



Liberty Healthcare Corporation

THE FREEDOM TO SUCCEED™

Clinical Psychology Training Program

Post-Doctoral Fellowship Brochure*

Liberty Healthcare Corporation

Illinois Department of Human Services

Treatment & Detention Facility

Rushville, Illinois

2024/2025

**The Program is a member of Association of Psychology Postdoctoral and Internship Centers. (APPIC) but is not accredited by American Psychological Association (APA).*

Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation American Psychological Association

750 1st Street, NE, Washington, DC 20002

Phone: (202) 336-5979 / E-mail: apaaccred@apa.org Web: www.apa.org/ed/accreditation

**Liberty Healthcare
Illinois Department of Human Services
Treatment & Detention Facility
Clinical Psychology Postdoctoral Fellowship Training Program**

Liberty Healthcare in coordination with the Illinois Department of Human Services-Treatment & Detention Facility is offering the unique Postdoctoral Fellowship opportunity specializing in Sex Offender Treatment. This one-year Forensic Psychology training will offer the selected candidates the opportunity to participate in intensive sex offender-specific group therapy with an experienced co-therapist. During this treatment-intensive training, the Fellows will function as a member of a multidisciplinary team providing psychological testing and report writing; treatment planning; as well as, group and individual case management. The Fellow will participate in weekly training provided in multiple formats including case conferencing, multidisciplinary treatment plan staffing, staff trainings and didactic seminars. Two licensed psychologists will provide supervision to the Fellow.

Non-Discrimination Policy

The Liberty Healthcare Clinical Psychology Postdoctoral Fellowship Training Program at the Illinois Department of Human Services-Treatment and Detention Facility is committed to maintaining and enhancing individual and cultural diversity. The Clinical Psychology Postdoctoral Fellowship Training Program's goal in diversity training is to ensure that the Postdoctoral Fellow develop the knowledge, skills, and awareness necessary to provide competent psychological services to all members of the public. To meet that commitment, The Clinical Psychology Postdoctoral Fellowship Training Program welcomes applicants from diverse backgrounds. The training program believes that a diverse training environment contributes to the overall quality of the program.

Liberty Healthcare
Illinois Department of Human Services
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I. Introduction to the Treatment Program

A. Background & History of Treatment Program

In July 1997, the Sexually Violent Persons Commitment Act was signed into law in Illinois. Under this new legislation, individuals released from confinement could be remanded into the custody of the Department of Human Services if they were considered “sexually violent.” The legislation was created to target those individuals with a record of sexual offenses, who continued to present significant risk to public safety due to the likelihood of further sexual offenses upon release to the community.

The Department of Human Services designated a new Sexually Violent Persons Treatment and Detention Facility (TDF) to house and treat these high-risk individuals. Following a competitive bidding process in December 1997, Liberty Healthcare Corporation was selected by the Department to create, develop and operate a comprehensive program of sex offense-specific treatment and related behavioral health services that would fulfill the mission of the SVP Commitment Act. Originally, the TDF was located on the grounds of Sheridan Correctional Center. Subsequently, in 2000, the program was moved to the former Joliet Correctional Annex in Joliet, Illinois to accommodate the growing number of individuals under civil commitment and detention under the SVP Act. As the program continued to grow, in February 2006 the decision was made to relocate the program to Rushville Illinois, where it is currently housed in a state of the art facility.

At the present time, Liberty continues to provide most clinical staff (Clinical Director, psychology, psychiatry, social work, addictions counseling, recreational therapy, etc.) and is responsible for all offense specific treatment and rehabilitative programming. DHS provides on-site administrative overview (Program Director) and direct care staff (Security Therapy Aides).

B. Mission Statement

The Illinois Department of Human Services Treatment and Detention Facility provides state of the art, sex offender specific treatment in a safe, structured residential environment. We focus on the individualized needs of the residents and treat each resident respectfully, professionally and with dignity. We believe that all residents can change. We strive to reduce risk to society by facilitating life-long behavioral change in residents.

C. Population Served

The SVP Treatment and Detention Facility is a secure residential treatment facility providing services to individuals, who have been civilly committed under the Illinois Sexually Violent Persons Commitment Act and remanded to the custody of the Department of Human Services for treatment. In Illinois, civil commitment as a Sexually Violent Person has four standards:

1. Standards for SVP Commitment

- ◆ The person must be within 90 days of release or discharge from an adult criminal sentence, or a forensic commitment for a qualifying sexual offense.
- ◆ The person must have a mental disorder, which predisposes them to engage in acts of sexual violence.
- ◆ The person must have a substantial probability of committing future acts of sexual violence because of his mental disorder.
- ◆ It must be proved, beyond a reasonable doubt, that the person's risk of future sexual violence is the result of his mental disorder.

2. Referral and Commitment Procedures

Since the inception of the program in 1997, every candidate for admission to the Sexually Violent Persons Treatment and Detention Facility has been referred from the Department of Corrections where they were incarcerated for sexual offenses. However, the SVP statute also allows candidates to be referred from the forensic units of Illinois state psychiatric hospitals under the Department of Human Services, where they are currently under forensic commitment. The procedure for each is described below.

a. Referral from the Department of Corrections: Based on record review and if needed a clinical interview, the contracted evaluators for the Department of Corrections identify those inmates imprisoned for qualifying sexual offenses, who are within 90 days of release and who may continue to pose substantial risk to the community for sexual re-offending. The examiner files a report with the Attorney General indicating that the inmate meets the standards for civil commitment. The Attorney General has the discretion to decide whether to file a motion to detain the individual pursuant to commitment. If a detention order is issued, the state must schedule a "probable cause" hearing within 72 hours. Under the detention order, detainees may be sent to TDF at Rushville to await evaluation by an independent clinical psychologist, under contract with DHS, who specializes in the assessment of sexual offenders. When the individual is detained, he is entitled to prompt and adequate treatment for his needs.

A court hearing, held in the originating county, determines whether the individual is civilly committed to the TDF program. The person has the right to the full adversarial process and the Attorney General must demonstrate that the individual's risk of sexual violence is "beyond a reasonable doubt." If the person was remanded to the TDF program, he must be re-evaluated at the end of the first six months, and once every year thereafter to determine whether he remains a sexually violent person and, if so, what are the least restrictive conditions in which he can be safely treated.

b. Referral from the Department of Human Services: The SVP statute also allows for civil commitment of individuals adjudicated as Not Guilty by Reason of Insanity (NGRI) for a qualifying sexual offense. If applicable, the Department of Human Services may designate psychologists to conduct an initial evaluation of NGRI patients identified as qualifying candidates for civil commitment as a Sexually Violent Person. The psychologists review the individual's records; perform a structured clinical interview; and complete other psychological and risk assessments as appropriate. Based on the DHS psychologist's evaluation, the Attorney General has the discretion to petition the court to detain the person pursuant to commitment. The remaining procedure would be the same as that noted above.

D. Treatment Objectives & Services Provided

1. Philosophy of Treatment

Liberty Healthcare's philosophy of treatment is based on the following presumptions:

- ◆ Provide specialized sex offense-specific treatment by skilled professionals, so that many sexual offenders can learn how to manage and control their sexually deviant behaviors.
- ◆ The provision of effective treatment of sexual offenders can reduce and prevent future victimization.
- ◆ Sex offenders have a responsibility to halt their sexually abusive behaviors.
- ◆ Not all sexual offenders are amenable to treatment. Individuals vary significantly in their level of motivation and capacity to benefit from treatment, but sometimes these variables may change over time. Hence, although an individual may currently refuse treatment, or may fall short in the treatment process, the individual may be able to benefit from treatment at a future time. Sexual offenders should be given the opportunity to participate in treatment.
- ◆ The evaluation and determination of treatment effect on sexually aggressive and deviant behavior and thoughts for any given individual are exceedingly complex and subject to the vicissitudes of self-deception, fraudulence and relapse. Consequently, to the greatest degree possible, measures of treatment effectiveness should be objective, based on observable behavior, and supported by cross-validating data and observations from multiple sources.

2. Treatment Goals

The major goal of treatment at the TDF is successful re-integration of residents into the community as safe and responsible citizens. The most important measure of success is reduction of sexual re-offending with the goal of reducing victimization for any given resident to zero. The goals of treatment are for the residents to progress through the following stages: acceptance of responsibility; acknowledging their deviant behavior; identifying its origins and precipitating factors; and, substituting alternative coping behaviors that prevent relapse. In particular, the Sexually Violent Persons Treatment and Detention Facility places a heavy emphasis on cognitive-behavioral and relapse preventive treatment principles as reflected in our overall treatment goals for residents in this program:

- ◆ Accepting responsibility: Offenders must accept full responsibility for all sexually offending behavior and deviant thoughts – without minimization, rationalization, or blaming. The offender must admit guilt for actual offenses, exonerate his victims, understand dynamics without placing blame or making excuses, and recognize that his motivations are deviant and require help.
- ◆ Awareness of deviant cycle: Offenders must be able to identify the cycle of sexual deviance/aggression in specific concrete terms applicable to themselves and demonstrate acquisition of coping strategies/interventions that can prevent relapse.
- ◆ Victim empathy: Offenders are encouraged to demonstrate empathy for themselves as well as for victims of their sexual offenses, including awareness of the many immediate and extended harmful consequences of victimizing behaviors.
- ◆ Active, meaningful participation: Offenders must participate in an on-going process of change and growth through active engagement in treatment and program activities (e.g., regular attendance, meaningful contributions to activities, initiation without prompting, extension of learning to daily life and relationships on the living unit, etc.).
- ◆ Eliminate cognitive distortions: Offenders learn to identify, challenge and modify cognitive distortions in relation to offending sexual behavior and interpersonal relationships.
- ◆ Self-regulation skills: Offenders demonstrate the knowledge and skills to manage problems and conditions related to psychiatric illness, substance abuse, deviant sexual arousal, personal victimization, or other identified areas of need.
- ◆ Knowledge of healthy sexuality and relationships: Offenders acquire knowledge of human sexuality, healthy and appropriate relationships, and effective interpersonal skills.
- ◆ Awareness of internal states: Offenders learn techniques acquire an effective internal awareness of emotions, thoughts, and feelings (particularly in relation to

the sexual assault cycle) and the ability to express these thoughts and feelings appropriately.

- ◆ Prosocial values: Offenders learn and practice prosocial values, which counteract criminal lifestyle and behavior patterns while supporting efforts to not re-offend.
- ◆ Preparation for re-integration: The program is designed to facilitate a progressive process of learning, acquisition and mastery of prosocial skills and attitudes that will prepare the individual for successful re-integration into the community.

