

Fulton State Hospital

Psychology Pre-Doctoral Internship

Brochure 2024-2025



Table of Contents

A Message from the Training Director	3
About Fulton State Hospital.....	4
Fulton State Hospital in the News.....	5
Internship Philosophy.....	6
Characteristics Necessary to Succeed	7
Applying for Internship.....	8
Match	9
General Information	10
Requirements	11
Training Goals, Objectives, and Expected Competencies.....	12
Goal 1	13
Goal 2	14
Goal 3	15
Training Experiences and Rotations	16
Program-Based Treatment	17
Competency Restoration and Forensic Treatment/Forensic Evaluation	18
Hearnes Forensic Center.....	19
New Outlook Program.....	20
Recovery and Self-Motivation.....	21
Sex Offender Rehabilitation and Treatment Services.....	22
Social Learning Program	23
Research.....	24
Psychological Assessment	25
Diversity Action and Response Team.....	26
Trauma-Informed Care.....	27
Typical Work Week	28
Seminar Series	29
Internship Alumni.....	30
Alumni Anecdotes	31
Postdoctoral Training.....	32
Fulton, MO	33
Life in Mid-MO.....	34
FAQ.....	33
Internship Faculty	37
Scholarly Contributions.....	38

A Message from the Internship Training Director

Dear Applicant -

Thank you for your interest in the pre-doctoral psychology internship at Fulton State Hospital.

Fulton State Hospital (FSH) offers an exciting, challenging, and varied pre-doctoral psychology internship. Our training program offers unique clinical opportunities that will supplement your current training and provide a foundation for your professional aspirations. We attempt to create an atmosphere for interns that will enhance personal and professional development through our clinical rotations, didactic offerings, and participation in special projects.

FSH is a national leader in serving its clients by utilizing innovative, trauma-informed, evidence-based treatment and best practices within nationally recognized treatment programs targeting specific populations. The discipline of psychology holds central importance in treatment development and implementation at FSH. Psychologists hold key administrative positions (e.g., CEO, Director of Treatment Services, Assistant Directors of Treatment Services) and clinical roles (e.g., Program Director, Treatment Team Leader) that drive treatment throughout the hospital. FSH also has a program-based supervisory hierarchy wherein program supervisors oversee all clinical and direct care staff assigned to a program, which ensures a high degree of fidelity to the various treatment models. Psychology interns are warmly welcomed into this atmosphere and are valued contributors to our interdisciplinary treatment teams providing frequent consultation regarding the services they provide.

At FSH, we offer one internship track (178311) that is organized into two, six-month major rotations as well as two, year-long minor rotations, which include Research and Psychological Assessment. Interns receive training in two innovative, evidence-based treatment programs targeting specific populations including, but not limited to, severe mood and behavioral dysregulation, severe and persistent mental illness, and those civilly committed as Sexually Violent Predators.

A unique component of our training program is that it allows interns to gain a generalist training by developing assessment and therapeutic skills that would be well-translated to a variety of careers including inpatient psychiatry, community mental health, correctional settings, and private outpatient treatment to name a few. Alternatively, interns are also afforded the opportunity to specialize in areas of interest through attendance at intensive trainings, diagnostic-focused treatment and/or assessment, and postdoctoral opportunities at FSH.

Additional information regarding treatment programs may be found in this brochure.

Again, I want to thank you for your interest in our internship program. The following brochure provides a comprehensive description of our training program and intern experiences. If questions arise, please contact me directly using the email address below.

Jessica Sergio, PhD

Internship Training Director

Jessica.Sergio@dmh.mo.gov

About Fulton State Hospital

Fulton State Hospital

Fulton State Hospital (FSH) is the oldest State Psychiatric Hospital west of the Mississippi River and has recently undergone a dramatic change that will impact the services the hospital provides over the coming decades. Our state-of-the-art facility opened in August 2019 and has revolutionized the treatment we provide to many of the clients we serve.

Currently, Fulton State Hospital treats up to approximately 450 clients across three buildings with two levels of security including: 1) Nixon Forensic Center (NFC), a high-security center that can treat up to 300 clients, 2) the Sex Offender Rehabilitation and Treatment Services (SORTS), a high-security center that can treat up to 200 civilly committed Sexually Violent Predators, and 3) Hearnese Forensic Center (HFC), a minimum-security center that treats 24 clients with developmental disabilities. Additionally, HFC will be opening a non-forensic acute stabilization unit for individuals with developmental disabilities and mental illness. This will be a short-term stay program that will open in 2024.

Client Demographics

FSH provides treatment to individuals with a broad array of mental health diagnoses, emphasizing services for those with serious mental illnesses using empirically-supported treatment modalities. Our clients are drawn from rural and urban areas throughout the state of Missouri and reflect a racially, ethnically, and economically diverse population. Our current individual population is approximately 60% Caucasian, 37% African American, and 3% Native American, Hispanic, and other backgrounds. Almost 90% of our clients are male. We serve individuals from varying sexual identities and orientations. Over 75% of our clients range in age from 22 to 60. In addition, FSH treats clients that are deaf, hard of hearing, and speak English as a second language through the Interpreting Services Department. Services provided include on-site interpreting, remote interpreting, translation of documents, communication assessments, resources, and training.

Client Legal Status

The majority of our clients have been referred by the criminal courts, initially as incompetent to proceed to trial (IST) or as not guilty by reason of mental disease or defect (NGRI). A small percentage of those who come to FSH as IST are eventually found permanently incompetent to stand trial (PIST) and remain here receiving treatment to be safely transitioned into the community. Currently, about 19% of our clients were committed by the courts as IST. Most of those clients will be restored to competency and discharged within about 5-10 months. Approximately 28% have been found PIST. Another 15% are committed as not NGRI and about 25% are civilly committed as Sexually Violent Predators (SVP). The remaining 12% have been admitted at the request of their guardians (voluntary by guardian, VBG). The length of stay for each client varies based on their legal status, recovery process, severity of mental illness, and motivation for discharge as well as the availability of space at receiving facilities.

Client Treatment Programming

Once their legal status has been determined as SVP, PIST, NGRI, or VBG, clients receive evidenced-based treatment on our long-term treatment and rehabilitation programs. Psychologists have been important leaders in the development of these treatment initiatives and currently fill active and critical roles in the implementation and oversight of these programs. Treatment programs include the Social Learning Program (SLP), New Outlook Program for Behavior and Mood Self-Management (NOP), Recovery and Self-Motivation (RSM), and the Sex Offender Rehabilitation and Treatment Services (SORTS). These programs treat clients with diverse clinical presentations. Clinically, individuals served at Fulton State Hospital have a wide range of diagnoses, covering virtually all the major categories of the DSM-5. The most common primary diagnoses include schizophrenia-spectrum disorders, mood disorders, intellectual disabilities, personality disorders, and paraphilic disorders. We also treat a smaller number of clients who suffer from neurocognitive disorders.

Fulton State Hospital

State-of-the-Art Mental Health Treatment Expansions

Fulton State Hospital (FSH) opened in 1851 and is the oldest public mental health facility west of the Mississippi River. The hospital is certified by the Centers for Medicare and Medicaid Services (CMS) and has been accredited by The Joint Commission (TJC) since 1984. In 2014, Governor Jay Nixon approved a \$211 million construction project to replace the aging facilities of FSH with a state-of-the-art facility that is safer and more conducive to modern treatment. Construction began in 2015 and completed in Summer 2019. Clients from

the former maximum-security unit, Biggs Forensic Center, and the intermediate-security unit, Guhleman Forensic Center, moved into the high-security unit, called the Nixon Forensic Center in August 2019. The high-security Sex Offender Rehabilitation Treatment Services (SORTS) unit has expanded to the Guhleman Forensic Center building. The minimum-security unit, Hearnese Forensic Center, remains, and the Biggs Forensic Center has been demolished. For more information, visit <https://dmh.mo.gov/fulton/>.

ASAP

Clients at Fulton State Hospital (FSH) are at varying stages in their paths to recovery and are continuing to learn methods of managing agitation and mood dysregulation through the help of FSH's evidence-based treatments. Aggression toward staff leads to compassion fatigue, burnout, and staff turnover. To combat this, FSH has implemented the Assaulted Staff Action Program (ASAP), which was developed by Raymond B. Flannery, Jr, PhD to provide support to staff who are victims of verbal, physical, or sexual assault. Staff are provided with peer support to process the

events they experience. This program has shown to improve staff's ability to manage difficult situations. As Dr. Flannery has approached his retirement, he has recently passed this program on to administrators at FSH. Moving forward, FSH will be the leader in the nation for ASAP training, implementation, and consultation. In addition to this, FSH along with the Department of Mental Health has trained many staff in Critical Incident Stress Management (CISM) to further support staff members across the state who have experienced trauma.

SMART

Over the years, Fulton State Hospital (FSH) has utilized many programs to train staff in methods of assisting clients when agitated including CPI, MANDT, and others. It was determined that while each of these programs has strengths, none completely met the needs of FSH staff and clients. As a result, Situation Management and Response Training (SMART) was developed and continues to

evolve to meet these needs. In the years since SMART has been implemented, FSH has seen a dramatic decrease in client aggression. In 2015, Joel Dvoskin, PhD, a clinical and forensic psychologist, praised FSH for its innovative approach to ensuring client and staff safety in an interview with National Public Radio. Recently, SMART has been implemented in all state inpatient facilities.

Acute Treatment for Dually Diagnosed

Hearnese Forensic Center will be opening a 15-bed non-forensic acute stabilization living area. Individuals will be admitted from community residential providers or their homes of origin. These individuals will have well-established diagnoses of intellectual and/or developmental disabilities and will be experiencing acute psychiatric instability due to additional diagnoses of a serious mental illness such as a mood disorder, psychosis, or other behavioral challenges. These individuals will be provided with medication management and skills training to promote stabilization and return to the community. This program is intended to provide short-term treatment and length of stay will be 3-6 months. This will be the first program of its kind in the state of Missouri and will meet an important need for individuals who are inappropriately residing in jails or hospitals waiting for this type of treatment. At this time, the program is set to open in early 2024 once remodeling is completed.



Nixon Forensic Center living area

Internship Philosophy

The Mission of Fulton State Hospital is as follows:

"Fulton State Hospital is a community of caring, skilled people, partnering with individuals challenged by mental illness to inspire healing and recovery. Partnership and Recovery."

Consistent with this, our model for preparing professional psychologists is based on five key values:

1. conceptual model regarding the relationship between science and practice,
2. developmental, individualized approach to training,
3. commitment to preparing psychologists to provide services to the seriously mentally ill,
4. commitment to preparing psychologists for ethical practice, and
5. commitment to preparing psychologists for recognizing and understanding cultural diversity and each individual's uniqueness, both in service provision and in working with other professionals.

The integration of psychological science and practice is central to our training model. We conceptualize science and practice as complementary and interdependent such that psychological science informs practice and scientific inquiry is guided by professional practice. In essence, we view psychological practice as an applied science. Building upon their pre-doctoral education, interns receive experientially-based training in empirically-supported treatment programs and evidence-based approaches, as well as informal methods of scientific inquiry. We emphasize using objective assessment data from multiple sources to inform individual treatment planning, evaluate client outcomes, and to modify and improve interventions at the individual and programmatic level.

We view the internship year within the overall context of pre-doctoral psychological training and emphasize professional growth and development. Building upon interns' prior learning, we facilitate their transition from the role of student to that of professional psychologist. An initial, collaborative assessment between supervisor and intern regarding intern strengths, weaknesses, existing knowledge/skill bases, specific training needs, and areas of professional interest leads to the development of an individualized training plan, which helps tailor the specific content of training experiences within each rotation and throughout the year. Assessment of intern competencies and progress is ongoing throughout the year. All training experiences are planned and coordinated such that as interns demonstrate increased competency, they are given increased autonomy in professional service delivery and assigned increasingly complex learning tasks. Thus, our training approach is sequential, cumulative, and graded in complexity.

