

Gundersen Medical Foundation

Doctoral Psychology Internship Program Handbook

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2025-2026



Gundersen Health System

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To train excellent early career pediatric and adult psychologists.

Mission

To train culturally competent interns who will graduate from their internship experience with the clinical and professional background necessary to be highly competitive for the postdoctoral fellowship or staff psychologist position of their choosing.

Aims of Internship

The Gundersen Medical Foundation (GMF) Doctoral Psychology Internship Program has the following program aims:

GMF Doctoral Psychology Internship Program aims to train entry level health service psychologists who will be well prepared to pursue a health psychology (adult or pediatric) post-doctoral fellowship and eventually a career in a hospital, healthcare setting, or academic medical center.

GMF Doctoral Psychology Internship Program aims to train entry level psychologists in a practitioner-scientist model, with intent to produce health psychologists who utilize evidence-based practices and can integrate scientific research into their clinical practice.

GMF Doctoral Psychology Internship Program aims to train entry level psychologists to be integral members of multidisciplinary treatment teams in a healthcare setting by providing ample exposure to a variety of multidisciplinary treatment teams.

GMF Doctoral Psychology Internship Program Competencies

The program seeks to train interns in the Profession-Wide Competencies determined by the APA Commission on Accreditation (CoA) for practice in health service psychology.

A. Research

- a. Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications).
- b. Disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

B. Ethical and Legal Standards

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

C. Individual and Cultural Diversity

- a. An understanding of how their own personal/cultural history, attitudes, and biases may affect how they

understand and interact with people different from themselves.

- b. Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
- c. The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.
- d. The ability to apply a framework for working effectively with areas of individual and cultural diversity.
- e. The ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
- f. Appropriately and assertively addresses cultural issues pertaining to patients with other members on a multidisciplinary team.

D. Professional Values, Attitudes, and Behaviors

- a. Behave in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- b. Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- c. Actively seek and demonstrate openness and responsiveness to feedback and supervision.
- d. Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.
- e. Demonstrates awareness of the roles of other disciplines on a multidisciplinary team and acts professionally, demonstrating respect for other disciplines and appropriate boundaries of practice.

E. Communications and Interpersonal Skills

- a. Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- b. Demonstrate a thorough grasp of professional language and concepts; produce, comprehend, and engage in communications that are informative and well-integrated.
- c. Demonstrate effective interpersonal skills and the ability to manage difficult communication well.
- d. Communicates assertively, professionally, and respectfully with other professionals on a multidisciplinary team making appropriate professional contributions to a patient's care.

F. Assessment

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

- g. Assess environmental factors that facilitate or inhibit patient knowledge, values, attitudes, and/or behaviors affecting health functioning and health care utilization.
- h. Assess biopsychosocial factors affecting adherence to recommendations for medical and psychological care. Assess the biopsychosocial impact of medical procedures.
- i. Demonstrates knowledge of DSM-V diagnostic criteria and able to appropriately diagnose psychological disorder in medical complicated patients.
- j. Demonstrates ability to evaluate, manage, and document patient risk related to suicidality, homicidality, or other safety issues and able to collaborate with appropriate hospital and clinic systems to mitigate risk.

G. Intervention

- a. Establish and maintain effective relationships with the recipients of psychological services.
- b. Develop evidence-based intervention plans specific to the service delivery goals.
- c. Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- d. Demonstrate the ability to apply the relevant research literature to clinical decision making.
- e. Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
- f. Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.
- g. Integrate medical data, psychological data, and behavioral observation to create a meaningful and coherent case conceptualization that is directly related to proposed interventions.
- h. Be able to identify and utilize appropriate empirically supported treatment interventions targeted toward specific populations for adjustment, adherence, health promotion, and health prevention.
- i. Demonstrates ability to handle crisis situations with patients.

H. Supervision

- a. There will be an option to apply supervision knowledge in direct or simulated practice with therapy trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.
- b. Apply the supervisory skill of observing in direct or simulated practice.
- c. Apply the supervisory skill of evaluating in direct or simulated practice.
- d. Apply the supervisory skills of giving guidance and feedback in direct or simulated practice.

I. Consultation and Interprofessional/Interdisciplinary Skills

- a. Demonstrate knowledge and respect for the roles and perspectives of other professions.
- b. Apply the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.
- c. Demonstrates an ability to be assertive, yet interpersonally effective, respectful, and appropriate on a multidisciplinary team.
- d. Demonstrate awareness of and appreciation for the unique knowledge base, skill sets, roles in the health care team, and limitations and boundaries of professionals that provide services to populations being served.
- e. Demonstrates skills in being able to communicate about and create mutual understanding about problems among individuals from diverse disciplines

General Internship Track Descriptions

More specific information about each of our internship training tracks is provided on the following pages. However, below are several components that are consistent across all tracks.

Supervision

Interns receive a minimum of five hours of supervision each week, at least 2 of which are individual supervision. Each clinical experience has its own supervision structure, and efforts are made to allow each intern to have contact with as many supervisors as possible. We believe that the more people an intern can interact with, the more they will learn.

Elective Rotations

Interns have one day per week to engage in an elective rotation. There is a broad array of electives to choose from, and the track director will work with interns individually to put together a training year that best supports their professional growth and goals. Interns are encouraged to sample electives from any track (adult and pediatric) to broaden their experience. Please see the section on elective rotations in this brochure for more details.

Didactic Seminars and Professional Development

Each week, interns will spend at least two hours on didactic learning and professional development topics. For a sample of topics covered in this series, please see the section on seminars and didactics. A variety of faculty are involved in this training.

Research and Professional Developmental Time

All interns have a half-day per week protected for research activities and/or other professional development. Your supervisor will work with you to figure out the best use of this time. Some interns use this time to complete their dissertations and/or apply for post-doctoral fellowship. There are also opportunities to engage with research at Gundersen Health System. The hospital has a robust research department that provides support on research design, biostatisticians, editors, and scientific writers.

Outpatient Clinic

Supervisor(s): Jia Jian Tin, PhD, LP; Marc Kayson, PhD, LP

Time: Two days/week. Interns are expected to have 10-12 hours of direct patient care (individual therapy and testing). Interns will also get one hour of direct (one-on-one) supervision.

Interns participate in the Outpatient Clinic at Gundersen Health System (GHS) Behavioral Medicine Department on the La Crosse campus. Interns participate in the outpatient clinic for two days per week. Patients are quite diverse diagnostically, ranging from adjustment disorders to severe and complex mood, anxiety, trauma-related, and personality disorders. Interventions offered are consistent with evidence-based outpatient clinical practice from a variety of theoretical orientations. Services are provided in-person and via telehealth. In addition to individual supervision, our outpatient clinic provides in-session supervision at the beginning of the internship. A faculty member is present for a small portion of each therapy session.

Adult ADHD and ASD Evaluations

Supervisor: Jia Jian Tin, PhD, LP

Time: Half-day as part of outpatient clinic. Testing appointments average 3 hours and 1 additional hour for report writing (in addition to weekly clinical documentation time).

