



Liberty Healthcare Corporation

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Clinical Psychology Doctoral Internship Program*

Brochure

Liberty Healthcare Corporation

**Illinois Department of Human Services
Treatment & Detention Facility**

Rushville, Illinois

2026/2027

**This program is a member of the Association of Psychology Postdoctoral and Doctoral Internship Centers. (APPIC). The program also received Accreditation on Contingency from the American Psychological Association (APA), effective 03/28/2024.*

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

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**Liberty Healthcare
Illinois Department of Human Services
Treatment & Detention Facility
Clinical Psychology Doctoral Internship Program**

Introduction

Liberty Healthcare in coordination with the Illinois Department of Human Services Treatment & Detention Facility is offering the unique opportunity to complete a Clinical Psychology Doctoral Internship specializing in treatment of sexually violent individuals. Applicants must be in a doctoral academic program completing a doctorate (PhD or PsyD) degree in clinical, counseling or forensic psychology. This one-year, treatment-intensive training program provides selected candidates opportunity to co-facilitate sex offender-specific group therapy, as well as psychoeducational groups addressing a variety of clinical topics. Doctoral Interns will also complete psychological assessment batteries including integrated reports, provide limited individual psychotherapy, write individualized treatment plans, and conduct intake and crisis mental health assessments. They will function as members of a multidisciplinary team, and will participate in weekly training provided in multiple formats which include but are not limited to treatment team case conferencing, multidisciplinary treatment plan staffings, didactic seminars, and all-staff trainings via guest speakers and webinars. Doctoral Interns will receive weekly individual supervision from two licensed psychologists as well as a master's level team leader, and will participate in weekly team meetings.

Non-Discrimination Policy

The Liberty Healthcare Clinical Psychology Doctoral Internship Program at the Illinois Department of Human Services Treatment and Detention Facility is committed to maintaining and enhancing individual and cultural diversity. The program's goal in diversity training is to ensure that Doctoral Interns develop the knowledge, skills, and awareness necessary to provide competent psychological services to all members of the public. To meet that commitment, the 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
Treatment & Detention Facility
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I. Introduction to Liberty Healthcare's Treatment Program

A. Background & History of Treatment Program

In July 1997, the Sexually Violent Persons (SVP) 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 (DHS) 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 DHS 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 Healthcare continues to provide most clinical staff, who come from a variety of clinical backgrounds including psychology, psychiatry, social work, counseling, recreational therapy, etc., and is responsible for all offense specific treatment and rehabilitative programming. DHS provides on-site administrative oversight (Program Director) and direct care/security staff (Security Therapy Aides, or STA's) as well as Dietary workers. Healthcare is provided by professionals contracted through Wexford.

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 detained or 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, most candidates for admission to the Sexually Violent Persons Treatment and Detention Facility have been referred from the Department of Corrections where they were incarcerated for sexual offenses. The SVP statute however 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:

- ◆ Provision of specialized sex offense-specific treatment by skilled professionals provides opportunity for sexual offenders to 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 initially 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. Residents move toward this goal by progressing through the following treatment objectives: accepting responsibility, acknowledging offense-supportive behavior, identifying origins, precipitating, and perpetuating factors of such behavior, learning and enacting alternative coping behaviors that prevent relapse, and learning and enacting skills necessary for creating a healthy and fulfilling life.

- ◆ Accepting responsibility: Offenders must accept full responsibility for all sexual offense supportive behaviors and thoughts, without minimization, rationalization, or blaming. The offender must admit guilt for actual offenses, exonerate victims, understand dynamics without placing blame or making excuses, and recognize that his motivations are offense-supportive and require help.
- ◆ Awareness of sexual assault cycle (i.e. offense-supportive behavior and thought patterns): Offenders must be able to identify and understand their individualized cycles of offense-supportive and/or aggressive behaviors and thoughts in specific concrete terms. They must

also demonstrate acquisition and implementation 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.).
- ◆ Recognize, reduce, and correct cognitive distortions: Offenders learn to identify, challenge and modify cognitive distortions in relation to sexual offending behavior and interpersonal relationships.
- ◆ Self-regulation skills: Offenders learn and demonstrate 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 to 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.

The treatment program emphasizes cognitive-behavioral and relapse preventive treatment principles as reflected in our overall treatment goals for residents. It also however incorporates elements of positive psychology, approach goals, and development of healthy relationships and lifestyles. This is accomplished by utilizing treatment concepts from a variety of therapeutic modalities such as the Good Lives Model, Acceptance and Commitment Therapy (ACT), Schema Therapy, Dialectical Behavior Therapy (DBT), and Doctoral Internal Family Systems (IFS), among others. The entire program operates from a trauma-informed care perspective, and principles of trauma-informed treatment are infused into each stage of the program.

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 sexual offense-supportive behavior, and other mental disorders or

treatment needs. The treatment program is staffed by an integrated interdisciplinary team of Liberty professionals. This includes psychiatrists, psychologists, social workers, counselors, substance abuse counselors, and recreation therapists, who work closely with state-employed security and other paraprofessional staff to deliver a consistent, humane treatment program.

Liberty staff will perform comprehensive evaluations, including psychiatric and psychological assessments, on all admissions to the TDF. Based on the evaluation, the professional staff create 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:

- ◆ *Sex offense-specific group therapy*: 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 descriptions, relapse prevention principles, sexual education, and so forth.
- ◆ *Individual psychotherapy*: Brief, solution-focused individual therapy may be provided in some instances. The goals of individual therapy are dependent on the needs and abilities of the specific resident. As a rule, individual therapy addresses time-limited, specific problems such as grief or trauma reactions.
- ◆ *Substance abuse treatment*: Given the high incidence of drug and alcohol abuse for this population, the TDF offers two psychoeducational groups addressing substance abuse problems. A history of substance abuse, as well as other addictive behaviors such as gambling are also addressed within the larger sex offense specific treatment curriculum.
- ◆ *Therapeutic milieu*: All interventions and activities take place in the context of a structured 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 offense-supportive sexual interest and arousal is an important index of response to treatment and treatment effectiveness. The TDF offers on-site psychophysiological sexual assessment via the Penile Plethysmograph for direct monitoring of sexual arousal and arousal management reconditioning/reduction treatment.
- ◆ *Psychopharmacology*: Individualized resident treatment plans may include recommendations for pharmacological interventions to help manage a variety of psychological concerns. 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 are 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 include anger management, stress management, communication and conflict resolution skills, assertiveness, social values and interpersonal skills, medication management, and so forth.

