

Fulton State Hospital

Psychology Doctoral Internship
Brochure 2019-2020



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A Message from the Internship Training Director

Dear Applicant -

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

Fulton State Hospital (FSH) offers an exciting, challenging, and varied 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) 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 two internship tracks: Forensic Treatment (178311) and Forensic Evaluation (178312). Each track is organized into two, six-month major rotations as well as two, year-long minor rotations, which include Program Evaluation and Psychological Assessment.

In the Forensic Treatment track, interns receive training in innovative, evidence-based treatment programs targeting specific populations including severe mood and behavioral dysregulation, severe and persistent mental illness, and those civilly committed as Sexually Violent Predators. This track involves two, six-month major rotations in treatment programs.

In the Forensic Evaluation track, interns gain exposure to the legal system and the interaction between the courts and the mental health system, develop an advanced understanding of DSM-5 diagnoses, and gain experience with both structured and unstructured psychological assessments within a forensic context. This track also involves one, six-month major rotation in a treatment program.

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 each training track, rotations, and 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 is the oldest State Psychiatric Hospital west of the Mississippi River and is undergoing a dramatic change that will impact the services the hospital provides over the coming decades. Our new, \$211 million state-of-the-art facility will revolutionize the treatment we provide to the clients we serve and is expected to open in the Summer of 2019.

Currently, Fulton State Hospital (FSH) houses approximately 400 clients across three buildings with four levels of security including: 1) Biggs Forensic Center (BFC), a maximum-security unit, 2) the Sex Offender Rehabilitation and Treatment Services (SORTS), a high-security unit housing civilly committed Sexually Violent Predators, 3) Guhleman Forensic Center (GFC), an intermediate-security unit, and 4) Hearnes Forensic Center (HFC), a minimum-security unit for clients with developmental disabilities.

The new facility, the Nixon Forensic Center, is a 300-bed high security unit. When it opens, BFC will close. Clients from BFC and GFC will move into the new facility. The SORTS unit will expand into the rest of GFC, allowing for the expansion of their 100-bed program. The hospital will continue to maintain HFC in a separate building on campus.

Client Demographics

FSH provides services to individuals with a broad array of disabilities, 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 2% Native American, Hispanic, and other backgrounds. Over 90% of our clients are males and over 65% of our clients range in age from 22 to 60. In addition, FSH serves clients that are deaf, hard of hearing, and speak English as a second language through the Interpreting Services Department (9% of our total population). 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 or as not guilty by reason of mental disease or defect (NGRI). A small percentage of those who come to FSH as incompetent to stand trial (IST) are eventually found permanently incompetent to stand trial (PIST) and remain here receiving treatment to be safely transitioned into the community. Currently, about $\frac{1}{5}$ of our clients were committed by the courts as incompetent to proceed to trial. Most of those clients will be restored to competency and discharged within about 5-10 months. Approximately $\frac{1}{4}$ have been found PIST. Another $\frac{1}{6}$ are committed as not NGRI and about $\frac{1}{4}$ were civilly committed as Sexually Violent Predators (SVP). The remaining $\frac{1}{6}$ 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 their treatment on our long-term treatment and rehabilitation programs that emphasize evidence-based treatment. 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 a neurocognitive disorders.

Fulton State Hospital in the News

Nixon Forensic Center to Open in 2019



Nixon Forensic Center Prospective

State-of-the-Art Mental Health Treatment

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 will be safer and more conducive to modern treatment. Construction began in 2015 and is set to complete in Winter 2018. After inspections and staff training of the new facility, clients from the maximum-security unit, Biggs, and the

intermediate-security unit, Guhleman, will move into the high-security unit, called the Nixon Forensic Center. The high-security Sex Offender Rehabilitation Treatment Services (SORTS) unit will expand to the Guhleman building. The minimum-security unit, Hearnes, will remain and the Biggs building will be demolished. The Nixon Forensic Center will house 300 clients via twelve 25-bed residential wards. Program-based treatment will continue with each program (Competency Restoration and Treatment Services, New Outlook Program, Social Learning Program, and Recovery and Self-Motivation) operating on three wards. The SORTS program will expand from 100 clients to bed space for 200 clients. Hearnes will continue to house 20 clients with intellectual and developmental disabilities as well as a new SORTS transitional unit for those clients approved for conditional release. For more information, visit <https://dmh.mo.gov/fulton/>.



Nixon Forensic Center Current Progress Summer 2018

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, SMART training 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 (NPR).