As part of the outpatient clinic, interns will complete one assessment and written report per month. Adult assessments have a focus on diagnosis of Attention Deficit/Hyperactivity Disorder and Autism Spectrum Disorder. Other common referral questions include concerns about cognitive functioning, learning disorders, and personality disorders. Adult interns are expected to complete at least ten reports during their internship year. If an adult intern has strong interest in adult ADHD and ASD evaluation, they can also choose to increase the number of assessments they complete per month. Note that this may take away time from general outpatient clinic and reduce overall therapy hours. Alternatively, an intern may choose this rotation as their elective rotation.

Rural Integrated Behavioral Care Clinic

Supervisor: Katherine Cleven, PsyD, LP

Time: One day/week. Clinical work varies depending on workflow in the primary care clinic.

Interns participate in a rural integrated behavioral care clinic at the Primary Care Clinic in Tomah, WI. Each intern will participate for one day per week at this location. This clinic uses a Primary Care Behavioral Health (PCBH) model. The PCBH model is an integrated model that places the mental health professional directly alongside the primary care provider to provide intervention. Interns learn how to perform brief functional consults and communicate recommendations both to the PCP and patient effectively and efficiently. The supervision is immediate as interns are paired with a staff member, which means the trainee works alongside a psychologist and learns how to present cases efficiently. As interns develop their skill in this area, they will be expected to provide services independently. Interns are also expected to attend integrated care team meetings every Thursday. There may be an opportunity to provide some care in the obstetrics clinic at the same location if interns are interested.

Outpatient Clinic

Supervisor: Brooke Matheus, PsyD, LP, ABPP

Time: Two days/week. Interns are expected to have 10-12 hours of direct patient care (individual therapy and testing). Interns will also get one hour of direct (one-on-one) supervision.

Interns participate in the Outpatient Clinic at Gundersen Health System (GHS) Behavioral Medicine Department at the La Crosse campus. Interns participate in the outpatient clinic for two days per week. The clinic serves a diagnostically diverse population, including patients with behavioral disorders, anxiety, depression, ADHD, OCD, ASD, chronic medical conditions, and motor and vocal tic disorders. Interns provide ongoing therapy for children and adolescents throughout the year. Interventions offered are consistent with evidence-based outpatient clinical practice from a variety of theoretical orientations. Services are provided in-person and via telehealth. In addition to individual supervision, our outpatient clinic provides in-session supervision at the beginning of the internships. A faculty member is present for a small portion of each therapy session.

Pediatric ASD Evaluations

Supervisor: Brooke Matheus, PsyD, LP, ABPP

Time: Half-day as part of outpatient clinic. Testing appointments average 3 hours and 1 additional hour for report writing (in additional to weekly clinical documentation time).

As part of the outpatient clinic, interns will complete one assessment and written report per month. Pediatric assessments have a focus on diagnostics of Autism Spectrum Disorder. Other common referral questions include concerns about cognitive functioning, learning disorders, and ADHD. Pediatric interns are expected to complete at least ten reports during their internship year. If a pediatric intern has strong interest in ASD evaluations, they can also choose to increase the number of assessments per month. Note that this may take away time from general outpatient clinic and reduce overall therapy hours. Alternatively, an intern may choose this rotation as their elective rotation.

Rural Integrated Behavioral Care Clinic

Supervisor: Katherine Cleven, PsyD, LP

Time: One day/week. Clinical work varies depending on workflow in the primary care clinic.

Interns participate in a rural integrated behavioral care clinic at the Primary Care Clinic in Tomah, WI. Each intern will participate for one day per week at this location. This clinic uses a Primary Care Behavioral Health (PCBH) model. The PCBH model is an integrated model that places the mental health professional directly alongside the primary care provider to provide intervention. Interns learn how to perform brief functional consults and communicate recommendations both to the PCP and patient effectively and efficiently. The supervision is immediate as interns are paired with a staff member, which means that the trainee works alongside a psychologist and learns how to present cases efficiently. As interns develop their skill in this area, they will be expected to provide services independently. Interns are also expected to attend integrated care team meetings every Thursday. There may be an opportunity to provide some care in the obstetrics clinic at the same location if interns are interested.

Adult Eating Disorder Clinic

Supervisor: Gretchen M. Reinders, PhD, LP

Time: One day/week. Interns are expected to have 5-6 hours of direct patient care (individual therapy). Interns will attend one hour of weekly interdisciplinary team meeting.

Interns who elect to participate in this rotation will spend one day per week providing outpatient therapy services to patients from the eating disorder clinic. The clinic serves patients with various eating disorders including Anorexia Nervosa, Avoidant/Restrictive Food Intake Disorder, Bulimia Nervosa, and Unspecified Eating Disorders. Interns will have the opportunity to work in a multidisciplinary team including medical providers and dietitians. Interns in this rotation are required to attend weekly eating disorder clinic meetings. In addition to individual supervision, the eating disorder clinic provides in-session supervision at the beginning of the internship. A faculty member is present for a small portion of each therapy session. Services are provided in-person and via telehealth.

Adult Consultation and Liaison Service

Supervisor: LaNaya Anderson, PhD, LP

Time: One day/week.

Interns who elect to participate in this rotation will spend two half-days per week providing inpatient consultation and liaison services to the general adult hospital and intensive care unit, joining with various medical teams to offer needed psychological services to adults with a variety of complex medical and mental health presentations. The supervision is immediate as interns are paired with a staff member, which means that the trainee works alongside a psychologist and learns how to present cases efficiently. Services are provided in-person.

Adult Inpatient Behavioral Health Rotation

Supervisor: Thomas M. Ledoux, PsyD, LP

Time: Tuesday, Wednesday, or Thursday. One day/week.

Interns who elect to participate in this rotation will spend one day per week providing clinical services at the adult inpatient behavioral health facility at the La Crosse campus. Services provided include brief individual therapy, group therapy, assessment, and consultation services. The supervision is immediate as interns are paired with a staff member, which means that the trainee works right alongside a psychologist in the unit. As interns develop their skill in this area, they will be expected to provide services independently. Services are provided in-person.

Adult ADHD and ASD Evaluations

(See Primary Rotations for detail)

Pediatric Gender Clinic

Supervisor(s): Allison L. Allmon Dixon, PhD, LP; Jia Jian Tin, PhD, LP

Time: Monday (morning) and Wednesday (afternoon), two half-days/week.

Gundersen Health System (GHS) Gender Clinic provides gender affirming care to pediatric patients in the tri-state area at various stages of their gender journey. Interns who elect to participate in this rotation will spend two half days per week in the Gender Clinic. Services provided include mental health support to patients and family, education about gender identity and transitioning (including social transitioning, puberty blockers, hormone therapy, etc.). The supervision is immediate as interns are paired with a staff member, which means that the trainee works right alongside a psychologist. This rotation includes interdisciplinary work with medical providers in the primary care clinic and the Gundersen Family Medicine Residency program. In addition, interns will spend another half-day conduct readiness evaluation for children seeking gender-affirming care and adults who need letter of support for gender-affirming surgery. Traffic to the gender clinic varies throughout the year. If there are no gender clinic patients for a particular week, interns will spend time providing outpatient care or pediatric integrated care services.

