

**NORTH MEMORIAL HEALTH-UNIVERSITY OF ST. THOMAS  
JOINT DOCTORAL PSYCHOLOGY INTERNSHIP**  
*APA-accredited*

**TABLE OF CONTENTS**

<b>LETTER TO PROSPECTIVE APPLICANTS</b>	<b>2</b>
<b>TRAINING SETTINGS</b>	<b>3</b>
North Memorial Health / Blaze Health	3
Interprofessional Center for Counseling and Legal Services	4
<b>TRAINING MODEL &amp; STRUCTURE</b>	<b>6</b>
Training Philosophy	6
Aims of the Training Program	6
<b>CLINICAL TRAINING EXPERIENCES</b>	<b>8</b>
Clinical Rotations	8
Evidence-Based Therapies: Anxiety Clinic	10
Training in Clinical Supervision	11
Group Consultation	11
Seminars & Didactic Training	11
<b>SUPERVISION &amp; CONSULTATION</b>	<b>12</b>
<b>STATEMENT ON MULTICULTURALISM AND DIVERSITY IN TRAINING</b>	<b>16</b>
<b>SUPERVISORS &amp; ASSOCIATED TRAINING FACULTY</b>	<b>21</b>
<b>TRAINING COMPETENCIES</b>	<b>31</b>
<b>EVALUATIONS</b>	<b>31</b>
<b>TRAINING TERM</b>	<b>32</b>
<b>HOLIDAYS &amp; TIME OFF</b>	<b>32</b>
<b>STIPEND &amp; FINANCIAL SUPPORT</b>	<b>33</b>
<b>APPLICATION &amp; SELECTION PROCEDURES</b>	<b>34</b>
<b>TRAINEE ADMISSIONS, SUPPORT, AND OUTCOME DATA (IR C-27 I Tables)</b>	<b>37</b>
<b>INITIAL POST-INTERNSHIP POSITIONS</b>	<b>39</b>
<b>CURRENT &amp; PAST INTERNS</b>	<b>40</b>
<b>ACCREDITATION</b>	<b>41</b>
<b>INTERNSHIP PROGRAM CONTACT INFORMATION</b>	<b>42</b>

## LETTER TO PROSPECTIVE APPLICANTS

Dear Prospective Applicant,

Thank you for your interest in our Internship site! Since 2017, North Memorial Health (NMH) and the University of St. Thomas (UST) has jointly partnered to sponsor a doctoral internship in psychology. The NMH-UST Psychology Internship Program prepares its Interns for entry-level professional and independent general practice of health service psychology. We believe that our Internship Program's emphasis on training in interprofessional/multidisciplinary settings, evidence-based practice, and multiculturalism and diversity position our Intern graduates to be well-prepared to practice in a variety of settings, as shown by our Intern alumni's post-graduate employment. We also highly value a collaborative approach to training, working with our Interns to create an individualized, developmentally-tailored learning experience that complements an Intern's background, experience, interests, and short and long-term professional goals.

For the full-year, Interns spend time each week at both the UST's Interprofessional Center for counseling and Legal Services (IPC) and NMH. Interns experience providing a wide variety of services (individual and group therapy, assessment, consultation) at each setting, often involving interprofessional collaboration. Previous interns have remarked on the opportunity to work with individuals with broad clinical concerns, spanning multiple levels of care. We are also proud to feature a rich training experience in the competency of Clinical Supervision and gain experience with consultation. For the duration of the training year, interns supervise 2-3 Masters-level trainees at the IPC, learn from each other through the Supervision of Supervision experience, and take increasing responsibility with peer consultation at the IPC. The Internship experience also includes ample opportunities for observation and social learning, consultation, didactic seminars, and collaboration. Our training faculty features a wide variety of expertise and share a passion for training and supervision; you may read their brief bios in this brochure.

For the 2024-2025 training year, two (2) intern positions are offered. The Internship is a partially-affiliated program with the University of St. Thomas' Graduate School of Professional Psychology (UST GSPP), which means that qualified UST GSPP students may receive preference in the Match process. This year, we will be accepting applications from a general pool (i.e., UST and non-UST) of eligible applicants in **both** Phase I and Phase II. Please see the section on Application & Selection Procedures for more information.

The NMH-UST Internship Program was first APA-accredited in 2018. Our APA self-study is due January 2024, with the Site Visit projected to occur in Fall 2025. The Internship Program is also a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC).

If you have outstanding questions, please feel free to reach out by email.