- ◆ *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. Doctoral Internship Program

A. Doctoral Internship Program Overview

During the Doctoral Internship, the Doctoral Intern 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 Doctoral Internship experience is to provide the environment and opportunity for the Doctoral Intern to apply theoretical knowledge to a clinical population, 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 Doctoral Intern's progress in clinical training focuses on three areas: theoretical knowledge, clinical skills, and professional attitudes.

The foundation of the Doctoral Intern's clinical training in professional psychology is the accurate assessment, understanding and treatment of the perpetration of sexual violence. Secondly, Doctoral Interns 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, and various forms of dementia. The Doctoral Intern'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. Doctoral Interns 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), The Sex Offender Civil Commitment Program Network (SOCCPN), and Specialty Guidelines for Forensic Psychology are incorporated into the Doctoral Intern's training.

During the Doctoral Internship, the Director of Training & Research monitors the development of the Doctoral Intern. 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 Doctoral Intern's personal adjustment, interpersonal relationships, and behavior in all settings are relevant to their progress throughout the Doctoral Internship.

The goal of the Psychology Training Program within the Illinois Department of Human Services is to assure that Doctoral Interns 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 Doctoral Intern'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 Doctoral Interns' clinical skills and professional development. As well, the Doctoral Interns receive weekly 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 core clinical skills and knowledge base used in general professional practice, and adapted to the specific needs of the adult male sexual offenders treated at the institution. Doctoral Internship is the final step in a graduate program, and provides the student with the preparation necessary to enter into the practice of professional psychology. It is

designed to provide the foundation of knowledge and skills necessary for licensure requirements in the State of Illinois and ultimately independent practice as a professional Psychologist.

Doctoral Interns 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 academic program 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. Doctoral Interns 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 Clinical Psychology Doctoral Internship Training Program is to actively function within the standards and regulations 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), The Sex Offender Civil Commitment Program Network (SOCCPN), and Specialty Guidelines for Forensic Psychology. 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 Clinical Psychology Doctoral Internship Program is best described as a *Practitioner-Scholar* model. This model includes the view that science and practice are mutually informative. It emphasizes critical thinking, as well as 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 Doctoral Intern 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 Doctoral Internship 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 Doctoral Intern will also have opportunity to attend treatment specific educational conferences, webinars, and on-site trainings to gain exposure to varying theoretical conceptualizations and treatment approaches.

D. Development of Professional Autonomy

Doctoral Interns within this program will be recognized as fully participating members of the multi-disciplinary treatment team, under the direction of two supervising Psychologists. 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. Doctoral Interns will be offered a significant degree of autonomy as the Doctoral Internship year

progresses. A primary goal of the training experience is the development of professional self-confidence, through the Doctoral Interns' participation in intensive modeling and live supervision experiences throughout the Doctoral Internship year

E. Specialized Knowledge: Sexual Offending & Forensic Issues

The Doctoral Internship provides the unique opportunity to gain specialized knowledge in many different facets of clinical psychology, with an emphasis on treatment of 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. Doctoral Interns are provided with memberships to 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 Doctoral Internship year, the program serves as a foundation for such specialization.

F. Service to Diverse Populations

The Doctoral Internship program provides the Doctoral Intern with the opportunity to provide service to diverse and under-served populations. Doctoral Interns 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 a variety of co-occurring conditions such as development delays, learning disorders, Autism Spectrum disorders, mental health disorders such as Schizophrenia and Bi-Polar, Gender Dysphoria or gender identity concerns, and substance abuse disorders. 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 Doctoral Internship Program is to provide a comprehensive learning experience that will provide the Doctoral Intern with all the requirements necessary for licensure in the State of Illinois and ultimately the practice as a professional Psychologist. The planning and development of the Doctoral Internship training program will emphasize the individual needs and preferences of the Doctoral Interns. 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 Doctoral Interns 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 Doctoral Intern has the opportunity to tailor the Doctoral Internship experiences to maximum their progress toward autonomous practice

H. Competency Goals

To guide the Doctoral Intern's professional growth throughout the Doctoral Internship Program, Competency goals are presented as a framework for development. In an effort to train Doctoral Interns to think critically about psychological theories/issues and to apply these theories/issues to their daily experience, the Clinical Psychology Doctoral Internship Program will detail the specific areas of competency expected of our graduates. Understanding exists within the training program that the Doctoral Interns 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 Doctoral Intern to develop individualized goals that take into account varying levels of skills and interests.

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

III. Framework of Doctoral Internship Program

The aim of the Clinical Psychology Doctoral Internship Program is to actively function within the standards and regulations 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), The Sex Offender Civil Commitment Program Network (SOCCPN), and Specialty Guidelines for Forensic Psychology. The mission of the Illinois Department of Human Services Treatment and Detention facility states: Liberty Healthcare's philosophy of treatment is based on the following presumptions: Provide specialized sex offense-specific treatment by licensed 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.

The Doctoral Internship Program is designed to provide the Doctoral Intern with the opportunity to participate in multiple facets of treatment within this secure environment. The Doctoral Intern'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.

As has been indicated above, the training program operates in a secure setting. Consequently, any person/employee is prohibited from bringing any cell phones, recording devices, or metal or glass containers into the facility. Lockers are provided on site for cell phone storage. Employees are allowed to bring some personal items into the facility, however they must use clear bags. All bags, as well as one's person, are subject to search, and all employees must go through a metal detector upon entering the facility. Closed toed shoes are required. Lastly, slacks/pants are suggested but skirts are permissible if the hem is below the knee. Doctoral Interns will be provided with a list of contraband items, as well as acceptable items, and facility policies regarding dress codes.

1. The activities of the Doctoral Intern 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 Doctoral Internship (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 Doctoral Intern'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 provides two hours of scheduled individual supervision, and another Licensed Psychologist provides one hour of scheduled individual supervision per week, for a total of three hours per week. An additional hour of scheduled individual supervision will be provided each week by the Doctoral Intern's Team Leader. The format of this supervision will address the services

provided by the Doctoral Intern, as well as any concerns that the Doctoral Intern might have at that time.