Pediatric Eating Disorder Clinic

Supervisor(s): Brooke Matheus, PsyD, LP, ABPP; Sarah Long, PhD, LP

Time: One day/week. Interns are expected to have 5-6 hours of direct patient care (individual therapy). Interns will attend one hour of weekly interdisciplinary team meeting.

Interns who elect to participate in this rotation will spend one day per week providing outpatient therapy services to patients from the eating disorder clinic. The clinic serves patients with various eating disorders including Anorexia Nervosa, Avoidant Restrictive Food Intake Disorder, Bulimia Nervosa, and Unspecified Eating Disorders. Interns will have the opportunity to work in a multidisciplinary team including medical providers and dietitians. Interns in this rotation are required to attend weekly eating disorder clinic meetings. Services are provided in-person and via telehealth. In addition to individual supervision, the eating disorder clinic provides in-session supervision at the beginning of the internship. A faculty member is present for a small portion of each therapy session.

Pediatric Consultation and Liaison Service

Supervisor: Sarah Long, PhD, LP

Time: Two half days/week

Interns who elect to participate in this rotation will spend two half-days per week providing inpatient consultation and liaison services to General Pediatrics, Neonatal Intensive Care (NICU), and Pediatric Intensive Care Units of the hospital (PICU), joining with various medical teams to offer needed psychological services to children and adolescents with a variety of complex medical and mental health presentations. The supervision is immediate as interns are paired with a staff member, which means that the trainee works right alongside a psychologist and learns how to present cases efficiently.

Supervisor: Amanda Remus, PhD, LP

Time: Monday or Tuesday. One day/week. Clinical work varies depending on workflow in the primary care clinic.

Interns who elect to participate in an additional rotation will spend one day at an integrated behavioral care clinic at the Primary Care Clinic in Onalaska, WI. This clinic uses a Primary Care Behavioral Health (PCBH) model. The PCBH model is an integrated model that places the mental health professional directly alongside the primary care provider to intervene. Interns learn how to perform brief functional consults and communicate recommendations both to the PCP and patient effectively and efficiently. The supervision is immediate as interns are paired with a staff member, which means that the trainee works right alongside a psychologist and learns how to present cases efficiently. As interns develop their skill in this area, they will be expected to provide services independently. Interns providing integrated care services at the pediatric clinic in Onalaska, WI, will also be part of the eating disorder team. Interns on this rotation will have the opportunity to offer mental health support services to patients with eating disorders at the integrated care level.

Pediatric ASD Evaluations

(See Primary Rotations for detail)

Psychology Interns at Gundersen classify as hourly employees. The department budgets for 40 hours of paid work per week. Interns will not work overtime during their internship year. Many departments in the hospitals utilize the noon hour for meetings, in addition, this is a common hour where interdisciplinary colleagues would seek brief consultation about shared patients or cases. Therefore, interns may choose to have a working lunch over the noon hour or adjust their lunch time around noon meetings to have an uninterrupted 30-minute lunch break (unpaid). There is one hour weekly built in to be flexible to consider patient care, extended supervision, working lunch(s), or completion of assigned work. Some common weekly/monthly meetings include:

Department of Behavioral Medicine meeting (monthly) Wednesday 12:00 pm to 1:00 pm

Integrated Behavioral Care meeting (weekly) Thursday 12:00 pm to 1:00 pm

Eating Disorder Team meeting (weekly) Tuesday 12:00 pm to 1:00 pm

Monday – Adult Outpatient Clinic**8:00 am to 4:30 pm (8 working hours)**

The intern will meet with their direct supervisor for one hour of direct supervision. The intern is expected to provide 5 hours of direct patient care. This includes intake interviews and individual therapy. The intern may attend meetings or complete clinical documentation over the noon hour. The last hour of the day is also reserved for clinical documentation and additional supervision if necessary.

Tuesday – Adult Inpatient Behavioral Health Rotation**8:00 am to 4:30 pm (8 working hours)**

The intern will meet with their rotation supervisor to discuss patients currently in the unit. The supervisor will assign patients to the intern to meet with for individual therapy in the morning. During the noon lunch, interns and supervisor will meet briefly to discuss any incoming patients for the afternoon or group sessions. In the afternoon, interns co-facilitate a group session and complete intake interviews. The last hour of the day is also reserved for clinical documentation and additional supervision if necessary.

Wednesday – Rural Integrated Behavioral Care Clinic**9:00 am to 4:00 pm (7 working hours)**

Interns are expected to be at the clinic from 9:00 am to 4:00 pm. Travel time to Tomah, WI (45 minutes each way) will not be paid. Interns will start the day by reviewing cases and patients for the day. Interns are expected to provide about four hours of patient care, though the nature of services differs daily and can include general mental health screening and assessment, suicidal risk evaluation, and individual therapy. Over the noon hour, the intern will attend a monthly virtual department wide meeting. The hour between 3:00 pm to 4:00 pm is typically reserved for clinical documentation and additional supervision.

Thursday – Adult Outpatient Clinic**8:00 am to 4:30 pm (8 working hours)**

The intern meets with a patient for an ADHD evaluation for about three hours. The hour after testing is blocked for report writing. Over the noon hour, the intern will attend a virtual weekly meeting for the Integrated Behavioral Care team. In the afternoon, the intern provides about 2 hours of direct patient care. The last hour of the day is also reserved for clinical documentation and additional supervision if necessary.

Friday - Supervision and Professional Development**8:00 am to 4:30 pm (8 working hours)**

On Fridays, interns will complete one-hour of group supervision and one-hour of individual supervision and have three hours of office time. Office time is used to complete clinical documentation, report writing, dissertation time, research, and other professional development. From 1:00 pm to 3:00 pm, interns will attend didactics and professional development seminars.

Application and Selection Process

The Gundersen Medical Foundation (GMF) Doctoral Psychology Internship Program aspires to provide the highest level of training, supporting interns to gain the skills and competencies necessary to serve as health service psychologists. The GMF Doctoral Psychology Internship Program subscribes to the Practitioner-Scientist Training Model.

The Application Process

Prospective interns must have completed their required coursework, supervised practicum, and be in good standing with their psychology training program/institution. Additionally, prospective interns must have:

- 50 hours of assessment experience
- 400 hours of practicum experience in settings appropriate for a doctoral level psychology intern

Interns from both PhD and PsyD programs are encouraged to apply. GMF provides equal educational opportunities to persons of any age, ethnic background, gender, religion, and sexual orientation.

Each applicant is required to submit a completed application packet by November 15 through the [AAPI website](#).

Intern Selection Process

The GMF Doctoral Psychology Internship Program selection process begins with an evaluation of the candidate's application packet by the Training Co-Directors. Through this process, the Training Co-Directors rate each application based upon criteria including:

- Information contained in the application packet
- Hours and type of assessment experience
- Hours and type of direct patient service/intervention experience
- Experience with diverse populations

Applicants eliminated from consideration during the initial evaluation will be notified in accordance with APPIC policies.