We are committed to preparing psychologists for high quality work with individuals who have serious mental disorders. In our view, this is important for several reasons:

1. this population is underserved,
2. professional psychology is underutilized with regard to treatment design and implementation for this population, and
3. more training opportunities with this emphasis are needed.

We provide training in empirically-supported treatment with the goal of helping clients develop as much autonomy as possible. Further, we emphasize the identification and application of clients' strengths to facilitate successful outcomes. Our approach is also collaborative in nature, as we invite clients to assert their own goals related to the treatment and rehabilitation process.

Finally, we are committed to preparing psychologists for ethical practice in general with a particular emphasis on ethical practice in a forensic setting. Many of our clients interface with the legal system in some way. As our setting includes the only high security inpatient psychiatric unit operated by the Missouri Department of Mental Health, many of our clients share a common history of engaging in behavior that endangers themselves or others. Practice in this setting necessitates frequent attention to legal and ethical issues related to preserving clients' rights, freedoms, and autonomy as much as possible in the context of ensuring individual and public safety.

Characteristics Necessary to Succeed

The internship training program at Fulton State Hospital (FSH) is dedicated to providing interns with opportunities to develop skills needed to become effective psychologists. FSH serves its clients through program-based treatment. Interns will be trained in evidence-based practices that will be applicable in a variety of career choices. Supervisors ascribe to a variety of theoretical orientations but all tend to utilize behavioral strategies congruent with Cognitive Behavior Therapy, Dialectical Behavior Therapy, and/or Acceptance and Commitment Therapy.

Interns who successfully graduate from the FSH internship program typically demonstrate the following qualities:

- Understanding of evidence-based practice and the importance of its utilization
- Experience working with individuals with severe and persistent mental illness
- Experience conducting individual and group therapy
- Experience administering cognitive, personality, and/or risk assessments
- Ability to complete documentation including service notes and reports
- Ability to communicate with interdisciplinary treatment teams regarding client treatment needs
- Interest in program development, implementation, and evaluation
- Interest in a forensic inpatient setting

Interns who do not already possess these qualities will have the opportunity to gain experiences and hone their skills in these areas throughout the internship training year.

Some interns choose FSH for its generalist training in evidence-based interventions that can be applied to many other settings including inpatient psychiatry, community mental health, correctional settings, and private outpatient treatment to name a few.

Other interns choose FSH in order to specialize in a particular area through the participation in focused training such as forensic evaluation, sex offender treatment, or Dialectical Behavior Therapy to name a few.

The internship training program at FSH is devoted to meeting the interns needs and interests and looks forward to its role in training each cohort of successful interns.



Intern Class of 2016-2017

Applying for Internship

Eligibility Criteria

- Enrolled and in good standing within an APA or CPA-accredited doctoral program in clinical or counseling psychology
- Completed academic coursework
- Completed a total of 500 intervention and assessment hours (exceptions may be made based on individual circumstances)
- Passed comprehensive or qualifying exam (applicants who are not required to take such an exam will not be considered)
- Successfully proposed dissertation prior to applying for internship
- Approved by graduate training director
- U.S. citizen or eligible to work in the U.S.

Important Dates

Application Deadline—November 1, 2023

Interview Notification—November 15, 2023

Interview Dates:

- December 4, 5, and 6, 2023
- All interviews will take place virtually

Training Year—August 1, 2024 through July 31, 2025

Required Application Materials

The Fulton State Hospital (FSH) internship program participates in the APPIC Internship Matching Program and adheres to all APA and APPIC rules governing selection of interns and offering of positions. Applicants must

- obtain an Applicant Agreement and register for the Match
- use the AAPI Online available through APPIC to submit
 - all graduate school transcripts
 - three letters of recommendation
 - a cover letter that specifically addresses the clinical rotations in which the applicant is most interested

Nondiscrimination

FSH's employees represent a population of diverse ethnicities, cultures, genders, sexual orientation, and ages across multiple disciplines. FSH leadership embraces this diversity and strives to create an inviting, safe, culturally sensitive and diverse workplace environment based on attracting staff of all backgrounds to work together in a climate of respect and appreciation for the uniqueness that every individual brings whether as employees, visitors, or the individuals we serve. Furthermore, in accordance with hospital policy, there shall be no discrimination in any employment practice of this hospital because of race, creed, color, religion, national origin, sex, ancestry, disability, or sexual orientation.

Match

Selection Process

Intern applications are reviewed by internship faculty and rated using a number of site-specific criteria, including: 1) interested in training and treatment opportunities provided at Fulton State Hospital (FSH); 2) relevance of prior clinical training experiences; 3) academic progress; 4) interest in serious mental illness, personality disorders, long-term mental health care, trauma informed care, and forensic populations; 5) commitment to empirically supported treatment practices; and 6) accomplishments and achievements which coincide with the rehabilitation and recovery goals of FSH. Applicants who are deemed to be a strong fit for our program will be invited for an interview. Due to COVID-19 precautions, all interviews will be held virtually in order to ensure the health and safety of applicants as well as FSH staff and clients. Interviews will include meetings with faculty, the training director, and the current interns. For those applying for the 2024-2025 training year, virtual interviews will be held on December 4, 5, and 6, 2022.

Interview Process

Interviews for the FSH internship program involve both a formal and informal interview process. Our formal interviews include a panel interview with members of the psychology department. Each applicant will answer general questions that aim to determine the applicant's interest in the internship program as well as to provide information regarding their prior clinical experiences and ability to conceptualize client cases. Following the formal interview portion, applicants are able to informally meet with the Training Director and Director of Psychology, as well as current interns. During this time, applicants are encouraged to ask questions to determine if the FSH internship program meets their training needs. For those applying for the 2024-2025 training year, virtual interviews will be held on December 4, 5, and 6, 2023. Due to COVID-19 precautions, all interviews will be held virtually in order to ensure the health and safety of applicants as well as FSH staff and clients.

APPIC Match

The internship program at FSH participates in the APPIC Internship Match Program and adheres to all APA and APPIC rules governing the selection of interns and the offering of positions. After all interviews are completed, the Internship Training Committee will meet to develop a rank order of applicants based on the content of their application and their interview performance. Current interns are not involved in the ranking process. The rank order will be submitted to APPIC. Applicants matched with this internship will be notified of acceptance by APPIC on Match Notification Day. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. The only information we will communicate to applicants prior to the release of the APPIC Match results is whether or not the applicants remain under consideration for admission. Please refer to the APPIC website for additional information.

Employment

All employees are required to take a variety of screenings for employment. Offers for internship are contingent on criminal background check results (including Sex Offender Registry, Employee Disqualification List, and Federal Agencies). The following felony offenses are disqualifying offenses: felony drug offenses, incest, endangering a child, abuse or neglect of a child, robbery/burglary/stealing, arson, causing catastrophe, trafficking children, forgery, financial exploitation of the elderly and disabled, identify theft, aiding escape of a prisoner, and supporting terrorism. Other felonies may require an exception from the DMH Exception Committee. For further information see <http://dmh.mo.gov/about/employeedisqualification/>. FSH also verifies that employees have paid Missouri State taxes the year before or were not required to. FSH employees are required to take a Tuberculosis (TB) test at the onset of employment and yearly thereafter. They are also required to receive a flu shot and COVID vaccine, unless there is a medical reason documented by their physician or a religious exception.

General Information

Accreditation

The psychology internship at Fulton State Hospital (FSH) is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and is accredited by the American Psychological Association (APA). Our accreditation became effective on March 26, 2002. In July 2007, we had our first successful site visit and our accreditation was renewed for seven years. In March 2023, we had our third site visit and were awarded continuing accreditation until 2033. Questions related to our program's accredited status should be directed to the Commission on Accreditation:

American Psychological Association
750 1st Street, NE
Washington, DC 20002
Phone: (202) 336-5979
Email: apaaccred@apa.org

Salary

\$33,914.40

For the 2024-2025 training year, interns will earn \$33,914.40 annually in bi-monthly pay periods.

Outside Employment

Internship training is rigorous and will require extensive commitment from interns. Furthermore, the Psychology Department is responsible for the clinical training and supervision of interns throughout the year. For these reasons, outside clinical work of any kind is not generally permitted for interns. Approval for other types of non-clinical work may be granted, but must be granted in writing from the Internship Training Director.

Benefits

Interns are eligible for all benefits afforded to fulltime FSH employees, including medical benefits with dental and vision-care options, life insurance, vacation and sick time (each accrued at the rate of 10 hours per month), and 13 paid holidays (New Year's Day, MLK Jr Day, Lincoln Day, Washington's Birthday, Truman Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving Day, and Christmas Day).

Hours

2080

The internship is a one-year, fulltime training program. Interns work 40 hours per week (8:00 am to 4:30 pm Monday through Friday), are expected to work during regular work hours, and may not take work home.

Dissertation/Education Leave

Interns will receive up to three days of professional leave to use throughout the training year at the discretion of their supervisors and the Internship Training Director. This leave time can be taken for off-site conferences/seminars, conference presentations, dissertation defense or related dissertation activities, or graduation. Additional professional leave days may be granted for off-site training required by the intern's rotation (e.g., DBT trainings). This leave time should be requested in advance and approved by the Internship Training Director and the intern's primary supervisor. Interns are not expected to have their dissertations completed or defended prior to the beginning of their internship. In order to be supportive of the intern and their completion of graduate training requirements, as indicated above, interns are granted professional leave.

Requirements

General

- Complete the Psychology Intern Competency Assessment Form with the Internship Training Director at the beginning of the year and review with your major rotation supervisors
- Complete a weekly activity log describing your training hours. Email to the Internship Training Director each week
- Complete evaluations of each supervisor at the midpoint and end of each major and minor rotation, review with your supervisor, and turn in to the Internship Training Director
- Intern evaluations will be completed by your major and minor rotation supervisors at the midpoint and end of each rotation. These will be reviewed with you and then are submitted to the Internship Training Director
- At the midpoint and end of the internship, complete the Program Evaluation Form regarding your internship experience. Return this to the Internship Training Director

Clinical

- Complete 2080 hours of training, with a minimum of 1500 on-site hours (excluding vacation, sick leave, & holidays). Complete a minimum of 25% (520 hours) direct client contact hours
- Complete 2 major, six-month rotations
- Complete 2 minor, year-long rotations (Assessment and Research)
- Complete 6 psychological assessment reports with at least 2 reports including multiple domains
- Complete 4 case presentations (2 therapy and 2 assessment) throughout the course of the year. These are scheduled quarterly
- Present a topic of your choice or dissertation project to the Internship Training Committee (ITC)
- Present a research project to the ITC