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 program-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. This program has shown to improve staff's ability to manage difficult situations

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 four 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, and
4. commitment to preparing psychologists for ethical practice.

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 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 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 severely disabled 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 minimum of 400 intervention and 100 assessment hours
- 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 their graduate training director
- U.S. citizen or eligible to work in the U.S.

Important Dates

Application Deadline—November 1, 2018

Interview Notification—November 15, 2018

Interview Dates:

- December 14 and 17, 2018 for Forensic Evaluation Track applicants
- January 9, 11, and 14, 2019 for Forensic Treatment Track applicants

Training Year—August 1, 2019 through July 31, 2020

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 which track(s) (Forensic Evaluation and/or Forensic Treatment) the applicant is applying for, clinical interests, and the clinical rotations in which s/he is most interested
 - a de-identified assessment report

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) goodness-of-fit with training interests and training opportunities provided at Fulton State Hospital (FSH); 2) relevance of prior clinical training experiences; 3) academic progress; 4) intern interests 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. While in-person interviews are strongly encouraged, they are not required. Applicants who are unable to travel to FSH may schedule a telephone interview. For those applying for the 2019-2020 training year, interviews will be held on December 14 and 17, 2018 for applicants applying for the Forensic Evaluation Track and January 9, 11, and 14, 2019 for applicants applying for the Forensic Treatment Track.

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 be asked to conceptualize and discuss treatment needs for a client in an example vignette that is provided on the day of the interview, as well as answer general questions that aim to determine the applicants fit with the internship program. Following the formal interview portion, applicants are able to informally meet with the Training Director and Director of Psychology, as well as staff from each treatment program. 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 2019-2020 training year, interviews will be held on December 14 and 17, 2018 for applicants applying for the Forensic Evaluation Track and January 9, 11, and 14, 2019 for applicants applying for the Forensic Treatment Track. Applicants who are unable to travel to FSH may schedule a telephone interview.

APPIC Match

The internship program at FSH participates in the APPIC Internship Matching 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. 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 urine drug screen and criminal background check results (including Sex Offender Registry, Employee Disqualification List, and Federal Agencies). Drug screens test for, but are not limited to, amphetamines, methamphetamines, cannabinoids, cocaine, opiates, phencyclidine, methadone, barbiturates, and benzodiazepines. A job offer will be withdrawn for individuals testing positive for non-prescribed controlled drugs, illegal drugs, having adulterated or substituted samples, and/or refusing to provide a sample. In addition, 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.

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 2014, we had our second site visit and were awarded continuing accreditation until 2021. 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

\$27,500

Starting the 2019-2020 training year, interns will earn \$27,500 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 12 paid holidays (New Year's Day, MLK Jr Day, Lincoln Day, Washington's Birthday, Truman Day, Memorial Day, 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 and midpoint 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 into 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 with the Fulton State Hospital (FSH) psychology internship goal of 30% (624 hours)
- Complete 2 major, six-month rotations
- Complete 2 minor, year-long rotations (Assessment and Program Evaluation)
- Complete 6 psychological assessment reports, covering at least 4 of 6 available domains, 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 research project to the ITC at the end of the Program Evaluation minor rotation

Supervision

- Schedule 2 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 (Tuesday afternoons)
- Attend 90-minute monthly meetings of the Cultural Competence Council (3rd Monday from 3:00 – 4:30pm)

Training Goals, Objectives, and Expected Competencies

1

To produce graduates who are prepared to enter into the professional practice of psychology.

2

To produce graduates who are skilled in the interface among science, theory, and practice to professional psychology.

3

To produce graduates who are aware of and sensitive to individual differences and cultural diversity within areas of professional practice and scholarly inquiry.

Goal 1

To produce graduates who are prepared to enter into the professional practice of psychology.

Objective A: Development of knowledge and skills in the theory and methods of diagnosis, assessment, and evidence-based intervention.

Competencies

- Proficient in conducting psychological evaluation, formulating diagnoses, and communicating findings and recommendations.
- Competent in conceptualizing group dynamics and selection and practice of evidence-based group intervention.
- Competent in conceptualizing individual cases and formulating and performing evidence-based individual interventions.
- Proficient in evidence-based assessment and treatment for severe mental illness.

Objective B: Development of knowledge and skills in professional consultation, evaluation, and supervision.