Best wishes for the Internship application process!

Ryan Sorensen, Psy.D., LP (he/him/his) & Ann Marie Winskowski, Psy.D., LP (she/her/hers)  
Training Directors, NMH-UST Internship Program

## TRAINING SETTINGS

### North Memorial Health / Blaze Health

[North Memorial Health](#) is a healthcare system serving the northwest Minneapolis-St. Paul metropolitan area since 1954, with two hospitals, 25 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, intensive outpatient programming, outpatient mental health clinic, and consultation services to the medical

units of the hospital. 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 non-profit organizations such as Vail Place.



*North Memorial Hospital, Robbinsdale, MN*



*Robbinsdale Medical Building, where the NMH Mental Health Clinic is located.*

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.

## Interprofessional Center for Counseling and Legal Services



*L: Aerial view of UST Downtown Minneapolis campus; R: A wintery view of the UST Minneapolis campus, with UST slogans.*

The [Interprofessional Center for Counseling and Legal Services](#) (IPC) is a community-based clinic, located on the University of St. Thomas' Downtown Minneapolis campus. The IPC operates under the umbrella of the UST [Morrison Family College of Health](#), which was established in the fall of 2019 with the aims of helping solve systemic health care problems by:

- Reimagining how those who work in this field can address the wellness of the whole person
- Meeting an acute demand for health care practitioners who possess technical skills and cultural competencies.

In line with the College of Health's integrative and interdisciplinary educational approach, the IPC serves as a training clinic and a community resource by providing legal, social work, and psychological services to low-income and underinsured individuals in the Twin Cities metro



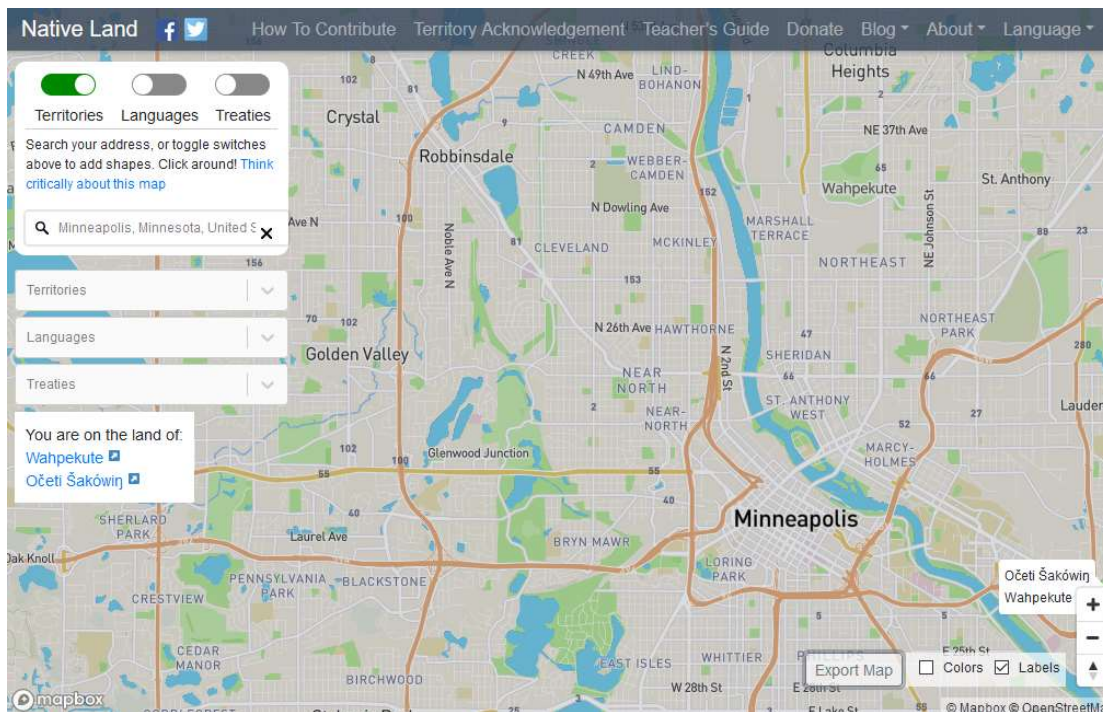
*The IPC is home to legal, psychological, and social work services to the community, as well as a training clinic for UST's*

Established in 2004, 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. 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 to better serve individuals who present with complex situations.

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



Map illustrating the Indigenous lands upon which our sites stand, from [www.native-land.ca](http://www.native-land.ca).