Supervision

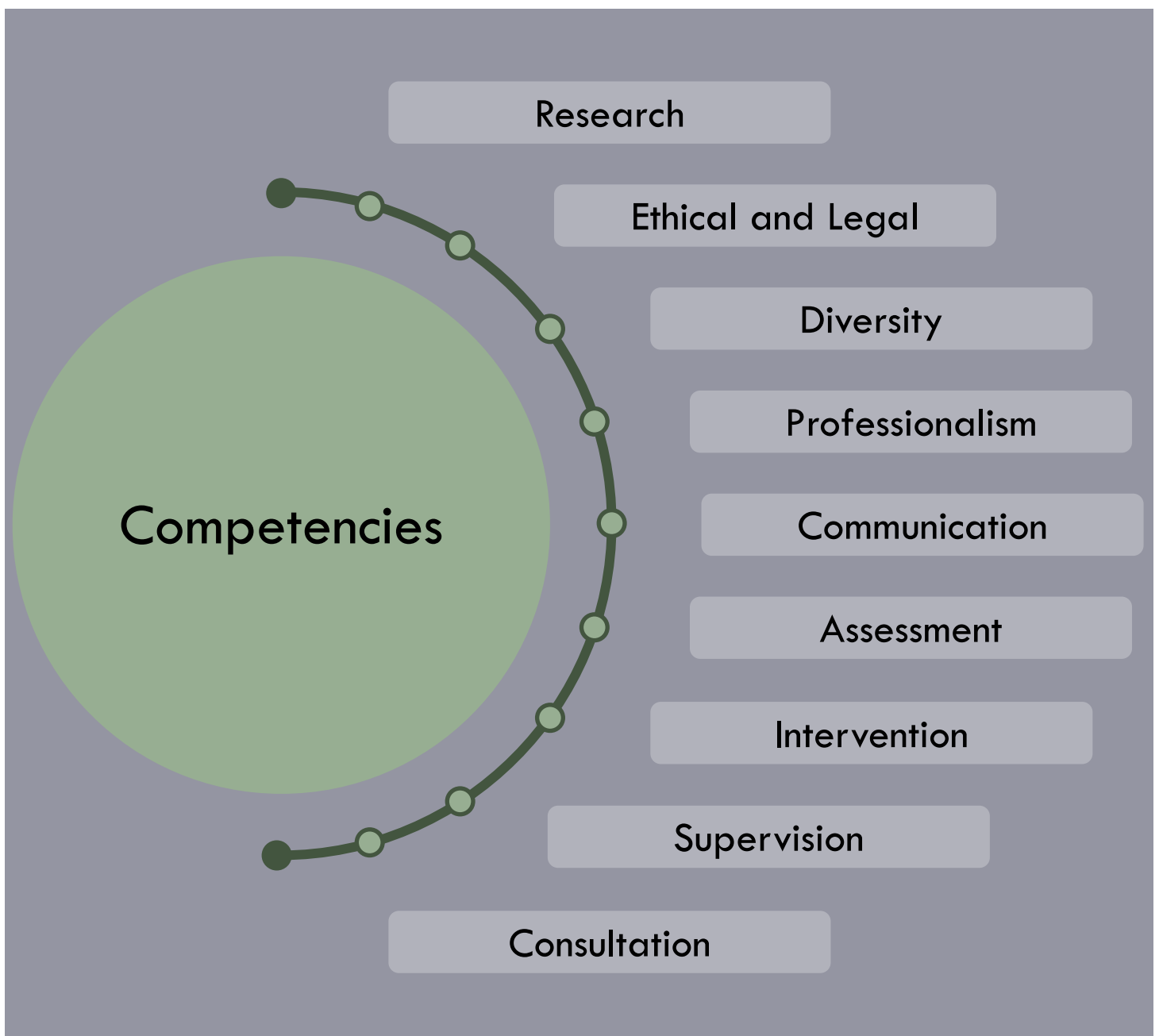
- Schedule 3 hours per week of individual supervision (one hour for each rotation)
- Attend 1 hour per week of group supervision with the Internship Training Director
- Attend 1-2 hours per month of group supervision with an adjunct professional staff member

Training

- Attend 2-hour weekly didactic seminars (Fridays from 1:00 – 3:00pm). Interns will complete evaluations of these seminars and email them to the Internship Training Director
- Attend 60-minute weekly research meeting
- Attend 90-minute monthly meetings of the Diversity Action and Response Team or complete a diversity project

Internship Competencies

The FSH internship program is consistent with the American Psychological Association's (APA) updated Standards of Accreditation (SoA) in health service psychology as reflected in the acquisition of the profession-wide competencies (PWCs). We believe that the internship year should be focused on the broadening and further development of an intern's general clinical psychology skills. Our program is also designed to offer more specialized experiences to enable interns to identify a focus for postdoctoral training and to establish career and professional goals. Per the SoA, we expect that all interns will acquire the following PWCs over the course of the training year.



Internship Competencies

Research

- Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.
- Program Defined Elements include:
 - Complete a project demonstrating basic research skills such as identifying a research question, formulating appropriate hypotheses and research design, reviewing relevant literature, gathering data, data entry, analyzing data using appropriate statistical tools, and data interpretation
 - Present research findings to appropriate treatment programs, demonstrating understanding of the client population, treatment modality/program, or hospital process
 - Conduct research ethically and within professional boundaries
 - Demonstrate awareness of and sensitivity to issues of cultural & individual diversity relevant to research project

Ethical and Legal Standards

- Be knowledgeable of and act in accordance with each of the following:
 - the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
 - Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
 - Relevant professional standards and guidelines.
- Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
- Conduct self in an ethical manner in all professional activities.

Individual and Cultural Diversity

- An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
- Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
- The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
- Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

Internship Competencies

Professional Values, Attitudes, and Behaviors

- Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others
- Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- Actively seek and demonstrate openness and responsiveness to feedback and supervision.
- Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.
- Communication and interpersonal skills: We expect our interns to appropriately utilize supervision and consultation to accomplish their training goals while providing appropriate clinical care. Training is also focused on enhancing communication in multiple settings and roles.

Communications and Interpersonal Skills

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

Assessment

- Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).
- Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

Internship Competencies

Intervention

- Establish and maintain effective relationships with the recipients of psychological services.
- Develop evidence-based intervention plans specific to the service delivery goals.
- Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Demonstrate the ability to apply the relevant research literature to clinical decision making.
- Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
- Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

Supervision

- Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.
- Program Defined Elements include:
 - Demonstrate awareness of different models of clinical supervision
 - Regularly seeks supervision and consultation from supervisor or members of the internship training committee when assigned to supervise an undergraduate or graduate student
 - Appropriately communicate assignments and provide feedback to supervisee and supervisee's training program/director
 - Demonstrates awareness and management of diversity issues and personal differences in relating to supervisee
 - Maintains appropriate boundaries with the supervisee

Consultation and Interprofessional/Interdisciplinary Skills

- Demonstrate knowledge and respect for the roles and perspectives of other professions.
- Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

Training Experiences and Rotations

Fulton State Hospital offers two internship positions (Program Code 178311).

Major Rotations

Interns complete two consecutive 6-month rotations focused on either training in evidenced-based treatments with specific populations.

Choose from:

- New Outlook Program (Nixon Forensic Center or Hearnese Forensic Center)
- Social Learning Program
- Recovery and Self-Motivation
- Sex Offender Rehabilitation and Treatment Services
- Competency Restoration and Forensic Treatment/Forensic Evaluation

Interns select rotations based on intern interest and supervisor availability.

Following orientation, interns will meet with the Internship Training Director to select the major rotation offered and create a yearly schedule. Also at this time, interns will review their individual evaluations with the Internship Training Director using the Psychology Intern Competency Assessment Form.

At the outset of each rotation, the rotation's tasks, requirements, and expectations will be reviewed by the rotation supervisor. At that time, the supervisor will develop an individualized training plan with the intern. The training plan includes the goals of the supervisor and rotation as well as the goals of the intern. The training plan may be modified as the rotation progresses to meet each intern's needs and interests.

Minor Rotations

Interns will complete two year-long minor rotations in Research and Assessment. Interns are able to structure their 40-hour work week to complete activities from their major and minor rotations.

Program-Based Treatment

Major Rotations

Fulton State Hospital prides itself in serving its clients by utilizing innovative, evidence-based treatment and best practices within nationally recognized treatment programs targeting specific populations. Our internship program is based on a scientist-practitioner model. Interns have the opportunity to choose from these programs or forensic evaluation.

Each program is briefly described here and in more detail in the following pages.

CRAFT/Eval

Competency Restoration and Forensic Treatment/Forensic Evaluation

CRAFT admits forensic clients with mental health concerns and focuses on competency restoration. Evaluations are completed to determine readiness to stand trial. Clients served are diagnostically diverse.

Hearnes

Hearnes Forensic Center

HFC utilizes NOP, community readiness, and acute stabilization to assist clients skill in the development independent living skills. Clients served are males with intellectual and developmental disabilities.

NOP

New Outlook Program for Behavior and Mood Self-Management

NOP combines Dialectical Behavior Therapy and Positive Behavior Support. Clients served by this program are typically diagnosed with personality disorders, intellectual and developmental disabilities, and/or paraphilia.

SLP

Social Learning Program

SLP utilizes social learning theory through a token economy and training of social skills and adaptive living behaviors. Clients served by this program are typically diagnosed with psychotic-spectrum disorders.

RSM

Recovery and Self-Motivation

RSM assists clients in developing insight and improving skills through Motivational Interviewing, Stages of Change, Dialectical Behavior Therapy, and Illness Management and Recovery. Clients served by this program are typically diagnosed with psychotic-spectrum, mood, and personality disorders.

SORTS

Sex Offender Rehabilitation and Treatment Services

SORTS treats clients civilly committed as Sexually Violent Predators. Clients are diagnostically diverse and include those with paraphilic, mood, anxiety, psychotic disorders and intellectual and developmental disabilities.

Competency Restoration and Forensic Treatment/ Forensic Evaluation

Supervisors: Ana Alberti, PhD; Jennie Brooks, PsyD, Forensic Coordinator; Alexis Reddig, PhD; Nicole Seymour, PhD

Program Description

The Forensic Evaluation rotation offers the opportunity to conduct evaluations of criminal defendants with the Fulton State Hospital's Certified Forensic Examiners (CFE). The CFEs are responsible for completing outpatient and inpatient court-ordered mental evaluations that focus on a variety of legal questions, including competency to stand trial, mental state at the time of the alleged criminal conduct (or criminal responsibility), risk assessment for sexual and non-sexual violence, sentencing recommendations, and diminished capacity.

The purpose of this rotation is to provide an opportunity to develop skills necessary to complete court-ordered forensic evaluations. In order to build that skill set, the intern will be exposed to the evaluation process and Competency Restoration, Forensic Treatment within the CRAFT program. The Forensic Evaluation rotation faculty believe that interns benefit from experience in completing evaluations and by treating clients who suffer from serious mental illness.

Evaluation

During this rotation, the intern will primarily participate in evaluations of criminal defendants and secondarily in the CRAFT program. The intern will work with a primary supervisor throughout the rotation but also have opportunities to complete evaluations under the supervision of the other CFEs.

In conducting the evaluations, the intern will review hospital records, police reports, and collateral records and then participate in the evaluation interview and testing. As the rotation progresses, the intern will take on more responsibility for the interview and information gathering process, culminating in the intern performing evaluations from beginning to end. Throughout the training experience, the intern will write complete reports of the evaluation results detailing the psychological and legal issues that are pertinent to the Court Order. Also, the supervisor may co-sign and submit to the Court some of the intern's completed evaluations. Finally, the intern will potentially have the opportunity to witness court testimony of the CFEs in a variety of cases.

Treatment

During this rotation, the intern will also work with the staff of the CRAFT program, including facilitating and co-facilitating competency education groups, providing individual therapy or education, and participating in treatment planning. The intern will have the opportunity to perform psychological screenings of new patients admitted to this program, which includes interviewing each patient and gathering information to help in determining treatment objectives.

Intern Experiences

The Forensic Evaluation rotation is collegial in nature. We work hard to help the intern develop independence and take on the role of an independent practitioner. We feel strongly that the intern take an active role in their own learning. We expect the intern to help us develop learning objectives, modify the objectives as the rotation proceeds, and communicate with us when the rotation is not meeting the intern's needs. Clear and open communication is the best way to make this a successful rotation.

Learning Objectives:

- Efficiently write clear and concise forensic assessments answering legal questions posed by the Court.
- Gain experience with both structured and unstructured psychological assessment in a forensic context using measures of general cognition, psychopathology, intellect, and malingering.
- Gain understanding of the interaction between the courts and the mental health profession and how psychological data is used in the legal process.
- Develop an advanced understanding of DSM-5 diagnostic criteria.
- Gain experience conducting and documenting competency restoration groups to assist in competency evaluations.
- Participate in interdisciplinary treatment team discussions related to forensic treatment and evaluation

Rotation Requirements:

- Participate in forensic and related assessment interviews (2-3 per week)
- Write approximately 10 reports throughout the course of the rotation
- Participate in interdisciplinary treatment team meetings (2-3 hours per week)
- Conduct competency education and restoration groups (4-5 per week)
- Provide individual therapy for IST clients (1-2 per week)
- Complete progress notes and other relevant documentation
- Read relevant materials, articles, or court decisions
- Supervision

Hearnes Forensic Center

Supervisor: Brandy Baczwaski, PhD, Program Director

Program Description

The Hearnes Forensic Center (HFC) is a minimum security facility that provides treatment for 24 males with developmental disabilities. The primary treatment coincides with the New Outlook Program (NOP) for Behavior and Mood Self-Management. The program combines the use of Dialectical Behavior Therapy (DBT) and Positive Behavior Support (PBS). In addition to this treatment, clients are provided with opportunities to learn skills related to community readiness. This includes education regarding making healthy dietary choices, managing prescribed and over-the-counter medication, and attending to hygiene-related tasks. Clients are provided with possibilities to develop leisure interests through music groups, expressive arts, gardening, sports, and games. Clients demonstrate their community readiness through the utilization of community passes in which they take supervised trips that vary from riding a bike to attending a Major League Baseball game and anything in between that is of interest to the client. Interns at HFC develop a wide range of skills including implementing DBT and PBS, working with individuals with developmental disabilities, and learning about the transition process from a minimum security facility to the community.