3. The Treatment and Detention Facility uses a multidisciplinary team model. The Doctoral Intern will perform the Doctoral Internship duties as a member of one of four multidisciplinary Treatment Teams within the facility. The Doctoral Intern will collaborate with other disciplines, including: Psychiatrists, Psychologists, Social Workers, Counselors, Marriage and Family Therapists, 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 Doctoral Intern'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 a multidisciplinary team, observation of court testimony, and professional training opportunities offered outside the facility. The Doctoral Intern will provide presentations to staff during the training 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 Clinical Psychology Training Program. The provision of services by the Doctoral Intern 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. Doctoral Interns will be kept informed of their progress in the Doctoral Internship program by means of clearly identified evaluative sessions. Formal performance reviews assessing Profession Wide Core Competencies will be provided to the Doctoral Intern by each of the licensed supervisors who provide individual supervision. These performance reviews will occur twice per year; at the mid-point and at the end of the training year. Formal reviews will be reviewed and discussed with the Doctoral Intern, after which the Doctoral Intern will sign the review. A copy will then be forwarded to the graduate school.
8. The Doctoral Interns 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. Formal evaluation in those domains will occur at the mid-point and end of each training year.

It must be highlighted that the above are basic requirements for the Clinical Psychology Training Program. Some states may have additional Doctoral Internship requirements that must be met for licensure/certification. As well, the Doctoral Intern's graduate program may have specialized reporting requirements to document progress throughout the Doctoral Internship. The Doctoral Intern 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 Doctoral Internship experience conforms to the requirements of both. The Doctoral Intern will be expected to negotiate any additional requirements at the commencement of the training program.

IV. Supervision & Training

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

A. Supervision & Training

The Doctoral Intern will receive multiple forms of supervision and training during this Doctoral Internship training year. The average hours for supervision each week will include the following:

<u>Forms of Supervision/Training</u>	<u>Average Hours per week</u>
Individual & Group Supervision	4 hours
Case Conferences/Staffing	1 hours
Didactic Seminars	2 hours
Liberty Staff Training Opportunities	1 hour
Team Meetings	2 hour
TOTAL	10 hours

Individual & Group Supervision: Doctoral Interns will receive two hours per week of scheduled supervision with the Director of Training and Research (a Licensed Psychologist). This may be two hours of individual, or one hour of individual and one hour of group supervision. They will also receive one hour per week of scheduled individual supervision with a second Licensed Psychologist, as well as one hour per week of scheduled individual supervision with a master's level Team Leader totaling 4 hours per week of individual and/or group supervision. This supervision will focus on the delivery of direct contact and treatment of the residents.

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

Didactic Seminars and Staff Training: 2-hour Didactic Seminars are planned on a weekly basis for Doctoral Interns. 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 Doctoral Interns. Staff training opportunities are provided by Liberty Healthcare on a semi-monthly basis to address sex offender treatment related topics.

Team Meetings: Treatment Teams will meet twice per week to discuss approaches to treatment and case management will be discussed.

B. Areas of Doctoral Internship Training

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

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

- *Sex Offender Specific Treatment* –Doctoral Interns will be assigned to provide intensive sex offender group treatment with an experienced co-therapist. Residents in the group typically number between 8-10.
- *Skills Based, or Ancillary group treatment* –Doctoral Interns will be assigned to co-facilitate non-sex offender specific, skills based psychoeducational treatment groups. For example, anger management, DBT skills groups, Healthy Relationships, etc.

2. **Primary Caseload:** The Doctoral Intern will be assigned a primary caseload of approximately 10 to 12 residents. Those residents are typically participating in treatment groups that the Doctoral Intern co-facilitates. The Doctoral Intern will be responsible for conducting brief (i.e. 15-20 minute) primary contacts with those residents once or twice per month or as needed, and for completing required individualized treatment plans for those residents twice per year. Please note that formal individual therapy is not automatically provided for sex offender specific issues, however, brief individual therapy may be provided as indicated.

3. **Documentation:** The Doctoral Intern will be expected to prepare all necessary documentation and case notes as required by the Team Leader. Required documentation includes an Annual Master Treatment Plan and a Six-Month Master Treatment Plan Review for each resident on the Doctoral Intern's primary caseload. Also monthly group notes for assigned residents in groups (both sex-offense specific and skills-based) that the Doctoral Intern co-facilitates, primary contact notes following each individual resident contact, and Mental Health Assessment notes completed after conducting any Mental Health Assessments that may be assigned.

4. **Psychological Testing and Report Writing:** During the training year there will be six hours per week set aside for psychological testing and report writing. During the training year the Doctoral Intern will be assigned a minimum of five comprehensive testing batteries and reports. The majority of those batteries will be Initial Entry to Treatment Evaluations (ETTE), however re-testing to update older ETTE's may also be assigned, as well as evaluations to assess cognitive functioning, or other specific referral questions. The Director of Training and Research will supervise all psychological assessments prepared by the Doctoral Intern.

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

6. **Case Conceptualization/Staffing:** The Doctoral Intern will be expected to attend and participate in bi-weekly team staffings and monthly case conceptualization provided for all staff.

For the bi-weekly team staffing the Doctoral Intern will be expected to prepare the appropriate treatment documentation for all residents on the primary caseload.

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

8. **Sex Offense Specific and Forensic Issues:** During the training year the Doctoral Intern will be exposed to 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 weekly Didactic sessions diverse topics in Psychology will be addressed. The Doctoral Intern 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 Doctoral Intern's understanding and appreciation of differences. The Doctoral Intern will be required to present two multicultural case conceptualizations during the training year. One of those presentations will be during a scheduled Didactic session, and one will be at an All-Staff training session.

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

11. **Training Resources:** The Doctoral Interns have access to a wide array of assessments/tests provided by the State of Illinois, as well as a computer that has several scoring programs on it, and is designated specifically for this use. Doctoral Interns are placed together in shared offices, which are located near to the Director of Training and Research's office as well as the room housing assessment materials. Each Doctoral Intern will have their own desk and computer, with a shared telephone and locking file cabinet. All of those resources are 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.

