# NORTH MEMORIAL HEALTH-UNIVERSITY OF ST. THOMAS
# JOINT DOCTORAL PSYCHOLOGY INTERNSHIP
# APA-accredited on contingency

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OVERVIEW

North Memorial Health (NMH) and the University of St. Thomas (UST) are jointly partnered to sponsor a doctoral internship in psychology. The NMH-UST Joint Doctoral Psychology Internship Program emphasizes training in the general practice of health service psychology. The Internship Program features training opportunities in interprofessional/multidisciplinary settings, evidence-based practice, and an emphasis on multicultural competence and diversity. Training activities include direct clinical service, providing supervision to masters-level trainees, individual and group supervision, observation and social learning, consultation, didactic seminars, and other learning opportunities. Clinical rotations and adjunctive training experiences take place at various NMH locations and at UST’s Interprofessional Center for Counseling and Legal Services (IPC).

For the 2019-2020 training year, two (2) intern positions are offered. The Internship Program is partially affiliated with the University of St. Thomas’ Graduate School of Professional Psychology, such that all positions are exclusively available to eligible applicants from UST’s Psy.D. in Counseling Psychology Program during Phase I of the Match. Should any positions remain unfilled after Phase I, the Internship Program will accept applications from non-UST eligible candidates during Phase II of the Match.

The NMH-UST Internship Program holds the status “APA-accredited on contingency,” with an initial accreditation date of July 22, 2018 (See Accreditation section of this brochure for additional information on accreditation status). The Internship Program is also a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC).

TRAINING SETTING

North Memorial Health

North Memorial Health is a healthcare system serving the northwest Minneapolis-St. Paul metropolitan area since 1954, with two hospitals, 27 specialty and primary care clinics, and community-based healthcare services. NMH’s Mental Health services are primarily based in Robbinsdale, Minnesota, which includes an inpatient psychiatry unit, emergency department, partial hospitalization and intensive outpatient programming, and consultation/rehabilitation psychology. Increased mental health care access is provided at NMH primary care clinics and emergency behavioral medicine at the NMH Hospital and Maple Grove Hospital. Additional outpatient services such as psychiatric medication management, individual and group psychotherapy, and neuropsychological assessment round out the spectrum of mental health care. In keeping with its mission “to empower its customer base to achieve their best health,” North Memorial Health has also established partnerships with community-support programs and nonprofit organizations such as Vail Place.
Across a diversity of clinical settings and demographics, mental health care at North Memorial Health emphasizes integrative, multidisciplinary behavioral health care. Psychologists collaborate as part of interprofessional teams, including psychiatry, medicine, nursing, social work, occupational therapy, and other allied professions. NMH team members employ innovative and evidence-based interventions with a range of presenting concerns from serious mental illnesses to recovery from co-occurring disorders to trauma-related and adjustment disorders. In addition to housing one of four Level I Trauma Centers in the state of Minnesota, North Memorial Health takes a trauma-informed approach to mental health care.

University of St. Thomas Interprofessional Center for Counseling and Legal Services

The University of St. Thomas Interprofessional Center for Counseling and Legal Services (IPC) is a community-based clinic providing legal, social work, and psychological services to low-income and underinsured individuals in the Twin Cities metro. The IPC’s mission is to “[advance] social justice through service and advocacy with underserved individuals and communities through transformative educational experiences for our students.” The IPC was established to provide practical, experiential learning experiences for students and is a joint effort by the School of Law, the Graduate School of Professional Psychology, and the St. Catherine-St. Thomas School of Social Work. Working collaboratively, law, psychology and social work students strive to meet the needs of underserved people while gaining valuable real-world experience. The IPC’s three services (Legal Services Clinic, Psychological Services, and Social Work Clinic) provide independent services and collaborate together to better serve individuals who present with complex situations. For example, an asylum seeker who experienced torture in his home country might need a lawyer to obtain legal immigration status, a therapist to address Posttraumatic Stress Disorder, as well as a social work case manager to navigate access to other social and medical services.

The Psychological Services unit of the IPC obtains referrals from a variety of community agencies and resources, including community social service agencies, churches, schools, and mental health professionals. Mental health services include individual therapy, group therapy, couples/family therapy, career counseling, psychological testing, and the fully adherent model of Dialectical Behavior Therapy. The Psychological Services Unit of the IPC does not bill clients for services.

Across all Internship Program settings, training in multiculturalism and diversity is strongly emphasized. The wide range of training activities and client populations present unique opportunities for experiential learning. Furthermore, both North Memorial Health and the University of St. Thomas have a deep commitment to empowering our clients and training providers to have the requisite knowledge, awareness/sensitivity, and skills to provide high quality services to our diverse populations. See our Statement on Multiculturalism and Diversity in Training at the end of this document for a more thorough articulation of our philosophy and practices demonstrating our values.
TRAINING MODEL & STRUCTURE

Training Philosophy

The Internship Program prepares its interns to become generalists in the practice of health service psychology, and the primary function of the internship is training. There is particular emphasis on evidence-based practice, interdisciplinary collaboration, and multicultural competency. In our training, we foster the attitude that optimal care integrates the best-available scientific evidence, clinical expertise, collaboration, and takes individual and contextual variables into consideration. We train Interns to view psychological intervention in the context of the whole person, including the status of one’s physical health, mental health, chemical health, developmental influences, and cultural variables. In line with the philosophy articulated in our Statement on Multiculturalism and Diversity, we believe it is important to be informed by clients’ worldviews, strengths, resources, community, and acknowledge other individual differences.