Program History and Implementation

The NOP was developed by Sharon Robbins, PhD, to better treat the needs of individuals within a forensic, inpatient setting with intellectual and developmental disabilities and personality disorders. Dr. Robbins developed a program manual and designed training for staff within this program that would adhere to the major components of DBT including skills training, individual therapy, coaching, case management, and support through consultation teams. This program is fully implemented at FSH as well as other minimum security facilities in Missouri.

Intern Experiences

Interns who select this rotation will have the opportunity to learn DBT and its application in a forensic, inpatient setting. The intern will be supervised in providing group and individual therapy, as well as client skills coaching. Interns are expected to participate in the treatment milieu as part of an interdisciplinary treatment team, which includes participation in a Dialectical Behavior Therapy consultation team, regular team meetings and team reports, and activities with the clients. Additional training, treatment, or assessment opportunities may also be offered to supplement the intern's learning experience, depending on specific interests or learning objectives. The intern will meet with the rotation supervisor at least one hour per week. Depending on level of familiarity with DBT, in vivo supervision may occur.

Training Opportunities

Opportunities are available for DBT workshops and trainings provided by Ronda Reitz, PhD, Coordinator for DBT Services for Missouri Department of Mental Health.

Learning Objectives:

- Learn the core principles of Dialectical Behavior Therapy (DBT) and how it is applied in a forensic, inpatient setting
- Learn and use validation strategies
- Provide group and individual therapy using DBT
- Participate in interdisciplinary team discussions regarding client care
- Understand the importance and use of functional behavior assessment in treatment planning
- Conduct assessments for diagnoses and treatment planning
- Become familiar with the needs of clients with intellectual and developmental disabilities

Rotation Requirements:

- Individual therapy (2-3 clients per week) and phone coaching for skill use
- Group therapy, which may include DBT Skills Group, Behavioral Chain Analysis Group, Mindfulness Group, or other relevant treatments (3-4 hours per week)
- Individual case management (2-3 clients per week)
- Interdisciplinary treatment team and program meetings (3-4 hours per week)
- DBT consultation team meeting (1.5 hours per week)
- Completion of progress notes and other documentation
- Reading required materials
- Supervision

Recommended Readings:

Linehan, M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York: Guilford Press.
Linehan, M. (2015). *DBT skills training handouts and worksheets*. New York: Guilford Press.
Linehan, M. (2015). *DBT Skills Training Manual (2nd ed.)*. New York: Guilford Press.

New Outlook Program

Supervisors: Angela Narvaez, PsyD; Rebekah Purvis, PsyD; Jessica Sergio, PhD,
Program Director

Program Description

New Outlook Program for Behavior and Mood Self-Management is a program that combines the use of Dialectical Behavior Therapy and Positive Behavior Support. The most common diagnoses for clients in this program are severe personality disorders, diagnoses involving intellectual and developmental disabilities, and various paraphilias.

Program History and Implementation

The New Outlook Program for Behavior and Mood Self-Management was developed by Sharon Robbins, PhD, Director of Psychology at Fulton State Hospital (FSH). This program was developed to better treat the needs of individuals within a forensic, inpatient setting with intellectual and developmental disabilities and personality disorders. Dr. Robbins developed a program manual and designed training for staff within this program that would adhere to the major components of Dialectical Behavior Therapy including skills training, individual therapy, coaching, case management, and support through consultation teams. This program is fully implemented at FSH as well as other minimum security facilities in Missouri.

Intern Experiences

Interns who select this rotation will have the opportunity to learn Dialectical Behavior Therapy and its application in a forensic, inpatient setting. The intern will be supervised in providing group and individual therapy, as well as client skills coaching. Interns are expected to participate in the treatment milieu as part of an interdisciplinary treatment team, which includes participation in a Dialectical Behavior Therapy consultation team, regular team meetings and team reports, and ward activities with the clients. Additional training, treatment, or assessment opportunities may also be offered to supplement the intern's learning experience, depending on his or her specific interests or learning objectives. The intern will meet with the rotation supervisor at least one hour per week. Depending on level of familiarity with DBT, in vivo supervision may occur.

Training Opportunities

Interns participating in this rotation will be required to read *Cognitive-Behavioral Treatment of Borderline Personality Disorder* (Linehan, 1993) and *Skills Training Manual for Treating Borderline Personality Disorder, 2nd Edition* (Linehan, 2015). Opportunities are also available for Dialectical Behavior Therapy workshops and trainings provided by Ronda Reitz, PhD, Coordinator for Dialectical Behavior Therapy Services for the Missouri Department of Mental Health.

Learning Objectives:

- Learn the core principles of Dialectical Behavior Therapy (DBT) and how it is applied in a forensic, inpatient setting
- Learn and use validation strategies
- Provide group and individual therapy using DBT
- Participate in interdisciplinary team discussions regarding client care
- Understand the importance and use of functional behavior assessment in treatment planning
- Conduct assessments for diagnoses and treatment planning
- Become familiar with the needs of clients with intellectual and developmental disabilities

Rotation Requirements:

- Individual therapy (2-3 clients per week) and phone coaching for skill use
- Group therapy, which may include DBT Skills Group, Behavioral Chain Analysis Group, Mindfulness Group, or other relevant treatments (3-4 hours per week)
- Individual case management (2-3 clients per week)
- Interdisciplinary treatment team and program meetings (3-4 hours per week)
- DBT consultation team meeting (1.5 hours per week)
- Completion of progress notes and other documentation
- Reading required materials
- Supervision

Recommended Readings:

Linehan, M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York: Guilford Press.
Linehan, M. (2015). *DBT skills training handouts and worksheets*. New York: Guilford Press.
Linehan, M. (2015). *DBT Skills Training Manual (2nd ed.)*. New York: Guilford Press.

Recovery and Self-Motivation

Supervisors: Audra Bierman, PsyD; Elizabeth Bryant, PsyD; Kayla Collier, PsyD, Program Director

Program Development

In 2019, the Recovery and Self-Motivation (RSM) program was completely re-conceptualized and implemented in the new high security, Nixon Forensic Center (NFC). The approach in RSM now focuses on improving insight and management of symptoms of mental illness by rewarding prosocial practices, collaborating on shared goals, and instituting restorative justice opportunities. RSM is intended to help clients with primary psychotic disorders (such as schizophrenia or delusional disorder) or major mood disorders. Primary or secondary personality disorders, particularly antisocial personality disorder, are also common to RSM clients.

Program Implementation

The overarching goal of RSM is to help clients develop an adaptive, independent, and prosocial approach to functioning. After being admitted to the program, RSM staff work with clients to identify skills they already use effectively and skills which are not yet used effectively. This process helps clients identify and attain their personal recovery goals. When people with mental illness are assisted in developing and achieving personal goals, motivation for active participation in the recovery process is enhanced. Treatment is rooted in the belief that each person is capable of achieving a life of personal value that also allows for meaningful connections.

Recovery is fostered via a validating environment that is consistently high in warmth, and also high in structure. As such, interventions commonly focus on 1) acquisition and reinforcement of prosocial behavior, 2) reduction of social and biologically-driven behaviors that contribute to a toxic environment, 3) monitoring and setting limits around triggers for problematic behaviors, and/or 4) promoting the flexibility and willingness to pursue prosocial values that positively enhance self-respect and interpersonal interactions.

To facilitate treatment, RSM utilizes a prosocial model that seeks to balance acceptance and change strategies. A primary objective is seizing opportunities to teach and coach clients toward more adaptive ways of responding to their internal and external environment. Because RSM clients tend toward reward dominance and punishment insensitivity, a central feature of the program is rewarding prosocial behavior, rather than punishing antisocial behavior. As such, cooperative behaviors that enhance recovery, personal growth, and community living are shaped via reinforcement. Additionally, group-identity, proportional costs and benefits, consensus decision-making, monitoring, graduated sanctions, and fast and fair conflict resolution are key elements of the RSM program.

Intern Experiences

Interns who select this rotation will have the opportunity to assist clients on their path to recovery in a forensic, inpatient setting. The intern will be supervised in providing group and individual therapy. Interns are expected to participate in the treatment milieu as part of an interdisciplinary treatment team, which includes regular team meetings and team reports, and activities with the clients. Interns will also be assigned to a committee of interest (Restorative Justice, Client Council, or Prosocial Implementation) to participate in with other clinical team members. Additional training, treatment, or assessment opportunities may also be offered to supplement the intern's learning experience, depending on specific interests or learning objectives. The intern will meet with the rotation supervisor at least one hour per week.

Recommended Readings:

- Atkins, P., Wilson, D.S., & Hayes, S.C. (2019). *Prosocial: Using Evolutionary Science to Build Productive, Equitable, and Collaborative Groups*. Oakland, California: Context Press.
- Cook, A., Drennan, G., & Callanan, M. M. (2015). A qualitative exploration of the experience of restorative approaches in a forensic mental health setting. *The Journal of Fresnic Psychiatry and Psychology*, 26(4), 510-531.
- Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (3rd ed.). New York: Guilford Press.
- Substance Abuse and Mental Health Services Administration (2009). *Illness Management and Recovery: Practitioner Guides and Handouts*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

Learning Objectives:

- Increase clients' motivation for change of self-defeating behaviors, such as aggression.
- Improve clients' ability to make rational, recovery-supportive, decisions.
- Teach skills needed for success in a recovery lifestyle, including effective social skills; aptitudes and skills supportive of stable work, such as attendance, task perseverance, and work performance.
- Help clients develop awareness and skills important for long-term illness self-management such as hope, purpose, and confidence.

Rotation Requirements:

- Ongoing individual therapy (3-4 clients per week)
- Group therapy (3-4 hours per week)
- Individual case management (2-3 clients per week)
- Multidisciplinary treatment team meetings (2-3 hours per week)
- Completion of progress notes and other relevant documentation
- Reading of required materials
- Supervision meetings
- Initial training on the principles of RSM

Sex Offender Rehabilitation and Treatment Services

Supervisor: Jacinta Dickens, PhD; Alison Elavski, PsyD; Amy Lewis, PhD; LeeAnn McVay, PsyD, Assistant Director of Treatment Services for the SORTS Program

Program Description

The Sex Offender Rehabilitation and Treatment Services (SORTS) program at Fulton State Hospital provides treatment for individuals who have been civilly committed as Sexually Violent Predators (SVP) under the SVP Act, RSMo, Chapter 632.480. The Statutory definition of an SVP is any person who suffers from a mental abnormality which makes the person more likely than not to engage in predatory acts of sexual violence if not confined in a secure facility and who has pled guilty to a sexually violent offense, been found guilty of a sexually violent offense, or has been committed as a criminal sexual psychopath prior to August 13, 1980. A mental abnormality is defined as a congenital or acquired condition affecting the emotional or volitional capacity which predisposes the person to commit sexually violent offenses in a degree constituting such person a menace to the health and safety of others. Predatory is defined as acts directed towards individuals, including family members, for the primary purpose of victimization.

SORTS clients are offered a variety of treatment groups including Process Group, Psychoeducational Groups, Restorative Justice, Case Management, and Leisure Education Groups. Process Groups offer the group members the opportunity to complete behavior chains of their sexual offenses, discuss current and past problematic behaviors, discuss self-monitoring sheets, develop their risk management plan, and discuss their dynamic risk factors as well as ways to mitigate their risk.