Doctoral Interns 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

Paula Lodge, PhD, LCP, LSOTP; Director of Training and Research

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

provided group and individual therapy to sexual offenders and domestic violence perpetrators in the community, provided pre-sentencing evaluations for both populations, and provided functional evaluations for individuals with both acute and chronic neurological injuries and conditions. In 2013 she was promoted to the position of Team Leader, where she served for 10 years before promoting to the Director of Training and Research position in 2023.

John R. Reid, Ph.D., LSOTP; Staff Psychologist

Dr. Reid has a BA and MA in Forensic Psychology from John Jay College of Criminal Justice, City University of New York. He has a Ph.D. in Counseling Psychology from University of North Dakota in 1999. Prior to coming to Rushville TDF in June of 2013 he was the Supervising Psychologist for the Sexual Predator Treatment Program at Larned State Hospital (LSH) in Kansas. While at LSH he was also the Supervising Psychologist for the State Security Program where he supervised other psychologists, as well as authoring various forensic reports including Sexual Predator Evaluations. He was a member of the training faculty for their APA accredited Doctoral Internship program and APPIC member post-doctoral fellow program. Prior to LSH he was Coordinator of Clinical Services at Fort Hays State University and taught an on-line class for them on forensic psychology.

Other Licensed Professional Staff

Lindsey Wagner, MS, LCPC, LSOTP; Clinical Director

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 a 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, and in 2025 she was promoted to the Clinical Director position.

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.

Ken Queen, M.Ed., LCPC, LSOTP; Clinical Team Leader

Mr. Queen joined the Treatment and Detention Facility in April of 2012 as a Clinical Therapist. He obtained his Bachelor's degree in Special Education in 1978, and his Master's in Counseling Education in 1983. He worked in a variety of jobs including as a Special Education teacher, a Counselor in foster care and group home settings, and with juvenile sex offenders at IYC Kewanee. He was promoted to Team Leader in 2023.

Heather Hymes, MS, LCPC, LSOTP; Clinical Team Leader

Ms. Hymes is a Licensed Clinical Professional Counselor who has been with the Treatment and Detention Facility (TDF) in Rushville, Illinois, since 2019. Heather earned her Bachelor's degree in Psychology in 2013 from the University of Illinois Springfield and her Master of Science in Clinical Mental Health Counseling in 2018 from Quincy University. Her clinical background includes working with individuals experiencing complex trauma, personality disorders, and co-occurring mental health challenges. She integrates trauma-informed care and cognitive-behavioral interventions such as DBT, CBT, and mindfulness to support clients in behavior change, emotional regulation, and treatment engagement. Ms. Hymes was promoted to the position of Clinical Team Leader in 2025. In that role she provides clinical supervision, coordinates team-based care, and contributes to the training and development of Doctoral Interns, Post-Doctoral Fellows, Clinical Therapists, and Behavioral Health Technicians. She is committed to maintaining a therapeutic environment that promotes accountability, growth, and safety for both residents and clinical staff.

V. Application Process

Application Process:

The procedures below must be followed precisely. Any deviation may cause the application to be nullified and removed from any other consideration.

Application Requirements:

Individuals interested in a Doctoral Internship position with the Clinical Psychology Doctoral Internship Program must have a minimum of a Master's Degree in a related mental health field conferred prior to the start of the Doctoral Internship. Also, a Master's in an associated mental health field is necessary to obtain an Associate Sex Offender Provider License (LASOP) as required by the State of Illinois.

To fulfill the application requirements, the following five items must be completed and submitted to the online AAPI portal (www.appic.org):

Complete the AAPI Application for Psychology Doctoral Internship materials (including the Practicum Documentation and Professional Conduct forms) and have your graduate school complete the Verification of Doctoral Internship Eligibility and Readiness Form. The application must bear **electronic signatures as verification of completeness.**

1. **Practicum documentation** must include the following information:
Number of hours of Assessment experience (preferred 200 hours),
Preferred 8 completed psychological reports,
Number of hours of Intervention experience (preferred 500 hours), and
Estimate of practicum time to be spent between the AAPI application date and the start of the Doctoral Internship must be included on the AAPI form.
2. **Current copies of transcripts** of all graduate work must be provided in the AAPI application materials. The selected Doctoral Intern candidates will be asked to provide official transcript prior to the start of the training year. Courses in family systems, chemical dependency, and group psychotherapy are preferred.
3. Submit a minimum of **three letters of reference** from professionals familiar with your work. If you want your Director of Training to also serve as a reference, have her/him write a traditional letter of reference with a narrative account of your abilities and characteristics. All references letters must be included with your AAPI Application materials.
4. Submit **one sample report** documenting an integrated testing battery. This should be an assessment report regarding an adult client that addresses, at a minimum, the following: background information, current behavioral observations, results of a full battery of psychological tests, diagnostic formulation, and treatment recommendations. Choose this case carefully and take appropriate steps to protect the anonymity of the subject.

Contact the director below for additional information if needed:

Paula Lodge, Ph.D., LCP, LSOTP
Director of Training & Research
Psychology Training Program (site # 2040)
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
(217) 322-3204 X35126

Note:

The Doctoral Internship is one calendar year (2000 hours). The 2026-2027 training year will run from August 24, 2026 until August 20, 2027. Past practica or Doctoral Internship experience working with sexual offenders or similar correctional populations is preferred, but not necessary.

All applications will be reviewed by the Doctoral Internship Training Committee using our Application Data Form. The Training Committee meets to determine which applicants to invite for an interview based on the information in the Applicant Data Form. Applicants are notified via e-mail whether the individual will be offered an interview on or before December 16th, 2025. Interviews will take place between the 19th and 22nd of January, 2026 at a mutually agreed time. Interviews will be available in-person or via Zoom, and are conducted by members of the Training Committee using a standard set of semi-structured questions. Additional questions may be asked where appropriate, and interviewees are encouraged to ask questions as well.

