to cost required?	☐ Yes	☒ No
Coverage of family member(s) available?	☐ Yes	☒ No
Coverage of legally married partner available?	☐ Yes	☒ No
Coverage of domestic partner available?	☐ Yes	☒ No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	0	
Hours of Annual Paid Sick Leave	0	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	☒ Yes	☐ No
Other Benefits (please describe): Interns are limited term employees (LTEs). According to Wis. Stat. ch. 230, LTEs are not granted paid leave time. However, as approved by the training director, interns are compensated for certain outside activities related to their work as a psychology intern for a total of 20 days to use for time away from MMHI (9 state holidays and 11 leave days). This includes dissertation time, licensure exam study time, and other professional development activities such as review of articles, submission of articles/presentations, attending trainings, providing trainings, and advocacy work. Milage reimbursement for travel for in-state trainings. Eligible for State of Wisconsin Employee Assistance Program (EAP) benefits. Optional free student housing on grounds. On-site fitness center.		

* Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial post-internship positions

(Provide an aggregated tally for the preceding 3 cohorts)

	2023-2026	
Total # of interns who were in the 3 cohorts	15	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Academic teaching	PD = 0	EP = 0
Community mental health center	PD = 0	EP = 0
Consortium	PD = 0	EP = 0
University Counseling Center	PD = 0	EP = 0
Hospital/Medical Center	PD = 2	EP = 1
Veterans Affairs Health Care System	PD = 0	EP = 0
Psychiatric facility	PD = 5	EP = 1
Correctional facility	PD = 0	EP = 3
Health maintenance organization	PD = 0	EP = 0
School district/system	PD = 0	EP = 0
Independent practice setting	PD = 3	EP = 0
Other	PD = 0	EP = 0

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

In three cohorts from 2023-2026, there were 15 total interns. Zero interns did not seek employment because they returned to their doctoral program or were completing their doctorate.

About MMHI

Mendota Mental Health Institute (MMHI) opened in 1860. It is a state-operated facility that primarily serves as a forensic hospital for people adjudicated not guilty by reason of mental disease or defect, those committed to be treated to become competent to stand trial, and those adjudicated delinquent of a juvenile offense. Currently, there are 18 separate inpatient units totaling over 325 beds and an outpatient office that operates an assertive community treatment model. Treatment is individualized and provided through the work of multidisciplinary teams to produce integrated interventions.

MMHI works with a diverse patient population in regard to culture, ethnicity, religion, sexual orientation, physical and mental abilities, and other aspects of cultural and self-identity. MMHI strives to recognize diversity and to provide services sensitive to and cognizant of individual differences. To this end, staff receive ongoing training to ensure their ability to work effectively with diverse populations. Patients range from juvenile to geriatric, diagnostic categories range from adjustment disorder to severe psychosis, and both short-term evaluations and long-term treatment services are provided. Treatment approaches include individual, group, and family therapy modalities, and a wide variety of theoretical orientations are represented. Working within the multidisciplinary team, students have the opportunity to work with staff from a variety of other disciplines and to be involved in a broad array of assessment and treatment activities. The result is a breadth of experience, which allows students to gain a better understanding of the role of a psychologist within a complex mental health system.

Psychology constitutes one of the larger professional departments at MMHI. With a department of over 24 psychologists, psychology is well represented throughout the facility in both a clinical and administrative capacity. Psychology plays an integral role in treatment planning and service delivery within interdisciplinary teams. In addition, MMHI prides itself in serving as a teaching hospital with large numbers of students from all mental health and allied disciplines affiliating with the facility at any given time. This includes five psychology interns that are a part of an APA/APPIC-approved doctoral internship, four post-doctoral psychology fellows, and many psychology practicum students.

Accreditation status

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

Internship philosophy

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

Although many areas of specialization exist within the professional psychology community and at MMHI, the MMHI Psychology Department subscribes to a generalist model of clinical training. This model views experience in a wide range of clinical areas as crucial in preparing the intern for their future professional career, regardless of the eventual area of practice. A broad

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

With its variety of units and populations, MMHI is able to provide intensive experiences in several specific areas. For example, interns have the opportunity for substantial involvement in such areas as adolescent and juvenile treatment, forensic psychology, and treatment of aggressive and personality disordered clients. The training program provides a broad, general preparation, but also allows the intern to focus on particular areas of interest or future career directions. Given the diversity and decentralized organization of MMHI, it is generally the case that interns are able to easily structure an individual program that is interesting, challenging, and well suited to their unique professional training needs.

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

About the internship

Psychology plays an integral role in the overall treatment planning and implementation for patients who come to MMHI. The internship exists in the context of MMHI's strong training orientation and is one of many ongoing professional programs. At any given point in time, large numbers of students from all mental health and allied disciplines can be found at MMHI. Psychology interns are treated as emerging professionals in the final phase of formal training.