Candidates who pass the initial evaluation will be invited to a virtual interview with the Training Co-Directors and program supervisors. The interview day will consist of 3-4 interviews with the Training Co-Directors and program supervisors, a Q&A with current learners, and a presentation by administrative staff regarding benefits and stipend information.

An additional rating is assigned to each candidate based upon their interview. In accordance with APPIC guidelines, each prospective intern will be assigned a "rank," reflective of the average ratings from the initial evaluation and the interview.

We will accept two (2) candidates for the pediatric track and two (2) candidates for the adult track per year. Once an intern is matched to GMF, they will be notified by the AAPIC matching service. Within 72 hours thereafter, the intern will receive an official follow-up letter from GMF.

The GMF Doctoral Psychology Internship Program begins on July 21, 2025. The internship is a full-time, one-year program. Interns can take up to 12 days of approved leave, including time for illness, vacation, and/or continuing education (CE).

Orientation

GMF Doctoral Psychology Interns begin their training experience with an orientation that is held on campus at Gundersen Health System (GHS). Interns are provided thorough information regarding GMF's Doctoral Psychology Internship Program, policies, procedures, and expectations. A preliminary schedule of training events is disseminated on this day. Interns will be introduced to rotation/track supervisors and their schedules will be reviewed. Information regarding training that will occur the first couple weeks of internship will be reviewed, including training in the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2).

The Gundersen Medical Foundation Doctoral Psychology Internship is a 2,000 hour 12-month long training program. Interns will be primarily housed within the hospital and outpatient clinic settings at Gundersen Health System in La Crosse, WI. Interns will begin their training shadowing supervisors providing care across the hospital system. They will be able to shadow intake appointments, consults, therapy sessions, and multidisciplinary clinics. Additionally, they will shadow other providers in multidisciplinary clinics to become better oriented with the clinic's flow and the roles of all participants. After shadowing, interns will progress to providing care alongside their supervisors. During this training progression, supervisors will be providing additional feedback, recommendations, and care, as well as assessing the intern's readiness for more independence. Once supervisors feel the intern is progressing at an expected level, interns will be provided more autonomy and begin to provide more care with less supervision. Degrees of autonomy will continue to progress throughout internship as interns improve their skills and as supervisors feel is appropriate. Even with increased autonomy, supervising psychologists will continue to oversee all care as well as be present for a portion of most appointments.

Doctoral Psychology Interns will gain clinical experience under the supervision of licensed clinical psychologists working across the hospital setting. Interns will be offered opportunities to gain additional experience providing outpatient therapy (both in person and via telehealth); outpatient IQ/Achievement, ADHD, and Autism Spectrum Disorder testing services; inpatient consultation and liaison; working on multidisciplinary treatment teams; conducting crisis evaluation; and in integrated primary care clinics. Services provided are short-term and evidenced-based. There is also potential for research collaboration and teaching opportunities. Interns will have regularly scheduled supervision and didactic seminars. Opportunity to attend Continuing Education conferences will also be available. Career development opportunities, including obtaining a postdoctoral fellowship and licensure support, will also be provided.

Interns will be based on Gundersen's main campus in La Crosse, WI., and have workspace located in Outpatient Behavioral Health, where they will see virtual and in-person outpatient and testing patients. Interns will also interact with staff and patients in Gundersen's Pediatric Unit, the Pediatric Intensive Care Unit, and the Neonatal Intensive Care Unit through the consultation and liaison service. Interns will be included in multidisciplinary teams including Rural Integrated Behavioral Care, Eating Disorder Clinic, Inpatient Behavioral Health, and the Pediatric Gender Clinic. Interns will regularly collaborate with Gundersen physicians, who represent a significant referral source.

Interns will also receive at least two hours per week of individual supervision. Interns will receive one hour of group supervision as well as one additional hour of professional development conducted in a group format, with a licensed psychologist. Interns attend a weekly didactic seminar and will have access to other recurring training activities such as the Today in Medicine Lecture Series and other virtual and on-campus trainings as offered.

Per APPIC requirements, the intern shall attend 2 hours of regularly scheduled face-to-face individual supervision per week; one with each co-director of the internship training program. Additional weekly supervision may be “on the fly” within intern’s rotations/tracks. Interns shall also attend 2 hours of group supervision per week. Supervision time will be documented on weekly hours logs. During scheduled supervision, interns are expected to arrive on-time and prepared for their supervision. After exclusion of allowed time away from internship (vacation and CE time), each intern shall have a total of at least 100 hours of individual supervision and at least 100 hours of group supervision upon the completion of internship.

Supervisors have full legal responsibility for the daily clinical activities of their assigned interns. They are designated by the hospital system as professionally responsible for cases. In clinical decisions, the interns will adhere to the direction of their rotation supervisor who has final authority over all clinical services. All interns and supervisors are required to comply with all laws and rules governing the practice of psychology in Wisconsin and the APA Ethical Principles and Codes of Conduct. Supervisors will maintain records of supervision. Individual supervision may be augmented by group or other formats of supervision. Interns have the responsibility of communicating with their supervisors if there is a problem fulfilling supervision requirements and if unresolved, informing the Training Co-Directors. If still unresolved, interns are recommended to inform the Vice President of Medical Education.

Didactic and Continuing Education

Interns will be offered an average of 2 hours of didactic training per week (though some weeks may be more or less) for a total of at least 100 hours of didactic and continuing education participation upon the completion of internship. Within this area, interns are required to complete a minimum of the following:

Weekly Friday Didactics: Interns are required to attend a minimum of 80% of the weekly Friday didactic offerings over the course of their training year. These are scheduled on Fridays from 1:00 - 2:00 pm.

Weekly Professional Development: Immediately following the weekly Friday didactic hour, interns are required to attend a minimum of 80% of the weekly Friday professional development offerings over the course of their training year. These are scheduled on Fridays from 2:00 - 3:00 pm.

Today in Medicine Lecture Series: Interns are encouraged to attend opportunities on selected topics as identified by their supervisors.

Ethics: Interns are strongly encouraged, but not formally required, to use one half day of a continuing education day to attend the annual Ethics conference presented onsite or virtually.

Case Presentation: Interns will be required to complete one formal case presentation by the completion of their internship.

Journal Club: Interns will be required to complete and present at one journal club by the completion of their internship.