Participation in the APPIC Match:

After interviews are completed, the Training Committee meets to determine applicant rankings. The Training Committee bases the rankings on application materials and the interview. As a member of APPIC, the Clinical Psychology Doctoral Internship Program participates in the national Doctoral Internship matching process by submitting its applicant rankings to the National Matching Service. Clinical Psychology Doctoral Internship Program abides by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any Doctoral Intern applicant. Further, questions regarding any part of the selection process or Clinical Psychology Doctoral Internship Program's academic preparation requirements may be directed to the training director.

Note:

The training program also takes part in the Post-Match Vacancy Service. If applicants cannot or do not submit an AAPI through the post-match service, then the information provided is verified with the applicant's academic program, the school's training director, and the applicant's references. These verifications may be handled through phone calls or e-mails. Also, the school's academic program in clinical or counselling psychology is verified through APA's website (<https://accreditation.apa.org/accredited-programs>).

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 Doctoral Interns selected shall be required to complete Liberty Healthcare's employment application and credentialing process, which includes fingerprinting

and pre-employment drug screening. Failure to pass fingerprinting and background screening, or a drug screen will result in cancellation of any offer of an Doctoral Internship or employment.

Offers of Doctoral Internship 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. That is, failure of any aspect of the background check can result in rescinding the offer. Once hired, the Doctoral Intern must comply with the Department of Human Services and the Liberty Healthcare standards of employee conduct and responsibility.

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 Doctoral Internship 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.

Benefits

During the 2026/2027 training year, the following benefits are available for the selected Doctoral Intern who participates in the Clinical Psychology Doctoral Internship Program and it is expected that the benefits will remain the same for the following training year:

- A stipend of \$55,000
- Paid time off (PTO) earned in the amount of 6.92 hours each pay period for a total of 180 hours over the year. PTO must be accrued before it can be used. Unused PTO benefits are not usually convertible to cash.
- 9 additional paid holidays, which must be used on specified dates throughout the training year.
- Authorized leave to attend off-site training
- Support for research activity (prior approval must be obtained from IDHS)

Access to medical insurance is available:

- Coverage for Doctoral Intern 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 Doctoral Intern.
- Vision coverage with contribution by Doctoral Intern.
- Life Insurance.
- Accidental Death and Dismemberment.
- Long Term Disability.
- Short Term Disability with contribution by Doctoral Intern.
- Critical illness with contribution by Doctoral Intern.
- Additional Supplemental Life with contribution by Doctoral Intern.
- Additional Death and Dismemberment with contribution by Doctoral Intern.

Professional Liability Insurance

All Doctoral Interns accepted to this site for the Clinical Psychology Doctoral Internship Program will be covered by professional liability insurance under the Liberty Healthcare contract.

Equal Opportunity Employer

The Clinical Psychology Doctoral Internship Program provides equal opportunity to all prospective candidates. The Doctoral Intern 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 Doctoral Internship. If an applicant or Doctoral Intern requires accommodations, please contact the Doctoral Internship 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. Sample Didactic Seminar Schedule:

Didactic Schedule 2026-2027

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

#	Date	Presenter	Topic	Abstract	Learning Objectives
1.	08/25/ 2025	Dr. Lodge	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, Doctoral Intern Evaluation, Retention, and Termination Policy, Doctoral Intern Evaluation, Diversity and Non-Discrimination Policy, Diversity and Non-Discrimination Policy, Grievance Procedures, Due Process Policy	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.	<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.	08/26	Dr. Lodge	Overview of Treatment Program, SVP Law, & History of the Treatment Program	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.	<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.	08/27	Dr. Lodge	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.	08/28	Dr. Lodge	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.	08/29	Ms. Steffen	Recreational Therapy at the TDF	Covers the offerings of the Rec Dept and the purpose of the Rec Dept.	<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 and ice breaker as an example.
6.	09/02	Dr. Lodge	Trauma Informed Care	Review and discuss the basic principles of Trauma Informed Care (TIC) in a forensic setting.	<ul style="list-style-type: none"> > Describe the core principles of a Trauma Informed System of Care. > 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.	09/03	Dr. Lodge	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	> 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. Lodge	Risk Management for Suicide Prevention	Overview of suicidality in secure settings.	> Learn about Impulsive Suicide. > Learn about Planned Suicide. > Learn about the difference between suicide attempt and self-injury.
9.	09/03	Dr. Lodge	Self-Care & Burnout	Discuss importance of Self-Care and Burnout	< Develop a Self-Care routine <Identify signs of burnout and take actions to prevent it < Know available options and support at TDF
10.	09/04	Dr. Lodge	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.	>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.	09/04	Dr. Lodge	Mental Health Status I & II	Introduces the issue of Mental Health Status, the various levels thereof, and protocol for assessing individuals on each respective level.	>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.	09/04	Dr. Lodge	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 management and treatment at the TDF.	> Become familiar with the TDF procedures for the voluntary and involuntary psychotropic medication for residents in the program. > Gain understanding of options, 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

					challenges and dilemmas in the co-therapy relationship.
17.	09/08	Mr. Shelly	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.	09/08	Dr. Lodge	Boundaries & Cognitive Distortions/Tactics	Review and discuss the basic principles of and the importance of setting good boundaries in a forensic setting	<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.	09/09	Ms. Cobb & Ms. McKinsey	Resident Panel Question & Answer Session	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.	<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.	09/09	Dr. Lodge	Resident Intake Interview Discuss Multicultural Case Presentations	Introduces protocol for clinicians interacting with incoming residents.	<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.	09/09	Dr. Lodge	Your Role in Workplace Diversity (Required Relias Training. See more Relias elective trainings at end of document.) TED Talks on Biases See links at the end of the 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 discover how to become an advocate for diversity and inclusion within the workplace. Biases are discussed from different vantage points.	<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 can improve social and cultural diversity > Learn about Doctoral Internal biases. > Learn how our biases affect how the world is viewed. > Learn ways to manage biases.
22.	09/09	Dr. Lodge	ETTE (Entry To Treatment Evaluation)	Briefly covers the process for the ETTE including the clinical	> Understand the purpose and relevance of the ETTE in the

				interview, assessments used, report writing and presenting ETTE results to residents.	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.	09/09	Dr. Lodge	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.	09/10	Dr. Lodge	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.	09/11	Dr. Lodge	Developing Treatment Plans	Presented on how to develop Master Treatment plans, Master Treatment Plan Review & Non-Treatment Plans	>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. >
26.	09/11	Dr. Lodge	Neurobiology of Sexual Assault - https://nij.ojp.gov/media/video/24056	Review and discuss 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 physical manifestation of trauma and how these processes can impact the investigation and prosecution of sexual assaults. > Identify real-world, practical implications for first responders to sexual assault.