3. Services Provided by Liberty Healthcare

The TDF is a secure treatment environment designed to deliver sex offense-specific treatment to residents, who are detained or civilly committed, under Illinois' Sexually Violent Persons Commitment Act. Liberty Healthcare's program offers a full range of diagnostic, treatment and rehabilitative services for sexually deviant behavior, mental disorders and chemical dependency. An integrated interdisciplinary team of Liberty professionals, including psychiatrists, psychologists, social workers, counselors, substance abuse counselors and recreation therapists, who work closely with state-employed security and paraprofessional staff to deliver a consistent, humane treatment program, staffs the facility.

Liberty staff will perform comprehensive evaluations, including a psychiatric assessment, on all admissions to the TDF. Based on the evaluation, the professional staff creates an individualized plan of treatment that may include psychopharmacology, individual and group counseling, psychoeducational programs, behavior management, psychosocial rehabilitation, and other modalities. Treatment programs and modalities offered by Liberty at the TDF include, but are not limited to, the following:

- ◆ Sex offense-specific groups: Structured process and psychoeducational sessions are provided to address issues specific to this population, including topics such as the sexual violence cycle; cognitive-behavioral principles; victim empathy; journaling; offense description; relapse prevention; sexual education; and so forth.
- ◆ Individual psychotherapy: The goals of individual therapy are dependent on the needs and abilities of the individual resident. As a rule, individual therapy addresses time-limited, specific problems.
- ◆ Substance misuse counseling: Given the high incidence of drug and alcohol misuse for this population, TDF offers group psychoeducation for substance problems.
- ◆ Therapeutic milieu: All interventions and activities take place in the context of a well-organized therapeutic milieu. The goal is to maintain a stable and predictable environment that is reality-oriented and humane. The therapeutic milieu is based on the idea that the program is a social system in its own right. The individuals who are its members influence the program; both residents and staff, are influenced by the

therapeutic surroundings. The social environment of the therapeutic milieu is used to promote prosocial behavior and help residents manage their lives and personal relationships in a more responsible and constructive manner.

- ◆ *Psychophysiological sexual assessment*: Detection and measurement of deviant sexual arousal is an important index of response to treatment and treatment effectiveness. TDF offers an on-site sexual assessment, including the Abel Assessment for Sexual Interest and penile Plethysmograph for direct physiological monitoring of sexual arousal and arousal management reconditioning/reduction treatment.
- ◆ *Psychopharmacology*: All psychiatric medications are prescribed and managed by qualified psychiatrists. In addition to various mental health medications, residents may consent to psychopharmacologic treatment for the specific purpose of reducing or eliminating deviant sexual arousal and activity. Residents are educated about their prescribed medications, including the benefit of the medication and possible side effects.
- ◆ *Behavioral rehabilitative programming*: A number of psychoeducational programs offered to residents assist in the development of life skills and coping skills. These programs utilize behavioral and rehabilitative principles and focus on concrete, practical instruction and rehearsal of skills and techniques. Some examples may include anger management; stress management; communication skills; assertiveness; social values; medication management, and symptom management.
- ◆ *Recreation and leisure activities*: A variety of recreational programs and activities offered to the residents encourage the development and acquisition of healthy behavioral alternatives through leisure, relaxation and interpersonal cooperation. Board games, cards, dominoes and other materials are available for use. Residents may possess musical instruments and have access to musical activities. In addition, residents have direct daily access to outdoor recreation within the secure perimeter and two indoor fitness facilities.

II. Post-doctoral Fellowship Program

A. Training Program Overview

During the Fellowship, the Post-doctoral Fellow is provided with supervised direct contact with a challenging clinical forensic population that takes place in a secure treatment facility operated by the Department of Human Services. The purpose of the Fellowship experience is to provide the environment and opportunity for the Fellow to apply theoretical knowledge; to implement and develop clinical techniques based on this knowledge; and to foster the professional and personal attitudes important to the identity of a professional psychologist. Evaluation of the Fellow's progress in clinical training focuses on three areas: theoretical knowledge, clinical skills, and professional attitudes.

The foundation of the Fellow's clinical training in professional psychology is the accurate assessment, understanding and treatment of the perpetration of sexual violence. Secondly, Fellows receive psychological training in dealing with additional mental health needs of our diverse client population, including affective disturbances, personality disorders, and chronic mental conditions such as Schizophrenia and Bipolar Disorder. The Fellow's assessment and understanding is the basis for the recommendation and/or implementation of effective techniques for the alleviation or resolution of these problems within a climate of absolute respect for the Resident population. Fellows receive training in all aspects of Resident care including formal psychological assessment; individualized treatment planning based on the results of that assessment; and, implementation of treatment interventions, outcome assessment, and discharge planning. Ethical standards of the State of Illinois, the Department of Human Services, Liberty Healthcare, the American Psychological Association (APA), the Association for the Treatment of Sexual Abusers (ATSA), and Specialty Guidelines for Forensic Psychology are incorporated into the Fellow's training.

During the Fellowship, the Director of Training & Research monitors the development of the Fellow. Supervision by two independent Licensed Clinical Psychologists will address the issues of clinical suitability as well as the application of academic knowledge. All aspects of the Fellow's personal adjustment, interpersonal relationships, and behavior in all settings are relevant to their progress throughout the Fellowship.

The goal of the Clinical Psychology Training Program within the Illinois Department of Human Services is to assure that Fellows are well qualified and will leave the program ready to assume their roles in the psychology community as competent, confident and ethical professionals. This goal is accomplished by guidance and supervision of the Fellow's direct Resident contact to ensure the delivery of professional quality effective assessment and therapeutic intervention. The training curriculum utilizes live supervision and mentoring to foster appropriate development of the Fellows' clinical skills and professional development. As well, the Fellows will be provided with didactic training experiences to provide them with insights into the practice of Professional Psychology.

The guiding principle of the program is that clinical practice in the field of sexual violence requires an application of the core clinical skills and knowledge base used in general professional practice adapted to the specific needs of the adult male sexual offenders treated at the institution. Fellowship provides the student with the preparation necessary to enter into the practice of professional psychology. The Fellowship is the final step in a graduate program, which is designed to provide the foundation of knowledge and skills necessary for licensure requirements in the State of Illinois and ultimately the practice as a professional Psychologist.

Fellows are selected for this unique training experience based upon appropriateness of education and practical experience. The ideal candidate will be from an American Psychological Association (APA) accredited training program and an APA accredited

Internship or APPIC Member Internship and will have the appropriate foundation in assessment, intervention and consultation. Prior experience or interest in working in a forensic setting is preferred. The program offers intensive, skill based training opportunities; the ability to work with a large, diverse and multi-disciplinary staff as well as an extremely challenging client population. Fellows who successfully complete the training program will be well equipped to function as a psychologist in a wide variety of settings.

B. Mission Statement

The mission of the Psychology Training Program is to actively function within the standards and regulations of the State of Illinois, the Illinois Department of Human Services, Liberty Healthcare, the American Psychological Association and the Association for the Treatment of Sexual Abusers. The mission of the Illinois Department of Human Services Treatment and Detention facility states:

The Illinois Department of Human Services Treatment and Detention Facility provide state of the art, sex offender specific treatment in a safe, structured residential environment. We focus on the individualized needs of the residents and treat each resident respectfully, professionally and with dignity. We believe that all residents can change. We strive to reduce risk to society by facilitating life-long behavioral change in residents.

C. Training Model

The training model of the Psychology Training Program is best described as a *Practitioner-Scholar* model. This model includes the view that science and practice are mutually informative; emphasize critical thinking; and, the inclusion of empirically supported treatment (Rodolfa, Kaslow, Steward, Keilin & Baker, 2005). The primary emphasis of this program is clinical training that recognizes the importance of generating knowledge through practice. With supervision and mentoring throughout the training year, the Fellow will grow toward being an autonomous professional prepared to gain entry into the professional practice of psychology.

Training seminars and the weekly didactic are provided in support of the *Practitioner-Scholar* model of Fellowship training. The goal of these learning activities is to create a learning environment, which fosters the translation of theory, research and knowledge into practice. The Fellow will also have the opportunity to attend treatment specific educational conferences to gain exposure to varying theoretical conceptualizations and treatment approaches.

D. Development of Professional Autonomy

Fellows within this program will be recognized as fully participating members of the multi-disciplinary treatment team, under the direction of two supervising Psychologist. Boundary and ethical issues will be addressed in detail to aid the transition to working in

a detention environment and the complexities of providing treatment in a secure setting. Fellows will be offered a significant degree of autonomy as the Fellowship year progresses. A primary goal of the training experience is the development of professional self-confidence, through the Fellows' participation in intensive modeling and live supervision experiences throughout the Fellowship year

E. Specialized Knowledge: Sexual Offending & Forensics Issues

The Fellowship provides the unique opportunity to gain specialized knowledge in Clinical Psychology, the many different facets of Forensic Psychology and sexual violence. All members of our clinical staff belong to professional organizations devoted to the integration of current research and practice in the treatment of sexual violence and general forensic psychology issues. Fellows are encouraged to join such relevant professional organizations as student members, at no cost to them. Though development of specific expertise as a forensic psychologist requires additional training and experience after the Fellowship year, the program serves as a foundation for such specialization.

F. Service to Diverse Populations

The Fellowship program provides the Fellow with the opportunity to provide service to diverse and under-served populations. Fellows will provide psychological services to clientele from all lifestyles, race, age, and ethnicity in group therapy and case management settings. The Treatment and Detention Facility provides specialized treatment for developmentally delayed and learning disabled residents. Crisis management situations provide training in assessment, immediate intervention for psychological distress, intensive behavior management and manipulative issues.

G. Training Objectives

The objective of the Psychology Training Program is to provide a comprehensive learning experience that will provide the Fellow with all the requirements necessary for licensure requirements in the State of Illinois. The planning and development of the Fellowship training program will emphasize the individual needs and preferences of the Fellows. A detailed self-assessment and interests survey will be addressed during the first week of the training program, which will lead to the development of specialized training and supervision throughout the training year. This flexibility in training will allow the Fellows the opportunity to pursue specific interests, such as research. Though there are stated performance objectives for the completion of the program, within that framework, flexibility is available. This approach assures that each Fellow has the opportunity to tailor the Fellowship experiences to maximum their progress toward autonomous practice.