Training is developmental in nature, with the beginning of the year placing greater focus on intensive didactic training, social learning, and close supervision. By the end of the training year, the emphasis of training is on mentorship, consultation, and promoting greater autonomous functioning as a member of a multidisciplinary treatment team. In addition to building competence in clinical skills, intern training attends to issues of socialization to the profession of psychology and ongoing professional development.

Aims of the Training Program

1) Developmental training

The primary focus of the Internship Program is developmental training in health service psychology, with an emphasis on generalist training as a foundation for professional competence. Over the course of the training year, Interns move from close supervision and intensive instruction to relatively autonomous functioning. The sequence of didactic trainings also reflects this developmental progression. Graduating interns develop the competencies and sense of professional identity commensurate with entry-level positions in health service psychology or postdoctoral fellowships that allow for specialization. Interns are encouraged to maximize their individual training goals. For instance, clinical rotations are assigned based on Interns’ ranked preferences and overall learning goals. Interns are expected to take responsibility for their own learning by identifying individual training goals, self-reflection, self-evaluation, and active participation in the variety of educational opportunities provided. Supervisors and Interns collaborate throughout the year to adjust training plans as needed. Interns are also expected to participate in the continued improvement of the training program itself by providing feedback and evaluation of supervisors and training experiences. Developmental training is relevant to the clinical populations served to ensure that services provided are of high-level quality.
2) Evidence-based practice

Training is grounded in evidence-based practice in psychology focusing on the integration of knowledge and skills in scientific and theoretical foundations of psychology, professional practice, scholarly inquiry, and professional identity and development coupled with a commitment to ethical professional behavior and the affirmation of the richness of human differences. Throughout the internship, science and practice are integrated as outlined in APA’s guidelines for evidence-based practice in psychology. Interns are exposed to a variety of evidence-based treatments (e.g., Dialectical Behavior Therapy, Prolonged Exposure), employ interventions grounded in basic and applied science, and review scientific literature as part of their didactic trainings and supervision. Interns are also encouraged to consult the literature when developing treatment plans and client interventions. The Internship Program strongly promotes attention to the literature on common factors as well, which includes attention to the therapeutic alliance and individual factors. The program furthers Interns’ training and development in competently applying skills in scholarly inquiry, being consumers of scholarly research, and integrating science and practice. Evidence-based practice is critical to ethical and efficacious service of the clinical populations in both Internship settings, as these populations are largely high-risk and/or underserved.

3) Multicultural competence and diversity

The Internship Program highly values multicultural competence and diversity, viewing it as an extension of ethical and evidence-based practice. This broad aim is highly relevant to the demographically diverse clinical populations served by North Memorial Health and the Interprofessional Center settings. The training program provides Interns with ample opportunities to identify and understand individual and cultural differences, which includes service interactions, guest lecturers from the community, didactics, supervision, and consultation. The Program affirms that effective and ethical psychological practice is based upon striving to gain the relevant multicultural knowledge, awareness/sensitivity, and skills to address the multiple elements that influence a client’s psychological development, including cultural, social, and political factors. The Program provides opportunities through supervision and didactic training for Interns to self-reflect, identify, and understand their own biases as well as issues of multiple/intersecting identities, power, oppression, and privilege. Finally, the training community seeks applicants who explicitly express their value of multicultural competence and diversity. See Statement on Multiculturalism and Diversity in Training.

4) Interprofessional collaboration

The Internship Program focuses on training Interns to be effective in interprofessional collaboration. Increasingly in health care, psychologists work together with professionals from other disciplines such as medicine, nursing, social work, law, and masters-level counselors. The Program provides multiple training opportunities for Interns to work alongside with and in consultation to other professionals. Supervisors and training faculty provide modeling and mentorship as to Psychologists’ unique competencies and expertise in multidisciplinary settings. The competencies of interprofessional collaboration are of particular significance to the clinical populations at NMH and IPC, as multidisciplinary teams are intrinsic to the agencies themselves.
Clinical Training Experiences

For the duration of the training year, Interns engage in clinical training at NMH three days per week (Monday, Wednesday, Friday from 8AM-4:30PM) and at the IPC two days per week (Tuesday, Thursday from 8:30AM-5:00PM). Experiential learning is the primary modality of clinical training, comprised of clinical rotations at NMH, training in clinical supervision at the IPC, adjunctive training in DBT at the IPC, and opportunities for additional adjunctive experiences in both locations.

NMH Clinical Rotations
Interns complete three clinical rotations (i.e., switching rotations and supervisors at the end of each trimester). Clinical rotations are assigned based on individualized training goals. The following are potential NMH clinical rotations:

- Inpatient Psychiatry
- Outpatient Mental Health
- PHP: Partial Hospital Programs
- IOP: Intensive Outpatient Programs

Inpatient Psychiatry. Interdisciplinary collaboration and consultation regarding individuals on inpatient psychiatric unit of North Memorial Health Hospital. Presenting concerns range from acute crisis, depression, anxiety, PTSD, psychosis and other associated disorders, co-occurring mental health and chemical health disorders, and other serious mental illnesses. Direct service opportunities include: diagnostic assessment, group psychotherapy, time-limited individual psychotherapy, crisis intervention, and personality and mental health symptom assessment.