27.	09/18	Dr. Lodge	Why domestic violence victims don't leave https://www.ted.com/talks/leslie_morgan_steiner_why_domestic_violence_victims_don_t_leave	Presents Leslie Morgan Steiner, American feminist, author, and advocate for women's rights, via Ted Talk. The cycle of violence is explored and related to Leslie	>Understand the cycle of domestic violence. >Be exposed to a victim's personal experience from her stance.
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			<p>Empathy and Sex Offenders: Against Empathy – The Case for Rational Compassion (Paul Bloom) https://www.bing.com/videos/search?q=Dr.Reid+paul+bloom&&view=detail&mid=71F479D7CE877275E05871F479D7CE877275E058&&FORM=VRDGAR</p> <p>Discuss Article of the Month: DSM-5 and Paraphilic Disorders.</p>	<p>Morgan Steiner's personal experience.</p> <p>Paul Bloom's ideas regarding the potential harm that can be caused by empathy are presented by Paul Bloom via YouTube. Empathy, compassion, and moral decision making are differentiated and examined as they relate to working with sex offenders.</p> <p>Discusses how the Paraphilias are defined and diagnosed using the DSM-5.</p>	<p>>Understand that domestic violence does not discriminate, as well as the reasons women stay in abusive relationships.</p> <p>>Entertain the idea of empathy as harmful. >Be able to distinguish nuanced differences regarding empathy, compassion, and moral decision making. >Understand how having or not having empathy relates to sex offender treatment and tendency to reoffend.</p> <p>>Understand Criterion A. >Understand to be aware how the DS-5 makes it easier to diagnose a paraphilia. >Understand the possible over diagnosis of paraphilias.</p>
28.	09/25	TBA	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>
29.	10/02	Dr. Lodge	<p>Stanton E. Samenow: Does the Evil Mind Exist - https://www.bing.com/videos/search?q=Dr.Reid+samenow&view=detail&mid=F7A8BB7F24C4021A50FDF7A8BB7F24C4021A50FD&FORM=VIRE</p>	Looking inside the criminal mind of the offenders	<p>Does the evil mind exist? >Criminal behavior of offenders >Criminal personality >Evaluations and treatment of offenders</p>
30.	10/09	Dr. Lodge	<p>Female High School Teacher Sex Offenders Are they different than male sex offenders? https://www.youtube.com/watch?v=fAELluje7Vo</p>	Brief introduction to females who offend against adolescent children.	<p>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.</p>

31.	10/16	Dr. Lodge	<p>Links to TED Talks on Biases</p> <p>https://www.bing.com/videos/search?q=you+tube+ted+talk+How+to+Overcome+Your+Biases&docid=608013630928584949&mid=80B5873AC9226FD9F5BB80B5873AC9226FD9F5BB&view=detail&FORM=VIREHT</p> <p>https://www.bing.com/videos/search?q=you+tube+ted+talk+How+to+Overcome+Your+Biases&docid=608023002509476438&mid=446148307D22EFDA7CC3446148307D22EFDA7CC3&view=detail&FORM=VIRE</p> <p>https://www.bing.com/videos/search?q=you+tube+ted+talk+How+to+Overcome+Your+Biases&docid=607991035085000427&mid=893DC92A1E341FAE6605893DC92A1E341FAE6605&view=detail&FORM=VIRE</p> <p>https://www.bing.com/videos/search?q=you+tube+ted+talk+How+to+Overcome+Your+Biases&docid=607989102274545446&mid=ADEB37704C3C794D7C53ADEB37704C3C794D7C53&view=detail&FORM=VIRE</p>	Various views of biases are presented	<ul style="list-style-type: none"> > Gain information on assorted biases > Gain information from different ethnic & cultural perspectives
32.	10/23	Dr. Lodge	<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.	<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
33.	10/30	TBA	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
34.	11/06	Dr. Lodge	<p>Losing Time: Dementia and Alzheimer's Disease Behind Bars- 2016</p> <p>https://info.nicic.gov/vid/?q=node/37</p>	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.	<ul style="list-style-type: none"> > Assess and promote the ability to conceptualize residents based on the underpinnings of multicultural counseling and case conceptualization competencies. > Understand the foundation for developing a self-contained model to meet the needs of incarcerated men with cognitive impairment.

35.	11/11	Dr. Lodge	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 Racism," explains the phenomenon, and discusses how white people can develop their capacity to engage more constructively across race.	> Explore the counterproductive reactions white people have when their assumptions about race are challenged. > Understand how these reactions maintain racial inequality
36.	11/13	TBA	Discuss Article of the Month: Explicating the Construct of Psychopathy – Development and Validation of a Conceptual Model, the Comprehensive Assessment of Psychopathic Personality (CAPP)	The article presents a conceptual model for defining a psychopathic personality.	>Understand the key features of a psychopathic personality >Delineate the symptoms of a psychopathic personality >Understand the progress on validating the CAPP
	11/27	Thanksgiving Holiday			
37.	12/04	Dr. Lodge	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.
38.	12/11	Dr. Lodge	Counseling Transgendered Individuals - https://www.bing.com/videos/search?q=Dr.Reid+assesssing+trnsgendered+in+dividuals&src=IE-SearchBox&ru=%2fsearch%3fq%3dDr.Reid%2bassesssing%2btrnsgendered%2bindividuals%26src%3dIE-SearchBox%26FORM%3dIESR3N&view=detail&mmscn=vwrc&mid=6B14027AEC9AD9CED6556B14027AEC9AD9CED655&FORM=WRVORC	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.	> 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.

39.	12/18	Dr. Lodge	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.	>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.
	12/25	Christmas Holiday			
40.	01/08/2026	TBA	Multicultural Case Presentation	Present a case using the	>Formulate a holistic case
41.	01/15	TBA	Multicultural Case Presentation	Present a case using the residents 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
42.	01/22	TBA	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
43.	01/29	Dr. Lodge	Being Man Enough https://www.youtube.com/watch?v=7407RPZt9Pc	Justin Baldoni discusses the topic of "being man enough" and challenges society to redefine what it means to be a man today.	>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 done to change them for the better.