Internship training activities include, but are not limited to, unit-specific training experiences such as participation in interdisciplinary treatment team meetings, training activities such as didactics, and peer supervision for doctoral psychology practicum students and undergraduate psychology students. There are additional opportunities available based on intern interests. Interns are considered "colleagues in training" and are expected to function in a professional and ethical manner. Interns will participate in every aspect of professional practice typical of the duties of psychology staff. The following are more specific statements regarding the expectations and goals supervisory staff have for each intern and the opportunities that are available to meet these goals.

Assessment

Interns are expected to have proficiency in a broad range of psychological assessment procedures by the end of the internship year. These include instruments to assess personality functioning; instruments to assess cognitive, intellectual, and adaptive functioning; and instruments and procedures to assess behavioral excesses and deficits. Interns are also expected to be able to provide a comprehensive assessment of individual functioning (for example, an assessment battery) and to communicate findings in a written report.

To this end, **interns perform a minimum of 10 formal assessments** during the course of the year. In addition, interns have the opportunity to learn how to do assessments of competency to stand trial and other assessments related to legal issues and questions. Violence risk assessments, substance use assessments, guardianship evaluations, and neuropsychological screenings are also part of the assessment repertoire.

Treatment

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

Individual and group formats will be used in treatment of patients. It is also expected that experience will be gained with a variety of theoretical approaches, including, but not limited to, behavioral, cognitive, cognitive-behavioral, dialectical behavior therapy, humanistic, gestalt, and psychodynamic. **Interns are required to facilitate at least two hours of therapy per week.**

Serving as a mental health professional

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

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

Evaluative feedback

Throughout the year, interns receive regular evaluative feedback. Evaluations are completed every two months (mid-rotation and at the end of each rotation) and discussed with each intern.

Interns are also asked to evaluate their experiences and complete evaluations at the end of each rotation and at the end of the training year. Interns and rotation supervisors develop rotation training agreements that specify the available experiences, expectations, and objectives for each rotation. Every attempt is made to both meet training needs and provide interns with an opportunity to expand and develop specific areas of interest.

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

Training rotations

MMHI accepts **five paid interns per year**. During the course of the year, interns will choose a combination of three unit rotations (which may include risk assessment), each for four months, plus one supplemental yearlong rotation. Given MMHI's generalist model of training, each intern is expected to work with a range of clientele during the year. The proportion of time spent working with the different populations is dependent on the specific interests of the intern.

Overall, the internship program strives for flexibility and attempts to meet an intern's interests and preferences in experience. Given the broad array of choices, it is generally easy to satisfy both the philosophy of broad-based training and an intern's interests. During the training year, an intern is able to obtain both general exposure to clinical treatment and specific experience with more specialized populations. During all rotations, the intern functions as a member of a multidisciplinary team under the supervision of the psychologist and senior staff of the unit. Interns have the opportunity to participate in various endeavors, including psychological and forensic assessment; individual and group therapy; treatment planning and implementation; individualized programming; general clinical decision-making; periodic consultation activities; and, possibly, research activities.

Forensic program: rotation options

Forensic patients are referred through the criminal court system. MMHI's forensic program serves male and female patients who are admitted for one or more of the following services:

- Assessment of competency to stand trial
- Treatment to competency to stand trial
- Treatment upon a finding of not guilty of a crime due to mental illness (NGI)
- Evaluation for risk to assist the trier of fact in determining placement after a finding of NGI
- Treatment after being adjudicated delinquent

The **risk assessment** rotation provides psychology interns with rigorous and research-based knowledge concerning forensic risk assessment. An intern is expected to establish competence in the administration of various risk assessment tools, including the PCL-R, HCR-20 v3, VRAG-R, Booth Evaluation of Absconding Tool (BEAT), and Cornell Coding Guide for Violent Incidents, among others. Furthermore, the intern will be supervised closely on preparing five detailed

written reports on findings for the risk-referral and convey findings to the patient and treatment staff. When applicable, interns will integrate psychosexual risk evaluation utilizing measures of static and dynamic risk factors including but not limited to the Static-99R, VRS-SO, and Stable-2007.

****The units described below are designated maximum, medium, or minimum security. The major difference between these security designations is the degree of supervision/monitoring of the patients, the degree of access off the unit, and the items the patients are allowed to have in their possession. Movement through the security levels is determined by the degree to which a patient poses a risk to self or others, the level of involvement and participation in treatment, and the degree to which the patient has established a level of trust on the part of the treating staff.*

The **Forensic Maximum Unit (FMU)** is a 20-bed maximum security admission unit for court-ordered adult male forensic patients. This unit provides care and treatment in a trauma-informed and sensitive manner for patients who are placed at MMHI for a competency evaluation or treatment to competency. Psychologists, post-doctoral psychology fellows, and psychology interns all collaborate with the other members of the clinical team to conduct the assessment, diagnosis, and treatment of patients. Interns will be provided with opportunities to conduct psychological assessments and competency to stand trial evaluations. Additionally, interns will be able to assist in the treatment planning of new admissions and facilitate individual competency restoration sessions as needed.