## Land Acknowledgement

We acknowledge that our training institutions stand on the traditional, ancestral, and contemporary lands of Indigenous people, largely that of Dakota and Ojibwe nations and their Wahpekute, Anishinabewaki, and Očeti Šakówiŋ (Sioux) territories (from the [Native Land website](http://www.native-land.ca) and map).

**Across all Internship Program settings**, training in multiculturalism and diversity is strongly valued and practiced. We strive to practice cultural humility, acknowledging that we are all complex, cultural beings, bringing strengths, knowledge, and experience while remaining open to “not knowing” and embracing lifelong learning and growth. A wide range of training activities and client populations present opportunities for experiential learning. Furthermore, we share a 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 further 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 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' previous experiences, 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, 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

Interns have the opportunity to rotate through various multidisciplinary treatment settings throughout the year. Interns train within the IPC setting two days/week (Tuesday & Thursday from 8:30AM-5:00PM) and within the NMH setting three days/week (Monday, Wednesday, and Friday typically from 8:00AM-4:30PM). Experiential learning is the primary modality of clinical training, comprised of clinical rotations at NMH, training in clinical supervision, evidence-based therapies, and opportunities for additional training experiences in both locations.

*Note:* In response to the dynamic needs of the COVID-19 pandemic and any future public health needs, the Internship Program may revise methods of training delivery (i.e., in-person versus remote learning and service provision). We are committed to maintaining compliance with APA-accreditation standards and following the guidance of local, state, federal, and institutional policies and guidance with respect to public health needs.

### Clinical Rotations

Interns complete clinical rotations during the year in the NMH setting. Clinical rotations and specific duties are assigned based on individualized training goals. Throughout the year, Interns have the opportunity to engage in both therapy and assessment in various rotation settings. In addition, Interns may also be involved with additional adjunctive clinical opportunities in areas of the mental health clinic or hospital, which offer opportunities for exposure or immersive experience across multiple levels of care. Changes in clinical rotations may occur with the Semester change or be shorter in duration.

*Outpatient Mental Health – Therapy and Assessment.* The NMH Mental Health Clinic is an outpatient facility in which licensed mental health clinicians (LPs, LICSWs, LPCCs/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, psychological testing, bariatric evaluation, ADHD assessment, brief personality and mental health symptom assessment, and consultation. Interns may wish to focus primarily on therapy, assessment, or a combination of these outpatient services.

*Group Psychotherapy & Intensive Group Programs.* Group psychotherapy services are provided on an outpatient basis and may be 1 or more times per week. Intensive group program offerings as of August 2023 include the Mind-Body Group program and the Trauma-focused Group program, both of which run 2 hours/day, 4 days/week, 6 weeks long. Training in this modality hones group co-facilitation skills, starting from observer to co-lead. Groups include psychoeducation and process components, with a milieu with open admission. *Note:* PHP and IOP programming are currently inactive system-wide; if these programs become active during the training year, Intern may have the opportunity to rotate in these settings.



*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, psychological testing, and interventions targeting suicide prevention/safety planning.

*Consultation Psychology.* The Consult Service is a multidisciplinary team that receives referrals throughout the NMH Hospital, bridging medical and mental health care. Presenting concerns may include TBI, stroke, amputation, complex medical conditions, and polytrauma. Direct service opportunities include: time-limited bedside psychotherapy, mental health triage, brief assessment, and rapid interdisciplinary consultation.

*Primary Care-Behavioral Health Integration.* In the primary care-behavioral health integration setting, mental health therapists consult and partner with the primary care medical team to make mental health care accessible and approachable. Presenting concerns range from typical outpatient mental health concerns to health psychology behaviors (e.g., smoking cessation, medication compliance, diabetes management, increasing modifying lifestyle factors). Direct service opportunities include: brief, focused therapy; doing curbside consultations (when in-clinic); offering education to primary care providers; and working with multidisciplinary teams in the primary care setting.

*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. Previous Intern training opportunities have included: Cognitive Processing Therapy for PTSD; 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.

***Cognitive Processing Therapy for PTSD & Prolonged Exposure for PTSD***

Cognitive Processing Therapy for PTSD & Prolonged Exposure Therapy for PTSD (PE) are manualized cognitive-behavioral therapy interventions designated by APA's Division 12 as Empirically Supported Treatments (EST) for PTSD.