Outpatient Mental Health. The NMH Mental Health Clinic is an outpatient facility in which licensed mental health clinicians (LPs, LICSWs, LPCCs, LPCC/LADCs), outpatient psychiatry providers, and mental health trainees serve customers on an outpatient basis. Providers within the clinic have a range of specialties such as serious mental illnesses, chronic pain, grief and loss, anxiety disorders, co-occurring mental and chemical use disorders, and trauma-related disorders. Direct opportunities include: individual psychotherapy, group psychotherapy, diagnostic assessment, brief personality and mental health symptom assessment, and consultation.

PHP: Partial Hospital Programs. NMH offers two partial hospital programs (PHP), which are intensive, multidisciplinary mental health programs that bridge care between inpatient psychiatry and outpatient services. Clients in PHP attend programming 5 days/week for approximately 7 hours/day, which typically begins with a diagnostic assessment intake. Programming is comprised of process groups, skills groups, psychoeducation groups, movement groups, psychiatry, treatment planning. If indicated, clients may also participate in psychological testing and family therapy sessions. There are two tracks of PHP: Mind-Body PHP and Therapeutic Skills PHP. The Mind-Body PHP primarily treats clients presenting with mood disorders, anxiety disorders, adjustment disorders, and PTSD. A second PHP track, is geared towards presenting concerns of serious mental illness such as schizophrenia and psychosis, thought disorders, bipolar disorder, and depressive disorders. Direct service opportunities include: diagnostic assessment, group psychotherapy, crisis intervention, psychological testing, and family consultation sessions.
**IOP: Intensive Outpatient Programs.** IOP is an intensive outpatient level of care that is a stepdown from PHP, or for individuals needing increased support and skills as an adjunct to individual therapy. There are two IOP tracks: Mind-Body IOP and Trauma-focused IOP. Both IOPs are 6-weeks in length (4 days/week, 3 hours/day) and implement evidence-based curriculum that includes a process group, skills group, movement group, and psychiatry. If indicated, clients may also participate in psychological testing and family therapy sessions. Direct service opportunities include: diagnostic assessment, group psychotherapy, crisis intervention, psychological testing, and family consultation sessions.

**Training in Clinical Supervision**

The year-long supervision training experience at the IPC provides an opportunity for interns to develop competence in supervising developing mental health professionals. Interns will attend a weekly Supervision of Supervision seminar during which time they will focus on didactic topics such as building effective supervision relationships, evaluating counseling skills development, and providing appropriate feedback. To gain practical experience, each intern is assigned a Master of Arts counseling practicum student to whom the intern will provide weekly clinical supervision. The intern will regularly view videos of the supervisee’s work with clients and provide feedback to the supervisee on counseling skills, ethical issues, and other specific questions that the supervisee may have. Interns will have an opportunity to address challenges with supervision in the weekly Supervision of Supervision seminar, which is a vertical supervision experience. The Intern’s supervisor at the IPC bears the ultimate responsibility as the provider on record for the services rendered by the MA-practicum student; case notes are co-signed both by the supervising Intern and the Intern’s supervisor.

**Adjunctive Clinical Experiences**

Throughout the year and concurrent with clinical rotations, adjunctive training experiences supplement the generalist professional psychology competencies addressed within the primary clinical rotations. Special emphasis is placed on evidence-based practice and empirically supported-treatments. Learning modalities include didactic learning, direct clinical experience, and individual and/or group supervision specific to that competency. In addition to the potential options below, any of the regular offerings for clinical rotations may also be adjunctive training opportunities (i.e., Inpatient Psychiatry, PHP, IOP, and Outpatient Mental Health).

**Dialectical Behavior Therapy.** Dialectical Behavior Therapy (DBT) is an empirically supported treatment for Borderline Personality Disorder and also presents with evidence for applicability for other presenting concerns. The IPC provides the full DBT model to its clients, adherent to Dr. Marsha Linehan’s empirically-supported treatment model of DBT. Each DBT client receives the following services: (1) a 1-hour, weekly individual therapy session, (2) 2 hours of weekly skills training, and (3) telephone coaching as needed. Each DBT provider attends a 1.5-hour, weekly consultation team meeting. Following many of these team meetings, formalized, ongoing training is provided throughout the year in DBT treatment strategies and protocol components. It is not
unusual for DBT clients to be obtaining ancillary treatments outside of the IPC (for example, psychiatry) and interns consult with, and maintain a relationship with, ancillary providers as needed to assure high-quality care for these clients.

Consultation and Liaison Psychology. Providers in Consultation and Liaison Psychology ("the Consult Service") serve as a bridge between Mental Health and the inpatient interdisciplinary medical and rehabilitation setting within NMH’s Level 1 Trauma facility. The Consult Service is a multidisciplinary team that receives referrals throughout the NMH Hospital. Presenting concerns may include TBI, stroke, amputation, complex medical conditions, and polytrauma. Trainee direct service opportunities include: time-limited bedside psychotherapy, mental health triage, brief assessment, and rapid interdisciplinary consultation.

Emergency Behavioral Medicine. Emergency Behavioral Medicine is based out of NMH's Emergency Department. Services primarily focus on crisis intervention, brief diagnostic assessment, disposition and treatment recommendations, and interdisciplinary coordination with emergency medicine, nursing, and mental health clinicians from various disciplines.