The **Admission Treatment Unit (ATU)** is a 20-bed maximum security unit. Its primary function is to provide assessment and treatment services for competency to stand trial for criminal offenses. The unit also provides treatment for NGI patients. Intern opportunities depend on level of training. Opportunities include completing competency to stand trial evaluations, facilitating competency groups, facilitating individual competency restoration sessions, and conducting psychological assessments as needed.

The **Secure Assessment and Treatment Unit (SATU)** is a 19-bed maximum security unit which has acted as one of the admission units for the forensic program. Its primary function is to provide assessment and treatment services for competency to stand trial for criminal offenses. The unit's assessment of and treatment to competency mission results in a significantly high patient turnover, with a minimum length of stay of 7–15 days to a possible maximum stay of 12 months. Major assessment activities in the unit include competency evaluation, neuropsychological assessment, and the determination of the possibility of malingering. Intern opportunities include completing competency to stand trial evaluations, facilitating competency groups, facilitating individual competency restoration sessions, and conducting psychological assessments as needed.

The **Management and Treatment Unit (MTU)** is a 14-bed maximum security unit that specializes in management and treatment of aggressive male patients. MTU's mission is to provide services to other inpatient units within MMHI through treatment of patients who disrupt or interfere with treatment of other individuals. While MTU specializes in working with physically aggressive patients, it also treats patients who have complicated problems related to mental health that cannot be managed in a less secure setting due to their severity. MTU provides treatment to people in need of competency treatment and NGI patients. Unlike other

units, MTU also treats Wisconsin prison residents experiencing psychiatric difficulties who cannot be treated in a correctional environment, as well as people with mental health commitments under Wis. Stat. ch. 51. Intern opportunities depend on level of training. Opportunities include completing competency to stand trial evaluations, completing assessments for Individual Emergency Response Plans (IERP), facilitating competency groups, facilitating individual competency restoration sessions, conducting individual therapy (when appropriate), and completing psychological assessments as needed.

The **Patient Transition Unit (PTU)** is a 21-bed maximum security unit partially specializing in the treatment and evaluation of competency to stand trial, with a primary focus in treating NGI individuals. PTU's team works to stabilize the patient on medication, and as this is occurring, also educate the patient with the information necessary to be opined competent. Mental illness, cognitive limitations, neurological impairments, and malingering can all be factors in the final assessment of competency. Although it is a maximum security unit, it often operates as a transition unit for NGI patients progressing to medium security. With NGI patients, PTU's goal is to stabilize their behavior through medication and individually based psychological interventions. These interventions can include behavioral programming, as well as group and individual therapy.

The **East Admission Medical Unit (EAMU)** is a 20-bed maximum security unit. EAMU is considered a medical unit, so a number of the patients that reside on this unit have medical conditions that significantly affect their day-to-day functioning. This unit's clinical team works with both NGI and competency patients. Assessment and restoration to competency work are prioritized on this unit. As such, the role of an intern is primarily for assessment. Interns who select this unit will be invited to complete competency to proceed to trial evaluations and other psychological assessments for diagnostic purposes. Should they choose, an intern would also have the opportunity to provide individual and group therapy and individual and group competency restoration services.

The **Treatment, Rehabilitation, Assessment, and Care, Unit 1 (TRAC-1)** is a 20-bed maximum security unit where the primary patient issue is controlling either symptoms and/or behaviors. Both competency and NGI patients reside in this unit. The psychologist's role on this unit is to complete assessments for competency to proceed, conduct individual and group competency restoration, and facilitate psychoeducational mental health groups. Intern activities would include facilitating competency groups, a group therapy topic of their choice, and individual therapy, as well as completing forensic competency evaluations, psychological assessments, and neuropsychological assessments.

The **Treatment, Rehabilitation, Assessment, and Care, Unit 2 (TRAC-2)** is a 20-bed medium security unit for male NGI patients. Psychology staff and trainees provide individual psychotherapy, group therapy, consultation, and psychodiagnostic testing in these settings and work closely with the multidisciplinary clinical teams on each unit.