Competencies

- Proficient in providing professional psychological consultation.
- Proficient in evaluation of treatment programs as well as individual and group interventions.
- Demonstrates understanding of theoretical models, practices, and issues related to providing professional supervision.

Objective C: Development of knowledge and skills in application of legal issues, ethical principles, and standards of conduct in professional practice.

Competencies

- Demonstrates understanding of legal issues, ethical principles, and standards of conduct related to practice of professional psychology.
- Demonstrates ability to apply legal issues, ethical principles, and standards of conduct in professional psychological practice.

Goal 2

To produce graduates who are skilled in the interface among the science, theory, and practice of professional psychology.

Objective A: Development of knowledge and skills in strategies of scholarly inquiry.

Competencies

- Demonstrates understanding of research methods relevant to professional psychological practice.
- Competent in applying empirical evidence in psychological practice.
- Demonstrates ability to effectively collaborate with other professionals on research projects.

Objective B: Development of knowledge and skills in applying legal and ethical issues to scholarly inquiry.

Competencies

- Demonstrates understanding of legal issues and ethical principles relevant to scholarly inquiry.
- Competent in applying legal issues, ethical principles, and code of conduct to strategies of scholarly inquiry.



2017 Intern with Fulton State Hospital Social Workers at the Annual Spring Training Institute



Goal 3

To produce graduates who are aware of and sensitive to individual differences and cultural diversity within areas of professional practice and scholarly inquiry.

Objective A: Development of knowledge and skill in applying issues of individual differences and cultural diversity to assessment and treatment.

Competencies

- Demonstrates awareness of and sensitivity to issues of individual and cultural diversity in conducting assessment and treatment.
- Proficient in providing assessment and treatment services to individuals with diverse backgrounds and personal variables.

Objective B: Development of knowledge and skill in applying issues of individual differences in cultural diversity to consultation, evaluation, and supervision.

Competencies

- Demonstrates understanding and sensitivity to individual and cultural diversity in professional consultation, evaluation, and supervision.
- Competent in providing consultation and evaluation for individuals with diverse backgrounds and personal variables.

Objective C: Development of knowledge and skill in applying issues of individual and cultural diversity to scholarly inquiry.

Competencies

- Demonstrates awareness and sensitivity to issues of individual and cultural diversity as they relate to strategies of scholarly inquiry.
- Proficient in applying issues of individual and cultural diversity in collaborative research and integration of science with professional practice.

Training Experiences and Rotations

Fulton State Hospital offers three internship positions.

Two interns are matched to the Forensic Treatment Track (Program Code 178311)

One intern is matched to the Forensic Evaluation Track (Program Code 178312)

Forensic Treatment Track

2 internship positions

First and Second major rotations: Training in evidence-based treatments with specific populations

Select **two** consecutive 6-month program-based treatment rotations

Choose from:

- New Outlook Program
- Social Learning Program
- Recovery and Self-Motivation
- Sex Offender Rehabilitation and Treatment Services

Forensic Evaluation Track

1 Internship position

First major rotation: 6-month Forensic Evaluation rotation. Training in completing court ordered evaluations

Second major rotation: select **one** 6-month program-based treatment rotation. Training in evidence-based treatments with specific populations

Choose from:

- New Outlook Program
- Social Learning Program
- Recovery and Self-Motivation
- Sex Offender Rehabilitation and Treatment Services

Each track has specific requirements and expectations, which are discussed more thoroughly below. Following orientation, interns will meet with the Internship Training Director to select the major rotation(s) offered in their track 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 on both the Forensic Treatment and Forensic Evaluation Tracks will complete two year-long minor rotations in Program Evaluation and Assessment. Interns are able to structure their 40-hour work week to complete activities from their major and minor rotations.

Forensic Evaluation Track

Supervisors: Jeffrey S. Kline, PhD, Lisa Mathews, PhD, Randy Telander, PhD

Program Description

The Forensic Evaluation Track offers the opportunity to conduct evaluations of criminal defendants with the Fulton State Hospital's three 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 track 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, Competency Restoration and Forensic Treatment (CRAFT) groups, and a forensic treatment program. The Forensic Evaluation Track faculty believes that interns benefit from experience in completing evaluations and by treating clients who suffer from serious mental illness.

Evaluation

The intern begins this track with the six-month Forensic Evaluation Track major rotation. During that 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 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.