Trauma-Informed Care. Throughout the year, Interns receive training in providing “trauma-informed care,” which includes didactics and clinical training experiences focused on treating psychological traumatic stress. Specific adjunctive training opportunities include empirically-supported treatment protocols and other evidence-based interventions. In any given internship year, specific trauma-informed care training that is provided will depend upon the interest of the interns and availability of adjunctive supervision within the specific modalities provided. Opportunities may include: Prolonged Exposure Therapy for PTSD; intensive outpatient programs (e.g., PTSD-focused IOP); group based interventions (e.g., Essential Skills for PTSD); and trauma assessment.

Prolonged Exposure for PTSD

Prolonged Exposure Therapy for PTSD (PE) is a manualized behavioral therapy intervention that involves repeated exposures to trauma-related thoughts, feelings, and situations in order to extinguish posttraumatic symptoms as a response. PE is a robustly supported intervention for the treatment of posttraumatic stress disorder and was designated by APA’s Division 12 as an Empirically Supported Treatment (EST) for PTSD.

Intensive Programming

For clients who would benefit from more intensive support and intervention, intensive programming (i.e., PHP or IOP) is offered. PHP and IOP offerings are based in trauma-informed theory and intervention, with a specific focus on education, social support, and coping skills related to the biopsychophysiology of psychological trauma. The Trauma-focused IOP is focused on social support, psychoeducation, and coping skills training to provide a higher level of care for clients with a trauma-related disorder diagnosis, or to prepare clients for individual trauma-focused therapy.
**Group-Based Interventions**

Weekly outpatient mental health groups are periodically offered in the Outpatient Clinic for individuals carrying a primary diagnosis of PTSD. In the past, these have included Essential Skills for PTSD (psychoeducation and coping skills group) and a Women Survivors group.

**Trauma Assessment**

Integrated into all rotations, Interns develop competency in evidence-based assessment of psychological trauma, PTSD, and Dissociative Disorders. Interns gain experience in understanding and effectively utilizing validated measures and diagnostic interviewing to assess the impact of past traumatic experience on current functioning and appropriate treatment recommendations for the individual client’s needs, supportive resources, and recovery.

**Didactic and Consultation Opportunities**

Throughout the year, Interns receive training on the conceptualization and treatment of psychological trauma as part of regularly scheduled seminars, guest speakers, and readings. Consultation is also available throughout the year from fellow clinicians on staff who have advanced training and experience in working with individuals recovering from acute stressors, posttraumatic stress disorder, and/or dissociative disorders.

**Didactic Training**

Throughout the training year, Interns participate in didactic training activities and seminars. Interns receive intensive didactic training in specific interventions such as Dialectical Behavior Therapy and in providing supervision. Additional didactic trainings will address other clinical competencies, miscellaneous issues of clinical practice, multicultural competence and development, and other topics related to professional development.
TRAINING COMPETENCIES

In order to successfully complete the program, by the end of the last trimester, Interns must obtain ratings of at least a "5" [Little consultation/supervision needed. Sound critical thinking/judgment evident overall (intern exit/ postdoc entry level)] on the Intern Trimester Evaluation form for all competencies and items. The Internship focuses on nine profession-wide competencies, and each of the broad competencies has items that must be rated at a "5" by the end of the last rating period.

1. Research
2. Ethical and Legal Standards
3. Individual and Cultural Diversity
4. Professional Values, Attitudes, and Behaviors
5. Communications and Interpersonal Skills
6. Assessment
7. Intervention
8. Supervision
9. Consultation and Interprofessional/Interdisciplinary Skills

SUPERVISION REQUIREMENTS

At a minimum, Interns receive four hours per week of supervision. Interns receive 1 hour of face-to-face, individual supervision for every 20 hours of the internship, supervised by a doctoral-level Licensed Psychologist. The four hours of supervision activities are outlined below:

- 1 hour face-to-face, individual supervision with primary supervisor at NMH, changing with each clinical rotation
- 1 hour of face-to-face, individual supervision at the IPC regarding the intern’s IPC-based services and supervision work, changing at the semester mark
- 1 hour of group supervision in the form of weekly Supervision of Supervision
- 1 hour of group supervision in the form of weekly Assessment Seminar

Over and above these required hours, supervisors have an "open door policy," and Interns may receive additional supervision as needed. Adjunctive consultation and supervision is provided as part of any other adjunctive training experiences.
LIST OF SUPERVISORS