H. Competency Goals

To guide the Fellow's professional growth throughout the Psychology Training Program, Competency goals are presented as a framework for development. In an effort to train Fellows to think critically about psychological theories/issues and to apply these theories/issues to their daily experience, the Psychology Training Program will detail the specific areas of competency expected of our graduates. Understanding exists within the training program that the Fellows bring a varying level of individual skills and interests, which may impact individual progress over the course of the training year. Close supervision will assist each Fellow to develop individualized goals that take into account the varying level of skills and interests.

The key competency areas for the Fellows participating in the Psychology Training Program are: Psychological Assessment; Psychotherapeutic Intervention; Consultation; Professional, Ethical and Legal Conduct; Multicultural Competency; Sex Offense Specific and Forensic Issues; and Case Conference & Presentation.

III. Framework of Fellowship Training

The Psychology Training Program of Liberty Healthcare functions within the Illinois Department of Human Services. The Training Program has been designed to provide the Fellow with the opportunity to participate in the multiple facets of treatment within this secure environment. The Fellow's growth in professional functioning will be guided within the context of close supervisory support, role modeling of the professional staff, and participation in intensive training opportunities.

1. The activities of the Fellow will be clinical in nature and are central to the training experience (e.g., psychological assessment; individual treatment planning; therapeutic treatment in both group and individual milieu; resident staffing opportunities with multidisciplinary teams; case conferencing; didactic training experiences; and, multiple opportunities for direct supervision). Non-clinical activities will be included in the Fellowship (e.g., administration); however, care will be taken to ensure these activities are kept to a minimum. Direct clinical service will comprise at least 30% of the Fellow's time - a minimum of 600 hours.
2. The clinical staff of the Illinois Department of Human Services is provided through contract arrangements with Liberty Health Care, and is sufficiently large and stable to provide a unique breadth of knowledge and experience. The Director of Training & Research and other Licensed Psychologists provide supervision for a minimum of one hour per week each for a total of a minimum two hours per week. The format of this supervision will address the services provided by the Fellow and concerns that the Fellow might have at that time.
3. The Treatment and Detention Facility uses a multidisciplinary team model. The Fellow will perform the Fellowship duties as a member of the multidisciplinary team on one of the Treatment Teams within the facility. The Fellow will collaborate with

other disciplines, including: Psychiatrists; Physicians; Recreation Therapists; Nurses, and security staff.

4. The Director of Training & Research is a Licensed Clinical Psychologist in the State of Illinois and is responsible for both the quality and integrity of the training experience. A close working-relationship is established with the Fellow's graduate program including opportunities for an on-site clinical review of the Training Program. Visits can be arranged with the prior approval of Liberty Healthcare and the Illinois Department of Human Services.
5. Training efforts are multifaceted and extend beyond the individual supervisor. Weekly training opportunities include, but are not limited to: formal topic driven training seminars; all-staff case conferencing; staffing provided by multidisciplinary team; possibility for the observation of court testimony; and professional training opportunities offered outside the facility. The Fellow will provide presentations to staff during the training year and case conference sessions.
6. Specific service requirements to the Illinois Department of Human Services will not interfere or usurp the training goals of the Psychology Training Program. The provision of services by the Fellow to the residents of the detention facility will be carefully supervised and integrated into the training program to ensure the goals of the training program are met.
7. The Fellow will be kept informed of their progress in the Fellowship program by means of clearly identified evaluative sessions. Formal performance reviews assessing Profession Wide Core Competencies will be provided to the Fellow by each of the licensed supervisors providing individual supervision to the Fellow, at a minimum of two times during the training year. The Fellow will be evaluated on the nine Profession Wide Core Competencies (Research, Ethics and Legal Standards, Individual and Cultural Diversity, Professional Values and Attitudes, Communication and Interpersonal Skills, Assessment, Intervention, Supervision, and Consultation and Interprofessional/Interdisciplinary Skills). The evaluation form is available by it and in the program training manual. Both are available by contacting the Director of Training and research, Paula Lodge (paula.lodge@illinois.gov). The formal review will be discussed with the Fellow and after the Fellow signs the review a copy will be placed in their permanent record.
8. The Fellows will also be provided with the opportunity to evaluate their own performance, their experiences during the review period, and the quality of the supervision and mentoring received.
9. Due Process Guidelines are requirements of APPIC. These guidelines are present to the Fellows to better understand the process and to provide the Fellow with specific steps that may be taken to remediate problematic behavior. The Due Process guidelines are provided as a tool for both the Supervisors and the Fellows to follow. It is the hope that problems noted would be resolved well before becoming an issue of discipline. The Due Process

policy is contained in the program training manual. Both are available by contacting the Director of Training and research, Paula Lodge (paula.lodge@illinois.gov).

It must be highlighted that the above are basic requirements for the Psychology Training Program. Some States may have additional Fellowship requirements that must be met for licensure/certification. As well, the Fellow's graduate program may have specialized reporting requirements to document progress throughout the Fellowship. The Fellow must be familiar with the specific requirements of the graduate program and the regulations of the state or states in which they wish to practice so that the Fellowship experience conforms to the requirements of both. The Fellow will be expected to negotiate any additional requirements at the commencement of the training program.

IV. Supervision & Training

The objective of the Psychology Training Program is to provide a comprehensive learning experience that will provide the Fellow with all the requirements necessary for licensure requirements in the State of Illinois. The planning and development of the Fellowship training program will emphasize the individual needs and preferences of the Fellows. Flexibility in training will allow the Fellows the opportunity to pursue specific interests. Though there are stated performance objectives for the completion of the program, within that framework, limited flexibility is available. This approach assures that each Fellow has the opportunity to tailor the Fellowship experiences to maximize their progress toward autonomous practice

A. Supervision & Training

The Post-doctoral Fellow will receive multiple forms of supervision and training during this Fellowship-training year. The average hours for supervision each week will include the following:

<u>Form of Supervision/Training</u>	<u>Average Hours per week</u>
Individual Supervision	2 hours
Case Conferences/Staffing	1 hour
Didactic Seminars	2 hours
Liberty Staff Training Opportunities	1 hour
Group Supervision/Team Meeting	<u>1 hour</u>
TOTAL	<u>7 hours</u>

Individual Supervision: will be provided by two Licensed Clinical Psychologists for a total of two hours per week (one hour with the Director of Training and Research or DOTR and one with a Licensed Clinical Psychologist or LCP). The Team Leader of the Team to which the Fellow is assigned will also provide individual and group supervision. This supervision will focus on the delivery of direct contact and treatment of the residents. Methods of supervision may include in-vivo live observation where the

Fellow is paired with a licensed clinical psychologist in group and short debriefing after group.

Case Conferences and Staffing: Staffings occur on a bi-weekly basis for the residents on the Team. This is a multidisciplinary meeting with the resident to discuss treatment planning for the next quarter. Additionally, Case Conferences are held on a monthly basis for ½ the training year to address challenging cases with the entire treatment staff.

Didactic Seminars and Staff Training: are planned on a twice weekly basis for the Post-doctoral Fellows. Specialized topics are provided in a group setting. Other staff members have access to the didactic trainings if interested. The annual didactic schedule is listed in the Policies & Procedures Manual; however, please note topics are subject to change based on the interest of the Fellows, as well as Doctoral Interns. Staff training opportunities are provided by Liberty Healthcare the other half of the training year on a semi-monthly basis to address sex offender treatment related topics.

Group Supervision: will take the form of weekly Team meetings during which approaches to treatment and case management will be discussed.

B. Areas of Fellowship Training

During the Fellowship year, the Fellow will be an integral member of a treatment team. The Fellowship will represent a 2000 hour training experience, which excludes all Paid Time Off and other times away from site. During this time, the Fellow will be involved in the following professional activities each week:

1. **Group Treatment:** The Fellow will participate as a co-facilitator in two different types of treatment groups as listed below:

- *Sex Offender Specific Treatment* – During the training year the Fellow will be assigned to provide intensive sex offender group treatment with an experienced co-therapist. Residents in the group will generally number between 8 to 10.
- *Skills Based group treatment* – the Fellow will be assigned to provide non-sex offender specific skills based psychoeducational treatment groups, such as anger management, power to change, DBT, etc).

2. **Primary Caseload:** The Fellow will be assigned a primary caseload of residents; some may participate in the treatment groups co-facilitated by the Fellow, some may not. Other residents, who are not in treatment, will be assigned for primary case management. Individual therapy is not provided for sex offender specific issues, however, brief individual therapy may be provided as indicated.

3. **Documentation:** The Fellow will be expected to prepare all necessary documentation and case notes on a weekly basis as required by the Team Leader.

4. **Psychological Testing and Report Writing:** During the training year there will be time set aside each week for psychological testing and report writing. During the training the Fellow will be assigned a minimum of six, Entry to Treatment Evaluations (ETTE) to complete. Additional testing may be required on a re-test basis with a specific referral question. The Director of Training and Research will supervise all psychological assessments, prepared by the Fellow.

5. **Treatment Planning:** The Fellow will be responsible for preparing detailed treatment plans and quarterly treatment plan reviews for the residents on the primary caseload. Both formal mentoring and supervision will be provided to guide the Fellow through the treatment plan process and presentation at the scheduled staffing for each resident.

6. **Case Conceptualization/Staffing:** The Fellow will be expected to attend and participate in both the bi-weekly team staffing and monthly case conceptualization provided for all staff. For the bi-weekly team staffing the Fellow will be expected to prepare the appropriate treatment documentation for all residents on the primary caseload.

7. **Supervision/Training:** The Fellow will be expected to attend and actively participate in all forms of supervision as listed above.

8. **Sex Offense Specific and Forensic Issues:** During the training year the Fellow will be exposed a broad scope of forensic issues through various learning methods and opportunities. Attendance at court to observe the testimony of Clinical Psychologists, tours of mental health facilities, and other training opportunities will be made available throughout the training year. During the Didactic session diverse topics in Forensic Psychology will be addressed. The Fellow is encouraged to research didactic topics prior to attending the weekly presentation in order to facilitate meaningful discussions.

9. **Multicultural Training:** Didactic training is committed to diversity awareness, knowledge, and the acquisition of skills to increase multicultural competencies. Critical examination of personal values, experiences, and gaining an understanding of the areas of growth required are considered critical to enhancing the Fellow's understanding and appreciation of differences. The Fellow will be required to present two multicultural case conceptualizations during Didactic trainings throughout the year.

10. **Research Opportunities:** There may be the opportunity for research at the facility if this is an area of interest for the Fellow. Specific research topics will be developed on an individual basis.