Treatment, Rehabilitation, Assessment, and Care Units 3 West and 4 (TRAC-3 West and TRAC-4): TRAC-3 West is a 27-bed **medium** security unit that functions as the main transition point for patients preparing for transfer to minimum security. TRAC-4 is a 19-bed **minimum**

security unit. Both units afford patients the opportunity to focus on applying previous treatment gains in a less restrictive setting with the hope of preparing them for a successful life in the community. Psychology staff and trainees provide individual psychotherapy, group process therapy, consultation, and psychodiagnostic testing in these settings and work closely with the clinical teams on each unit. Generally, patients on these units are psychiatrically stable and, consequently, therapy is most frequently enlisted to treat personality disorders, improve interpersonal functioning, and provide psychoeducation. The psychodiagnostic assessments completed in these settings are most often requested if the day-to-day behaviors of a patient suggest the possibility of a neurocognitive problem or if more information is desired about a patient's character structure or personality disorder to better inform treatment.

The **Intensive Treatment Unit (ITU)** is a 22-bed medium-maximum security unit that acts as the female admission unit for the forensic program. Its primary function is to provide assessment and treatment services for competency to stand trial for criminal offenses. As the only female competency unit at MMHI, ITU has significantly high patient turnover, with a minimum length of stay of 7–15 days to a possible maximum stay of 12 months. Psychologists, post-doctoral psychology fellows, and psychology interns all collaborate with the other members of the clinical team to conduct the assessment, diagnosis, and treatment of competency patients who require a moderate to high level of security. Training opportunities on ITU include providing group and individual legal education, competency evaluation, neuropsychological assessment, and the determination of the possibility of malingering.

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

The **Medium Admission and Rehabilitation Unit (MARU)** is a 21-bed medium security unit that accommodates forensically committed patients who may be mentally ill, medically compromised, and/or otherwise disabled within the structure and safety of a medium security setting. This unit's multidisciplinary clinical team works with NGI patients. The psychology staff conducts assessments and provides individual and group therapy. Intern activities would depend on their interest and experience, but could potentially include facilitating a group therapy topic of their choice and individual therapy, as well as complete psychological assessments.

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

multidisciplinary team approach toward achieving goals and objectives. All treatment efforts are directed towards preparing the patients to advance to a less restrictive unit and be recommended for return to the community.

The **Mendota Juvenile Treatment Center (MJTC)** is a 50-bed unit that provides intensive treatment for male and female adolescents who have been adjudicated delinquent and are considered to have mental health problems that have affected their adjustment in juvenile corrections institutions. There are presently two levels of security for the male youth and one level of security for female youth, but further expansion of the program is in progress. Presenting issues may include anger problems, disruptive or aggressive behavior, depression, self-harm or self-injury, social skills deficits, substance use problems, sexually aggressive behavior, and primary mental illnesses. Treatment includes multidisciplinary evaluation, educational services, treatment and psychoeducational groups, individual and family therapy, and therapeutic activities. MJTC is expanding to hold more youth in the near future.

Supplemental rotations

Aside from the primary training rotations, interns will choose a supplemental rotation to enhance their training experience. Interns will spend approximately eight hours per week for the entire year at either the designated outpatient setting or one of the supplemental options at MMHI. Supervisors at each rotation provide a minimum of one hour of individual supervision per week. Whereas this rotation is referred to as “supplemental,” over the course of a year at eight hours per week, it should roughly contain the same hours as one “primary” rotation.

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

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

The **Program of Assertive Community Treatment (PACT)** is a certified community support program that serves up to 150 people in Dane County. PACT provides comprehensive clinical and case management services for people with severe and persistent mental illness. PACT pioneered the development of the “continuous treatment team (CTT) approach” published under the training in community living model. PACT uses a multidisciplinary treatment team approach. The treatment team provides a full range of individualized clinical and rehabilitative services. These include symptom monitoring and supportive psychotherapy, vocational rehabilitation

services, substance use treatment services, independent living skills teaching and support, family education/therapy, and the use of a variety of cognitive and behavioral approaches focused on illness management. Counseling can include dialectical behavior therapy (DBT). An innovative trial in the use of cognitive remediation therapy (CRT) in people with treatment-resistant symptoms of schizophrenia is under way.

The **Substance Use Disorder (SUD) Program** uses the risk-need-responsivity (RNR) framework. It is structured as a three-phase program, although the nature of the population served by this program requires a flexible and fluid application of this approach. Briefly, the phase model is a skill-building approach that scaffolds the individual's skills toward successful completion of the identified goals and objectives. This program uses a cognitively-based intervention—a hybrid of cognitive behavioral therapy, dialectical behavior therapy, and Schema Therapy—to assist participants in identifying maladaptive coping strategies, recognizing the impact that these strategies have on their addiction lifestyle, and identifying and practicing healthier alternatives. There are also possibilities for conducting individual therapy with substance use disorder candidates on a case-by-case basis.