Program History and Implementation

The Sexually Violent Predator Act, 632.480 became effective January 1, 1999. The Sexually Violent Predator Treatment Program was developed at Southeast Missouri Mental Health Center in Farmington, MO, which is part of the Missouri Department of Mental Health. In 2009, the program was renamed Sex Offender Rehabilitation and Treatment Services. The program was then expanded to Fulton State Hospital shortly after this change. SORTS is now fully implemented at Southeast Missouri Mental Health Center and Fulton State Hospital.

Intern Experiences

Interns participating in this rotation will be required to read *ATSA Practice Guidelines for the Assessment, Treatment, and Management of Male Adult Sexual Offenders (2014)*, *Assessing Risk for Sexual Recidivism, Some Proposal on the Nature of Psychologically Meaningful Risk Factors, Mann, Hanson, & Thornton (2010)*, and additional articles maybe assigned during the rotation. Interns are expected to participate in the interdisciplinary treatment team and collaborate with other treatment providers to enhance client care. Individual supervision is provided weekly.

Recommended Readings:

ATSA Practice Guidelines For The Assessment, Treatment, And Management Of Male Adult Sexual Abusers (2014)
Mann, R. E., Hanson, R. K., Thornton, D. (2010). Assessing risk for sexual recidivism: some proposals on the nature of psychologically meaningful risk factors. *Sexual Abuse: A Journal of Research and Treatment*, 22, 191–217.

Learning Objectives:

- Become familiar with the Sexually Violent Predator Act: RSMo 632.480 – 632.525
- Become familiar with Static and Dynamic Risk Factors
- Become familiar with treatment of clients committed as Sexually Violent Predators
- Learn and apply sex offender treatment
- Become familiar with the SORTS Phase System
- Collaborate with other professionals to assist in decision-making and progress evaluation of clients
- Provide feedback to treatment teams and clients regarding treatment needs and progress

Rotation Requirements:

- Group therapy (6-8 hours per week)
- Case Management of Individual Therapy (2-4 clients)
- Interdisciplinary treatment team meetings (2 to 3 hours per week)
- Completion of progress and group notes, treatment plan reviews, and other documentation
- Reading required materials and attendance at continued program trainings
- Individual Supervision (1 hour per week)

Social Learning Program

Supervisors: Manfredo Flores Cruz, PsyD; Matthew Stull, PhD

Program Description

The Social Learning Program (SLP) is a highly structured, milieu-based, inpatient approach to rehabilitation for individuals with serious mental illnesses (SMI), primarily Schizophrenia and other psychotic-spectrum disorders. The purpose of the program is to teach and support adults with SMI to overcome difficulties and facilitate the process of recovery. It consists of skills training techniques and supports based on learning theory that are individually tailored to client needs and delivered by all staff within the context of a supportive, rehabilitation-oriented foundation. Individual, group, and living area-wide interventions are based on social learning theory (Paul, Stuve, & Menditto, 1997; Paul & Menditto, 1992). Together these interventions form an extremely positive teaching environment that assist clients in developing adaptive behaviors and skills relevant to successful return to the community (Menditto, 2002).

Program History and Implementation

Full implementation of SLP at FSH began in 1988 and, due to the overwhelming success of the program in assisting in the recovery of individuals with psychosis, this program has been implemented in other Missouri hospitals as well as other facilities in the United States and abroad. True to the Paul and Lentz (1977) model of SLP, the FSH SLP collects data daily on client behavior as well as client and staff interactions through the use of a direct observational system. The FSH SLP is unique in that it has utilized this assessment system continuously since its inception. This data is used to monitor and assess client progress and to ensure the fidelity of the SLP model on each living area. Data collected within the FSH SLP has demonstrated dramatic reductions in aggressive behavior (Beck, Menditto, Baldwin, Angelone, & Maddox, 1991), reductions in inappropriate behavior (Springer, 2008), and significant increases in adaptive behavior (Newbill, Paul, Menditto, Springer, & Mehta, 2011).

Intern Experiences

Interns on the SLP rotation receive supervised experiences in a state-of-the-art, comprehensive psychiatric rehabilitation setting where they function as an active member of an interdisciplinary treatment team. In addition to gaining valuable knowledge of milieu-based services, interns also obtain experience with a range of clinical interventions including individual and group psychotherapy and clinical case management. Interns also receive training and develop skills in using observational assessment data to assist the treatment team with data driven clinical decision-making processes. While SLP is a recognized evidence-based practice, this program can also incorporate additional evidence-based and best or promising practices to meet the individual needs and functioning of clients. Interns will have the opportunity to gain firsthand knowledge of recognized evidence-based practices for people with serious mental illness including but not limited to Social Skills Training (Bellack, Mueser, Gingerich, & Agresta, 2004; Liberman, Wallace, Blackwell, Eckman, Vaccaro, & Kuehnel, 1993), Illness Management and Recovery (Mueser & Gingerich, 2003), and Systematic Problem Solving (D’Zurilla & Goldfried, 1971).

Learning Objectives:

- Learn the philosophy and application of social learning principles
- Become familiar with individualized treatment planning
- Aid in client skill development in identified areas of need
- Provide group and individual therapy
- Participate in interdisciplinary team discussions and activities related to ongoing client care
- Learn the use of observational assessment in ongoing program evaluation and improvement

Rotation Requirements:

- Initial training emphasizing the principles of the Social Learning Program
- Group therapy, including Problem Solving, Social Skills, Illness Management and Recovery, Shaping Class, Anger Management, Michael’s Game, and/or other relevant treatments (5-10 hours per week)
- Ongoing individual therapy (1-3 clients per week)
- Individual case management (1-3 clients per week)
- Interdisciplinary treatment team meetings (1-3 hours per week)
- Completion of progress notes and other documentation
- Reading required materials
- Supervision

Recommended Readings:

- Paul, G. L., & Lentz, R. J. (1977). *Psychosocial treatment of chronic mental patients: Milieu versus social-learning programs*. Cambridge, MA: Harvard University Press.
- Paul, G. L., & Menditto, A. A. (1992). Effectiveness of inpatient treatment programs for mentally ill adults in public psychiatric facilities. *Applied and Preventive Psychology, 1*, 41-63.
- Paul, G. L., Stuve, P., & Menditto, A. A. (1997). Social-learning program (with token economy for adult psychiatric inpatients). *The Clinical Psychologist, 50*, 14-17.

Research

Minor Rotation

Supervisors: Niels Beck, PhD, Retired Vice Chair, Department of Psychiatry and Neurology, University of Missouri School of Medicine; Alicia Pardee, PhD, Assistant Director of Treatment Services and Director of Psychology

The Program Evaluation and Research Service at Fulton State Hospital is charged with assisting the executive leadership team with assessing the cost and effectiveness of facility treatment and rehabilitation programs, as well as evaluating and developing new treatment/rehabilitation technologies and related techniques. In this minor rotation, interns will gain supervised experience in the selection, use, and development of appropriate program evaluation and research measures and data bases and in appropriate data collection and analysis techniques.

This is a required, full-year rotation for all interns. Interns will devote approximately one half day each week to the completion of a specific research project during the course of this rotation, working in collaboration with the Research rotation supervisors in order to base the project on an ongoing institutional treatment program where there is a need for evaluation and further development.

At the close of the rotation, interns will present their projects to involved treatment teams as well as members of the Internship Training Committee. Co-authorship of resulting manuscripts and conference presentations is available for interested individuals. Interns have gone on to publish their findings as well as present data at conferences such as the American Psychological Association (APA), Association for Behavioral and Cognitive Therapies (ABCT), and the Missouri Spring Training Institute.

Examples of recent research projects include: "Substance Use in Sexual Offending in a SVP Sample," "COVID-19 and Aggression: Effects of Restrictions on Seclusion/Restraint Episodes," "The Relationship between Property Destruction and Aggression," "The Impact of Medication Changes and Medication Refusals on Finding Defendants Competent to Stand Trial," "Missouri's Psychopharmacology Panel," and "Clozapine's Impact on Injury Severity on Staff and Other Clients"

Learning Objectives and Rotation Requirements

- Become familiar with principles of research including identification of programmatic needs, development or selection of appropriate evaluation or adherence instruments, and the application of research findings to program goals
- Collect and statistically analyze relevant data
- Develop program recommendations based on research data
- Communicate findings in a clear and effective manner to program personnel and interested others
- Begin and complete one research project and present to the Internship Training Committee and Research Meeting at the conclusion of the rotation

Psychological Assessment

Minor Rotation

Supervisors, Kirsten Hunter, PhD; Jessica Peterson, PhD

The assessment component of internship training is an opportunity to explore different aspects of psychological assessment. By the end of the internship year, the intern is expected to demonstrate competence in report writing and a variety of assessment techniques. Through a combination of didactics, direct supervision, and clinical experience, the intern will explore different aspects of assessment in a diverse environment. The goal is the ability to write independent, comprehensive reports that are ready for placement in the medical record. Assessment referrals will come from a variety of treatment programs in order to provide a diverse training experience.

The assessment rotation is a required, full-year rotation for all interns. Interns will devote approximately one half day per week to complete 6 psychological assessments.

In addition, two of the six required assessments should be integrative and involve testing in more than one psychological area in order for the intern to be exposed to more complex cases. Admission Screening Evaluations cannot be used as one of the 6 assessments. The intern will score their own assessments to insure an adequate understanding of the tests. The intern is expected to submit each report to the supervisor within 2 weeks of administering the last instrument in a client's test battery. After final approval of each report, the supervisor will evaluate the assessment by completing an Assessment Rating Form.

The intern is expected to follow the standards for psychological evaluations established in the Psychology Department Policies for most reports. When completing Forensic Evaluations, the intern is expected to complete the reports based on the standards in the Forensic Manual, which will be provided to the intern. Forensic Evaluations are offered on a case-by-case basis, and only if one of our Certified Forensic Evaluators is available to supervise the process.

Learning Objectives and Rotation Requirements

- Learn and utilize diverse assessment techniques with clients who are at various phases of the treatment process
- Integrate test data with collateral information, such as client records and observations of client behavior in order to formulate recommendations for treatment planning
- Complete comprehensive and useful assessment reports in a timely manner
- Communicate assessment results to treatment providers and the client

Diversity Action and Response Team

Interns are offered a variety of culturally diverse didactic trainings throughout the course of the year, including those offered through the psychology department, sponsored hospital wide, or off campus trainings as they occur. In addition, interns are able to participate in Fulton State Hospital's Diversity Action and Respect Team. This committee meets once per month and is involved in a variety of activities and projects throughout the campus. They are charged with implementing the above mentioned philosophy and supporting the belief that all people must be valued because of their humanity, unique abilities, perspectives, and skills. (FSH Hospital Policy RI.01.24.01 Diversity Action and Respect Team).

In addition, interns may choose to participate on Project Safe Zone, a subgroup of DART. Project Safe Zone is a national diversity initiative which brings lesbian, gay, bisexual, transgender, queer/questioning, intersex, and asexual or ally (LGBTQIA) issues to light, by providing education and support. It allows staff at FSH to demonstrate their personal commitment to equality and establish themselves as a safe space for others as needed. Individuals can request a Safe Zone logo to display at their office and badges to reflect their personal choice to be a part of the Safe Zone initiative. Each Safe Zone beacon and badge distributed by DART is accompanied by an information packet with LGBTQIA resources and helpful information.

Through discussion with the Internship Training Director, interns are able to decide the extent to which they want to be involved in the DART committee (i.e. developing new initiatives, collecting data, or simply regularly attending meetings). If there is a diversity project that is of greater interest, with approval from the ITC, interns may forgo attending the DART meetings in order to focus on this project and ultimately provide a presentation of their work at the end of the internship year.



DART Educational Displays

Trauma-Informed Care

The Missouri Department of Mental Health offers support, training, and consultation on trauma, and the systems within it ascribe to trauma-informed care practices.