11. **Training Resources:** The Interns have access to a wide array of assessments/tests provided by the State of Illinois, as well as a "testing computer" that has several scoring programs on it. Interns are together in a shared office. Each Intern has their own desk and computer, with a shred telephone and locking file cabinet. All of which is supplied by the State of Illinois, as opposed to Liberty Healthcare. The detention facility (TDF)

was completed in approximately 2004 as a maximum-security building, but not occupied by the treatment program until 2006. The facility is all on one level without tiered housing. There are windows in all offices and treatment rooms with views to the outside. Basically, the building, which is owned by the State of Illinois, is clean, well-lighted, and well taken care of.

Fellows have access to a moderate amount of assistance by Liberty Healthcare's Administrative assistants. Supervisors and training faculty are listed below:

Licensed Clinical Psychologists Management Team

Shan Jumper, Ph.D., Clinical Director

Dr. Jumper received his doctorate in counseling psychology from the University of North Dakota and is licensed in Illinois as a Clinical Psychologist, Sex Offender Treatment Provider, and Sex Offender Evaluator. Dr. Jumper has worked in the field of sexual violence since 1991. Following a pre-doctoral internship in mental health and forensics at Connecticut Valley Hospital/Whiting Forensic Division, he was employed at the Sexually Violent Predator program in Wisconsin, where he conducted SVP re-examinations and provided court testimony and sex offense treatment. In 1999 Dr. Jumper joined the staff of the Sexually Violent Persons program at the Illinois Dept. of Human Services Treatment and Detention Facility as a psychologist, later serving as Treatment Team Leader and Associate Clinical Director. An employee of Liberty Healthcare, he has been the program's Executive Clinical Director since 2005. Dr. Jumper has worked in private practice as an expert witness, has published various peer reviewed articles and book chapters on sexual violence and has served on the adjunct faculty at Argosy University Chicago. Dr. Jumper served as the President of the Association for the Treatment and Prevention of Sexual Abuse (ATSA) from 2020-2021. He served on the ATSA board from 2013-2022 as Secretary and Treasurer in addition to his term as ATSA President. Dr. Jumper is a member of the Sex Offender Civil Commitment Programs Network (SOCCPN), having served as President of this organization from 2012 – 2018.

Licensed Clinical Psychologists Providing Supervision

Paula Lodge, PhD, LCP, LSOTP, Clinical Team Leader

Dr. Lodge joined the Treatment and Detention Facility in 2007 as a clinical therapist. She earned her PhD in Clinical Psychology from Seattle Pacific University in 2006. She became a Licensed Professional Counselor in 2008, and a Licensed Clinical Psychologist in 2014. Prior to joining Liberty Healthcare Dr. Lodge held clinical positions in adolescent residential programs serving juveniles with behavioral disorders, and community-based mental health programs serving adults with severe and persistent mental illnesses. She also provided group and individual therapy to sexual offenders and domestic violence perpetrators in the community and provided pre-sentencing evaluations for both populations. In 2013 she was promoted to the position of Team Leader.

Other Licensed Professional Staff

Sharlene D. Caraway, MS., LMFT, LSOTP, Associate Clinical Director

Ms. Caraway earned her Master of Science degree in Marriage and Family Therapy in 1987 from Loma Linda University and has been a Licensed Marriage and Family Therapist (LMFT) since 1989. She obtained her Bachelor of Science degree from Union College in 1980 where she majored in Psychology with a Social Work emphasis. Prior to joining Liberty Healthcare Ms. Caraway worked for Riverside County Dept. of Mental Health in California where she was the supervisor of the Sexual Abuse Treatment Program. Additionally, she has held various administrative and clinical positions while working in a myriad of private, not-for-profit, community based mental health agencies, and adolescent residential facilities.

Gerald L. Carreon, MA, LMFT, LSOTP, Clinical Team Leader

Mr. Carreon earned his Master of Arts in Marriage and Family Therapy from Argosy University/Hawaii in 2006 and his Bachelor of Arts in Psychology from University of Hawaii/Manoa in 2003. Mr. Carreon obtained his LMFT license in 2010 and joined Liberty Healthcare in 2011 as a Clinical Therapist. Prior to joining Liberty Healthcare, he worked for Catholic Charities Child Sexual Abuse Treatment Program treating adult male offenders and juvenile offenders for 5 years. In 2015, Mr. Carreon was promoted to Team Leader.

Angela Hoyt, MS, LCPC, LSOTP, Clinical Team Leader

Ms. Hoyt earned her Bachelor of Science in Psychology in 2009 and her Master of Science in Clinical/Community Mental Health in 2013, both from Western Illinois University. She is currently a Licensed Clinical Professional Counselor. Prior to joining the Treatment and Detention Facility in June of 2016, Ms. Hoyt was employed at Behavioral Health Services at McDonough District Hospital, where she provided outpatient therapy. During this time, Ms. Hoyt also served as a clinical team member of the McDonough Drug Court Team. She was promoted to Clinical Team Leader in 2020.

Kenneth Queen, MA, LCPC, LSOTP, Clinical Team Leader

Mr. Queen joined the staff at the Treatment and Detention Facility in April of 2012 after working several years with juveniles who sexually harm, and as a mentor for emotionally troubled youth. Mr. Queen earned is Masters degree in counselor education from James Madison University in Virginia, and his Bachelor's degree in special education form the University of Maryland College Park. He is a Licensed Professional Clinical Counselor and Licensed Sex Offender Treatment Provider who was promoted to Team Leader inSeptember of 2023.

Lindsey Wagner, MS, LCPC, LSOTP, Clinical Team Leader

Ms. Wagner joined the Treatment and Detention Facility in January of 2016 as a Clinical Therapist. In 2003, she earned her B.A at Illinois State University majoring in Psychology and minoring in Sociology. She went on to obtain her M.S. in Clinical-Community Mental Health at Western Illinois University in 2007 and is currently a Licensed Clinical Professional Counselor. Prior to the DHS-TDF, she worked first as an intern, then as a Licensed Substance Abuse Counselor, to Clinical Counselor, to finally the Clinical Supervisor at Mental Health Centers of Western Illinois. In 2018 she was promoted to Team Leader at DHS-TDF.

V. Application Process

A. Application Requirements

Individuals interested in a Fellowship position with the Psychology Training Program must have completed all requirements for a Doctoral Degree in Clinical, Clinical Forensic, or Counseling Psychology prior to the start of the Fellowship, including a Doctoral Internship (APPIC Member). The preferred candidate will be from an APA/CPA accredited doctoral program, however, applications from candidates from regionally accredited institution of higher learning will be accepted. Also, experience administering and scoring the Rorschach is an important in the selection of the Fellow, but is not necessarily a requirement.

To fulfill the application requirements, each of the following steps must be completed:

- **Submit a letter of interest** with a current copy of your curriculum vitae.
- **Current copies of transcripts** of all graduate work must be in provided upon request. The selected Post Doctoral Fellows will be asked to provide official transcripts prior to the start of the training year.
- **Submit one work sample**. This should be an assessment report regarding an adult client that addresses, at a minimum, background information, current behavioral observations, results of a full battery of psychological tests, diagnostic formulation and treatment recommendations. Projective Testing using the Rorschach should be evidenced clearly in the psychological report, if possible. Choose this case carefully and take appropriate steps to protect the anonymity of the subject.

Submit the above information to:

Paula Lodge, PhD, Clinical Team Leader
c/o Liberty Healthcare Corporation
Illinois Dept of Human Services – Rushville Treatment & Detention Facility
17019 County Farm Road
Rushville, Illinois 62681
paula.lodge@illinois.gov

Preliminary telephone interviews are planned for a limited number of applicants after which, a number of candidates may be asked to take part in an on-site interview or Zoom, or phone interview.

Note:

The Fellowship is a one calendar year (2000 hours) Post-Doctoral Fellowship effective from August 26, 2024, until August 22, 2025. Selected applicants will have successfully completed a Doctoral Internship and dissertation requirements for the doctoral degree in Clinical or Counseling or Forensic Psychology (PsyD or PhD) prior to assuming fellowship responsibilities.

APA accredited training experiences are preferred. Past practica or internship experience working with sexual offenders or similar correctional populations is strongly preferred, but not necessary.

B. Additional Security Clearance Application Procedures

Due to the sensitive nature of this training opportunity, final candidates are required to complete the Department of Human Services intense background security checks prior to admittance to the facility grounds. As well, the Fellows selected shall be required to complete Liberty Healthcare's employment application and credentialing process, which includes fingerprinting and pre-employment drug screening. Not passing fingerprinting or a drug screen will result in cancelling any offer of a Fellowship or employment.

Offers of Fellowship positions are strictly contingent upon satisfactory completion of the background investigation process. Failure to complete this process or a finding that an applicant is outside the guidelines for employment in a sensitive position would preclude participation in this training program. Once hired, the Fellow must comply with the Department of Human Services and the Liberty Healthcare standards of employee conduct and responsibility.

Also, currently all staff must be fully vaccinated for COVID or possess a medical or religious exemption. All staff are subject to weekly COVID tested if vaccinated and tested twice weekly if not vaccinated. All staff must wear a facility provided mask when in the facility.

The foregoing is not intended to discourage applications, but to ensure that applicants are aware of the additional security requirements that will be imposed on them should they wish to pursue a Fellowship experience with Liberty Healthcare at the Department of Human Services. Any questions you may have should be resolved prior to submitting your list for matching.

C. Benefits

During the 2023/2024 training year, the following benefits are available for the selected Fellow who participates in the Psychology Internship Program, and it is expected that the benefits will remain the same for the 2024/2025 training year:

- A stipend of \$55,000
- Paid time off earned each pay period for a total of 180 hours for the year. Unused PTO benefits are not usually convertible to cash.
- Authorized leave to attend off-site training
- Support for research activity (prior approval must be obtained from DHS)

Access to medical insurance is available:

- Coverage for Fellow with contribution.
- Coverage of family member(s) with contribution.
- Coverage of legally married partner with contribution.
- Coverage of domestic partner with contribution.

Other Benefits (please describe):

- Dental coverage with contribution by Fellow.
- Vision coverage with contribution by Fellow.
- Life Insurance.
- Accidental Death and Dismemberment.
- Long Term Disability.
- Short Term Disability with contribution by Fellow.
- Critical illness with contribution by Fellow.
- Additional Supplemental Life with contribution by Fellow.
- Additional Death and Dismemberment with contribution by Fellow.

D. Professional Liability Insurance

All Fellows accepted to this site for Fellowship Training will be covered by professional liability insurance under the Liberty Healthcare contract.