### ***Intensive Programming***

For clients who would benefit from more intensive support and intervention, intensive programming (e.g., Trauma-Focused Group Program) 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. This group also serves to prepare clients for individual trauma-focused therapy.

### ***Group-Based Interventions***

Weekly outpatient mental health groups may be offered in the Outpatient Clinic for individuals with a primary diagnosis of PTSD. In the past, these have included Essential Skills for PTSD (psychoeducation and coping skills group) and Processing Grief 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.

## **Evidence-Based Therapies: Anxiety Clinic**

The Internship Program features intensive training in at least 1 evidence-based therapy. Since 2022, the Internship Program has featured training and supervision via the IPC Anxiety Clinic. The Anxiety Clinic offers time-limited, evidence-based treatment for OCD, anxiety, and related disorders, including exposure and response prevention (ERP). ERP is a type of cognitive behavioral therapy where clients work collaboratively with their therapist to confront their fears (exposure) in an objectively safe and gradual manner without the use of safety behaviors, compulsions, or other temporary strategies for reducing the anxiety (response prevention). In ERP, clients practice approaching their fears instead of giving in to the natural tendency to avoid objects, people or situations that could trigger their anxiety or other uncomfortable emotions. The primary goals of treatment are to slowly reduce avoidance so that anxiety symptoms decrease, client mastery increases, and daily life can resume with fewer disruptions.

Trainees receive in-depth training on ERP, including the underlying theory and treatment goals, assessment strategies, application to clinical cases, and opportunities for building skills in practice. The types of exposures used in session and for homework are tailored to fit each client and their specific concerns. Students will gain direct clinical experience 1) communicating ERP

treatment rationale, 2) engaging in diagnostic and functional assessment of anxiety and fear, 3) collaboratively developing client-specific exposure hierarches and response prevention goals, and 4) facilitating therapeutic exposure both in session and as homework. Ongoing training and weekly consultation is provided.

### **Training in Clinical Supervision**

The 9-12 month 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, during the Fall and Spring academic semesters, 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.

Interns have additional opportunities to hone their skills as a peer consultant to Masters trainees and Psy.D. practicum students, as well as assist the Licensed Psychology supervisors with trainings and consultations to IPC staff and junior trainees.

### **Group Consultation**

In addition to providing direct clinical supervision experience to a counseling practicum student, interns gain experience participating in and facilitating group consultation with other student therapists at the IPC. The weekly consultation group provides a forum for IPC students and supervisors to meet informally to discuss clinical and practice issues in a supportive and confidential setting. Previous consultation topics have included support with specific cases (e.g., diagnostic assessment and clinical direction), psychoeducation on clinical presentations or topics (e.g., treating depression), documentation and training site logistics, relieving stress and preventing burnout, and general career/job search support. As the training year progresses, Interns take on an increasingly active leadership role in the consultation group. For example, Interns have the opportunity to facilitate consultation group topic selection and discussion, with the support of supervising psychologists.

### **Seminars & Didactic Training**

Throughout the training year, Interns participate in didactic training activities and seminars. Interns receive intensive didactic training in specific interventions such as Therapeutic Assessment and in providing supervision. Additional didactic trainings will address other clinical competencies, miscellaneous issues of clinical practice, multicultural competence and

development, trauma-informed care, mind-body medicine and/or other topics related to professional development.

## **SUPERVISION & CONSULTATION**

### **Supervision Requirements**

Supervision is defined in the APA Commission on Accreditation’s Implementing Regulations C-14 Required Supervision in Internship Training Programs as “an interactive educational experience between the intern and the supervisor. This relationship a) is evaluative and hierarchical, b) extends over time, and c) has the simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of professional services offered to the clients that she, he, or they see; and serving as a gatekeeper for those who are to enter the profession (Bernard & Goodyear, 2009).

The Internship Program ensures that Interns receive at least four hours of supervision each week, which may include telesupervision (in accordance with current practice standards recommended by APA, APPIC, and state guidelines). Supervision includes direct observation of Intern activities through a combination of in-room observation, co-facilitation, video and/or audio recordings, one-way mirror, and role plays.