- **Evaluation:** Substance Use Disorder Program interns are expected to conduct RNR-based evaluations that use substance use disorder screening instruments; a structured professional judgement (SPJ) approach to clinical, diagnostic interviewing; and a variety of treatment readiness assessment tools. This process is designed to not only identify the patient's substance use disorder diagnosis but is designed to identify specific need and responsivity issues. The process follows the American Society of Addiction Medicine (ASAM) Criteria and Screening, Brief Intervention, and Referral to Treatment (SBIRT) model for clinical decision-making related to level of care for substance use disorder treatment. MMHI patients have a higher rate of co-occurring disorders (substance use disorders and other mental health disorders) than the general SUD treatment population, so interns who select this training option will be given ample opportunity to explore the complex presentation of substance use and mental illness.
- **Treatment:** Substance Use Disorder Program interns are expected to use a variety of multidimensional treatment perspectives. Treatment conducted in the Substance Use Disorder Program generally focuses on the following objectives:
 - A combination of motivational interviewing and harm reduction to examine the patient's interest in changing their substance use patterns
 - The use of cognitive-based and behavioral strategies to correct unproductive coping practices that trigger or engage their substance use disordered symptoms, mental health symptoms, or both
 - Assisting the participant in restructuring their lifestyle to support recovery from a life of addictive behavior and self-regulation issues related to their substance use and/or related criminal activity

Dialectical behavior therapy (DBT) is a treatment with empirical evidence supporting its efficacy for use with a broad range of individual behaviors, problems, and diagnoses. Individuals are referred for a DBT assessment by their unit treatment teams and assessed by members of the DBT consultation team to determine their appropriateness for this treatment approach. DBT at

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

Interns completing a DBT supplemental rotation are required to attend a multiple-day skills training in the fall and a multiple-day comprehensive training in the winter or spring. Interns co-facilitate at least one group therapy session per week and have the option of adding either individual DBT skills coaching sessions or co-facilitating a second weekly DBT group therapy session. Interns typically carry at least one individual therapy patient after they have completed the comprehensive training in the winter. Interns in this rotation are also expected to attend and participate in the DBT consultation meetings.

Mock trial experience—expert witness testimony

Each year all interns participate as an expert witness for a mock trial based on a forensic case of their choice. Usually, the case involves a competency evaluation or another case that the intern completed during a primary rotation. MMHI established this training endeavor with the Wisconsin Department of Corrections Internship Program. Psychologists have, at times, played the role of attorneys, providing the direct and cross-examinations, but attorneys have been invited to play this role as well, which has more frequently been the case. Interns receive expert witness testimony training and prepare for their respective cases before the trial date, which generally occurs at a simulation held in Madison.

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

Research paper/topic presentation or group program evaluation

Near the end of the internship year, interns collaborate on group program evaluation projects that involve collecting available outcome data, analysis, and summary. The projects can transform into supervision of summer criminal justice students from UW-Madison. Each intern could also provide a presentation to the MMHI Psychology Department on a research topic of their choice (for example, an evidence-based intervention or modality). The presentation and question and

answer session provides interns an opportunity to demonstrate their professional presentation skills as well as their ability to interpret and analyze research data and information.

Seminars, didactics, and other educational opportunities

Part of the internship includes regularly scheduled didactics arranged specifically for the interns and aimed at providing an array of educational experiences. The Wisconsin Department of Health Services and Wisconsin Department of Corrections jointly arrange and share the intern didactic offerings, offered virtually or in person. Interns from both settings and from other internship sites attend the seminars. Staff of Mendota Mental Health Institute, Sand Ridge Secure Treatment Center, the University of Wisconsin, and the Department of Corrections, as well as other Madison-area professionals, serve as the presenters. It is not uncommon for nationally renowned speakers to present too.

The didactics provided include a wide variety of topics that focus on professional and applied issues that pertain to the practice of psychology. Recent offerings have included various health care psychology topics, ethical issues, diversity considerations in research and clinical practice, forensic psychology, neuropsychology, antisocial personality disorder, psychopathy, risk assessment, sex offender evaluation and treatment, substance use treatment, psychopharmacology, dealing with violent and aggressive patients, and varied assessment topics.

In addition to the intern didactics, MMHI has a very active training department that arranges workshops and training sessions during the course of the year. These seminars are open to the professional community at large, sometimes for a fee, but MMHI staff and affiliates can attend for free. Presenters are experts in the particular area, often with a national reputation. A variety of other educational resources are also available for MMHI staff and students, including psychology department colloquia and psychiatry department grand rounds at UW-Madison.

Ombuds services

MMHI offers ombuds services to provide support and guidance for interns through possible training/work-related conflicts or stresses. Psychologists or postdoctoral fellows (supervised by a psychologist) who are not supervising a rotation provide this service to avoid possible undue influence or other obstacles to discussing concerns freely. Meetings are offered on a regular and as-needed basis to interns during the course of the training year. Very serious matters would likely be addressed to the training committee for resolution.