Outpatient Behavioral Health

The Department of Behavioral Health (BH) is located on the 3rd and 4th floors of the 6-story Heritage Building on Gundersen Health System's campus (1900 South Avenue, La Crosse, WI 54601). Elevators are available for wheelchair accessibility. Convenient parking is available to the intern. The intern has a workspace available to them with a computer, printer, and telephone. Interns will share patient care offices, which may change depending on the day the intern is in the clinic. Each office has a "panic alarm" button on the underside of the desk for security and crisis situations. All office décor and office supplies are provided by the department. Copy equipment is available. Gundersen Health System uses Epic as its electronic medical record, and the intern has access to Epic on their office computer. The intern has a team of department Patient Liaisons who assist in managing their calendar, meeting and didactic schedule, and scheduling of patients. A Department Secretary is available to the intern with patient correspondence, meeting room reservation, or setting up of distance learning to off-site meetings are needed. The intern has a mailbox in the department for any interoffice mail communication. Patients seen by the intern in the department are checked in by front desk staff and wait in a waiting room; the intern then sees the patient in the available designated office for that clinic day after collecting them from the waiting room. Supervision is conducted in the supervisors' (Dr. Matheus and Dr. Tin) private office on the same floor of the Heritage Building as the intern's office. The rotation supervisors (Dr. Matheus, Dr. Tin, and all track/rotation supervisors) provide varying levels of clinical supervision as the intern progresses through the training year including direct (present during visit) or on-site (not present during visit in-person or virtually) supervision and is immediately available during clinic hours by telephone, Microsoft Teams messaging, and direct page. The Co-Directors of Training have private offices in this department and provide supervision for this rotation. Rotations in this space include Eating Disorders Program, Psychological Testing, one half-day of the Pediatric Gender Clinic, and Outpatient Health Psychology Service.

Inpatient Behavioral Health

The Inpatient Behavioral Health Unit at 1901 Seventh St. S., La Crosse, WI 54601, is a 30-bed facility that provides acute mental health services. Patients are supported and protected in a healing environment during their hospitalization. Patients are encouraged to keep their daily routines and actively participate in their own care. A team approach provides consistent quality care. While staying in the Inpatient Behavioral Health Unit, patients are cared for by psychiatrists, nurses, internal medicine providers, psychologists, social workers, occupational therapists, pastoral care, and other specialties as needed. On the Inpatient Behavioral Health Unit, interns have workspace available to them with a computer, printer, and telephone. Interns will have the opportunity to provide individual and group therapy to patients admitted to the unit. Interns will use Epic to document patient encounters and write progress notes. Supervision is conducted in the supervisor's office (Dr. Ledoux) within the same building. The rotation supervisor (Dr. Ledoux) provides varying levels of clinical supervision as the intern progresses through the training year including direct (present during visit) or on-site (not present during visit in-person or virtually) supervision and is immediately available during clinic hours by telephone, Microsoft Teams messaging, and direct page.

Multidisciplinary Teams (Pediatric Gender Clinic, Eating Disorder Clinic, Consultation and Liaison, Inpatient Behavioral Health)

Multidisciplinary teams occur throughout the hospital system. During these clinics, interns do not have their own office space but rather meet with the team in a reserved conference room setting or in their supervisor's office, and then rotate in to see patients in exam rooms. Interns and supervisors meet with team members in the provider office to engage in warm handoffs. Patients are then seen in exam rooms and rounding occurs in a reserved conference room space. Computers with Epic for charting are available in the exam rooms of each department. The department hosting the multidisciplinary clinics is in charge of scheduling, rooming, and collecting necessary insurance paperwork for patients seen.

Gundersen Health System's Primary Care Clinic in Tomah, WI is a rural primary care clinic. It is located at 505 Gopher Drive, Tomah, WI 54660. Each intern will participate for one day per week at this location. This clinic uses a Primary Care Behavioral Health (PCBH) model. The PCBH model is an integrated model that places the mental health professional directly alongside the primary care provider to provide intervention. Interns learn how to perform brief functional consults and communicate recommendations both to the PCP and patient effectively and efficiently. The supervision is immediate as interns are paired with a staff member, which means that the trainee works alongside a psychologist and learns how to present cases efficiently. As interns develop their skill in this area, they will be expected to provide services independently. Interns are also expected to attend integrated care team meetings every Thursday. While participating in this clinic, interns will have a separate workspace to complete clinical documentation and review patient charts. They will then see patients in exam rooms. Warm handoffs will be completed in provider offices. Ample parking is provided to interns.

Gundersen Lutheran Medical Center

Gundersen Lutheran Medical Center, and in particular the Pediatrics, Pediatric Intensive Care, and Neonatal Intensive Care Units, are located on the 5th floor of the 6-story Legacy Building on Gundersen Health System's campus (1900 South Avenue, La Crosse, WI 54601). Elevators are available for wheelchair accessibility. Convenient parking is available to the intern. Consultation is completed in the patient room, or in consultation rooms on the hospital unit. Computers with Epic and phones are available in multiple workstations outside patient rooms, though typically documentation is completed in the provider/intern's primary office/workspace in Behavioral Health. Medical providers requesting consultation contact the supervising psychologist directly to discuss concerns, and the supervisor and intern collaborate to create a plan for consultation completion, before communicating results back to the requesting physician. Supervision is conducted in the supervisor's (Dr. Long or Dr. Anderson) private office in the Heritage Building. The rotation supervisor (Dr. Long (pediatric) or Dr. Anderson (adult)) provides varying levels of clinical supervision as the intern progresses through the training year including direct (present during visit) or on-site (not present during visit) supervision and is immediately available during clinic hours by telephone, Microsoft Teams messaging, and direct page. The Co-Directors of Training have private offices in Behavioral Health and only provide supervision for this rotation on a fill-in basis. Rotations in this space include Consultation/Liaison Service.

Adult and Pediatric Primary Care/Behavioral Health (PCBH) – Onalaska, WI

Internal Medicine Onalaska is located on the first and second floors of Gundersen's Onalaska Clinic Campus (outpatient clinic located at 3111 Gundersen Drive Onalaska WI 54650). Convenient parking is available to the intern. The intern has an exam room to utilize during their time on this rotation with a computer, telephone, and patient seating. All exam room décor and office supplies are provided by the department. Copy and Printer equipment is available. Gundersen Health System uses Epic as its electronic medical record, and the intern has access to Epic on their office computer. The intern will utilize the Internal Medicine department Patient Liaison staff who assists in managing scheduling of patients during this rotation. Patients seen by the intern in the department are checked in by front desk staff and wait in a waiting room; the intern then sees the patient in their exam room after collecting them from the waiting room. Patients will also be seen during integrated care, where the intern will join other exam rooms to jointly provide services where primary care providers are providing care to patients. Supervision is conducted in the supervisor's private office on the same floor of the Gundersen Onalaska Clinic Building as the intern's exam room. The rotation supervisor provides varying levels of clinical supervision as the intern progresses through the training year including direct (present during visit) or on-site (not present during visit but located in the building) supervision and is immediately available during clinic hours by telephone and direct page. The Co-Directors of Training has a private office in another campus building and does not provide supervision for this rotation.

Interns will have two hours of formal, scheduled, face-to-face individual supervision by doctoral-level licensed psychologists with the specific intent of supervising psychological services rendered directly by the intern. Interns will receive one hour of group supervision. Further, interns will attend one hour per week of Professional Development Seminar as well as one hour per week of regularly scheduled Didactic Training. Additional continuing education opportunities are offered throughout the year as available to the hospital staff.

Estimated division of time providing professional psychological services are noted in the below chart and can be adjusted based on preferred rotations of interest.