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<th>Rotation/Experience</th>
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<tr>
<td>Margaret Gavian, Ph.D., LP</td>
<td>NMH</td>
<td>PHP; Outpatient Mental Health</td>
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<tr>
<td>Ashley Gulden, Psy.D., LP</td>
<td>NMH</td>
<td>PHP; IOP</td>
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<tr>
<td>Donna Johnson, Ph.D., LP</td>
<td>NMH</td>
<td>Inpatient Psychiatry; Emergency Behavioral Medicine; Consult Service</td>
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<tr>
<td>Benjamin Lexau, Psy.D., LP</td>
<td>NMH</td>
<td>Outpatient Mental Health</td>
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<tr>
<td>Stephanie Pituc, Ph.D., LP</td>
<td>NMH</td>
<td>Director of Training; PHP; Outpatient Mental Health; Multicultural Seminar</td>
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<tr>
<td>Megan Plumstead, Psy.D., LP</td>
<td>NMH</td>
<td>IOP; Outpatient Mental Health</td>
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<tr>
<td>Ryan Sorensen, Psy.D., LP</td>
<td>NMH</td>
<td>PHP/IOP; Outpatient Mental Health</td>
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<tr>
<td>Patricia Stankovitch, Psy.D., LP</td>
<td>IPC</td>
<td>Associate Director of Training; DBT; Supervision of Supervision</td>
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<tr>
<td>Alexandra Steinbreuck, Ph.D., LP</td>
<td>NMH</td>
<td>IOP; Outpatient Mental Health</td>
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<tr>
<td>Worawan Turner, Psy.D., LP</td>
<td>IPC</td>
<td>DBT; Supervision of Supervision</td>
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<tr>
<td>Ryan van Wyk, Psy.D., LP</td>
<td>NMH</td>
<td>Outpatient Mental Health</td>
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**OTHER TRAINING FACULTY**

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<tr>
<td>NMH</td>
<td>Prolonged Exposure; Outpatient MH</td>
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<td>NMH</td>
<td>Assessment Seminar</td>
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<tr>
<td>IPC</td>
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<tr>
<td>NMH</td>
<td>Assessment Seminar</td>
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EVALUATIONS

Standardized evaluations are completed at the end of each trimester rotation. Twice per year, a separate evaluation is completed by the supervisors of adjunctive experiences. At least two times per year, formal evaluations and general feedback will be shared with the intern’s doctoral program.

Consistent with APA requirements, we have identified minimum levels of achievement as outlined below:

To maintain good standing in the program, Interns must:

- For the first and second training trimester, obtain ratings of at least a “2” *(Regular supervision required on most straightforward cases; consultation only on less challenging cases (mid-practicum level) for all competencies on the Trimester Evaluations and the Adjunctive Training Experience Evaluation forms.)*
• Not be found to have engaged in any significant unethical or unprofessional behavior.

To successfully complete the program, Interns must:

• By the end of the last training period, obtain ratings of at least a “5” \( \text{f} \) Little consultation/supervision needed. Sound clinical judgment regularly demonstrated (intern exit/postdoc entry level); readiness for practice} for all items of all competencies on the Trimester Evaluation and the Adjunctive Training Experience Evaluation forms.

• Not be found to have engaged in any significant unethical or unprofessional behavior.

TRAINING TERM

The Internship is designed to be a one-year, full-time, 2000-hour training experience beginning in late August. Interns are expected to commit 40-50 hours per week to the internship, depending upon individual training needs. In accordance to APPIC and APA standards, successful completion of Internship requirements must take place in no less than 1 calendar year and no more than 2 calendar years. APPIC Guidelines, which provide parameters for the internship experience, specify that interns must complete at least 25% of time in direct service (500 hours for a 2000-hour internship) during the internship year. It should be noted that these are direct service contact hours, such as individual psychotherapy, couples/family counseling, group psychotherapy, psycho-educational or outreach presentations to groups, consultation of a psychological nature, provision of clinical supervision, and/or face-to-face administration of psychological assessments.

HOLIDAYS AND TIME OFF

Scheduling will be coordinated such that Interns will receive 8 holidays and may take 10 days off for personal time and 5 days for professional development (i.e., dissertation or attending conferences). Additionally, there are a limited number of days in which the IPC does not provide service due to observance of the University of St. Thomas academic calendar (e.g., Christmas Break, Easter Break). Interns will consult with the Training Director and Associate Training Director to discuss their intentions to accrue hours on the days in this period when the IPC is not open, in lieu of taking time off. On regularly scheduled NMH rotation days during these periods, interns are expected to work as usual. Interns will also follow an informal sick leave policy; frequent absences due to sickness may be addressed with the Training Committee and extended periods of illness/injury may require pursuit of an official leave of absence. The Intern should consult with the Training Directors to determine an appropriate, approved leave of absence from the program for maternal/paternal/family leave.
SUPPORT STIPEND

The Internship Program is primarily designed to meet the training needs of doctoral students, rather than the provision of services for each organization. Interns are not considered employees of NMH or UST. To provide financial support to interns during the training, the internship offers an annual stipend/scholarship of $30,000. University of St. Thomas Interns are required to register for 3 credits of tuition. The stipend is intended to help offset the cost of this tuition and provide extra funds to allow the Intern to purchase health insurance should that be needed since health benefits are not available through the Internship Program. The stipend/scholarship is disbursed in one lump sum each term as follows: $12,000 in Fall semester/J-Term, $9000 in Spring semester, and $9000 in Summer as long as the Intern is registered for the term.

NOTE: This paragraph applies only to Interns who are University of St. Thomas students. Interns who match through Phase II of the Match would not be University of St. Thomas students and therefore there would be no tuition or fees to which the business Office would first apply the stipend/scholarship monies. The UST Business Office will first apply these funds to any tuition and fees on the Intern’s student account and, following that, will distribute the remaining funds through an eRefund account which the Intern must set up in advance of such distribution. The UST Business Office can assist Interns if they don’t already have an eRefund account set up.