Fulton State Hospital (FSH) understands that individuals with mental illness and a forensic background are at a greater risk for having experienced one or more traumas throughout their lives. Trauma-informed care engages with individuals with a history of trauma in a way that recognizes the symptoms and acknowledges the role trauma has played in the individual's life. The core principles include safety, trustworthiness, choice, collaboration, and empowerment. FSH understands that many practices may cause retraumatization including the use of seclusion and restraint, invasive medical procedures, and witnessing peers who struggle with managing agitation. As a result, treatment at all levels of care asks the following questions: If professionals were to pause and consider the role trauma plays in the lives of the specific client, how would they behave differently? What steps would they take to avoid, or at least minimize, adding new stress or inadvertently reminding their clients of their past traumas? How can they better help their traumatized clients heal? In effect, by looking at how the entire system is organized and services are delivered through a "trauma lens," what should be done differently? The answer can be used to guide practice, policy, procedures, and even how the physical caregiving environment is structured.

FSH utilizes several evidence-based practices to assist in the clinical treatment of trauma among its clients. The variety of treatment opportunities and level of intensity of each treatment allows for clients to have a role in choosing which best fits their current needs. Many clients choose to participate in more than one treatment approach throughout their stay at FSH. These approaches are listed below. Interns will have the opportunity to conduct or assist in these treatments with supervision from their primary supervisor as well as the Trauma Treatment Consultation Team at FSH.

Trauma Recovery Empowerment Model	Trauma-Focused Cognitive Behavioral Therapy	Prolonged Exposure Therapy	Complex Trauma
Trauma Recovery Empowerment Model is a individual- and/or group-based psychoeducational treatment for individuals who have experienced violence or trauma but are not yet ready to undergo an intensive treatment. The primary focus is to assist clients in developing recovery skills and assess their need for continued treatment.	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a structured, short-term treatment shown to improve symptoms of posttraumatic stress disorder as well as affective, cognitive, and behavioral difficulties. TF-CBT has also been shown effective in treating individuals who have experienced single, multiple, or complex traumas.	Prolonged exposure assists clients in gradually approaching trauma-related memories, feelings, and situations. At FSH, clients are able to meet with therapists to use imaginal and in vivo exposure when possible. When indicated, clients are able to use a audio recorder between sessions to continue their trauma work independently.	Many of the clients residing at FSH have not experienced a singular traumatic event. Rather, they have endured a lifetime of trauma. As such, evidence-based assessment tools and treatment models are utilized to assist those dealing with complex trauma and how it has affected their psychological development and adult relationships.

Typical Work Week

Interns at Fulton State Hospital work 8 am to 4:30 pm Monday through Friday. They are not required to work evenings or weekends. Interns working on the New Outlook Program will be assigned a work cell phone and pager for coaching calls as part of Dialectical Behavior Therapy. These calls may occur outside of regular hours and more information will be provided regarding managing this from the supervisor of this rotation. Interns may not bring work home to ensure client confidentiality and to promote a healthy work-life balance.

Rotations: Interns will spend the majority of their week with their major rotation. Typically, four hours per week is dedicated to each minor rotation (Research and Assessment).

Supervision: Interns will be provided with individual and group supervision weekly including but not limited to at least one hour per week from their major rotation supervisor (individual), one hour from the Internship Training Director (group), one hour from their Research supervisor (individual and/or group), one hour from a professional outside of the psychology department who is typically a social worker (group), and one hour from their Assessment supervisor (individual). Additional supervision may be offered through direct observation of individual and group therapy, as needed during program breaks, and by appointment.

Below is a sample intern schedule for an intern working with the Social Learning Program. Please note that intern schedules may vary based on their major rotation due to differing program structure, groups offered, required meetings, and consultation teams.

	Monday	Tuesday	Wednesday	Thursday	Friday
8:15	Morning Report	Morning Report	Morning Report	Morning Report	Morning Report
9:00	Supervision (Primary)	Individual Therapy	SLP Meeting	Respect Group (Sex Offender Strategies)	Supervision (ITC)
10:30	Promotion Meeting	Research Minor	Michael's Game (CBT for Psychosis)	Case Management	Psychopharm Seminar
11:20	Small Group (Problem Solving)		Small Group (Problem Solving)	Social Skills	Supervision (Social Work)
12:00	Lunch	Lunch	Lunch	Lunch	Lunch
1:00	Treatment Team		Assessment Minor		Seminar
3:00	Diversity Action and Response Team (monthly)				

Seminar Series

Below is a listing of a sample of the seminars series provided to interns and postdoctoral residents training at Fulton State Hospital. Seminars are held weekly on Fridays from 1 pm to 3 pm. In addition to these, the pharmacy department offers a Psychopharmacology Seminar Series in which interns are encouraged to participate.

Seminar Title	Presenter
Professional Development I: Transitioning from Student to Professional	All Faculty
Professional Development II: CV, Career Goals, and Interviewing	Sharon Robbins, PhD
Professional Development III: Preparing for the EPPP and Other Certification Exams	Kayla Collier, PsyD, RSM Program Director
Department of Mental Health Funded Community Services	Robert Reitz, PhD, CEO, Director of Psychiatric Facilities
Dialectical Behavior Therapy	Ronda Reitz, PhD, Coordinator for DBT services for the Missouri Department of Mental Health
Working with LGBTQIA Clients	Erin Norton, PsyD, Health and Wellness Center Coordinator, Institute for Girls' Development
An Overview of Forensic Services in the State of Missouri	Jeanette Simmons, PsyD, Missouri Director of Forensic Services
Expressive Art Therapy	Alexis Reddig, PhD
Other Specified Paraphilic Disorder—Nonconsent	Sujatha Ramesh, PhD
Feminist Approach to Trauma Treatment	Rebekah Purvis, PsyD
Responsibility and Competency to Stand Trial	Jeffrey S. Kline, PhD, Certified Forensic Examiner
Methodology of Risk Prediction I and II	Niels Beck, PhD, Retired Vice-Chair of the Department of Psychiatry University of Missouri School of Medicine
Role of Psychologists Working in Psychiatric Hospitals	Anthony Menditto, PhD, Director of Treatment Services
Expert Witness Testimony	Jeffrey S. Kline, PhD, Certified Forensic Examiner
Feminist Approach to Trauma Treatment	Rebekah Purvis, PsyD
Offenders with Intellectual and Developmental Disabilities	Sharon Robbins, PhD, Psychology Director
Behaviorism and its Applications within an Inpatient Clinical Setting	Lucas Evans, Area Behavior Analyst for the Missouri Division of Developmental Disabilities
Working with Deaf Clients	Stacie Bickel, CCP, Social Work, Former Director of Interpretive Services
Safe Offender Strategies	Lee Ann McVay, PsyD, SORTS Program Director
Suicide Prevention	Peggy Reed-Lohmeyer, LCSW, Director of the Zero Suicide Initiative
Methodology of Risk Prevention	Niels Beck, PhD, Retired Vice-Chair of the Department of Psychiatry University of Missouri School of Medicine
Assessment of Malingering	Jeffrey S. Kline, PhD, Certified Forensic Examiner
Psychopathy	Randy Telander, PhD, Certified Forensic Examiner
Working with LGBTQ+ Clients	Erin Norton
Vicarious Trauma, Secondary Trauma, and Burnout	Jaime Waller, Trainer
Stigma in the Community toward SMI	Jessica Peterson, PhD
Assessing a Diverse Population	Ana Alberti, PsyD

Internship Alumni

Graduates of Fulton State Hospital's (FSH) Psychology Internship Program have advanced professionally in a wide-range of clinical and academic settings. Depending on position availability and interest, several interns have completed their postdoctoral residency at FSH, and some of these individuals have remained as staff psychologists. Included among the positions that past interns have held are:

- Director of Psychology, Fulton State Hospital
- Certified Forensic Examiner, Fulton State Hospital
- Program Director, Sex Offender Treatment Services, Fulton State Hospital
- Psychologist, Fulton State Hospital
- Assistant Professor, East Tennessee State University
- Director of Psychology, Oregon State Hospital
- Team Leader, Mental Health Case Management Program, Central Texas Veterans Healthcare System
- Inpatient Psychiatry Programming Coordinator, Puget Sound VA
- Psychologist, U.S. Naval Hospital at Naval Station Great Lakes
- Licensed Clinical Psychologist, VA Gulf Coast Veterans Health Care System
- Psychologist, SVP Evaluator, Illinois
- Psychologist, Community Mental Health Center, Kentucky
- Neuropsychologist, Cornerstone Family Counseling, Kansas
- Statistical Consultant, Kansas
- Program Director, Social Learning Program, St. Louis Psychiatric Rehabilitation Center
- Forensic Psychologist, Minnesota Direct Care and Treatment
- Psychologist, Atlanta Psychological Services
- Psychologist, Connecticut Psychiatric Hospital
- Forensic Evaluator, University of Denver

Initial Post-Internship Positions		
	2020-2023	
Total # of interns who were in the 3 cohorts	9	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Community mental health center		1
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center		
Military health center		
Academic health center		
Other medical center or hospital	2	1
Psychiatric hospital	1	3
Academic university/department		
Community college or other teaching setting		
Independent research institution		1
Correctional facility		
School district/system		
Independent practice setting		
Not currently employed		
Changed to another field		

Note: "PD" = Postdoctoral residency position; "EP" = Employed position

Alumni Anecdotes

Interns from all training years were recently asked about their training experiences at Fulton State Hospital. Below are a few quotes with the year that the individual graduated from the training program. The Internship Training Committee utilizes feedback from interns each year to continually improve the training program

“The supervisors and training were excellent.”—2006

“I really enjoyed the variety of evidence-based interventions that I was exposed to during my internship year. I was able to utilize some of these interventions in ways that helped me grow as a clinician.”—2014

“Flexibility and the opportunity to pursue multiple areas of interest.”—2006

“The internship gave me a great deal of experience with different populations and forms of evidence-based practice that have been valuable both in my research and teaching.”—2006

“As someone hyper-focused on evaluations only, I was surprised how much I learned and enjoyed the intervention training.”—2004

“To be a more effective forensic examiner, understanding of research, statistical analysis, severe mental illness, and base rates are essential. I learned a lot of this during my internship.”—2004

“I appreciated the flexibility in creating a meaningful internship experience that allowed me to practice direct therapeutic intervention with a variety of presentations and learn more while challenging myself as a therapist.”—2021

“Having a wide breadth of experience has been critical in my current assessment-only position as a neuropsychologist. I have “seen it all” and feel prepared for anything that might come in the door of my clinic where I am a solo practitioner in a rural area.”—2006

“Learning about the variety of evidence-based programs. Feeling like my opinion and experiences were respected and promoted.”—2017

“The forensic evaluation track was helpful for getting a forensic fellowship and then current job as an examiner.”—2017

“I loved the forensic evaluation experience and that supervisors would allow a lot of hands on experience. The best was definitely the chance to testify on a case.”—2015

“I thoroughly enjoyed my internship at Fulton State Hospital. I found the training and supervision to be excellent, well-organized, and appropriately challenging. The year provided an opportunity for tremendous growth and development on the journey of becoming a competent and well-rounded clinical psychologist.”—2020

“Working on wonderful evidence-based treatment programs! The programs were well defined. It was an incredible experience to be able to support and to be part of such amazing programming.”—2015

“The experience as a whole solidified my critical thinking abilities, and the forensic evaluation rotation in particular helped hone the speed of my writing skills.” —2013

“The internship helped me develop clinical skills, particularly around conducting forensic evaluations. It also helped me develop confidence with voicing my opinion and preparing to take on the role of a licensed psychologist. Finally, it prepared me for working within an inpatient setting and with individuals with serious mental illness.” —2012

Postdoctoral Training

Fulton State Hospital (FSH) frequently employs postdoctoral psychology residents. These positions, while often available, are subject to funding demands of the facility and the Department of Mental Health and may not be available on a regular basis. However, many former interns were able to secure postdoctoral funding, and several current faculty members completed their postdoctoral training hours on site.