E. Equal Opportunity Employer

The Clinical Psychology Postdoctoral Fellowship Training Program provides equal opportunity to all prospective candidates. The Fellow will be selected without discrimination for any non-merit reason such as race; color; religion; national origin; sex; sexual orientation; gender identity, status as a parent; age; physical disability; marital status or, membership in an employee organization. Applicants from a diverse background are encouraged to apply. Applicants are individually evaluated in terms of quality of previous training, practicum experiences, and fit with the Fellowship. If an

applicant requires accommodations, please contact the Fellowship Training Director to initiate this process.

The Illinois Department of Human Services provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please notify the Director of Training & Research. The decision on granting reasonable accommodation will be on a case-by-case basis.

VI. Example Didactic Seminar Schedule:

Didactic Schedule 2022-2023

(Didactics last 2 hours from 8:00 AM to 10:00 AM on Fridays, unless otherwise noted. Schedule is subject to revision.

#	Date	Presenter	Topic	Abstract	Learning Objectives
1.	08/29/ 2022	Dr. Reid	Intro to the Clinical Psychology Training Manual, APA Ethical Principles of Psychologists and Code of Conduct, ATSA Practice Guidelines & Professional Code of Ethics, Specialty Guidelines for Forensic Psychology, Intern Evaluation, Retention, and Termination Policy, Intern Evaluation, Diversity and Non-Discrimination Policy, Diversity and Non-Discrimination Policy, Grievance Procedures, Due Process Policy	<i>Review and discuss the contents of the training program manual and begin to understand the training program requirements. Present the Due Process manual and other associated policies.</i>	<ul style="list-style-type: none"> > Be able to locate various documents such as the supervision form. > Locate ethical guidelines & other policies. > Understand due process as presented in the policy.
2.	08/30	Dr. Jumper (60 minutes)	<i>Overview of Treatment Program, SVP Law, & History of the Treatment Program</i>	<i>Cover the history of the SVP law and how it is applied in Illinois, purpose of the program, and how the treatment program came to exist.</i>	<ul style="list-style-type: none"> > Understand the purpose of the SVP law. > Understand the history of the law. > Understand the implementation of the law.
3.	08/30	Dr. Lodge (90 minutes)	Treatment Foundations, Power 2 Change, Treatment Program Phase I	Briefly covers the manner in which residents are introduced to treatment as well as present a process for those who are not progressing through the treatment program.	<ul style="list-style-type: none"> > Understand the purpose of Treatment Foundations > Understand that some residents will not progress efficiently through treatment. > Become familiar with the process-oriented Power 2 Change group.
4.	08/30	Dr. Lodge (90 minutes)	Treatment Program Phases II-V & Treatment Objectives Checklist (TOC)	Briefly covers the treatment phases of the program and the TOC tracks progress in the treatment program.	<ul style="list-style-type: none"> > Become familiar with the treatment phases of the program > Understand the purpose of the TOC > Understand how to complete the TOC
5.	09/01	Ms. Steffen	<i>Recreational Therapy at the TDF</i>	<i>Covers the offerings of the Rec Dept and the purpose of the Rec Dept.</i>	<ul style="list-style-type: none"> > Become familiar with the range of activities offered in a secure setting. > Understand how the various activities are therapeutic interventions. > Take part in an ice breaker as an example.
6.	09/02	Dr. Velez	<i>Trauma Informed Care</i>	<i>Review and discuss the basic principles of Trauma Informed Care (TIC) in a forensic setting.</i>	> Describe the core principles of a Trauma Informed System of Care.

					<ul style="list-style-type: none"> > Understand the relevance of integrating knowledge about trauma into policies, procedures and practices. > Identify ways of establishing and maintaining a therapeutic stance with residents with symptoms of trauma while responding effectively.
7.	09/01	Mr. Vincent Ms. Caraway (60 minutes)	Resident Rights and Grievance Process Behavior Management and Resident Handbook	Covers rules, regulations and procedures for residents at TDF, including misconduct and consequence pertaining to the Behavioral Management	<ul style="list-style-type: none"> > Become familiar with Resident rights, including amounts of items they can have >Steps for completing Grievances and other resident options > Learning about the Behavioral Management and the behavior committee and resident violations
8.	09/03	Dr. Reid	<i>Risk Management for Suicide Prevention</i>	<i>Overview of suicidality in secure settings.</i>	<ul style="list-style-type: none"> > Learn about Impulsive Suicide. > <i>Learn about Planned Suicide.</i> > <i>Learn about the difference between suicide attempt and self-injury.</i>
9.	09/06	Dr. Jones (90 minutes)	<i>Self-Care & Burnout</i>	<i>Discuss importance of Self-Care and Burnout</i>	<ul style="list-style-type: none"> < <i>Develop a Self-Care routine</i> < <i>Identify signs of burnout and take actions to prevent it</i> < <i>Know available options and support at TDF</i>
10.	09/07	Dr. Bygrave (90 minutes)	Thinking Errors/DMMs/Tactics	Briefly covers how criminal thinking employs cognitive distortions in order to support offending behaviors, as well as the overt actions taken by offenders to achieve their respective means. Introduces the connectivity between thoughts, feelings, global beliefs, and actions which contributed to negative patterns, as well as how to transform the aforementioned into positive patterns.	<ul style="list-style-type: none"> >Become familiar with the concept of Thinking Errors or Cognitive Distortions >Learn the actions individuals engage in to support their distortions and/or attempt to control others in an unhealthy manner >Understand the feedback loop between thoughts, feelings, beliefs, and actions, as well as how they contribute to both positive and negative lifestyles
11.	09/08	Dr. Velez (60 minutes)	<i>Mental Health Status I & II</i>	<i>Introduces the issue of Mental Health Status, the various levels thereof, and protocol for assessing individuals on each respective level.</i>	<ul style="list-style-type: none"> >Become familiar with Mental Health Status >Learn the various levels of Mental Health Status >Become familiar with protocol for assessing individuals on various levels of Mental Health Status
12.	09/07	Dr. Jumper Dr. Reid	Psychopharmacology, Enforced Medication Process, & Gender Dysphoria & Transgender Policy	Covers the policy for the prescription of psychotropic medication in the facility. Review and discuss the Transgender Standards of Care and the policy for Gender Dysphoria	<ul style="list-style-type: none"> > Become familiar with the TDF procedures for the voluntary and involuntary psychotropic medication for residents in the program. > Gain understanding of options,

				management and treatment at the TDF.	risks and efficacy of psychotropic medication for the treatment of people diagnosed with paraphilic and/or other mental disorders. > Discuss the appropriate standards of care and progression of treatment with transgender people and those diagnosed with Gender Dysphoria.
13.	09/08	Dr. Jones Dr. Velez	Sexual Disorders, Personality Disorders, & Other Common Mental Health Disorders	Introduction of Sexual Disorders and Personality Disorders as well other common mental health disorders at TDF	> Identify the different Sexual Disorders using DSM-5 diagnostic criteria > Identify Personality Disorders common at TDF and be able to recognize symptoms using the DSM-5 diagnostic criteria > Learn about other common mental health disorders for residents at TDF
14.	09/10	Dr. Reid	The Psychopath Next Door https://www.Dr.Reid.com/watch?v=sHnZZ7_enHc	Video about Psychopaths: The 'successful' psychopath could be your neighbor, your boss, your spouse, or your friend.	> Be familiar with the story of Colonel Russell Williams, Paul Bernardo and Clifford Olsen > Understand that most psychopaths are not physically violent criminals > experts believe between one and two per cent of the general adult male population are psychopaths, which means there could be 300,000 of them in Canada alone.
15.	09/13	Ms. Houzenga Ms. Wandling (90 minutes)	ASD <i>Specialized Population</i>	Overview of Autism Spectrum Disorder and the common challenges of high functioning residents on the spectrum are described. <i>PowerPoint presentation addresses working with "specialized" i.e. intellectually/ learning disabled/ behaviorally challenged sex offender clientele.</i>	> Recognize what makes typical core sex offender treatment difficult for individuals on the spectrum. > Explain the differences between personality disorders and autism when addressing disruptive behavior. > Incorporate autism-specific programming adaptations into their current treatment programming. > Gain exposure to the specific challenges clinicians face when working with sex offenders considered specialized. > Learn how specialized sex offenders are both similar and different from "normalized" populations in terms of treatment. > Gain awareness of safety and

					<i>sensitivity issues regarding working with specialized sex offenders.</i>
16.	09/14	Ms. Schupick Ms. Goddard (90 minutes)	Building the Co-Therapist Relationship & Being a Team Player	<i>Review and discuss the best practices of co-therapy and the importance of building a collaborative relationship with the co-therapist.</i>	<ul style="list-style-type: none"> > Discuss and compare the advantages and disadvantages of co-therapy. > Understand the importance of building and maintaining a collaborative relationship between co-therapists. > Become familiar with challenges and dilemmas in the co-therapy relationship.
17.	09/15	Dr. Jones & Dr. Bygrave (90 minutes)	Surviving the Training Year	Discussion on managing your time effectively and staying focused and organized	<ul style="list-style-type: none"> > Effectively manage your time by developing a list of priorities at TDF to meet deadlines > Learn techniques to stay organized (e.g. making folders to organize emails) > Keep updated on your calendar to attend to important tasks such as SBL trainings and All-Staff Meetings.
18.	09/15	Dr. Velez & Dr. Bygrave (90 minutes)	Boundaries & Cognitive Distortions/Tactics	<i>Review and discuss the basic principles of and the importance of setting good boundaries in a forensic setting</i>	<ul style="list-style-type: none"> > Understand the relevance of Boundaries to cognitive distortions. > Identify ways of establishing and maintaining healthy boundaries. > How to respond effectively to breaches in boundaries.
19.	09/16	Dr. Bygrave Dr. Rivera (90 minutes)	<i>Resident Panel Question & Answer Session</i>	<i>Residents presented themselves to clinical staff with the intent of being seen as multidimensional human beings rather than the sum of their offenses, as well as allow staff to ask questions in order to better understand the dynamic between resident and staff.</i>	<ul style="list-style-type: none"> >Understand residents from a holistic lens. >Resonate with residents' hopes and dreams for the future. >Gain respect for residents' humility regarding their willingness to be open about both positive and negative aspects of themselves, as well as shades of gray.
20.	09/16	Dr. Rivera (90 minutes)	<i>Resident Intake Interview Discuss Multicultural Case Presentations</i>	<i>Introduces protocol for clinicians interacting with incoming residents.</i>	<ul style="list-style-type: none"> >Be introduced to and provided with protocol regarding incoming residents. >Review protocol literature regarding incoming residents. > Assess for mental health issues. the composition of multicultural case presentations.
21.	09/17	Dr. Reid	Your Role in Workplace Diversity (Required Relias Training. See more Relias elective trainings at end of document.)	In this course, you'll explore how to become aware of your attitudes toward diversity, understand the source of any cultural bias you may have, and increase your acceptance of diverse cultures, people, and ideas. You'll also	<ul style="list-style-type: none"> > Recognize the actions you can take to become aware of your values and beliefs > Recognize guidelines for embracing social and cultural diversity in the workplace > Recognize how your actions