During the second half of the year, the intern will complete a six-month major rotation within one of the treatment programs as outlined below depending on interests, needs, and/or career goals. The year-long assessment minor rotation involves forensically-focused assessments and reports while under the supervision of a CFE. The year-long minor program evaluation rotation is under the supervision of Niels Beck, PhD and previous interns tended to choose a project with a forensic focus.

Intern Experiences

The Forensic Evaluation Track 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 her or his 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

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 within the Forensic Evaluation Track have the opportunity to choose one of these programs and interns within the Forensic Treatment Track have the opportunity to choose two of these programs for their major rotations.

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

NOP

New Outlook Program for Behavior and Mood Self-Management

The New Outlook Program for Behavior and Mood Self-Management combines the use of 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

The Social Learning Program 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 schizophrenia and other psychotic-spectrum disorders.

RSM

Recovery and Self-Motivation

The Recovery and Self-Motivation program assists clients in developing insight and improving skills to function independently 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

The Sex Offender Rehabilitation and Treatment Services program provides treatment to clients civilly committed as Sexually Violent Predators under the SVP Act, RSMo, Chapter 632.480. Clients are diagnostically diverse and include those who with paraphilic, mood, anxiety, and psychotic disorders as well as intellectual and developmental disabilities.

New Outlook Program

Supervisors: Jennie Brooks, PsyD, Kayla Collier, PsyD, Sharon Robbins, PhD, DBT Certified, 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.

Social Learning Program

Supervisors: Brandy Baczwaski, PhD, Alicia Pardee, PhD, Jessica Peterson, PhD

Program Description

The Social Learning Program (SLP) is a highly structured, milieu-based, inpatient approach to rehabilitation for individuals with serious mental illness, primarily Schizophrenia and other psychotic-spectrum disorders. The purpose of the program is to teach and support adults with serious mental illness 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 ward-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. FSH SLP is unique in that it has been utilizing 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 ward. 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, 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.

Recovery and Self-Motivation

Supervisor: Jonathan Rhodes, PsyD

Program Description

After clients are admitted to the program through formal and informal assessment of their skills, Recovery and Self-Motivation (RSM) staff assist clients in identifying and developing skills to use more effectively in order to 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. Toward that end, RSM incorporates the philosophies, strategies, and methods of a transtheoretical approach that includes three interdependent elements: Illness Management & Recovery (IMR); Motivational Interviewing (MI); and Stages of Change. "IMR is comprised of a broad set of strategies to help individuals with serious mental illness collaborate with professionals, reduce their susceptibility to their illness, and cope effectively with their symptoms" (Mueser et al., 2002). It is grounded in the philosophy of recovery and wellness. The IMR approach in combination with MI and the transtheoretical model emphasizes the importance of understanding and accepting resistive behavior without intentionally or unintentionally stabilizing it, while providing clients with knowledge and skills needed for personal recovery. IMR is an evidence-based practice and informs many of the treatment methods in the RSM program. The stress-vulnerability model of serious mental illness posits that the course and outcome of major mental illness is determined by the dynamic interplay of biological vulnerability, stress, and coping. IMR is aimed at interrupting the cycle of stress and vulnerability that leads to relapse and poor functioning.

Program History and Implementation

In 2012, the Psychiatric Rehabilitation Program (PRP) was completely re-conceptualized and the name was changed to Recovery and Self-Motivation (RSM). The program was fully implemented at Fulton State Hospital in 2012. RSM is intended to help clients with primary psychotic disorders such as schizophrenia or major mood disorders that may also have primary or secondary personality disorders (excluding borderline personality disorder). Treatment begins with the assumption that each person is capable of returning to an independent and productive life in the outside community. Treatment through this program is intended to help clients develop and affirm that awareness and to identify and learn skills needed to function independently.

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 a interdisciplinary treatment team, which includes 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 specific interests or learning objectives. The intern will meet with the rotation supervisor at least one hour per week.

Recommended Readings:

- 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.
- Prochaska, J. O., & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. *Journal of Consulting and Clinical Psychology, 51*, 390-395.

Learning Objectives:

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

Rotation Requirements:

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

Sex Offender Rehabilitation and Treatment Services

Supervisors: Chris David, PsyD, LeeAnn McVay, PsyD, Program Director

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, 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 only 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.

Learning Objectives:

- Become familiar with treatment of clients committed as Sexually Violent Predators
- Learn and apply group therapy and sex offender treatment including concepts such as the Risk Need Responsivity Model, Behavior Chains, and Dynamic Risk Factors
- Become familiar with the SORTS Phase System
- Co-facilitate process and psychoeducational groups
- 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 (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)

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.