Postdoctoral residents are provided with individual and group supervision as well as continued training through the seminar series as well as trainings provided through the Department of Mental Health and the Missouri Institute of Mental Health. Postdoctoral residents function as a psychologist within one of the treatment programs. Additional information regarding these programs can be found in this brochure. Postdoctoral residents conduct individual and group therapy, provide case management, and have the opportunity to participate in research and assessment.

For more information about postdoctoral residency positions, please contact Alicia Pardee, PhD via email Alicia.Pardee@dmh.mo.gov

Current Postdoctoral Residents:

Jacinta Dickens, PhD

University of Louisville (2022)
Sex Offender and Rehabilitation Services

Alison Elavsky, PsyD

St. Mary's University of Minnesota (2022)
Sex Offender and Rehabilitation Services

Manfredo Flores Cruz, PsyD

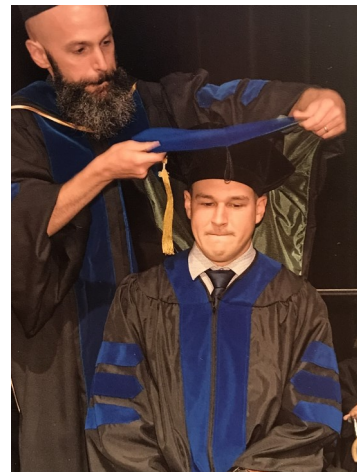
Xavier University (2023)
Social Learning Program

Angela Narvaez, PsyD

The Chicago School of Professional Psychology (2022)
New Outlook Program



Postdoctoral Resident Class Holiday Party 2015



Postdoctoral Resident Class of 2018-2019

Fulton, Missouri

Located roughly two hours from both St. Louis and Kansas City, living in central Missouri offers interns many options for enriching cultural and leisure activities as well as low-cost living. Interns can enjoy the small town atmosphere of Fulton, all the amenities associated with the nearby university town of Columbia, or scenic and historic Jefferson City. Many interns choose to live in Columbia, MO, which is home to several universities including the University of Missouri. Go Tigers! Columbia, MO has consistently been ranked as one of the best places to live in the United States. Interns may choose to live in Jefferson City, MO, which is the state capital and located about 30 miles to the southeast of Fulton.

Residents of central Missouri enjoy a low cost of living. For example, compared to other cities across the country, the cost of living index in Fulton, MO is 13% lower than that for the entire country (source: <https://www.areavibes.com/fulton-mo/cost-of-living/>).

Cost of living calculators:

<https://www.payscale.com/cost-of-living-calculator/Missouri-Fulton>

<https://www.bestplaces.net/cost-of-living>



Fulton



Fulton provides a small-town atmosphere with a quick commute to work, while still in close proximity to larger nearby towns (e.g., Columbia and Jefferson City). The brick streets of Fulton's historic downtown house many shops and restaurants with interesting architecture. Fulton is also home to many hiking and biking trails. There are also many festivals including the Serenity Valley Winery music series, the Micro-Brew and Morels Festival, and the Fulton Street Fair.

Columbia



Columbia features a fast-paced, college-town atmosphere that includes a vibrant downtown; the University of Missouri's academic, cultural, and athletic offerings; unique opportunities such as well-known annual festivals (e.g., the Roots & Blues Music Festival and the internationally acclaimed True/False Film Festival); and an exceptional parks system that includes an integrated hiking/biking trail system that is linked with the nation's largest rails-to-trails conversion, the Katy Trail State Park.

Life in Mid-MO

Named America's Most Beautiful Small Town by Rand McNally in 2014, Jefferson City is the state's Capital. It features scenic views of the Missouri River, many historic buildings, landmarks, museums, a great parks system network that links to the Katy Trail system, and even ghost tours at the historic Missouri State Penitentiary. There are also restaurants and seasonal events to enjoy.



Jefferson City

Missouri is home to several large cities including Kansas City, St. Louis, and Branson. These cities offer international airports, cultural events, shopping, dining, museums, amusement parks, zoos, and many other exciting attractions. From Fulton, Kansas City is located two hours to the west, St. Louis is two hours to the east, and Branson is three hours to the south.



Urban Areas

FAQ

Below you will find frequently asked questions about Fulton State Hospital (FSH), our internship program, and the area. If you have unanswered questions, please contact the Internship Training Director: Jessica Sergio, PhD by email Jessica.Sergio@dmh.mo.gov.

1

How are interns selected?

Intern applications are reviewed and rated on criteria including: 1) interested in training opportunities provided ; 2) relevance of prior training experiences; 3) academic progress; 4) interests in serious mental illness, personality disorders, long-term mental health care, trauma informed care, and forensic populations; 5) commitment to empirically-supported treatments; and 6) accomplishments and achievements which coincide with the rehabilitation and recovery goals of FSH. Applicants who appear to match these criteria will be invited for an interview.

2

How are major rotations selected?

The FSH internship program offers a variety of clinical rotations. Interns will complete two, six-month major rotations. Interns may select from the four major treatment programs and forensic evaluation. Rotations are selected based on interests and goals as well as supervisor availability. Rotations are selected with the assistance of the Internship Training Director at the beginning of the year following an orientation to the hospital and psychology department.

3

Will my training be too limited if I just work with forensic inpatients?

Interns at FSH work with clients with varying diagnoses, cultural backgrounds, legal statuses, and intellectual functioning. Our training program allows interns to gain a generalist training by developing assessment and therapeutic skills that would be well-translated to a variety of careers including inpatient psychiatry, community mental health, correctional settings, and private outpatient treatment to name a few. Alternatively, interns are afforded the opportunity to specialize in areas of interest through intensive trainings, evidence-based treatment programs, assessment, and postdoctoral opportunities at FSH.

4

Is it safe to work in a forensic hospital?

The safety of both the staff and clients is a priority at Fulton State Hospital. Many security procedures have been implemented including a hospital-specific training program for all staff to learn methods of managing client frustrations and mood lability. Additionally, the Nixon Forensic Center is a state-of-the-art facility that provides clients with treatment in a high security environment dedicated to safety. Previous interns have experienced little to no issues during their training year.

5

What is a typical work week like for an intern?

Interns work 40 hours per week, 8:00 am to 4:30 pm, Monday through Friday. They earn sick and annual leave at a rate of 5 hours each per pay period. All state employees enjoy 13 state holidays. The internship faculty value balance and support participation in interests and activities outside of work. A sample work week schedule is provided in this brochure.

6

Are interns expected to work on weekends?

No. Interns do not work evenings, weekends, or state holidays. Work is not taken home to ensure client confidentiality and is not necessary as interns are provided enough time to complete their work. Interns within the New Outlook Program will carry a work pager and cell phone for coaching calls that may occur outside regular hours. More information will be provided by the rotation supervisor.

FAQ

Below you will find frequently asked questions about Fulton State Hospital (FSH), our internship program, and the area. If you have unanswered questions, please contact the Internship Training Director: Jessica Sergio, PhD by email Jessica.Sergio@dmh.mo.gov.

7

Can I do research while on internship?

Yes! The Research minor rotation offers interns the opportunity to participate in a number of ongoing research studies. Interns will work conjointly with various Internship Training Committee members and other FSH staff on research-oriented tasks. Interns working on projects will have the opportunity to assist with and be named author on various published manuscripts and presentations at conferences.

8

Are there postdoctoral residency opportunities?

FSH frequently employs postdoctoral psychology residents. These positions, while often available, are subject to funding demands of the facility and the Department of Mental Health and may not be available on a regular basis. However, many former interns were able to secure postdoctoral funding, and several current faculty members completed their postdoctoral training hours on site.

9

What benefits are included?

Medical, dental, and vision benefits are available for the intern. Family members can also be added to those plans. In addition, interns accrue 5 hours of vacation and 5 hours of sick leave every pay period. Interns will also receive up to three days of professional leave for off-site conferences/seminars, conference presentations, dissertation defense or related dissertation activities, or graduation and are entitled to 13 paid state holidays during the training year.

10

What is the cost of living in central Missouri?

Residents of central Missouri enjoy a low cost of living. For example, compared to other cities across the country, the cost of living index in Fulton, MO is 13% lower than that for the entire country. Many interns also choose to live in Columbia, MO, which is home to several universities including the University of Missouri. Go Tigers! Columbia, MO has consistently been ranked as one of the best places to live in the United States. Interns may choose to live in Jefferson City, MO, which is the state capital and located about 30 miles to the southeast of Fulton.

11

Are there any screenings or other requirements that a psychology intern has to complete to be employed at Fulton State Hospital?

All employees are required to take a variety of screenings for employment. Offers for internship are contingent on criminal background check results (including Sex Offender Registry, Employee Disqualification List, and Federal Agencies). The following felony offenses are disqualifying offenses: felony drug offenses, incest, endangering a child, abuse or neglect of a child, robbery/burglary/stealing, arson, causing catastrophe, trafficking children, forgery, financial exploitation of the elderly and disabled, identify theft, aiding escape of a prisoner, and supporting terrorism. Other felonies may require an exception from the DMH Exception Committee. For further information see <http://dmh.mo.gov/about/employeedisqualification/> FSH also verifies that employees have paid Missouri State taxes the year before or were not required to. FSH employees are required to take a Tuberculosis (TB) test at the onset of employment and yearly thereafter. They are also required to receive a flu shot and COVID vaccine, unless there is a medical reason documented by their physician or a religious exception. Employees may also be subject to additional requirements related to COVID precautions set forth by Employee Health.

Internship Faculty

The psychology department at Fulton State Hospital (FSH) promotes a developmental model of supervision. Supervisors meet interns where they're at and promote a flexible and individualized training program to foster development as a well-rounded clinician and professional. Supervision often begins as more intensive and gradually relaxes as intern competency develops. While each supervisor employs individual styles of supervision, all promote a warm and empathic environment to encourage open communication and seeking guidance. Interns are provided weekly scheduled supervision as well as receive direct supervision through observations and interactions among treatment teams. Typically, supervision is directed by the intern who is expected to be prepared with topics of supervision. Supervision is not limited to the intern's direct supervisor, as all psychology staff are willing to provide guidance in areas of interest or specialty. Below is a list of current FSH faculty. Curriculum vita available upon request.

Ana Alberti, PsyD

Nova Southeastern University (2022)
Forensic Examiner

Brandy Baczwaski, PhD

University of Mississippi (2015)
Program Director
Hearnes Forensic Center

Audra Bierman, PsyD

Indiana State University (2022)
Recovery and Self-Motivation
Program

Neils Beck, PhD

St. Louis University (1977)
Program Evaluation and Research

Jennie Brooks, PsyD

The Chicago School (2017)
Forensic Examiner

Elizabeth Bryant, PsyD

Xavier University (2020)
Recovery and Self-Motivation

Kayla Collier, PsyD

Nova Southeast University (2017)
Program Director
Recovery and Self-Motivation

Kirsten Hunter, PhD

Fielding Graduate University (2018)
Annual Reviewer
Sex Offender and Rehabilitation
Treatment Services

Amy Lewis, PhD

University of Mississippi (2021)
Sex Offender and Rehabilitation and
Treatment Services

Lee Ann McVay, PsyD

Forest Institute of Professional
Psychology (2008)
Assistant Director of Treatment
Services for the
Sex Offender and Rehabilitation
Treatment Services Program

Anthony Menditto, PhD

University of Houston (1988)
Director of Treatment Services

Alicia Pardee, PhD

University of Houston (2014)
Assistant Director of Treatment
Services and Director of Psychology
Program Evaluation and Research

Jessica Peterson, PhD

Seattle Pacific University (2015)
Annual Reviewer
Sex Offender and Rehabilitation
Treatment Services

Rebekah Purvis, PsyD

Write State University (2018)
New Outlook Program

Alexis Reddig, PhD

University of Central Arkansas (2018)
Forensic Examiner

Sharon Robbins, PhD

Louisiana Tech University (2005)
Annual Reviewer
Sex Offender and Rehabilitation
Treatment Services

Nicole Seymore, PhD

Texas Tech University (2022)
Certified Forensic Examiner

Matthew Stull, PhD

Palo Alto University (2021)
Social Learning Program

Jessica Sergio, PhD

University of North Texas (2010)
Program Director, Internship Training
Director
New Outlook Program

Scholarly Contributions

Psychology faculty at Fulton State Hospital (FSH) are committed to the use of evidence-based practices in treating clients. Many members of the faculty are interested in conducting research and disseminating information. In addition to the Program Evaluation minor rotation, interested interns are encouraged to participate in research projects that may lead to presentation and publication. Additionally, a strong relationship exists between FSH and the University of Missouri departments of Psychiatry, Clinical Psychology, and Counseling Psychology. Not only do students from these programs receive training at FSH, including participation in collaborative research projects, but several staff psychologists have adjunct appointments in those departments. As part of its educational mission, FSH also serves as a clinical training site for students of other professions including psychiatry residents and fellows, music, occupational, and recreational therapists, pharmacy students, and social work interns.