			TED Talks on Biases See links at the end of the document.	discover how to become an advocate for diversity and inclusion within the workplace. <i>Biases are discussed from different vantage points.</i>	can improve social and cultural diversity > Learn about internal biases. > Learn how our biases affect how the world is viewed. > Learn ways to manage biases.
22.	09/16	Dr. Reid	ETTE (Entry To Treatment Evaluation)	Briefly covers the process for the ETTE including the clinical interview, assessments used, report writing and presenting ETTE results to residents.	> Understand the purpose and relevance of the ETTE in the treatment program. > Discuss the clinical interview process and different instruments used for the assessment of residents. > Describe the process of report writing and presenting ETTE results to residents.
23.	09/23	Dr. Reid Dr. Jumper	Cohort & CT Interactions	Processed problematic racial comments and interactions.	>Processed racial overtones and comments >Gain insight in how to work with others who make problematic comments that others overhear.
24.	09/30	Dr. Reid	Practice Assessments (Cognistat, WRAT5, MMSE-2 & others as needed. Discuss Article of the Month: The Ethics of Care and Treatment of Sex Offenders	Covers assessments used in ETTE including practicing administering the assessment. The ethics if caring for and treatment of sex offenders is explored.	>Type of assessments used for ETTE >How to administer the assessments >Mock trail of administering the assessment >Understand five classes of ethical issues in working with sex offenders. >The care of sex offenders is defined. >Understand how the care ethical theory is applied.
25.	10/07	Ms. Wandling Dr. Reid	Developing Treatment Plans Stanton E. Samenow: Does the Evil Mind Exist - https://www.bing.com/videos/search?q=Dr.Reid+samenow&view=detail&mid=F7A8BB7F24C4021A50FD&FORM=VIRE	Presented on how to develop Master Treatment plans, Master Treatment Plan Review & Non-Treatment Plans Looking inside the criminal mind of the offenders	>Learn how to develop a Master Treatment Plan >Learn how to develop a Master Treatment Plan Review >Learn how to develop a Non-Treatment Plan for those not in treatment. >Does the evil mind exist? >Criminal behavior of offenders >Criminal personality >Evaluations and treatment of offenders
26.	10/14	Dr. Reid	Neurobiology of Sexual Assault - https://nij.ojp.gov/media/video/24056	<i>Review and discuss</i> the neurobiology of sexual assault and the implications for law enforcement, prosecution, and victim advocacy.	> Discuss research findings on the neurobiology of trauma and the criminal justice response to sexual assault. > Describe the emotional and

			https://www.bing.com/videos/search?q=you+tube+ted+talk+How+to+Overcome+Your+Biases&docid=608023002509476438&mid=446148307D22EFDA7C3446148307D22EFDA7CC3&view=detail&FORM=VIRE https://www.bing.com/videos/search?q=you+tube+ted+talk+How+to+Overcome+Your+Biases&docid=607991035085000427&mid=893DC92A1E341FAE6605893DC92A1E341FAE6605&view=detail&FORM=VIRE https://www.bing.com/videos/search?q=you+tube+ted+talk+How+to+Overcome+Your+Biases&docid=607989102274545446&mid=ADEB37704C3C794D7C53ADEB37704C3C794D7C53&view=detail&FORM=VIRE		
29.	11/11	Dr. Reid	<p>EVERYTHING You Need To Know About the Narcissist [MedCircle Masterclass]</p> <p>https://www.youtube.com/watch?v=V87G95bGTTk</p>	The topic of narcissism including the concerns, hopes, and fears experienced by narcissists and people who must work or are in a close relationship with a narcissist.	<p>>Formulate a holistic case conceptualization of a resident while taking in their cultural values</p> <p>> Identify how your cultural views may impact the therapeutic relationship and rapport</p> <p>> Include transference and countertransference issues</p>
30.	11/18	Dr. Velez-Pagan & Ms. Seiders	Multicultural Case Presentation	Present a case using the resident's cultural background	<p>>Formulate a holistic case conceptualization of a resident while taking in their cultural values</p> <p>> Identify how your cultural views may impact the therapeutic relationship and rapport</p> <p>> Include transference and countertransference issues</p>
31.	11/25	No Didactic - Thanksgiving			
32.	12/02	Dr. Reid	<p>Losing Time: Dementia and Alzheimer's Disease Behind Bars-2016</p> <p>https://info.nicic.gov/vid/?q=node/37</p>	<p><i>Review and discuss the needs and challenges of working with men with cognitive impairment and consideration of individual and multicultural variables during case conceptualization of residents.</i></p>	<p>> Assess and promote the ability to conceptualize residents based on the underpinnings of multicultural counseling and case conceptualization competencies.</p> <p>> Understand the foundation for developing a self-contained model to meet the needs of incarcerated men with cognitive impairment.</p>
33.	12/09	Dr. Reid	Dr. Robin DiAngelo discusses 'White Fragility'	University of Washington professor Dr. Robin DiAngelo reads from her book "White Fragility: Why It's So Hard for White People to Talk About	<p>> Explore the counterproductive reactions white people have when their assumptions about race are challenged.</p> <p>> Understand how these</p>

				Racism," explains the phenomenon, and discusses how white people can develop their capacity to engage more constructively across race.	reactions maintain racial inequality
34.	12/16	Dr. Reid	Discuss Article of the Month: Explicating the Construct of Psychopathy – Development and Validation of a Conceptual Model, the Comprehensive Assessment of Psychopathic Personality (CAPP) Female High School Teacher Sex Offenders Are they different than male sex offenders? https://www.youtube.com/watch?v=fAELIuje7Vo	The article presents a conceptual model for defining a psychopathic personality. Brief introduction to females who offend against adolescent children.	>Understand the key features of a psychopathic personality >Delineate the symptoms of a psychopathic personality >Understand the progress on validating the CAPP Understand the difference between female and male sex offenders > Become familiar with current research and trends in the management and treatment of female convicted of sex offenses.
	12/23	No Didactic – Holiday Treatment Break			
	12/31	No Didactic – Holiday Treatment Break			
35.	01/06/2022	Dr. Reid	Andrea yates case Phillip Resnick - https://www.Dr.Reid.com/watch?v=dCnUIQt7YN0	Covers the case of Andrea Yates, the woman who drown her five children. Documentary is presented in which the psychological complexities of the situation are laid bare.	>Be exposed to the case of Andrea Yates. >Understand Andrea Yates' case and how she was portrayed in the media. >Be exposed to the psychology of a mother suffering from postpartum depression, postpartum psychosis, schizophrenia, and unaddressed cries for help.
36.	01/13	Dr. Reid	Counseling Transgendered Individuals - https://www.bing.com/videos/search?q=Dr.Reid+assesssing+trnsgendered+individuals&src=IE-SearchBox&ru=%2fsearch%3f%3dDr.Reid%2bassesssing%2btrnsgendered%2bindividuals%26src%3dIE-SearchBox%26FORM%3dIESR3N&view=detail&mmscn=vwrc&mid=6B14027AEC9AD9CED6556B14027AEC9AD9CED655&FORM=WRVORC	<i>Review and discuss the appropriate clinical practice to address the mental health needs of adults with transgender identities and bring support during their transition process.</i>	> Review of terminology regarding the gender identity and sexual orientation continuum. > Describe mental health needs of adults with transgender identities and those with Gender Dysphoria. > Understand the barriers and challenges for transgender people during transition process.

37.	01/20	Dr. Reid	The Growth Mindset https://www.youtube.com/watch?v=-71zdXCMU6A	Carol Dweck presents how humans can develop a growth mindset rather than a fixed mindset which allows for a resilient approach to learning.	<ul style="list-style-type: none"> >Understand how to give children and adults greater confidence by changing the way education is framed. >Learn how struggling students improve as a result of developing a growth mindset. >Understand how effort and difficulty can be experienced differently as a result of developing a growth mindset.
38.	01/27	Dr. Rivera Dr. Velez	Multicultural Case Presentation	Present a case using the resident's cultural background	<ul style="list-style-type: none"> >Formulate a holistic case conceptualization of a resident while taking in their cultural values > Identify how your cultural views may impact the therapeutic relationship and rapport > Include transference and countertransference issues
39.	02/03	Dr. Bygrave	Multicultural Case Presentation	Present a case using the residents cultural background	<ul style="list-style-type: none"> >Formulate a holistic case conceptualization of a resident while taking in their cultural values > Identify how your cultural views may impact the therapeutic relationship and rapport > Include transference and countertransference issues
40.	02/10	Ms. Seiders Dr. Reid	Multicultural Case Presentation Being Man Enough https://www.youtube.com/watch?v=74O7RPZt9Pc The new era of positive psychology Martin Seligman https://www.Dr.Reid.com/watch?v=9FBxfd7DL3E	Present a case using the resident's cultural background Justin Baldoni discusses the topic of "being man enough" and challenges society to redefine what it means to be a man today.	<ul style="list-style-type: none"> >Formulate a holistic case conceptualization of a resident while taking in their cultural values > Identify how your cultural views may impact the therapeutic relationship and rapport > Include transference and countertransference issues >Understand how society's script for being a man negatively affects both men and women. >Understand how boys are sensitized from an early age to be tough, dominant, etc. >Become sensitive to the scripts that have passed down to males for generations and what can be