Supervision

The supervision philosophy at MMHI emphasizes learning new skills, integration of empirically supported procedures into practice, enhancement of a broad knowledge base, and refinement of existing skills in an atmosphere of mutual respect and understanding. Supervisors share their knowledge and experience, provide professional mentoring, and share constructive feedback regarding intern performance. Each intern receives a minimum of four hours of weekly supervision, as described below. Supervision will generally be in person but can occasionally be conducted through videoconferencing due to travel, sickness, weather, or other justifiable reasons.

Primary supervision

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

Group supervision

Interns will meet weekly for two hours to discuss any difficult case issues within a group supervision format. This is also a useful time for the intern cohort to spend time together consulting about their experiences, gaining peer support and feedback. Group supervision is also facilitated by a fully licensed doctoral-level psychologist. Every other week, the psychology director or training director facilitates this session.

Peer supervision

During the first and second rotations, interns will provide clinical supervision to doctoral practicum students, subject to practicum student availability. Supervision should occur weekly for a minimum of 30 minutes and cover a range of clinical topics. Supervision can occur in a group and/or individually. Initially, a licensed psychologist will be present during the beginning supervision sessions with the goal of the intern eventually providing supervision independently. The intern will coordinate and maintain communication with the practicum student's primary supervisor throughout the year. Supervision assignments will be decided by the training committee at the beginning of the internship. Supervisory relationships will continue throughout the practicum students' training, typically September through May. Interns will receive training on supervision and receive supervision on supervision during this time.

For 10 weeks during the third rotation, interns will take on the responsibilities of supervising an undergraduate student from the Criminal Justice Program at UW-Madison. Interns will be in charge of scheduling and assisting their students in treatment and evaluation activities while at MMHI. Students will often shadow groups and assessments and, if comfortable, can take over as lead facilitators. Interns coordinate with other licensed psychologists in order to provide their students with a breadth of psychology experiences. Interns then provide peer supervision and feedback to their students as they would if they were in a real supervisory role.

Health precautions

MMHI follows directives from the Wisconsin Department of Health Services (DHS). Psychology staff, including trainees, are deemed essential employees and are required to engage in clinical practice on-site. At times of breakouts and as communicated by administration, trainees wear masks during their presence at the facility. Surgical masks, N95 masks, and face shields are made available as needed. Trainees must follow Wisconsin DHS and Centers for Disease Control and Prevention guidelines. Contact the Nursing Office at 608-301-

1386 for personal protective equipment (PPE) supplies such as masks, shields, and goggles. Notify employee nurses Carrie Muzinga and Debra Cann at 608-301-1764 and 608-301-1279, respectively, if experiencing symptoms. They can also provide fit testing for N95 respirators. Please notify the training director of related absences. Precautions are subject to change. Trainees are expected to read MMHI staff updates provided by MMHI through email by facility leadership and the Wisconsin Department of Health Services.

Administrative policies and procedures

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

Stipend

The stipend for the 2,000-hour, one-year, full-time internship is anticipated to be approximately \$51,950 for each internship position.

Benefits

Interns are limited term employees (LTEs). According to Wis. Stat. ch. 230, LTEs are not granted paid leave time. However, as approved by the training director, interns are compensated for certain outside activities related to their work as a psychology intern for a total of 20 days to use for time away from MMHI. This includes dissertation time, licensure exam study time, and other professional development activities such as review of articles, submission of articles, attending trainings, providing trainings, and advocacy work. Health and dental insurance are not offered as a part of the internship.

Eligibility and qualifications

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

MMHI welcomes a diversity of experiences and backgrounds in its internship applicants. The program will consider an applicant's background, including personal experiences, academic, extracurricular, professional, and other aspects that may inform the MMHI Internship Program of an applicant's fit as an MMHI intern. MMHI staff value maturity, compassion, cultural humility, and intellectual curiosity, among other personal aspects. A strong applicant to the MMHI Internship Program would likely have the following background: good academic

performance with high marks in treatment and assessment; 1,000 or more supervised clinical hours; and a strong performance in clinical assessment, especially in regard to administering and scoring intelligence and personality measures, as well as proficient writing and time management skills. MMHI's training program does not strictly subscribe to set academic or practice standards in selecting intern applicants (although the eligibility criteria are observed). Nevertheless, the MMHI Internship Program reviews each applicant in much more than academic and practice terms, considering each person's uniqueness. Note: the psychologists at MMHI do not use artificial intelligence in their reports, so applicants should not rely on such methods in their clinical work.

Application procedure and deadline

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

Deadline

The application deadline is November 2, 2026.