Activity	Hours Per Week	% of Time	Estimated Weekly Face-to-Face Time with Patients
Outpatient Therapy	Up to 12 hours	Up to 30%	4-5 hours
Outpatient Testing	Up to 4 hours	Up to 10%	3 hours
Rural Integrated Behavioral Care Clinic	Up to 8 hours	Up to 20%	4-6 hours
Elective Rotation	Up to 8 hours	Up to 20%	4-5 hours
Supportive/ Administrative Time	Up to 8 hours	Up to 20%	--

Training Resources

Our program has a vast array of training resources. First, our training program is directed and managed by the Gundersen Medical Foundation's Department of Medical Education. The program is assigned a Program Administrator, who is the go-to person for interns with regard to attending interviews, accepting an offer, relocating, onboarding, insurance, and benefits. The administrator will also assist interns with documentation required for licensure, should this be requested. The intern has two actively practicing licensed doctoral-level Psychologist supervisors who are available on-site or virtually 5 days/45 hours per week with the exception of illness, vacation days, and holidays. Supervisors are credentialed within the hospital system, are independently practicing, and have clearance for patient care in the inpatient and outpatient settings. Supervising Psychologists have physical offices located near the intern's workspace, and are available to the intern by page, email, phone and/or Microsoft Teams messaging at all times during office hours. In the Department of Behavioral Health, the intern has their own workspace, computer, printer, phone, and panic alarm system. The intern has access to the DSM-5, testing kits and manuals, as well as online scoring systems (e.g., Q-Global) within the department and/or their workspace. They are supplied with business cards and office supplies. They also are assigned a secretary to assist with any clerical needs and have access to a team of Patient Liaisons to assist with patient scheduling, check-in, and general management of their schedules. The intern also has access to the hospital's journal subscriptions both in print in the Medical Resource Library as well as online using the hospital's intranet for any research needs.

Interns are evaluated quarterly using the Psychology Trainee Competency Evaluation Form by each of their supervisors. A deficiency is identified if an intern receives a rating of 2 or below on any competency in the 2nd quarter or later on the MedHub evaluation form. A rating of 2 or below would initiate a due process evaluation. It is expected that an intern will reach a rating of at least 3 by the end of their internship training year.

Letters of Recommendation

It is common in the course of applying for postdoctoral fellowships or employment that trainees seek recommendation letters from their supervisors. Out of consideration for your supervisors, it is recommended that if you desire a letter of recommendation, you request this at least three weeks before it is needed.

Record of Internship Hours

Interns will be required to track and report on their hours spent during internship. Interns will complete the required categories on the Service Log at the end of each week. This form will be placed in their supervisor's mailbox by Monday at noon for the previous week. Supervisor will maintain one copy. Interns may wish to also keep their own copy for their records. Interns will also enter their weekly hours into an Excel spreadsheet in a shared drive.

Stipend

Interns will be paid with an annual stipend of \$35,000. The salary will be distributed as an hourly employee. This is considered a non-exempt position. Non-exempt employees are paid on a biweekly basis every other Monday (26 times each year). When Monday is a banking holiday or Gundersen holiday, employees will be paid on the previous Friday. New employees are required to be on direct deposit as a condition of employment. The direct deposit system electronically deposits your net pay to a financial institution of your choice. The money is in your account by the opening of banking business on payday. On the day your pay is deposited, you may view Employee Self Service located on Gundersen's website to view details of your hours worked, gross pay, deductions withheld and accrual balances.

Vacation/Sick Time

Interns will be granted 10 vacation/sick days and 2 CE meeting days, totaling 12 days to use during their 12-month internship. A maximum of five days may be used at the very end of internship to end the internship "early." To submit a vacation request, please email your Internship Co-Directors at least 30 days in advance of your desired time off. You will receive notice within one week as to whether or not this request can be granted. Vacation days are requested be used in 4-hour increments to allow for scheduling.

Reporting in as Sick

Should you be ill and unable to attend scheduled training, the following procedure is requested. By 7am, please phone the department mainline (608) 775-2287 and leave a message with your full name and indicating the reason for your absence. Please also email or text your supervisor. This procedure is required for each sick day. For long-term illnesses or hospitalizations, please see additional information regarding Gundersen's Employee Policies on the intranet.

Holiday Schedule

Interns will not be required to work on the following days as these are observed department holidays and the outpatient offices are closed. Interns will use reserved holiday paid time off for these closures. This is an additional 6.5 days of PTO. Should the holiday occur on a weekend, an alternate day will be given as a holiday in observance. Please confirm with your supervisor what the observed day will be in the event the holiday occurs on a weekend. The holidays included are as follows:

- Memorial Day
- Fourth of July
- Labor Day
- Thanksgiving Day
- Christmas Eve PM (Offices close at noon)
- Christmas Day
- New Year's Day

Intake Appointment Required Documentation

Interns will be expected to complete all of the following at every Outpatient Behavioral Health Intake appointment:

1. Consent for treatment: Interns will be expected to discuss their intern status, provide information regarding their supervision along with contact information and discuss the limits of confidentiality with patients and parents. Patients (over 12), parents (of patients under 18) and the intern will all sign a formal consent form. Per Wis Psy2.10-2:
Clients shall be informed that the psychological trainee is receiving supervision, and that the client's case will be discussed in the context of required supervision. The trainee must inform potential clients in writing of his or her trainee status and lack of license.
2. ACE Assessment: Parents of children under 18 and patients over 18 will complete the Adverse Childhood Experience (ACE) Screening tool. Interns will enter the score into Epic, send communication to the patient's PCP regarding results, and provide feedback to parents/patients.
3. PHQ-9: Patients over 12 will complete the PHQ-9 independently. Parents should not be completing this for patients. Interns will enter score into Epic. Interns will also assess for risk concerns by reviewing item #9 and following up with the CSSR-S as necessary (when anything other than "0" is noted on question #9).
4. C-SSRS: Columbia –Suicide Severity Rating Scale: If a patient answers anything but "0" on the PHQ-9, interns will follow up using the CSSR-S, document findings in Epic, contact their supervisor to review the assessment and provide recommendations as appropriate. **Interns will not release patient from their care until they have reviewed the case and concerns with their supervisor anytime they complete the C-SSRS.** The C-SSRS is also required to be administered to patients ages 12 and older during their initial intake, regardless of their response on the PHQ-9 question #9. The intern is not required to discuss the case with their supervisor prior to the patient leaving if their C-SSRS screen is negative and was only administered because of this rule.
5. GAD-7: Patients over the age of 13 will complete the GAD-7. Interns will enter the score into Epic.
6. Tobacco Screening: Patients will be asked about their substance use at intake appointment. Substance and tobacco use will be recorded in Epic under "Extended Vitals".

Individualized Training Plan

Name of Intern: _____

Supervisor: _____

This written agreement regarding individual training goals supplements the general "Supervision Agreement" entered into pursuant to WIS PSY2.10 6-e which requires training supervisees to have a written summary of progress, strengths, and weaknesses. This agreement lists a description of the general goals of your training as well as individual goals specific to each rotation. In addition, this agreement identifies objectives for the training goals in order to provide a measurement for goal completion. This is not an exhaustive list and you are not necessarily expected to complete each item fully. This training plan is meant to guide you in planning professional goals for the year and will be used, in part, to evaluate your progress over the year. Goals and objectives will be modified as needed over the course of the year.