Program Evaluation

Minor Rotation

Supervisor: Niels Beck, PhD, Retired Vice Chair, Department of Psychiatry and Neurology, University of Missouri School of Medicine

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 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 program evaluation project during the course of this rotation, working in collaboration with the Program Evaluation supervisor 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 prepare reports of their findings and present them 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 previous Program Evaluation projects include: Clozapine's Impact on Incidents of Aggression, Analysis of Medication Compliance among Sell Ordered Pretrial Defendants and Competency to Stand Trial Outcome, Evaluation of Clozapine-Induced Constipation Monitoring Protocol, Competency Restoration, Prediction and Classification of Aggression within RSM, Violence Contagion within an IDD Population, Intensive Shaping Procedure in Social Skills Groups, and Effects of Male-Trauma Recovery Empowerment Model.

Learning Objectives and Rotation Requirements

- Become familiar with principles of program evaluation 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 program evaluation project and present to the Internship Training Committee and Research Meeting at the conclusion of the rotation

Psychological Assessment

Minor Rotation

Supervisor: Assigned based on availability

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 a variety of assessment techniques and report writing. Through a combination of didactics, direct supervision, and clinical experience, the intern will explore different aspects of assessment in a diverse environment. The methods we are employing are intended to develop the ability to write independent reports that are ready for placement in the medical record. Referrals will be made 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. These assessments will cover a variety of domains, including the following:

Cognitive assessment	Risk assessment/malingering
Personality assessment	Diagnostic assessment
Sex offender assessment	Functional behavior assessment

In order to ensure competency in a number of areas, interns are expected to cover at least 4 of these 6 domains across the 6 assessments. Additionally, 2 of the assessments should involve testing in more than 1 domain in order to address more complex and integrative client needs. Each assessment will be evaluated by the supervisor using the Assessment Rating Form. The intern is expected to complete reports within a timely manner and a completed report should be presented to the supervisor within 2 weeks of test administration or data gathering.

The interns should write assessment reports demonstrating competency in a variety of domains. Admission Screening Evaluations cannot be used as one of the 6 assessments. The intern will score cognitive assessments to insure an adequate understanding of the tests. Objective assessments such as the MMPI-2 and MCMI-III will be scored using the computerized software.

The intern is expected to follow the standards for psychological evaluations established by the Psychology Department via 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.

Learning Objectives and Rotation Requirements

- Learn and utilize diverse assessment techniques with clients at various phases of the treatment process
- Integrate test data with observations of client behavior and progress in order to formulate recommendations for treatment planning
- Complete comprehensive and useful assessment reports in a timely manner
- Communicate results with other treatment providers and the client

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.

Cultural Competence Council

Fulton State Hospital's (FSH) workforce is comprised of a diverse population not dominated by one gender, race, or even culture. Our hospital and its leadership embrace this diversity and strive to create a safe workplace environment attractive to staff of all backgrounds. The leadership wants everyone to work together in a climate of respect and appreciation for the uniqueness that every individual brings. This includes employees, visitors, and especially the individuals we serve.

Interns are required to participate in FSH's Cultural Competence Council. The Council meets once per month and is involved in a variety of activities and projects throughout the campus. The Council is charged with implementing this philosophy and supporting the belief that all people must be valued because of their humanity, unique abilities, perspectives, and skills.

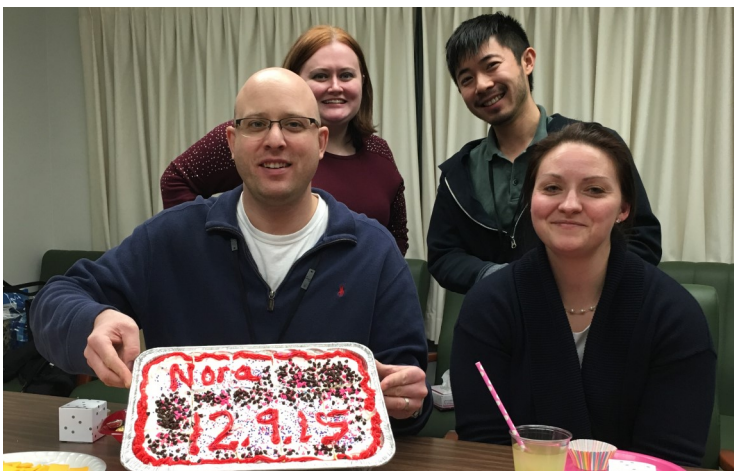
Intern activities on the Cultural Competence Council include but are not limited to active participation in monthly meetings, developing educational materials (LGBTQ+, Black History Month, etc.), provide educational presentations, and participate in extracurricular activities (e.g., annual Bluegrass and BBQ).