44.	02/05	Dr. Lodge	The new era of positive psychology Martin Seligman https://www.Dr.Reid.com/watch?v=9FBxfd7DL3E	Martin Seligman presents his ideas about positive psychology moving beyond a pathology-based focus, conceptually and in practice.	>Learn how psychology has progressed and regressed over time. >Understand how the disease model lacked positive interventions. >Learn how positive psychology is a science of what makes life worth living.
45.	02/12	Dr. Lodge	Article of the Month: Guidelines to Address Barriers in Clinical Training for Trainees With Sensory Disabilities	Highlight barriers to clinical training. Recommendations for trainees, and clinical leadership and training directors to improve accessibility and inclusion are presented.	> Become aware of training barriers to those with differing sensory abilities. > Become aware of corrective recommendation for training to those with differing sensory abilities. > Suggested guidelines to improve access are presented.
46.	02/19	Dr. Lodge	Discuss Article of the Month: Gender Identity Assessment with Trans Individuals – Finding of a Systematic Literature Review of Assessment Instruments and Ethical Considerations	Purpose of the paper is to critically reflect current guidelines around assessing trans individual based on World Professional Association for Transgender Health (WPATH).	>Understand various assessment approaches >Understand preliminary findings in this area >Understand ethical approaches to further research in the area.
47.	02/26	Dr. Lodge	Discuss Article: Incorporating Principles of Trauma-Informed Care Into Evidence-Based Sex Offending Treatment	Review and discuss the relevance and consideration of the Trauma-Informed Care model and multicultural variables during case conceptualization and treatment of residents.	> Assess and promote the ability to conceptualize a resident based on the underpinnings of multicultural counseling and case conceptualization competencies. > Determine the clinical applicability of the principles of TIC in the clinical practice with people convicted of sex offenses. > Identify and expand upon the most significant conclusions presented in the research article. >Conceptualization of a resident while taking in their cultural values > Identify how your cultural views may impact the therapeutic relationship and rapport, including transference and counter-transference.

48.	03/05	TBA	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
49.	03/12	Dr. Lodge	Fundamentals of Qualitative Research: https://www.Dr.Reid.com/watch?v=wbdN_sLWI88&list=PLqHnHG5X2PXCcCMYn3_EzugAF7GKN2poQ	Watch the video about Qualitative Research: about how to conceptualize, design and conduct qualitative research in the health science	<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
50.	03/19	Dr. Lodge	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? >understand the principal and practices of analyzing qualitative data >understand the principles of scientific rigor in qualitative data
51.	03/26	TBA	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
52.	04/02	Dr. Lodge	Discuss Article of the Month: Sexual sadism: Avoiding its misuse in sexually violent predator evaluations	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"> >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.

53.	04/09	Dr. Lodge	Psychology of Tyranny https://www.Dr.Reid.com/watch?v=HxXMKg8-7o0	Via TED Talk, Alex Halsam revisits the Milgram's Experiment with his presentation, <i>The Psychology Of Tyranny: Did Milgram Get it Wrong?</i>	>Learn how tyranny and obedience function psychologically. >Question the ethics of respective psychological experiments. >Raise awareness of conformity to authority.
54.	04/16	Dr. Lodge	10 Psychological Experiments You Would Never Believe Happened https://www.Dr.Reid.com/watch?v=_qH2q59pSZc	Via YouTube, 10 ethically questionable and/or surprisingly revealing experiments e.g. the Zimbardo experiment are briefly presented.	>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.
55.	04/23	Dr. Lodge	David Jobes: CAMS https://www.Dr.Reid.com/playlist?list=PLa4kuhVDFVpOD1-iAQfH-01qnbP-Etb7B	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.	>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.
56.	04/30	TBA	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
57.	05/07	Dr Lodge	Models of Supervision	Review and discuss scientific literature regarding different models of clinical supervision for skills development and assessment of supervisees.	>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

			<p>Micro expressions in babies https://www.youtube.com/watch?v=0yVU2lmiMdk</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>trainees find themselves in supervisory role in the future.</p> <ul style="list-style-type: none"> > Describe the complex and nuanced nature of mother-infant nonverbal interactions and its impact in development throughout the life span. > Discuss the research and its implications for policy and clinical practice.
58.	05/14	Dr. Lodge	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.
59.	05/21	Dr. Lodge	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
60.	05/28	Dr. Lodge	<p>1 - Mock initial competency hearing http://www.Dr.Reid.com/watch?v=FwxwbkP-WK0 2 - Mock competency evaluation video http://www.Dr.Reid.com/watch?v=HOKGS-XuFqk 3 - Mock competency hearing to determine competency http://www.Dr.Reid.com/watch?v=0TPx2W5sD38 4 - mock hearing raising the “Sell” issue of involuntary medication for competency http://www.Dr.Reid.com/watch?v=FtfXz0ejlOs 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.
61.	06/04	Dr. Lodge	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.
62.	06/11	TBA	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
63.	06/18	Dr. Lodge	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.
64.	06/25	Dr. Lodge	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.
65.	07/02	Dr. Lodge	Discuss Article of the Month: The Sexual History Polygraph Examination – Is It Time for a Change?	Gives a history of use of the polygraph and sexual history aspect and use in treating sexual offender populations.	<ul style="list-style-type: none"> >Understand what a sexual history polygraph examination is. >Understand how it is used in a sexual offender population. >Brings into question denial as important to assess in a sexual offender population.
66.	07/09	Dr. Lodge	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.
67.	07/16	Dr. Lodge	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.
68.	07/23	Dr. Lodge	Models of Supervision Discuss Article of the Month: The Effects of Sexual Offender Treatment on Recidivism – An Doctoral 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.