Since the stipend is a scholarship, there is a possibility that it may have implications for other financial aid for which an Intern may choose to apply during the internship year. Typically, if an Intern is enrolled in at least 3 credits for a term, they are eligible to be considered for federal student loans and any previous federal student loan would stay in “in-school loan deferment” status during the year. If a student is enrolled in less than 3 credits, they likely have an option of applying for a private educational loan, if desired. There is no guarantee of federal financial aid or private educational loans being received. The Intern would have to apply like any other student. There are many components that the lending institutions take into consideration when considering eligibility. Questions about financial aid should be addressed to the University of St. Thomas Financial Aid Office at www.stthomas.edu/financialaid/graduate or to the Intern’s home University program, if the Intern is not a University of St Thomas student.

In addition to the stipend/scholarship, the Internship provides up to $750 in professional development funds. These funds are intended to cover attendance at workshops and conferences.
APPLICATION & SELECTION PROCEDURES

Eligibility
To be eligible for the Internship, applicants must be currently enrolled in a Counseling or Clinical Psychology doctoral program accredited by the American Psychological Association or Canadian Psychological Association. The Internship requires a minimum of 250 direct contact practicum hours. Applicants with 1000 or more practicum hours total are preferred. Applicants must also be deemed eligible for Internship by their doctoral program.

The NMH-UST Internship Program is partially affiliated with the University of St. Thomas' Graduate School of Professional Psychology. During Phase I of the match, all internship slots are allocated to qualified candidates from the University of St. Thomas' Psy.D. Program in Counseling Psychology. There is no guarantee that the two positions will be filled by UST students. If selection proceeds to Phase II of the Match, applicants from outside of the University of St. Thomas who meet the minimum requirements outlined above may apply and be ranked.

Application Procedures
The NMH-UST Internship Program participates in the National Matching Service. Intern applicants are strongly encouraged to use responses to the standardized APPI materials (i.e., cover letter, personal statement, diversity essay) to convey the strength of fit of the Internship Program with the applicant’s background, experience, and goals. To complete the application process, application materials must be submitted no later than November 15 at 11:59PM CST through the APPIC Portal Program Code: 242911.

An intern selection committee will review internship applications. All applicants will be notified by November 30 as to whether or not they will be offered an interview. Only qualified UST candidates will be eligible and ranked in Phase I. There is no guarantee that all positions will be filled by UST students, and in such case, during Phase II of the Match, the Program will accept and rank applications from external candidates.

Interview Procedures
Applicants who have been selected for an interview will be notified on or before November 30. The in-person interview will occur over a full day on Friday, December 14, 2018. If the interviewee is unable to attend an in-person interview, interviews may be conducted by Skype or telephone.

Ranking Process
Rank order lists, for both internship sites and applicants, are due to the National Matching Service, https://natmatch.com, by February 6, 2019. The NMH-UST Internship Program Code is 242911.

Please be aware that this internship site follows the guidelines established by the Association of Psychology and Postdoctoral Internship Centers (APPIC). We fully endorse the APPIC policy summarized in the following statement: "This internship site agrees to abide by the APPIC Policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant."
### TRAINEE ADMISSIONS, SUPPORT, AND OUTCOME DATA

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Intern Name</th>
<th>Graduate Program</th>
<th>Initial Post-Internship Positions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018-2019</td>
<td>Skye Davis</td>
<td>Psy.D., University of St. Thomas</td>
<td>n/a</td>
</tr>
<tr>
<td>2018-2019</td>
<td>Nicholas (Nic) Klein</td>
<td>Psy.D., University of St. Thomas</td>
<td>n/a</td>
</tr>
<tr>
<td>2017-2018</td>
<td>Jenna Etzold</td>
<td>Psy.D., University of St. Thomas</td>
<td>Clinical position, St. Alexius Health, Bismarck, ND</td>
</tr>
</tbody>
</table>

### ACCREDITATION

The NMH-UST Joint Doctoral Psychology Internship Program is accredited on contingency by the Commission on Accreditation of the American Psychological Association (APA), with an initial date of accreditation of July 22, 2018. Interns completing the 2018-19 internship will be considered to have completed an APA-accredited internship program.

Questions related to the program’s accreditation status should be directed to the APA Commission on Accreditation. The following link provides additional clarification on the “accreditation on contingency” status: [http://www.apa.org/ed/accreditation/about/coa/decoding.aspx](http://www.apa.org/ed/accreditation/about/coa/decoding.aspx).

**APA Commission on Accreditation (CoA) Contact Information**

*Office of Program Consultation and Accreditation*

*American Psychological Association*

750 First Street NE, Washington, DC 20002-4242  
Phone: (202) 336-5979  
TDD/TTY: (202) 336-6123  
Email: apaaccred@apa.org  
INTERNERSHIP PROGRAM CONTACT INFORMATION

Please contact the Internship Program Directly (Training Director and/or Associate Training Director) with other questions about the program:

**Training Director**
Stephanie Pituc, Ph.D., LP
Email: Stephanie.Pituc@northmemorial.com
Phone: (763) 581-6407

**Associate Training Director**
Patricia Stankovitch, Psy.D., LP
Email: pastankovitc@stthomas.edu
Phone: (651) 962-4816

**Internship Program Website:** [http://www.stthomas.edu/ipc/psychservices/doctoralinternship](http://www.stthomas.edu/ipc/psychservices/doctoralinternship)
STATEMENT ON MULTICULTURALISM AND DIVERSITY IN TRAINING

The Internship Program is deeply committed to multiculturalism and diversity in training and supporting trainees who represent various forms of diversity. We believe that attention to issues of cultural and individual differences and diversity is central to ethical, competent, and compassionate practice. The Internship Program implements its training activities in accordance with the APA Ethical Principles of Psychologists and Code of Conduct (2017) and evidence based practice of psychology (EBPP; APA Presidential Task Force on Evidence-Based Practice, 2006), which call upon psychologists to integrate issues of culture and diversity into training and practice. This statement articulates the values and practices that comprise our sustained effort at providing high quality training in issues related to multiculturalism and our attention to diverse representation amongst our Interns and training faculty of diverse backgrounds. We view multicultural competence as a dynamic and life-long task. Therefore, the Internship Program’s training activities are not limited to those detailed here, and this document is amenable to revision.