2016 Intern and Social Learning Program Team
Celebrating Mardi Gras



Intern Holiday Party 2015



2015 Postdoc and Intern Baby Shower



Cultural Competence Council Educational Displays

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 (Program Evaluation 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 Coordinator (group), one hour from their Program Evaluation 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
8:00	Morning Report	Morning Report	Morning Report	Morning Report	Morning Report
8:30					
9:00	Promotion Meeting	Individual Therapy	Transitions (Monthly)	Supervision (Primary)	Respect Group (Sex Offender Strategies)
9:40					
10:00	Michael's Game (CBT for Psychosis)				Program Meeting (weekly)
10:40					
11:00	Small Group (Problem Solving)	Social Skills	Small Group (Problem Solving)	Social Skills	Supervision (Social Work)
11:40					
12:00	Lunch	Lunch	Lunch	Lunch	Lunch
1:00		Program Evaluation Minor	Assessment Minor		Seminar
1:20	Treatment Team				
2:00					
2:30					
3:00	Cultural Competency Council (monthly)				
4:00					

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, Psychology Director; Anna Luebert, LCSW; Russel Detremp, Unit Directors
Professional Development III: Preparing for the EPPP and Other Certification Exams	Brandy Baczwaski, PhD
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
Trauma Therapy at Fulton State Hospital	Ladonna Zimmerman Beachy, LCSW, Trauma Informed Care Coordinator
An Overview of Forensic Services in the State of Missouri	Jeanette Simmons, PsyD, Missouri Director of Forensic Services
Forensic Risk	Rick Gowdy, PhD, Director of the Missouri Division of Behavioral Health
PPG and Polygraph	Ronald Grose, Certified Polygraph Examiner
Psychologists as Administrators	Mike Nietzel, PhD, Former President of Missouri State University
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
Working with LGBTQ+ Clients	Alicia Adams, CCP and Stacie Bickel, CCP, Social Work
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
Motivational Interviewing	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
Acceptance and Commitment Therapy	Jonathan Rhodes, PsyD, RSM Program Director
Vicarious Trauma, Secondary Trauma, and Burnout	Faculty
Stigma in the Community toward SMI	Jessica Peterson, PhD
Supervision	Randy Telander, PhD, Certified Forensic Examiner

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 post-doctoral 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		
	2014-2017	
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	1	
	PD	EP
Community mental health center		
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		
Psychiatric hospital		5
Academic university/department		1
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting		1
Not currently employed		1
Changed to another field		

Note: "PD" = Post-doctoral 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. It is important to note that some negative comments were made regarding the salary. As a result, beginning the 2019-2020 training year, interns will earn \$27,500 for the training year, which is an increase from the \$22,000 salary that previous interns earned.

“The pay was quite low. 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

“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

“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 post-doctoral funding, and several current faculty members completed their post-doctoral 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 including New Outlook Program, Social Learning Program, Recovery and Self-Motivation Program, and Sex Offender Rehabilitation and Treatment Services. Additional information regarding these programs can be found in this brochure. Post-doctoral residents conduct individual and group therapy, provide case management, and have the opportunity to participate in research and assessment.

FSH currently has a Forensic Post doctoral training opportunity. This may or may not be a recurring training opportunity. The postdoctoral resident will work with three Certified Forensic Examiners conducting evaluations of defendants on issues of competency to stand trial, mental state at the time of the offense, and risk for sexual violence. The forensic evaluation team is responsible for conducting evaluations of a diverse population of individuals facing serious charges. The resident will have the opportunity to assist in completing risk evaluations of those referred as potential Sexually Violent Predators. The resident may also have the opportunity to testify and will be able to observe examiners testifying. Evaluations are conducted on an outpatient and inpatient basis and occasionally may require travel to nearby correctional institutions.

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



Postdoctoral Resident Class Holiday Party 2015

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 14% 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 Coordinator: 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) goodness-of-fit with 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 are a strong fit will be invited for an interview.

2

How are major rotations selected?