69.	07/30	Dr. Lodge	<p>Master Resilience training</p> <p>Working with Individuals with Intellectual Disabilities and Sexual Behavior Problems https://www.youtube.com/watch?v=YhGb3MRXXkM</p> <p>Engaging Bystanders in Sexual Violence Prevention https://www.Dr.Reid.com/watch?v=wY1Bair4QpQ</p>	<p>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.</p> <p>Review and discuss research findings about the developmental psychopathology of people with problematic sexual behaviors.</p> <p>Learn how Bystanders can help in the prevention of Sexual Violence</p>	<p>>MRT Competencies >What are the MRT skills? >How can we apply these skills to people who sexually offend?</p> <p>> 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.</p> <p>>Learn how sexual violence occurs >Identify signs of sexual violence >Discuss ways in which Bystanders can intervene in Sexual violence</p>
70.	08/06	Dr. Lodge	<p>http://www.atsa.com/atsa-adult-clinical-webinar-series</p> <p>Supporting Families of Children and Adolescents/ Problematic Sex Behavior https://www.Dr.Reid.com/watch?v=Y_boKeClomA</p>	<p>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.</p>	<p>> 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.</p>
71.	08/13	Dr. Lodge	<p>Various presentations on bias.</p>	<p>See Links below.</p>	<p>>Increase awareness of various biases.</p>
72.	08/20	Dr. Lodge	<p>APA Codes: Navigating Systems and People</p>	<p>Psychologists are committed to: Increasing scientific and professional knowledge of behavior and people's understanding of themselves and others; Use of such knowledge to improve the condition of individuals, organizations, and society.</p>	<p>>Understand Principal A: Beneficence and Nonmaleficence >Understand Principal B: Fidelity and Responsibility >Understand Principal C: Integrity >Understand Principal D: Justice >Understand Principal E: Respect for People's Rights and Dignity</p>

			<p>Criminogenic Thinking Patterns and Interventions Criminogenic Thinking Patterns and Interventions - YouTube</p> <p>Discuss Article of the Month: Cognitive, Affective, and General Empathy in Individuals Convicted of a Sexual Offense: A Meta-Analysis</p> <p>Discuss Article of the Month: Predicting Psychological Distress in Sex Offender Therapists</p>	<p>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.</p> <p>Elijah Paul Morrow presents empathy as a conduit for appropriate societal norms in individuals who have committed criminal offenses.</p> <p>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.</p>	<p>>Understand criminogenic thinking patterns >Understand and identify behaviors employed patterns. >Understand and identify interventions to</p> <p>>Understand empathy as a vaguely-defined >Be able to conceptualize the agreed-upon >Gain exposure to empirical research covering of a sexual offense.</p> <p>> Understand that the therapist may experience >Understand the importance of peer support >Understand the importance of self-care.</p>
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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.

Trainee Admissions, Support, and Outcome Data

Doctoral Intern Admission

Date Program Tables are updated:

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

Interested applicants will need to support the major goal of treatment at the facility, which is successful re-integration of residents, who have been civilly committed as sexually violent persons and are a diverse and underserved population, into the community as safe and responsible citizens.

The guiding principle of the program is that clinical practice in the field of sexual violence requires an application of 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.

The ideal candidate will be from an American Psychological Association (APA) accredited academic program and will have the appropriate foundation in assessment, intervention and consultation. Prior experience or interest in working in a forensic setting is also preferred.

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

Total Direct Contact Intervention Hours	<input checked="" type="radio"/> N	Y	Amount:
Total Direct Contact Assessment Hours	<input checked="" type="radio"/> N	Y	Amount:

Describe any other required minimum criteria used to screen applicants:

Individuals interested in a Doctoral Internship position with the Clinical Psychology Training Program must have a minimum of a Master's degree in a related mental health field conferred prior to the start of the Doctoral Internship. This is required in order to obtain an Associate Sex Offender Treatment Provider License in Illinois, which is required for all Liberty Healthcare employees at this facility. Liberty Healthcare will reimburse the application fee for this license at the time the Doctoral Intern begins their training year.

Complete the AAPI Application for Psychology Doctoral Internship materials (including the Practicum Documentation and Professional Conduct forms) and have your graduate school complete the Verification of Doctoral Internship Eligibility and Readiness Form. The application must bear **electronic signatures as verification of completeness**.

Practicum documentation must include the following information:

- Number of hours of Assessment experience (preferred 200 hours),
- Preferred 8 completed psychological reports,
- Number of hours of Intervention experience (preferred 500 hours), and
- Estimate of practicum time to be spent between the AAPI application date and the start

of the Doctoral Internship must be included on the AAPI form.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Doctoral Interns	\$55,000
Annual Stipend/Salary for Half-time Doctoral Interns	N/A
Program provides access to medical insurance for Doctoral Intern?	<input checked="" type="radio"/> Yes No
If access to medical insurance is provided:	
Trainee contribution to cost required?	<input checked="" type="radio"/> Yes No
Coverage of family member(s) available?	<input checked="" type="radio"/> Yes No
Coverage of legally married partner available?	<input checked="" type="radio"/> Yes No
Coverage of domestic partner available?	<input checked="" type="radio"/> Yes No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation). Trainees also receive 72 additional hours of paid Holiday time, to be taken on specific dates throughout the training year.	180 hours + 72 hours of Holiday time
Hours of Annual Paid Sick Leave	Included in above PTO hours.
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to Doctoral Interns in excess of personal time off and sick leave?	<input checked="" type="radio"/> Yes No
Other Benefits (please describe): Dental coverage with contribution by Doctoral Intern. Vision coverage with contribution by Doctoral Intern. Life Insurance. Accidental Death and Dismemberment. Long Term Disability. Short Term Disability with contribution by Doctoral Intern. Critical illness with contribution by Doctoral Intern. Additional Supplemental Life with contribution by Doctoral Intern. Additional Death and Dismemberment with contribution by Doctoral Intern.	

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

Initial Post-Doctoral Internship Positions:

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2022-2025	
Total # of Doctoral Interns who were in the 3 cohorts	9	
Total # of Doctoral Interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	N/A	
	PD	EP
Community mental health center	3	2
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center		
Military health center		
Academic health center		
Other medical center or hospital		
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility	1	2
School district/system		
Independent practice setting		1
Not currently employed		
Changed to another field		
Other		
Unknown		

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

VII. Rushville, Illinois

Located approximately 230 miles southwest of 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 114k population. The facility is located at the following address:

Department of Human Services – Treatment & Detention Facility
17019 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