Application requirements

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

Send all requests for additional information to:

Karyn L. Gust-Brey, Ph.D.
Psychology Director-Training Director
Mendota Mental Health Institute
301 Troy Drive
Madison, WI 53704
Phone: 608-301-1553
Email: karyn.gustbrey@dhs.wisconsin.gov

Interviews

Applications will be reviewed in November. Selected applicants will be invited to participate in interviews in December and January. We anticipate all interviews will be virtual this year.

Interviews include structured questions and conversation with members of the MMHI Psychology Department, a writing exercise, a meeting with current interns, and opportunities to answer any questions applicants may have about the internship. Each applicant will be assessed using a structured rating scale.

If you are selected to interview and need a reasonable accommodation, contact Karyn Gust-Brey at 608-301-1553 or karyn.gustbrey@dhs.wisconsin.gov.

MMHI Psychology Department

Adams, Brett, Ph.D.

- Education: University of Detroit Mercy, Detroit, Michigan
- Job title: Psychologist, MMHI (MJTC/SUD)
- Professional interests: Individual and group psychotherapy, contemporary psychodynamic psychotherapy, integrative psychotherapy, lifespan development, personality assessment, clinical training and supervision, and psychotherapy and assessment research

Ahrens, Christine, Ph.D.

- Education: University of Wisconsin–Madison, Madison, Wisconsin
- Job title: Psychologist, PACT Program
- Professional interests: Counseling (specialty in rehabilitation psychology) international ACT replications and adaptations; research on Cognitive Remediation Therapy (CRT) in people with treatment resistant symptoms of schizophrenia; student and new staff mentoring and supervision

Bruner, John, Ph.D.

- Education: University of Akron, Akron, Ohio
- Job Title: Psychologist, MMHI (LMU)
- Professional Interests: DBT, individual and group therapy, assessment and intervention with neurodevelopmental disorders, training, supervision, and guardianship assessment

Calas, Danielle, Psy.D.

- Education: Chicago School of Professional Psychology, Chicago, Illinois
- Job title: Psychologist, MMHI (ITU)
- Professional interests: Forensic evaluations for competency; emergency guardianship and protective placement; and psychodiagnostics testing, including personality, intellectual, achievement, malingering, and effort measures

Caldwell, Michael F., Psy.D.

- Education: University of Denver Graduate School of Professional Psychology, Denver, Colorado
- Job title: Psychologist, MMHI (MJTC)
- Professional interests: Child psychology, treatment outcomes research, treatment of aggressive behavior in adolescents, systems theory, psychological assessments, policy relevant research, juvenile justice

Campanini, Isabella, Psy.D.

- Education: Florida Institute of Technology, Melbourne, Florida
- Job title: Psychologist, MMHI (TRAC-1)
- Professional interests: Competency evaluations, sex offender risk assessments, violence risk assessments, and personality assessment

DeMarzo, Laura, Psy.D.

- Education: Florida Institute of Technology, Melbourne, Florida
- Job title: Psychologist, MMHI (FMU)
- Professional interests: Competency evaluation and treatment to competency, risk assessment, psychological assessment, evaluation and treatment of sexual offenders, individual and group therapy, program development, trauma informed care, trauma-focused intervention, DBT, personality disorders, and diversity.

Dosado-Bernacky, Laura, Psy.D.

- Education: Roosevelt University, Chicago, Illinois
- Job title: Psychologist, MMHI (TRU/Therapy)
- Professional interests: Forensic assessment, psychological evaluations, individual therapy, competency restoration treatment and evaluation, group therapy, CBT and integrative, interest in personality disorders and treating schizophrenia and other psychotic disorders

Fakkema, Katie, Psy.D.

- Education: George Fox University, Newburg, OR
- Job title: Psychologist, MMHI (MJTC)
- Professional interests: Individual psychotherapy, neuropsychological assessment of adolescents and adults, and forensic evaluations

Garbelman, Jeffrey L., Ph.D.

- Education: Indiana University, Bloomington, Indiana
- Job title: Psychologist, MMHI (FTU)
- Professional interests: Suicide risk assessment, treatment, and documentation; therapy, posttraumatic stress disorder and assessment; and dialectical behavior therapy

Garcia, Ana, Ph.D.

- Education: Marquette University, Milwaukee, Wisconsin
- Job title: Psychologist, MMHI (EAMU)
- Professional interests: Forensic psychology, risk assessment, competency, and psychological assessments

Gust-Brey, Karyn L., Ph.D.

- Education: Ball State University, Muncie, Indiana
- Job title: Psychology Director, MMHI (Training Director)
- Professional interests: Psychological assessment, competency evaluations and restoration, evaluation and treatment of justice-involved youth, evaluation of neurodevelopmental disorders, malingering, and clinical supervision

Grusecki, Katelyn, Psy.D.