Below is a sample of the several scholarly contributions made by FSH faculty over the years.

BOOKS:

Silverstein, S. M., Spaulding, W. D., & Menditto, A. A. (2006). *Schizophrenia: Advances in psychotherapy-Evidence based practice*. Cambridge, MA: Hogrefe & Huber Publishers.

BOOK CHAPTERS:

Stinson, J. D., Becker, J. V., & McVay, L. A. (2016). Multi-Modal Self-Regulation Theory of Sexual Offending. In D. Boer, T. Ward, & A. Beech (Eds.). *Handbook on the Assessment, Treatment, and Theories of Sexual Offending, Vol. 1* (pp. 103-122). Wiley-Blackwell.

Lauriello, J., Beck, N. (2010). Recently approved long-acting antipsychotic injections: Paliperidone LAI and olanzapine LAI. *Antipsychotic Long-Acting Injections*. Edited by Haddad, P; Lambert, T. Oxford University Press

Spaulding, W. D., Johnson, R. W., Nolting, J. R., Collins, A. (2008). Treatment resistant schizophrenia. In D. Castle, D. Copolov, T. Wykes, & K. T. Mueser (Eds.), *Pharmacological & Psychosocial Treatments in Schizophrenia 2nd Edition*. (pp. 221 -235). Milton Park, Oxfordshire, UK: Informa Healthcare.

Menditto, A. A., Beck, N. C., & Stuve, P. R. (2000). A social-learning approach to reducing aggressive behavior among chronically hospitalized psychiatric patients. In M. Crowner and L. Burney (Eds.), *Understanding and Treating Violent Psychiatric Patients* (pp. 87-104). Washington, DC: American Psychiatric Press, Inc.

PEER REVIEWED JOURNAL ARTICLES:

Menditto, A. A., Pardee, A. L., & Peterson, J. A. (2020). Outcomes of a Maximum-Security Social-Learning Program: A 30-Year Retrospective Analysis. *Psychological Services*. Manuscript submitted for publication.

Martin, E. D., Deardorff, O. G., Menditto, A. A., Sethi, S., & Hopkins, T. M. (2020). Adjunct memantine for clozapine rechallenge following cardiomyopathy. *Schizophrenia Research, 218*, 312-314. <https://doi.org/10.1016/j.schres.2020.02.006>

Beck, N. C., Tubbesing, T., Lewey, J. H., Menditto, A. A., & Robbins, S. B. (2018). Contagion of violence and self-harm behaviors on a psychiatric ward. *The Journal of Forensic Psychiatry & Psychology, 29*, 989-1006. doi: 10.1080/14789949.2018.1516230

Ji, P., Menditto, A., Beck, N. C., Stuve, P., & Reynolds, J. (2018). Differences in symptom severity and independent living skills between re-hospitalized and not re-hospitalized individuals with schizophrenia: a longitudinal study. *Community Mental Health Journal, 54*, 978-982. doi:10.1007/s10597-018-0264-6

Stinson, J. D., Becker, J. V., & McVay, L. A. (2017). Treatment progress and behavior following two years of inpatient sex offender treatment: A pilot investigation of Safe Offender Strategies. *Sexual Abuse. A Journal of Research and Treatment, 29*, 3-27.

Beck, N. C., Hammer, J. H., Robbins, S., Tubbesing, T., Menditto, A. A., & Pardee, A. L. (2017). Highly aggressive women in a forensic psychiatric hospital. *Journal of the American Academy of Psychiatry and the Law, 45*, 17-24.

Stinson, J. D., McVay, L. A., & Becker, J. V. (2016). Post-hospitalization outcomes for psychiatric sex offenders: Comparing two treatment protocols. *International Journal of Offender Therapy and Comparative Criminology, 60*, 708-724.

Webb, M., Peterson, J., Willis, S. C., Rodney, H., Siebert, E., Carlile, J. A., & Stinar, L. (2016). The role of empathy and adult attachment in predicting stigma toward severe and persistent mental illness and other psychosocial or health conditions. *Journal of Mental Health Counseling, 38*, 62-78.

Mancini, M. A., Linhorst, D. M., Menditto, A. A., & Coleman, J. (2013). Statewide implementation of recovery support groups for people with serious mental illness: A multidimensional evaluation. *Journal of Behavioral Health Services & Research, 40*, 1-12.

Newbill, W. A., Paul, G. L., Menditto, A. A., Springer, J. R., & Mehta, P. (2011). Social Learning Programs facilitate an increase adaptive behavior in a forensic mental hospital. *Behavioral Interventions, 26*, 214-230.

Stinson, J. D., Robbins, S. B., & Crow, C. W. (2011). Self-regulatory deficits as predictors of sexual, aggressive, and self-harm behaviors in a psychiatric sex offender population. *Criminal Justice and Behavior, 38*, 885-895.

Reddy, F., Spaulding, W., Jansen, M. A., Menditto, A. A., & Pickett, S. (2010). Psychologists' roles and opportunities in rehabilitation and recovery for serious mental illness: A survey of training and doctoral education. *Training & Education in Professional Psychology, 4*, 254-263.

Scholarly Contributions

PEER REVIEWED JOURNAL ARTICLES continued:

- Cook, E. A., Davidson, C. A., Nolting, J. R., & Spaulding, W. D. (2010). Observed ward behavior strongly associated with independent living skills: An analysis of convergent and criterion-related validity of the NOSIE and the ILSI. *Journal of Psychopathology and Behavioral Assessment*, 33, 111-120.
- Hammer, J. H., Springer, J., Beck, N., Menditto, A., & Coleman, J. (2010). Seclusion and restraint: Relationship with childhood sexual and physical abuse. *Journal of Interpersonal Violence*, 26, 567-579.
- Newbill, W. A., Coleman, J. C., Carson, S. J., Marth, D., Menditto, A. A., & Beck, N. C. (2010). Direct observational coding of staff who are the victims of assault. *Psychological Services*, 7, 177-189.
- Lyskowski, J. L., Menditto, A. A., & Csernansky, J. G. (2009). Treatment of violent behavior in patients with combined psychiatric illness and cognitive impairment: A case series. *Mental Health Aspects of Developmental Disabilities*, 12, 1-9.
- Beck, N. C., Durrett, C., Stinson, J., Coleman, J., Stuve, P., & Menditto, A. A. (2008). Trajectories of seclusion and restraint use at a state psychiatric hospital. *Psychiatric Services*, 59, 1027-1032.
- Silverstein, S. M., Spaulding, W. D., & Menditto, A. A., Savitz, A., Liberman, R. P., Berten, S., & Starobin, H. (2008). Attention shaping: A reward-based learning method to enhance skills training outcomes in schizophrenia. *Schizophrenia Bulletin*, 35, 222-23.
- Menditto, A. A., Linhorst, D. M., Coleman, J. C., & Beck, N. C. (2006). The use of logistic regression to enhance risk assessment and decision-making by mental health administrators. *Journal of Behavioral Health Services & Research*, 33, 213-224.

PRESENTATIONS TO PROFESSIONAL/SCIENTIFIC GROUPS:

- Harrison, J. L., Pardee, A. L., Peterson, J. A., & Lenhardt, T. T. (2020, March). *Michael's Game as cognitive remediation: A novel approach to inpatient competency restoration*. [Paper presentation]. American Psychology-Law Society, New Orleans, LA.
- Robbins, S. B. & McVay, L. A. (2019). Dialectical behavioral therapy: Treating people with problematic sexual behaviors [Paper presentation]. Association for the Treatment of Sexual Abusers 38th Annual Research and Treatment Conference: Shaping the future, Atlanta, GA.
- Robbins, S. B., McVay, L. A., Shuldies, J. M., & Thomas, K. E. (2019). Ask the expert panel: Working with individuals with intellectual disabilities [Panel presentation]. Association for the Treatment of Sexual Abusers 38th Annual Research and Treatment Conference: Shaping the future, Atlanta, GA.
- Lewey, J. H., Beck, N. C., Peterson, J. A., Baczwaski, B. J., & Pardee, A. L. (2017, March). *The missing piece to inpatient competency restoration: Using an evidence-based practice Michael's Game aimed at targeting hypothetical reasoning for delusional ideation*. Poster presented at the annual conference for the American Psychology-Law Society, Seattle, WA.
- Peterson, J., Pardee, A. L., & Lewey, J. H. (2016, June). *Cognitive behavioral therapies for the treatment of schizophrenia symptoms*. Paper presented at the Missouri Institute of Mental Health's Spring Training Institute, Lake of the Ozarks, MO.
- Robbins, S., Rietz, R., Eljdupovic, G., Kletzka, N., Rhodes, J., & Peterson, J. (2015, November). *The application of dialectical behavior therapy in forensic settings and management of staff burnout*. Panel discussion at the 49th Annual ABCT Convention, Chicago, IL.
- Stinson, J. D., Morrison, L. A., & Becker, J. V. (2013, March). Arrest and psychiatric rehospitalization following inpatient sex offender treatment: A comparison of two protocols. Poster presentation at the annual conference of the American Psychology-Law Society, Portland, Oregon.
- Robbins, S. B. (2012, October). New Outlook: A progress update. Paper presented for the NADD national convention. Denver, CO.
- Robbins, S. B., Lincoln, R., & Stone, R. (2011, June). Building a treatment community within a high security environment to prevent the use of seclusion and restraints. Webinar sponsored by NASMHPD.
- Stinson, J. D. & Robbins, S. B. (2010, August). Problematic sexual behavior in individuals with intellectual and developmental disabilities. Paper presented at the American Psychological Association National Convention. San Diego, CA.
- Beck, N. C. (2010, October). Trajectories of seclusion/restraint use. Invited presentation to the staff of the Hospital Louis H. La-Fontaine, Pinel Institute, Montreal, Canada.
- Beck, N. C. (2010, Summer). Identifying patients at high risk to engage in aggressive behavior. Invited presentation to the Midwest regional conference of State Mental Health Program Directors, Indianapolis, Indiana.
- Beck, N. C. (2010, March). Trajectories of seclusion and restraint use at a public forensic hospital. 2010 American Psychology-Law Society Conference, Vancouver, Canada.
- Beck, N. C. (2009, June). Prediction of seclusion/restraint use in a forensic psychiatric facility. Presentation at the 31st International Congress on Law and Mental Health, New York University Law School, New York, NY.
- Robbins, S. B. (2009, June). Treating people with intellectual and developmental disabilities in an intermediate and maximum security forensic mental hospital. Symposium – Empirically Supported Practices in a Forensic Mental Health Setting. International Congress on Law and Mental Health. New York City, NY.
- Tubbesing, T. C. & Orton, C. M. (2009). Identification and treatment of secondary trauma within the military culture. Poster presented at the annual conference of Missouri Association for Marriage and Family Therapy, Springfield, MO.
- Tubbesing, T. C. & Orton, C. M. (2009). Identification and treatment of secondary trauma within the military culture. Poster presented at the annual conference of Missouri Psychological Association, Lake Ozarks, MO.



FULTON STATE HOSPITAL

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Thank you for your interest in the internship training program and Fulton State Hospital. We look forward to reviewing your application and wish you the best of luck in the internship application, interview, and match process.

If you have questions or are looking for information not found in this brochure, please contact the Internship Training Director, Jessica Sergio, PhD, via email Jessica.Sergio@dmh.mo.gov