		<p>Dr. Bygrave</p> <p>Ms. Seiders</p> <p>Dr. Velez</p>	<p>Article of the Month: Guidelines to Address Barriers in Clinical Training for Trainees With Sensory Disabilities</p> <p>Discuss Article of the Month: Gender Identity Assessment with Trans Individuals – Finding of a Systematic Literature Review of Assessment Instruments and Ethical Considerations</p> <p>Discuss Article of the Month: Incorporating Principles of Trauma-Informed Care Into Evidence-Based Sex Offending Treatment</p>	<p>Martin Seligman presents his ideas about positive psychology moving beyond a pathology-based focus, conceptually and in practice.</p> <p>Highlight barriers to clinical training. Recommendations for trainees, and clinical leadership and training directors to improve accessibility and inclusion are presented.</p> <p>Purpose of the paper is to critically reflect current guidelines around assessing trans individual based on World Professional Association for Transgender Health (WPATH).</p> <p><i>Review and discuss the relevance and consideration of the Trauma-Informed Care model and multicultural variables during case conceptualization and treatment of residents.</i></p>	<p>done to change them for the better.</p> <p>>Learn how psychology has progressed and regressed over time.</p> <p>>Understand how the disease model lacked positive interventions.</p> <p>>Learn how positive psychology is a science of what makes life worth living.</p> <p>> Become aware of training barriers to those with differing sensory abilities.</p> <p>> Become aware of corrective recommendation for training to those with differing sensory abilities.</p> <p>> Suggested guidelines to improve access are presented.</p> <p>>Understand various assessment approaches</p> <p>>Understand preliminary findings in this area</p> <p>>Understand ethical approaches to further research in the area.</p> <p>> Assess and promote the ability to conceptualize a resident based on the underpinnings of multicultural counseling and case conceptualization competencies.</p> <p>> Determine the clinical applicability of the principles of TIC in the clinical practice with people convicted of sex offenses.</p> <p>> Identify and expand upon the most significant conclusions presented in the research article.</p>
41.	02/17	<p>Mr. Rivera-Babilonia</p> <p>Dr. Reid</p>	<p>Multicultural Case Presentation</p> <p>Fundamentals of Qualitative Research: https://www.Dr.Reid.com/watch?v=wbdN_sLW</p>	<p>Present a case using the resident's cultural background</p> <p>Watch the video about Qualitative Research: about how to conceptualize, design and</p>	<p>>Formulate a holistic case conceptualization of a resident while taking in their cultural values</p> <p>> Identify how your cultural views may impact the therapeutic relationship and rapport</p> <p>> Include transference and</p>

			I88&list=PLqHnHG5X2PXCcCMyN3_EzugAF7GKN2poQ	conduct qualitative research in the health science	countertransference issues <ul style="list-style-type: none"> >learn about what is Qualitative Research >learn how to develop a qualitative research question >learn major qualitative study design using interviews >learn a second major qualitative study design using focus groups
42.	02/24	DVD Dr. Reid	I Am Not Your Negro	Informs about diversity and impressing racial issues	<ul style="list-style-type: none"> >Understand racial impacts and issues > Learn how diversity impacts society > Discuss the role of self-awareness and discussing racial issues > How does this inform treatment for you? <ul style="list-style-type: none"> >understand the principal and practices of analyzing qualitative data >understand the principles of scientific rigor in qualitative data
43.	03/03	Dr. Bygrave	Multicultural Case Presentation Discuss Article of the Month: Sexual sadism: Avoiding its misuse in sexually violent predator evaluations	Present a case using the resident's cultural background Covers the nuances of diagnosing an individual with sexual sadism. Makes clear the rarity of the diagnosis and how it is misused.	<ul style="list-style-type: none"> >Formulate a holistic case conceptualization of a resident while taking in their cultural values > Identify how your cultural views may impact the therapeutic relationship and rapport > Include transference and countertransference issues <ul style="list-style-type: none"> >Learn how to differentially diagnose sexual sadism. >Be able to question diagnoses of sexual sadism in sexually violent predator evaluations. >Become aware of the prevalence of sexual sadism in civilly committed/detained sexually violent persons facilities.
44.	03/10	Dr. Reid	Psychology of Tyranny https://www.Dr.Reid.com/watch?v=HxXMKg8-7o0 10 Psychological Experiments	Via TED Talk, Alex Halsam revisits the Milgram's Experiment with his presentation, <i>The Psychology Of Tyranny: Did Milgram Get it Wrong?</i>	<ul style="list-style-type: none"> >Learn how tyranny and obedience function psychologically. >Question the ethics of respective psychological experiments. >Raise awareness of conformity

			<p>You Would Never Believe Happened https://www.Dr.Reid.com/watch?v=_qH2q59pSZc</p> <p>David Jobes: CAMS https://www.Dr.Reid.com/playlist?list=PLa4kuhVDFVpOD1-iAQfH-01qnbP-Etb7B</p>	<p>Via YouTube, 10 ethically questionable and/or surprisingly revealing experiments e.g. the Zimbardo experiment are briefly presented.</p> <p>Via YouTube, Dr. David Jobes presents the issue of suicide including the following: risk factors, treatment, and empowering individuals to see life as worth living. Collaborative Assessment and Management (CAMS) is discussed as a unique and useful therapeutic approach.</p>	<p>to authority.</p> <p>>Encourage critical thinking regarding psychological experiments. >Question the ethics of respective Psychological experiments. >Be exposed to the surprising reactions of human beings when placed in specific situations.</p> <p>>Raise awareness of the suffering regarding Individual differences that are more likely to lead to suicide. >Understand the idiosyncratic phenomenology of suicide. >Become familiar with CAMS and how it addresses suicidality as a combination of forces including helpful questions to ask the suicidal individual.</p>
45.	03/17	Mr. Drakes Dr. Jones	Multicultural Case Presentation	Present a case using the resident's cultural background	<p>>Formulate a holistic case conceptualization of a resident while taking in their cultural values > Identify how your cultural views may impact the therapeutic relationship and rapport > Include transference and countertransference issues</p>
46.	03/24	Ms. Colon-Martinez Dr. Reid	Models of Supervision Micro expressions in babies https://www.youtube.com/watch?v=0yVU2lmlMdk	<p>Review and discuss scientific literature regarding different models of clinical supervision for skills development and assessment of supervisees.</p> <p><i>Briefly covers the relevance of research on early childhood interactions and their impact in human development. Review and discuss different models of clinical supervision.</i></p>	<p>>Understand how various models of supervision are more or less helpful for respective individuals. >Learn how trainees have been affected by past supervisory experiences. >Gain knowledge in the event trainees find themselves in supervisory role in the future.</p> <p>> Describe the complex and nuanced nature of mother-infant nonverbal interactions and its impact in development throughout the life span.</p>

					> Discuss the research and its implications for policy and clinical practice.
47.	03/31	Dr. Bygrave	Models of Supervision	Review and discuss scientific literature regarding different models of clinical supervision for skills development and assessment of supervisees.	<ul style="list-style-type: none"> > Understand how various models of supervision are more or less helpful for respective individuals. > Learn how trainees have been affected by past supervisory experiences. > Gain knowledge in the event trainees find themselves in supervisory role in the future.
48.	04/07	Dr. Velez	Models of Supervision	Review and discuss scientific literature regarding different models of clinical supervision for skills development and assessment of supervisees.	<ul style="list-style-type: none"> > Develop an understanding of different models of supervision. > Identify the various elements that comprise primary models of clinical supervision. > Begin to develop a framework to assess supervisees level of development and methods to support on-going skill development
49.	04/14	Dr. Reid	<p>1 - Mock initial competency hearing http://www.Dr.Reid.com/watch?v=FwxwbkP-WK0</p> <p>2 - Mock competency evaluation video http://www.Dr.Reid.com/watch?v=HOKGS-XuFqk</p> <p>3 - Mock competency hearing to determine competency http://www.Dr.Reid.com/watch?v=0TPx2W5sD38</p> <p>4 - mock hearing raising the "Sell" issue of involuntary medication for competency http://www.Dr.Reid.com/watch?v=FfXz0ejlOs</p> <p>5 - mock hearing post-restoration of competency http://www.Dr.Reid.com/watch?v=gAkBqJ3DgT4</p>	Covers the different roles and standards of practice for forensic psychologists when consulting and/or providing expert testimony in court.	<ul style="list-style-type: none"> > Provide an overview of the role of forensic psychologists at a hearing to determine competency of a resident. > Describe typical tasks of psychologists consulting and/or providing expert testimony in court. > Describe the standards for the admission and use of scientific evidence in the courtroom.
50.	04/21	DVD Dr. Reid	Developing a Forensic Private Practice, Part 1	Shirley Feldman-Summers, Ph.D., instructs her audience regarding the nuances of developing a forensic psychology private practice.	<ul style="list-style-type: none"> > Learn what is most helpful to learn from and relay to a potential client during the initial phone call. > Learn efficient strategies and helpful logistics for preparing and reviewing records. > Understand what happens during an examination, reviewing additional information,

					and forming opinions regarding the respective client's case.
51.	04/28	Ms. Colon-Martinez	Multicultural Case Presentation	Present another case using a different resident using their cultural background	<ul style="list-style-type: none"> >Formulate a holistic case conceptualization of a resident while taking in their cultural values > Identify how your cultural views may impact the therapeutic relationship and rapport > Include transference and countertransference issues
52.	05/05	Dr. Jones Mr. Drakes	Models of Supervision Multicultural Case Presentation	<p>Review and discuss scientific literature regarding different models of clinical supervision for skills development and assessment of supervisees.</p> <p>Present another case using a different resident using their cultural background</p>	<ul style="list-style-type: none"> > Develop an understanding of different models of supervision. > Identify the various elements that comprise primary models of clinical supervision. > Begin to develop a framework to assess supervisees level of development and methods to support on-going skill development. >Formulate a holistic case conceptualization of a resident while taking in their cultural values > Identify how your cultural views may impact the therapeutic relationship and rapport > Include transference and countertransference issues
53.	05/12	DVD Dr. Reid Dr. Jones	Developing a Forensic Private Practice, Part 1 Discuss Article of the Month: The Sexual History Polygraph Examination – Is It Time for a Change?	<p>Shirley Feldman-Summers, Ph.D., instructs her audience regarding the nuances of developing a forensic psychology private practice.</p> <p>Gives a history of use of the polygraph and sexual history aspect and use in treating sexual offender populations.</p>	<ul style="list-style-type: none"> >Learn what is most helpful to learn from and relay to a potential client during the initial phone call. >Learn efficient strategies and helpful logistics for preparing and reviewing records. >Understand what happens during an examination, reviewing additional information, and forming opinions regarding the respective client's case. >Understand what a sexual history polygraph examination is.