- Education: Pepperdine University, Malibu, California
- Job title: Psychology Supervisor and Treatment Services Director, MMHI
- Professional interests: Competency evaluations, psychological assessments including risk and other diagnosis assessments, malingering, evidence-based treatments, and clinical supervision

Johnson, Shawn, Psy.D

- Education: Chicago School of Professional Psychology, Chicago, Illinois
- Job title: Psychologist, MMHI (Float/DBT)
- Professional interests: Dialectical behavior therapy, trauma treatment, diagnostic assessment, competency assessment, and neuropsychological screening

Krickeberg, Jenna, Psy.D.

- Education: Pacific University, Hillsboro, Oregon
- Job title: Psychologist, MMHI (MTU)
- Professional interests: Competency evaluations, sexual offense risk evaluations, violence risk evaluations, treatment of individuals with sexual offense histories, and cognitive behavioral therapy

Kaserooff, Ashley, Ph.D.

- Education: University of Wisconsin-Madison, Madison, Wisconsin
- Job title: Psychologist, PACT Program
- Professional interests: Counseling (specialty in rehabilitation psychology), cognitive assessment, DBT, cognitive remediation therapy, social skills, vocational rehabilitation

Kithinji, Christine, Ph.D.

- Education: University of Wisconsin-Madison, Madison, Wisconsin
- Job title: Psychologist, MMHI (PTU)
- Professional interests: Forensic evaluations, individual and group psychotherapy, psychological assessments, sex offender risk evaluations, suicide risk assessments, and guardianship

Marx, David, Psy.D.

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

Reinders-Saeman, Rachel, Ph.D.

- Education: University of Wisconsin-Milwaukee, Milwaukee, Wisconsin
- Job title: Psychologist, MMHI (SATU)
- Professional interests: Forensic assessment, psychological assessments, and cognitive behavioral therapy

Rotshtyn, Dayna, Psy.D

- Education: Nova Southeastern University, Fort Lauderdale, Florida
- Job title: Psychologist, MMHI (SATU)
- Professional interests: Psychological assessment, competency evaluation and treatment, violence risk assessment, asylum evaluations, malingering, personality disorders, and advocating for the Deaf and Hard of Hearing.

Shepherd, Alix, Psy.D.

- Education: Pacific University, Hillsboro, Oregon
- Job title: Psychologist, MMHI (MJTC)
- Professional interests: Competency evaluations; individual, group, and family psychotherapy; and psychological assessment of adolescents and adults

Stabin, Daniel, Ph.D.

- Education: Auburn University, Auburn, Alabama
- Job title: Psychologist, MMHI (TRAC-2)
- Professional interests: Individual and group psychotherapy, forensic assessment, clinical training and supervision, and psychotherapy research

Trevino, Stefany, Psy.D.

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

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

- Education: University of Wisconsin-Madison, Madison, Wisconsin
- Job title: Psychological Consultant, MMHI
- Professional interests: Management and treatment of aggressive patients, forensic evaluations, interrelationship of psychology/psychiatry and law, anti-social personalities, treatment of juveniles, and clinical supervision/administration.

Washelesky, Jeffrey, Psy.D.

- Education: Chicago School of Professional Psychology, Chicago, Illinois
- Job title: Psychologist, MMHI (ATU)
- Professional interests: Psychological assessment, competency evaluation and treatment, sex offender evaluations, violence risk assessment, malingering, personality disorders, and evaluator bias

Accrediting body

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About Wisconsin

Every Wisconsin community holds its own individual charm and characteristics. They are safe and welcoming spaces. Hunters and anglers find happiness and sport within recreational playgrounds of forests, streams, and lakes while outdoor fitness fans bike and hike the trails that are woven throughout our landscape. Families make memories at one of many public parks, festivals, and community events while ambitious doers take advantage of superior education opportunities. Others embrace the city life, where days full of the busy shuffle of ambitious ideas turn to nights of dining and laughter at one of the best restaurants in the Midwest. For more information about living and working in Wisconsin, go to lookforwardwisconsin.com.

About Madison

Madison is a one-of-kind place. Outdoorsy, storied, chic, and down home. A mid-sized city that perfectly blends urban style with natural beauty and small-town ease. There's something for everyone. Packed between several lakes, you'll find world-class arts, live music, over 270 parks, and 200 miles of trails. For more information about living and working in Madison, go to visitmadison.com.

About MMHI campus

The MMHI campus is open to the public.

Governor's Island is one of Madison's hidden gems. It is a 60-acre green space on Lake Mendota that is only accessible via a man-made land bridge that is part of the MMHI campus. This space is a popular fishing and kayaking location.

The Mendota State Hospital Mound Group is located on MMHI grounds. The effigy mounds were listed on the National Register of Historic Places in 1974. The site contains 11 conical mounds and remnants of two panthers, a bird, and three linear mounds. The largest of the mounds is said to be an eagle or thunderbird that originally had a 624-foot wingspan. The MMHI logo is based on this mound.