Affirming Diversity & Promoting Empowerment

We affirm that all individuals are multicultural beings whose social identities and individual characteristics inform their worldviews, mental health and well-being, interpersonal interactions (including the therapeutic relationship), and one's position within institutional and sociohistorical contexts. The Internship Program defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, acculturation, race, religion/spirituality, culture, sexual orientation, and socioeconomic status. We acknowledge the uniqueness of experience associated with multiple and/or intersecting identities. We understand that identity statuses may be visible or invisible. We recognize that certain groups are conferred unearned privilege, dominance, and power, whereas other social groups experience bias, prejudice, and societal disadvantage. We underscore that there are individual differences within any cultural group, and the individual is their best expert on their phenomenological experience. Informed by the preponderance of scientific literature on intergroup contact and prejudice (Pettigrew & Tropp, 2006), we understand that all individuals are prone to biases based on their social identifications. We further acknowledge that Psychology, as an institution, has at times in history played a role in the oppression of nondominant groups through means both explicit and implicit.

We believe that the profession of Psychology is ever-evolving to better understand and meet the complex needs of individuals we serve and those in training. We consider the ways in which Psychology is in a unique position to promote social justice and individual empowerment, in line with the missions of both North Memorial Health and the University of St. Thomas. While acknowledging the experience and impact of historical and contemporary oppression, we simultaneously promote a strengths-based perspective. This perspective takes into account community-based resilience and culturally-relevant protective factors and practices.
Our Approach to Multiculturalism and Diversity in Training

Multicultural competence and diversity is one of the Internship Program’s four aims, reflecting our belief that multicultural competence must be both integrated into the training of other profession-wide competencies while also deserving unique attention. Our approach to training in multicultural development focuses on increasing the following domains over the training year: 1) Knowledge, 2) Awareness/Sensitivity, and 3) Skills. These domains are integrated across various aspects of the training program, including but not limited to didactic trainings, individual and group supervision, experiential learning, and evaluation.

Multicultural Knowledge
We strongly believe that culturally-relevant knowledge is essential for multicultural competency. We see training in multicultural knowledge as both content and process based. Training in content-based cultural knowledge may focus on the values, beliefs, practices, experiences, and worldviews that may be unique to particular cultural groups. It also entails knowledge of empirical evidence and scholarly theories pertaining to clients’ various identifications. However, there are inherent limitations of focusing solely on a content-based approach, given the great number of diversity variables and individual differences within cultural groups. Thus, we also focus on training in the process of gathering cultural knowledge from the client and outside sources (e.g., research literature, supervision, consultation) to best serve the healthcare needs of individuals from diverse backgrounds.

Multicultural Awareness/Sensitivity
Awareness and sensitivity to multiculturalism and diversity are critical to developing multicultural competency, as this guide the process of gathering relevant knowledge and applying culturally-appropriate skills. Multicultural awareness is defined as an understanding of how one’s own personal identities and concomitant worldviews affect how they understand and interact with individuals (clients, supervisees, supervisors, other staff, etc.) who are both similar to and different from themselves. Multicultural sensitivity encompasses a dynamic attunement to multiple cultural variables, including one’s personal worldview, the worldview of the client, the interplay between therapist-client, and the context of the encounter. We believe that practicing awareness of self and sensitivity to others is a life-long task, and both Interns and training supervisors practice honing these faculties throughout the training year. Experiential learning and reflective supervision are the primary modalities for increasing multicultural awareness and sensitivity.

Multicultural Skills
The learning and application of culturally-appropriate skills is critical to multicultural competence, while also building upon the domains of multicultural knowledge and awareness/sensitivity. It encompasses the demonstration of cultural knowledge, awareness, and sensitivity in basic intervention, such as building rapport in the therapeutic relationship. It may also include application of concepts such as dynamic sizing, employing culture-specific skills, and obtaining consultation (Sue, Zane, Hall, & Berger, 2009). We believe that skillful practice in Psychology is fundamentally tied to multiculturalism and diversity. As with the previous two domains, the refinement of one’s multicultural skills is an ongoing part of professional development.
Methods for Training in Multiculturalism and Diversity

The Internship Program's training activities include multiple opportunities to promote the development of multicultural knowledge, awareness/sensitivity, and skills to navigate cultural and individual differences and diversity. The following methods demonstrate our deep commitment to these values.