In accordance with Minnesota State Law and APA-accreditation standards, Interns receive at least 2 hours of face-to-face, individual supervision by a doctoral-level Licensed Psychologist. The minimum four hours of supervision activities are outlined below:

- 1 hour of regularly scheduled face-to-face (or telesupervision) individual supervision with NMH-Primary Supervisor who is a Licensed Psychologist.
- 1 hour of regularly scheduled face-to-face (or telesupervision) individual supervision with IPC-Supervisor (Licensed Psychologist) regarding the Intern’s IPC-based services and supervision work, changing at the mid-year mark.
- 1 hour of regularly scheduled group supervision in the form of weekly Supervision of Supervision, led by an IPC Licensed Psychologist.
- 1 hour of regularly scheduled supervision related to NMH clinical activities (rotation, assessment, or adjunctive), which may be in the form of individual or group supervision (led by a Licensed Psychologist, or other qualified licensed mental health professional).

Over and above these required hours, supervisors have an “open door policy,” and Interns may receive additional supervision as needed. Adjunctive consultation and supervision are provided as part of any other adjunctive training experiences. The Internship Program allows for telesupervision, in compliance with federal, state, and local laws and APA and APPIC guidance.

### ***Individual Supervision***

Interns receive at least 2 hours of individual supervision each week. Individual supervisors have primary professional responsibility for the cases on which supervision is provided, and maintain overall responsibility for all supervision, including oversight and integration of supervision provided by other mental health professionals with psychological research and practice. Interns complete Supervision Contracts at the beginning of the supervision experience, outlining the terms of the supervision relationship, such as expectations and methods of communication. All supervisors have a direct telephone line with voice mail, and some of the supervisors at NMH locations wear pagers. Interns are provided with supervisors' office and cell phone numbers and, if applicable, pager numbers. When a supervisor is away from the facility during working hours, a backup supervisor is designated and identified to the trainee and other staff. Interns have access to supervisors' schedules to locate their whereabouts.

Supervisors have an "open door policy," and Interns may receive additional supervision as needed. However, if the supervisor is in a closed-door meeting, trainees contact other supervisors who are available. The IPC has a "Crisis Plan" which includes an ordered list of supervisors and their phone numbers, if a trainee's immediate supervisor is not available during a crisis. At NMH, trainees may contact another supervisor, the Training Director, Lead Psychologist, or other licensed mental health staff for urgent or emergency consultation. All trainees receive a list of phone numbers for mental health clinicians.

### ***Supervision of Supervision***

This group supervision experience provides a combination of video tape review/feedback and certain didactic topics presented for discussion. Interns present videotapes for constructive feedback from their peers and supervisor(s) who are co-facilitating Supervision of Supervision. Discussion topics are presented periodically throughout the year and cover such topics as: intern concerns and challenges regarding moving into this new role, ethical issues in supervision including professional boundaries, documentation of supervision, aspects of effective/ineffective supervision, individual and cultural differences in supervision, and the role of the supervisee in the relationship. Supervision of Supervision uses a variety of training modalities including group discussion, peer and supervisor tape review, reflective experiences within the seminar, and outside readings. This group supervision takes place weekly and is co-facilitated by one of the Licensed Psychologists at the IPC.

### ***Rotation-Based/Adjunctive Supervision***

The fourth hour of supervision accounts for any additional adjunctive or rotation experiences the Intern is participating in that Semester, or it may be another intervention/modality-based supervision experience based on the Interns' developmental training goals. It may occur in a group or individual format. For example, Interns may engage in Assessment Supervision, Supervision of Group Therapy, or supervision for an evidence-based therapy. This supervision experience is led by a Licensed Psychologist or other licensed mental health professional.

### **Consultation**



*IPC Clinic Consultation:* This is a weekly consultation group for all therapy and assessment practicum and intern trainees at the IPC, facilitated by one of the Licensed Psychologists, Psychology Intern, or designated leader for the week. Topics are assigned and may include case consultation, discussion of research articles, guest speakers, video/audio review, or use of other media.

*Mental Health Consultation:* This is a general consultation group for mental health clinicians at NMH.

*Multidisciplinary Team Rounds:* At NMH locations, several rotations include daily multidisciplinary team rounds. Clinicians from different disciplines (medicine, nursing, psychology, social work, occupational therapy, etc.) discuss patients, clinical staffing needs, and other consultation.