The FSH internship program offers a variety of clinical rotations. Both the Forensic Treatment Track and the Forensic Track interns will complete two, six-month major rotations. The intern in the Forensic Evaluation Track will complete the Forensic Evaluation Rotation first followed by a treatment rotation. The Interns in the Forensic Treatment Track select two treatment rotations. Treatment rotations are selected based on interests and career goals. 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 will provide 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 12 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 Coordinator: Jessica Sergio, PhD by email Jessica.Sergio@dmh.mo.gov.

7

Can I do research while on internship?

Yes! The Program Evaluation 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 post-doctoral funding, and several current faculty members completed their post-doctoral 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 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 12 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 14% 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 urine drug screen and criminal background check results (including Sex Offender Registry, Employee Disqualification List, and Federal Agencies). Drug screens test for, but are not limited to, amphetamines, methamphetamines, cannabinoids, cocaine, opiates, phencyclidine, methadone, barbiturates, and benzodiazepines. A job offer will be withdrawn for individuals testing positive for non-prescribed controlled drugs, illegal drugs, having adulterated or substituted samples, and/or refusing to provide a sample. In addition, 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. Employees are required to take a TB test and receive a flu shot, unless there is a medical reason documented by a physician or a religious exception.

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.

Neils Beck, PhD

St. Louis University (1977)
Program Evaluation and Research

Jodi Boos-Blaszyk, PsyD

Antioch University (2010)
Annual Reviewer
Sex Offender and Rehabilitation Treatment Services

Kayla Collier, PsyD

Nova Southeast University (2017)
New Outlook Program

Valerie Hooper, PsyD

Forest Institute of Professional Psychology (2015)
Annual Reviewer
Sex Offender and Rehabilitation Treatment Services

Marc C. Maddox, PhD

University of Missouri (1984)
Part-time Annual Reviewer
Sex Offender and Rehabilitation Treatment Services

Lee Ann McVay, PsyD

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

Alicia Pardee, PhD

University of Houston (2014)
Team Leader
Social Learning Program

Jonathan Rhodes, PsyD

The Chicago School (2013)
Program Director
Recovery and Self-Motivation

Jessica Sergio, PhD

University of North Texas (2010)
Program Director
New Outlook Program

Brandy Baczwaski, PhD

University of Mississippi (2015)
Social Learning Program

Jennie Brooks, PsyD

The Chicago School (2017)
New Outlook Program

Chris David, PsyD

Forest Institute of Professional Psychology (2015)
Team Leader
Sex Offender and Rehabilitation Treatment Services

Jeffrey S. Kline, PhD

Indiana State University (1996)
Certified Forensic Examiner
Forensic Coordinator, Psychology Supervisor

Lisa Mathews, PhD

Palo Alto University (2012)
Certified Forensic Examiner

Anthony Menditto, PhD

University of Houston (1988)
Director of Treatment Services

Jessica Peterson, PhD

Seattle Pacific University (2015)
Social Learning Program

Sharon Robbins, PhD

Louisiana Tech University (2005)
Psychology Director
DBT Certified Clinician

Randy L. Telander, PhD

University of North Dakota (2004)
Certified Forensic Examiner

Postdoctoral Residents

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 post-doctoral funding, and several current faculty members completed their post-doctoral training hours on site.

Our current postdoctoral residents are listed below:

Kevin Carpenter, PsyD

Azusa Pacific University (2018)

Sex Offender and Rehabilitation Treatment Services

Deborah Crush, PhD

Fielding Graduate University (2018)

Recovery and Self-Motivation

Kirsten Hunter, PhD

Fielding Graduate University (2018)

Recovery and Self-Motivation

Rebekah Purvis, PsyD

Wright State University (2018)