GENERAL TRAINING GOALS: (State clinical population or area of interest)

☐ to gain EXPOSURE to _____☐ to gain EXPERIENCE _____☐ to gain EXPERTISE in _____

ROTATION SPECIFIC TRAINING GOALS:

CATEGORY	PROGRESS
Clinical Skill Set Goals:	
Multidisciplinary Goals:	
Testing Goals:	
Professional Development Goals:	

Intern Strengths: _____

Continued Areas for Growth: _____

Signature of Intern_____
Date_____
Signature of Supervisor_____
Date

Return a copy of this form to the Training Director. Retain a copy for your files.

Doctoral Psychology Internship Supervision Contract

The Gundersen Medical Foundation Doctoral Psychology Internship embraces an apprenticeship model of training, whereby the interns and their supervisors enter into a contract in order for the intern to learn the practice of clinical psychology within their specified rotation. Interns and supervisors have specific responsibilities within this agreement, which are set forth in this document. This document is required by Wisconsin Legal Statutes (PSY 2.10 6-e). In reviewing this document with your supervisor(s) and in signing it, all of the undersigned are agreeing to the terms set forth.

Statement on Ethical Conduct

You are expected to know, understand, and follow the APA Ethics Code at all times during your training. You are also expected to discuss potential ethical and legal concerns with supervisor(s) as soon as you become aware of them. At no time are you to attempt resolution of a potential ethical or legal issue without first discussing with your supervisor. You are also responsible for knowing and understanding Wisconsin Legal Statutes pertaining to the practice of psychology within the State of Wisconsin, before you begin your doctoral training experience. If you are unclear with respect to any of the information contained within the APA Ethics Code and/or Wisconsin Legal Statutes, it is your responsibility to clarify your understanding through consultation with your supervisor, additional research, and contact with the American Psychological Association and/or the Wisconsin Board of Psychology, if appropriate. While your supervisors are ultimately responsible for your activities, failure to understand these standards may put you at risk of legal and professional liability should your actions deviate from them, whether knowingly or unknowingly.

Supervisor Responsibilities

The intern will receive, at minimum, two hours of formal individual supervision per week. Informal supervision may be provided as needed and as each party is available. The intern will receive two hours of group supervision per week.

Supervisors will be available for consultation during the intern's activities. Availability is defined as the supervisor being able to provide consultation face-to-face or via phone (if not in the immediate area in which the intern is working when consultation is needed). Supervisors will provide appropriate contact information to the intern (e.g., phone number, pager, etc.).

Supervisors will review and sign off on intern's work as soon as possible and will provide feedback in a timely manner.

Supervisors will track the intern's progress toward training goals and rate it along a pre-established rubric. Intern's progress will be judged across specific competencies, as well as those mutually defined by the intern and the individual supervisor for each rotation.

Clinical responsibilities will progress in a developmental fashion, with independence being gained as the supervisor deems appropriate.

The Intern's Responsibilities

Supervision

You are expected to arrive on-time and prepared for supervision, with a specific case and/or specific clinical issues to discuss. Supervision is an interactive process, and you are expected to contribute actively in order to get the most benefit from it. Interns are encouraged to bring relevant literature pertinent to the clinical issue to be discussed in supervision. Supervisors may also provide article references from the literature for the intern to read and discuss.

A minimum of 2 hours per week of formal supervision is required. Any missed sessions will need to be made up prior to the completion of the internship.

Documentation

You are responsible for keeping appropriate and timely documentation in the electronic medical record related to your contact (in person, virtually and via phone) with patients and/or their family members. All inpatient documentation takes priority and **must be completed by the end of the day**. Outpatient documentation should be finished by 11:59 pm each Friday, with the exception of psychological reports, which you have one week to complete. However, all efforts should be made to complete progress notes within 1-2 days, and intakes within 2-3 days, even though they may not be "due" until Friday night. Any documentation related to encounters where suicidal/homicidal ideation is a concern should be completed by 11:59 pm on the day of the encounter. Failure to meet these requirements may result in establishment of a remediation plan.

Risk Management

At times, risk management issues arise during clinical practice. In situations where a patient endorses suicidal or homicidal ideation, you are to assess the situation as thoroughly as possible and report your findings to your supervisor immediately. In Behavioral Health, if a patient endorses > 0 on item 9 on the PHQ-9, you are to follow Gundersen Health System's guidelines for assessment of depressive symptoms completing the CSSR-S. In situations where there is significant risk identified, you are to consult with your supervisor before allowing the patient to leave the premises.

Intern's Signature

Date

Supervisor's Signature

Date

Gundersen Medical Foundation: Doctoral Psychology Internship Weekly Service Log

Intern Name: _____

Week of: _____

	Outpt Intake	Inpt Intake	Individual Therapy Follow- up	Testing (total hours billable)	Group tx	Integrated Primary Care	Paperwork/ Chart Review/Treatment Planning (hours)	Consults (hours)	Supervision (hours)	Didactic/Grand Rounds/ Continuing Ed/ Training/ Orientation (hours)	Shadowing	Depart/ Multidisc Meetings
Supervisor												
Weekly Total												

Client Type	# new patients	# continued	# discharged	# tested
0-5				
6-12				
13-18				
19-60				
65+				

Code	Frequency	Code	Frequency	Code	Frequency	Code	Frequency	Code	Frequency
90791		90832		96130		96131		90846	
96116		90834		96137		96136		90853/49	
Didactic/Grand Round/Continuing Education Topics:					Testing referral question and battery:				
Therapy Intake Presenting Problem:					Other:				