					<ul style="list-style-type: none"> >Understand how it is used in a sexual offender population. >Brings into question denial as important to assess in a sexual offender population.
54.	05/19	Ms. Seiders Mr. Drakes	Models of Supervision	Review and discuss scientific literature regarding different models of clinical supervision for skills development and assessment of supervisees.	<ul style="list-style-type: none"> > Develop an understanding of different models of supervision. > Identify the various elements that comprise primary models of clinical supervision. > Begin to develop a framework to assess supervisees level of development and methods to support on-going skill development.
55.	05/26	Mr. Rivera-Babilonia	Models of Supervision	Review and discuss scientific literature regarding different models of clinical supervision for skills development and assessment of supervisees.	<ul style="list-style-type: none"> > Develop an understanding of different models of supervision. > Identify the various elements that comprise primary models of clinical supervision. > Begin to develop a framework to assess supervisees level of development and methods to support on-going skill development.
56.	06/02	Ms. Colon-Martinez Dr. Jones	Multicultural Case Presentation	Present another case using a different resident using their cultural background	<ul style="list-style-type: none"> >Formulate a holistic case conceptualization of a resident while taking in their cultural values > Identify how your cultural views may impact the therapeutic relationship and rapport > Include transference and countertransference issues
57.	06/09	Dr. Velez Dr. Reid	Models of Supervision Discuss Article of the Month: The Effects of Sexual Offender Treatment on Recidivism – An International Meta-analysis of sound quality evaluations	Review and discuss scientific literature regarding different models of clinical supervision for skills development and assessment of supervisees. Presents recent research that compares equivalent treatment and control groups and recidivism.	<ul style="list-style-type: none"> > Develop an understanding of different models of supervision. > Identify the various elements that comprise primary models of clinical supervision. > Begin to develop a framework to assess supervisees level of development and methods to support on-going skill development. > Understand the difference in recidivism in those with and without treatment. >Understand that reductions in recidivism is not necessarily generalizable because of the heterogeneity of the samples. >Understand the risk of reoffending was the strongest predictor of a positive treatment

					effect.
58.	06/16	Dr. Rivera	Master Resilience training	Master Resilience Training (MRT) is a resilience-training program the United States Army offers. The training has the goal to enhance, Self-awareness • Self-regulation • Optimism • Mental Agility • Strengths of Character • Connection thru different skills.	>MRT Competencies >What are the MRT skills? >How can we apply these skills to people who sexually offend?
59.	06/23	Dr. Reid	Working with Individuals with Intellectual Disabilities and Sexual Behavior Problems https://www.youtube.com/watch?v=YhGb3MRXXkM	Review and discuss research findings about the developmental psychopathology of people with problematic sexual behaviors.	> Describe the challenges and complexities of these development psychopathologies in treatment. > Discuss how developmental psychopathology guides assessment and case formulation for people with problematic sexual behaviors.
60.	06/30	Dr. Reid	Engaging Bystanders in Sexual Violence Prevention https://www.Dr.Reid.com/watch?v=wY1Bair4QpQ	Learn how Bystanders can help in the prevention of Sexual Violence	>Learn how sexual violence occurs >Identify signs of sexual violence >Discuss ways in which Bystanders can intervene in Sexual violence
61.	07/07	Dr. Reid	http://www.atsa.com/atsa-adult-clinical-webinar-series Supporting Families of Children and Adolescents/ Problematic Sex Behavior https://www.Dr.Reid.com/watch?v=Y_boKeClomA	Review and discuss research-based background information on the population of youth with sexual behavior problems and strategies to promote provision of comprehensive services to these youth, child victims, and their families in a way that preserves the family and promotes effective healing.	> Gain research-based knowledge on problematic sexual behavior in children and illegal sexual behavior in adolescents. > Discuss evidence that counter common misconceptions about children with problematic sexual behaviors and adolescents with illegal sexual behaviors. > Identify research supported components of treatment for youth with sexual behavior problems.
62.	07/14	Dr. Jones	Multicultural Case Presentation	Present a case using the resident's cultural background	>Formulate a holistic case conceptualization of a resident while taking in their cultural values > Identify how your cultural views may impact the therapeutic relationship and rapport > Include transference and countertransference issues
	07/21.	Dr. Reid	Various presentations on bias.	See Links below.	>Increase awareness of various biases.
	07/28	Dr. Jones & Ms. Seiders	APA Codes: Navigating Systems and People	Psychologists are committed to: Increasing scientific and professional knowledge of behavior and people's	>Understand Principal A: Beneficence and Nonmaleficence >Understand Principal B: Fidelity

				understanding of themselves and others; Use of such knowledge to improve the condition of individuals, organizations, and society.	and Responsibility >Understand Principal C: Integrity >Understand Principal D: Justice >Understand Principal E: Respect for People's Rights and Dignity
	08/04	Dr. Reid Dr. Velez	Criminogenic Thinking Patterns and Interventions Criminogenic Thinking Patterns and Interventions - YouTube Discuss Article of the Month: Cognitive, Affective, and General Empathy in Individuals Convicted of a Sexual Offense: A Meta-Analysis Discuss Article of the Month: Predicting Psychological Distress in Sex Offender Therapists	Criminogenic thinking patterns and interventions in those with criminal behaviors are presented in order to better understand the treatment process with this type of individual. Elijah Paul Morrow presents empathy as a conduit for appropriate societal norms in individuals who have committed criminal offenses. As vivid descriptions of sexual violence and trauma, this article explore the experience of psychological distress among therapists who work with sex offenders supports that might mitigate risk of trauma in the therapist.	>Understand criminogenic thinking patterns. >Understand and identify behaviors employed because of these thinking patterns. >Understand and identify interventions to address these patterns. >Understand empathy as a vaguely-defined concept. >Be able to conceptualize the agreed-upon reactive components of empathy. >Gain exposure to empirical research covering empathy in individuals convicted of a sexual offense. > Understand that the therapist may experience symptoms of trauma. >Understand the importance of peer support. >Understand the importance of self-care.
63.	08/11	No Didactic	Work on ETES and final notes.		
64.	08/18	No Didactic	Work on ETES and final notes.		
65.	08/25	Dr. Reid	Closing out the training year.		

Links to TED Talks on Biases (see # 22 above):

<https://www.bing.com/videos/search?q=you+tube+ted+talk+How+to+Overcome+Your+Biases&docid=608013630928584949&mid=80B5873AC9226FD9F5BB80B5873AC9226FD9F5BB&view=detail&FORM=VIREHT>

<https://www.bing.com/videos/search?q=you+tube+ted+talk+How+to+Overcome+Your+Biases&docid=608023002509476438&mid=446148307D22EFDA7CC3446148307D22EFDA7CC3&view=detail&FORM=VIRE>

<https://www.bing.com/videos/search?q=you+tube+ted+talk+How+to+Overcome+Your+Biases&docid=607991035085000427&mid=893DC92A1E341FAE6605893DC92A1E341FAE6605&view=detail&FORM=VIRE>

<https://www.bing.com/videos/search?q=you+tube+ted+talk+How+to+Overcome+Your+Biases&docid=607989102274545446&mid=ADEB37704C3C794D7C53ADEB37704C3C794D7C53&view=detail&FORM=VIRE>

Liberty Training Electives on Relias

- **NCIA Valuing Diversity (1.0 hr) elective**

This module provides an overview of the concept of cultural diversity and can help the learner become more aware of the various dimensions of diversity, one's own cultural identity, attitudes, perceptions, and feelings about various aspects of diversity.

- **Building a Multicultural Environment (1.75 hrs) elective**
American society has always been diverse, yet it was not until outcome studies demonstrated the need for change that healthcare and other services began shifting how they operate. The rapid cultural diversification of the United States has inevitably challenged traditional institutions and practices, including the delivery of healthcare services. Awareness of and sensitivity to cultural issues are critical to establishing a positive relationship with the person you are serving, as well as to the outcome of healthcare treatment. Unfortunately, persons of various races/ethnicities, cultural, and social identities are often underserved by the healthcare system and are less likely to seek out appropriate healthcare services. Broadly, this course examines the factors that may contribute to the underutilization of healthcare services, as well as ways to improve cultural understanding and competency in healthcare treatment. More specifically, this course covers the significance of cultural diversity, demographics, as well as individual and cultural diversity factors. The information in this training proposes some helpful conceptual frameworks for embracing cultural considerations in healthcare
- **Bridging the Diversity Gap (0.4 hrs) elective**
Without diversity in the workplace, organizations run the risk of viewing things from a very limited perspective. The organization provides the structure for operation, but it's the individuals within the organization who carry out the mission of the organization. This course focuses on what diversity is, how to leverage the diversity within the organization, and the barriers that must be overcome to create a diversified working environment.
- **Cultural Awareness in Older Adults (1.0 hrs)**
The purpose of this course is to familiarize the learner with information on cultural diversity and cultural awareness related to the older adult. Key terminology, the characteristics of culture, and cultural descriptors are presented. The course engages the learner in comparing cultural similarities and differences, and how these may impact the approach to care.
- **Overcoming You Own Unconscious Biases (0.4 hr)**
Part of understanding the role of unconscious bias in the workplace is admitting to yourself that you have biases too. Once you've accepted it, you can take steps to overcome those biases and embrace workplace diversity. In this course, you'll learn how to recognize and observe your own biases. You'll also learn how to stop, collaborate, and move past your biases. Finally, you'll learn what to do if a bias flare up again.
- **Respecting Cultural Diversity in Persons with IDD (1.0 hr)**
This introductory course on cultural diversity in persons with IDD will provide an overview of cultural diversity and discusses various dimensions and issues of diversity. This course is not exhaustive; however, it will provide you with the fundamental tools that will enable you to interact with people with IDD of diverse cultures and effectively demonstrate cultural competence.

VII. Rushville, Illinois

Located approximately 230 miles from Chicago, the city of Rushville is in Schuyler County, Illinois. Rushville is the county seat of Schuyler County. The nearest large city is Springfield, which is the state capital, approximately 120k population. The facility is located at the following address:

Department of Human Services – Treatment & Detention Facility
1680 E. County Farm Road
Rushville, IL 62681

Illinois Department of Human Services Treatment & Detention Center

Located in Rushville, Illinois



Red star at center of map (left of Beardstown) denotes Rushville, Illinois

Larger towns within commuting distance of Rushville, Illinois

- Springfield, Illinois (State Capital)
- Macomb, Illinois
- Quincy, Illinois

Major cities in the region - driving distances from Springfield, Illinois:

- St. Louis, MO – 2 hours regular non-stop flights & train service
- Chicago, IL – 3.5 hours regular non-stop flights & train service
- Quad Cities, IL & IA – 3 hours
- Indianapolis, IN – 3 hours
- Louisville, KY – 5 hours
- Des Moines, IA – 5 hours