Diverse Clinical Populations

Clinical experiences at all locations of the Internship provide rich opportunities to serve demographically diverse populations, including variables such as race/ethnicity, gender, sexual orientation, religion, and age (see table below for a summary of recent statistics of our service populations). North Memorial Health is adjacent to communities with racial/ethnic diversity and a greater percentage of socioeconomic disadvantage than the rest of Hennepin County, thus providing opportunities to consider the role of these statuses on health and development. The Interprofessional Center for Legal and Counseling Services’ (IPC) mission is to serve lowincome and underinsured individuals. Some of the IPC’s clients are also immigrants seeking support for applications for asylum. Exposure to demographic diversity provides opportunities to increase Interns' awareness/sensitivity to multicultural issues and to apply knowledge and skills acquired during didactic trainings. The ample opportunities to experience contact with cultural diversity is a unique strength of the training program and is consistent with the well-established literature on intergroup contact and reducing prejudice and bias in individuals.

**Demographic Data for 2016**

<table>
<thead>
<tr>
<th></th>
<th>NMH</th>
<th>IPC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individuals receiving mental health services</strong></td>
<td>$N = 4,423$</td>
<td>$N = 162$</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td>Female: 55% Male: 45%</td>
<td>Female: 59% Male: 40% Transgender: 2%</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>17 and under: 2%</td>
<td>18-44: 68%</td>
</tr>
<tr>
<td></td>
<td>18-24: 11%</td>
<td>45-64: 28%</td>
</tr>
<tr>
<td></td>
<td>25-39: 33%</td>
<td>65+: 4%</td>
</tr>
<tr>
<td></td>
<td>40-54: 25%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>55-64: 17%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>65+: 12%</td>
<td></td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td>Am. Indian/Alaskan Native: 1%</td>
<td>Asian/Asian American: 8%</td>
</tr>
<tr>
<td></td>
<td>Asian: 2%</td>
<td>Black/African American: 19%</td>
</tr>
<tr>
<td></td>
<td>Black/African American: 23%</td>
<td>Hispanic/Latino: 5%</td>
</tr>
<tr>
<td></td>
<td>Native Hawaiian/Other Pacific Islander: 1%</td>
<td>Native American: 3%</td>
</tr>
<tr>
<td></td>
<td>Refused/Unknown: 1%</td>
<td>White: 65%</td>
</tr>
<tr>
<td></td>
<td>White/Caucasian: 72%</td>
<td></td>
</tr>
</tbody>
</table>
### Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Hispanic or Latino: 3%</th>
<th>Non-Hispanic or Latino: 97%</th>
<th>Not measured</th>
</tr>
</thead>
</table>

#### Didactic Training

Didactic trainings and seminars provide opportunities for Interns to increase content-based knowledge, process the development of awareness/sensitivity, and explore culturally-appropriate interventions and skills. Issues around intersecting areas of culture and diversity are integrated within the regular seminars: Intern Seminar, Assessment Seminar, DBT Consultation, and Supervision of Supervision. In particular, the Multicultural Seminar is a regular, dedicated learning opportunity that includes didactic modalities on various multicultural topics and is regularly open to other staff members as well. Learning elements include assigned readings, review of scientific evidence, multimedia, case presentations, and discussion. Guest speakers and site visits augment training activities to represent cultural and interprofessional diversity.

#### Supervision & Consultation

In individual supervision, group supervision, and consultation meetings, Interns are expected to reflect on and articulate their own attitudes, biases, and conflicts surrounding cultural variables and individual differences in their clinical work and within supervisory relationships. They are also expected to demonstrate awareness/sensitivity to the impacts of power differentials, privilege, and oppression on clients and their presenting concerns. As aforementioned, Multicultural Seminar is regular biweekly training opportunity that combines didactic training, self-reflection, and case consultation.

#### Commitment to Diversity Representation

##### Commitment to Training Diverse Individuals

The Internship Program encourages applications from individuals from diverse backgrounds. We seek Interns who share the Program’s commitment to multiculturalism and diversity and whose applications explicitly state these among their internship training goals. We will provide reasonable accommodations to Interns based on their identified cultural practices and/or disabilities.

##### Valuing Diversity and Inclusion Within Our Teams

We value diversity amongst our colleagues and strive for inclusion in every team/staff setting. Our workplaces represent diversity with respect to age, gender, race/ethnicity, religion/spirituality, sexual orientation, and other visible and non-visible cultural categories. Both co-sponsoring agencies of the Internship Program, North Memorial Health and the University of St. Thomas are Equal Opportunity/Affirmative Action employers.

##### Non-Discrimination and Fair Treatment

The Internship Program commits to non-discrimination and fair treatment of all Interns, supervisors, other training faculty, contributors, and other stakeholders. It avoids any actions that would restrict program access or completion on grounds that are irrelevant to success in graduate
training or the profession. Concerns about possible discrimination or unfair treatment should follow the outlined grievance procedures outlined in the Due Process and Grievance Policy.

Ongoing Assessment and Improvement
Interns and training faculty are encouraged to provide the Training Directors and the Internship Program with candid feedback about their experiences in training, particularly with respect to issues of multiculturalism and diversity. Mechanisms for accountability are built into multiple levels of evaluation as well (i.e., embedded within broad profession-wide competencies on trainee evaluations, supervisor evaluations, and Internship Program evaluations). The Training Committee reviews all feedback about the program and makes sustained efforts to provide quality training to diverse interns and around multiculturalism and diversity. Furthermore, we commit to ongoing efforts at promoting diversity and inclusion within our team/staff settings.

References


Updated 5/2018