Continuing Education Schedule 2025-2026

Date/Time 1:00 – 3:00 pm	Didactics 1:00-2:00 pm	Presenter	Professional Development 2:00-3:00 pm	Presenter
7/18/25	Autism 101	Brooke Matheus, PsyD, ABPP	Intake Process	Brooke Matheus, PsyD, ABPP
7/25/25	ADOS-2 Training	Brooke Matheus, PsyD, ABPP & Jia Jian Tin, PhD	Treatment Plans at GHS: A How To	Brooke Matheus, PsyD, ABPP
8/1/25	ADOS-2 Training	Brooke Matheus, PsyD, ABPP & Jia Jian Tin, PhD	Ethics in Rural Settings	Brooke Matheus, PsyD, ABPP
8/8/25	When Parenting Becomes Stressful	Jeffrey Reiland, LCSW	Case Presentation	Jia Jian Tin, PhD
8/15/25	Evidence-Based Treatment of School Refusal	Sarah Long, Ph.D.	Case Presentation	Brooke Matheus, PsyD, ABPP
8/22/25	Traumatic Brain Injury	Bryan Kolberg, PsyD, ABPP	Journal Club	Jia Jian Tin, PhD
8/29/25	Functional Neurological Disorder	Becky Deloria, PsyD	Journal Club	Brooke Matheus, PsyD, ABPP
9/5/25	Suicide Risk Assessment	Sarah Long, PhD	Finding a Postdoctoral Fellowship	Brooke Matheus, PsyD, ABPP & Jia Jian Tin, PhD
9/12/25	Pre-surgical psychological evaluation	LaNaya Anderson, PhD, LP	Case Presentation	Erin Beinborn, PsyD, ABPP
9/19/25	Decision-Making Capacity	Bryan Kolberg, PsyD, ABPP	EPPP Prep/Licensure	Sarah Long, PhD
9/26/25	Evidence-Based Treatment for Eating and Feeding Disorders: Part 1		Case Presentation	Bryan Kolberg, PsyD, ABPP
10/3/25	Models of Ethical Decision-Making in the Medical Setting	Bryan Kolberg, PsyD, ABPP	Email Efficiency	LaNaya Anderson, PhD, LP
10/10/25	Therapist Drift	Erin Beinborn, PsyD	Boundaries and Dual Relationships in the Medical Center	Erin Beinborn, PsyD
10/17/25	Evidence Based Treatment for Eating and Feeding Disorders: Part 1	Sarah Long, PhD	Case Presentation	Sarah Long, PhD
10/24/25	Health Literacy	Brooke Matheus, PsyD, ABPP	How to Decide on Codes for Billing	LaNaya Anderson, PhD, LP
10/31/25	Psychosocial Issues in Stroke	Bryan Kolberg, PsyD, ABPP	Cover Letters	Bryan Kolberg, PsyD, ABPP
11/7/25	Internet Gaming Disorder	Erin Beinborn, PsyD	Finding a Job	Erin Beinborn, PsyD
11/14/25	Trauma Focused Cognitive Behavioral Therapy	Brooke Matheus, PsyD, ABPP	Case Presentation	Intern #1
11/21/25	What is ADHD	JJ Tin, PhD	Journal Club	Intern #2
11/28/25	Cancelled Thanksgiving			
12/5/25	Evidence Based Weight Management and Eating Disorders	LaNaya Anderson, PhD, LP	Case Presentation	Intern #3
12/12/25	Pros and Cons of Empirically Supported Treatments (ESTs)	Michael Smith, PsyD	Journal Club	Intern #4
12/19/25	Mental Health Effects of the COVID-19 Pandemic on Children and Adolescents	Sarah Long, PhD	Case Presentation	Fellow #1
12/26/25	Cancelled New Years Holiday			
1/2/26	Evidence-Based Treatment for Eating and Feeding Disorders: Part 2	Sarah Long, PhD	Journal Club	Fellow #2
1/9/26	The Science of Awe	Jenny McHugh, LCSW	Case Presentation	Intern #2
1/16/26	Managing Secondary Trauma as a Therapist	Arianna Saykally-McAdams, LPC	Journal Club	Intern #1
1/23/26	Autism and Mental Health in Kids and Teens	Michael Smith, PsyD	Case Presentation	Intern #4

Date/Time 1:00 – 3:00 pm	Didactics 1:00-2:00 pm	Presenter	Professional Development 2:00-3:00 pm	Presenter
1/30/26	Adaptations and Adjustment to Disability	Bryan Kolberg, PsyD, ABPP	Journal Club	Intern #3
2/6/26	Genetic Counseling and Testing	Greg Rice, MD	Case Presentation	Fellow #2
2/13/26	Treatment of Trichotillomania	Erin Beinborn, PsyD, ABPP	Journal Club	Fellow #1
2/20/26	Development of PTSD After a Trauma	Sarah Long, PhD	The Business of Psychology	Bryan Kolberg, PsyD, ABPP
2/27/26	Self-Compassion/Fierce Self-Compassion	Becky Deloria, PsyD	Self-Guided Learning	LaNaya Anderson, PhD
3/6/26	Nutrition and Mental Health	Angela Onsgard, RD	Contract Negotiations and Interview Benefits	Brent Wood
3/13/26	Cognitive Processing Therapy for CBT	Jacquei Tock, LPC	Finding Continuing Education Opportunities	Erin Beinborn, PsyD, ABPP
3/20/26	Diabetes and Co-Morbid Psychiatric Concerns	Sarah Long, PhD	Pros and Cons of Working from Home (as a Psychologist)	Becky Deloria, PsyD
3/27/26	The Ethics of Counseling Families Raising a Gender Diverse Child	Michael Smith, PsyD	Disability Paperwork	Bryan Kolberg, PsyD, ABPP
4/3/26	The Role of Occupational Therapy in Eating and Feeding Disorders	Kate Halverson, OT	Starting and Maintaining a Fellowship	Bryan Kolberg, PsyD, ABPP
4/10/26	Adult ADHD Evaluation	JJ Tin, PhD	Collaborations/Effective Consults	Raymond List, PhD
4/17/26	Degenerative Condition: Parkinson's Disease	Raymond List, PhD	Ethics of Self-Care	Raymond List, PhD
4/24/26	Working With High Acuity Patients as an Outpatient Therapist and How to Navigate Referral Options	Michael Sersch, LPC	Self-Disclosure	Sarah Long, PhD
5/1/26	Alcohol and the Brain	Bryan Kolberg, PsyD, ABPP	Introduction to PEER Coaching	Christine Miller, MD
5/8/26	Degenerative Condition: Multiple Sclerosis	Raymond List, PhD	Navigating Difficult Conversations with Clients to Dismantle Internalized Weight/Health Bias	Becky Deloria, PsyD
5/15/26	Chapter 51	Michael Sersch, LPC	Benefits of Credentials Bank	Jia Jian Tin, PhD
5/22/26	Will we run out of letters? A multidisciplinary analysis of gender and sexual orientation	Michael Smith, PsyD	Professional Identity	Becky Deloria, PsyD
5/29/26	Delirium	Bryan Kolberg, PsyD, ABPP	ABPP	Erin Beinborn, PsyD, ABPP
6/5/26	HealthCare Disparities, Part I	Brenda Rooney, PhD, MPH	Journal Club	Becky Deloria, PsyD
6/12/26	Healthcare Disparities, Part II	Brenda Rooney, PhD, MPH	Coping with Patient Death/Dying	Bryan Kolberg, PsyD, ABPP
6/19/26	Neurodiversity-Affirming Care	Becky Deloria, PsyD	Work-Life Balance as a Licensed Psychologist	Jia Jian Tin PhD
6/27/26	Treatment of ADHD in Adults	JJ Tin, PhD	Imposter Syndrome and Navigating the First Year of the Post-Trainee Job	Bryan Kolberg, PsyD, ABPP
7/3/26	Cancelled 4 th of July Holiday			
7/10/26	Psycho-oncology	Sarah Long, PhD	Financial Planning for Early Career Psychologists	Jia Jian Tin PhD

**Gundersen Medical Foundation
Doctoral Psychology Internship Program**

AFFIRMATION OF RECEIPT OF INTERNSHIP HANDBOOK

I, the undersigned, affirm that as a part of the Internship Program's orientation that I have been given a copy of the Gundersen Medical Foundation Doctoral Psychology Internship Handbook, and have been made aware of the expectations and policies of the program. I further affirm that it is my personal responsibility not only to be aware, but to adhere to these requirements as long as I am a member of the Internship Program.

In Acknowledgement and Agreement

Intern Name

Intern Signature

Internship Director Signature

Date