New Outlook Program

Alexis Reddig, PhD

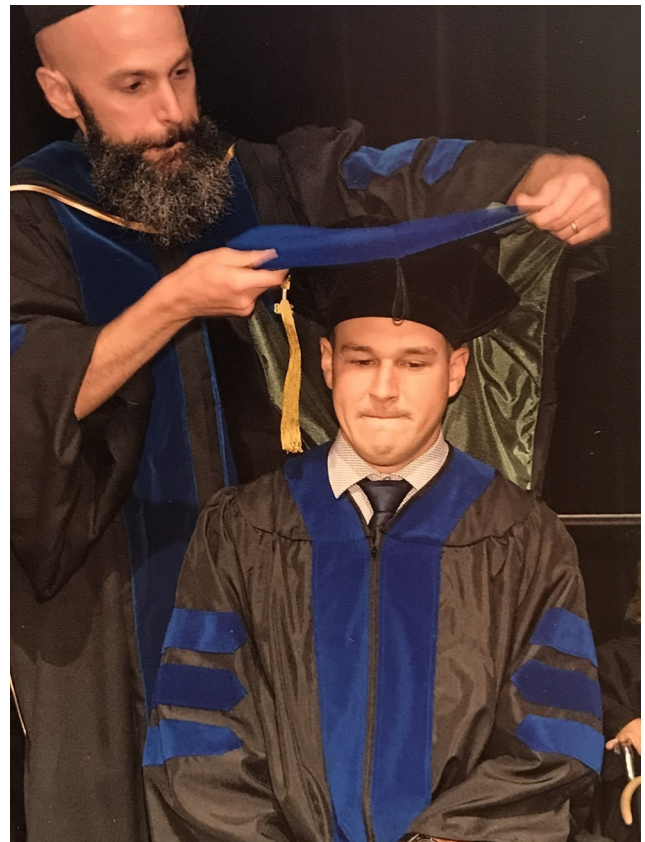
University of Central Arkansas (2018)

New Outlook Program

Justin Wiseman, PsyD

Wright State University (2018)

Sex Offender and Rehabilitation Treatment Services



Postdoctoral Resident Class of 2018-2019

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., & Morrison, L. A. (in press). Multi-Modal Self-Regulation Theory of Sexual Offending. In T. Ward & A. Beech (Eds.). *Theories of sexual offending*. 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:

Beck, N. C., Tubbesing, T., Lewey, J. H., Ji, P., Menditto, A. A., & Robbins, S. B. (in press). Contagion of violence and self-harm behaviors on a psychiatric ward. *Journal of Forensic Psychiatry and Psychology*.

Rahman T., Grellner K., Harry B., Beck N., and Lauriello J. (in press). Infanticide in a case of Folie a Deax, *American Journal of Psychiatry*.

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.

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.

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.

Scholarly Contributions

PEER REVIEWED JOURNAL ARTICLES continued:

- 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.
- Spaulding, W. & Nolting, J. (2006). Psychotherapy for schizophrenia in the year 2030: Prognosis and prognostication. *Schizophrenia Bulletin*, 32, S94-S105.
- Beck, N. C., Greenfield, S. R., Gotham, H., Menditto, A. A., Stuve, P., & Hemme, C. A. (1997). Risperidone in the management of violent, treatment-resistant schizophrenics hospitalized in a maximum security forensic facility. *Journal of the American Academy of Psychiatry and the Law*, 25, 461-468.
- Menditto, A. A., Beck, N. C., Stuve, P. R., Fisher, J., Stacy, M., Logue, M. B., & Baldwin, L. J. (1996). Effectiveness of clozapine and a social learning program for severely disabled psychiatric inpatients. *Psychiatric Services*, 47, 46-51.
- Beck, N. C., Menditto, A. A., Baldwin, L. J., Angelone, E., & Maddox, M. (1991). Reduced frequency of aggressive behavior in forensic patients in a social-learning program. *Hospital and Community Psychiatry*, 42, 750-752.

PRESENTATIONS TO PROFESSIONAL/SCIENTIFIC GROUPS:

- 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.
- Choi, K. H. & Nolting, J. R. (2009, November). Heterogeneity of recovery in severe mental illness: Implications for dissemination of CBT in psychiatric rehabilitation. Poster presented at Symposium at the 42nd ABCT Annual Convention, Orlando, FL.
- Choi, K. H., Nolting, J. R., Reddy, L. F., & Spaulding, W. D. (2008, June). Recovery of social inference ability in psychiatric rehabilitation: Dependent and independent of recovery in neurocognition. Poster presented at the 11th Annual Conference in Cognitive Remediation in Psychiatry, New York, NY.
- Choi, K. H., Nolting, J. R., Reddy, L. F., Tarasenko, M., & Spaulding, W.D. (2008, June). Development of intensive emotion perception training for people with severe mental illness. Poster presented at the 11th Annual Conference in Cognitive Remediation in Psychiatry, New York, NY.
- Choi, K. H., Nolting, J. R., & Spaulding, W. D. (2007, September). Tracking Therapy, Activity, and Classes in a state hospital: Development of a computerized system. Poster presented at the 1st Annual Threshold's Science, Service and Recovery, Chicago, IL.



FULTON STATE HOSPITAL

Creating Hope Through Excellence

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