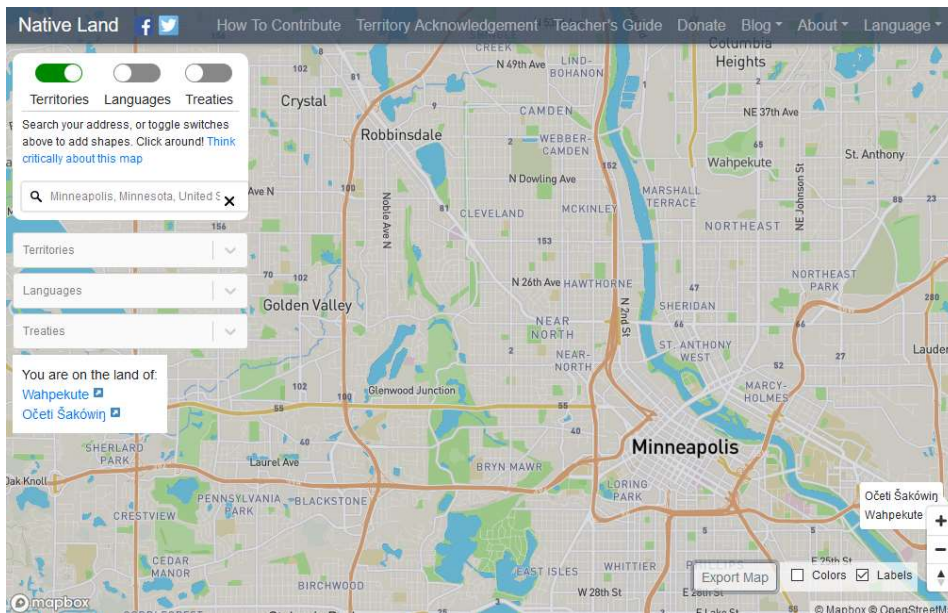
*Consultation for Evidence-Based Therapies:* Depending upon Intern involvement, there may be additional Consultation groups occurring for various evidence-based therapies such as Prolonged Exposure for PTSD or Cognitive Processing Therapy for PTSD. Focus is on case consultation, supervision, and treatment adherence. Led by LP or other licensed mental health professional.

## 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.

### *Land Acknowledgement*

We acknowledge that our training institutions stand on the traditional, ancestral, and contemporary lands of Indigenous people, largely that of Dakota and Ojibwe nations and their Wahpekute, Anishinabewaki, and Očeti Šakówinj (Sioux) territories (from the [Native Land website](#) and map).



### *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 low income 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 2018

	NMH	IPC
<i>Individuals receiving mental health services</i>	<i>N</i> = 1,660 (PHP, IOP, and outpatient mental health only)	<i>N</i> = 107
<i>Gender</i>	Female: 64.5% Male: 35.4%	Female: 52% Male: 36% Transgender: 2% Unknown: 9%
<i>Age</i>	18-25: 11.14% 26-40: 33.07% 41-65: 43.25% 66+: 12.53%	18-44: 73% 45-64: 22% 65+: 5%
<i>Race</i>	Am. Indian/Alaskan Native: 1% Asian: 1.6% Black/African American: 14.2% Native Hawaiian/Other Pacific Islander: <1% Refused/Unknown: 3.8% White/Caucasian: 81.6%	Asian/Asian American: 6% Black/African American: 13% Hispanic/Latino: 14% White: 55% Other/Biracial: 2% Unknown: 10%
<i>Ethnicity</i>	Hispanic or Latino: 1.9% Non-Hispanic or Latino: 76.9%	Hispanic or Latino: 14% Non-Hispanic or Latino: 76% Unknown: 10%

#### **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, DBT Consultation, and Supervision of Supervision. In particular, 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.

#### ***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**

- APA. (2017). *Ethical principles of psychologists and code of conduct*. Retrieved from <http://www.apa.org/ethics/code/ethics-code-2017.pdf>
- APA Presidential Task Force on Evidence-Based Practice. (2006). Evidence-based practice in psychology. *American Psychologist*, *61*(4), 271-285. DOI: 10.1037/0003-066X.61.4.271
- Pettigrew, T. F. & Tropp, L. R. (2006). A meta-analytic test of intergroup contact theory. *Journal of Personality and Social Psychology*, *90*(5), 751-783. DOI: 10.1037/00223514.90.5.751
- Sue, S., Zane, N., Hall, G. C., & Berger, L. K. (2009). The case for cultural competency in psychotherapeutic interventions. *Annual Review of Psychology*, *60*, 525-548. DOI: 10.1146/annurev.psych.60.110707.163651.

## SUPERVISORS & ASSOCIATED TRAINING FACULTY

### *SUPERVISORS*



***Ashley Gulden, Psy.D., LP*** (she/her/hers)

**Graduate Program:** Psy.D., Counseling Psychology, University of St. Thomas; M.A., Saint Mary's Univ of MN

**Internship:** University of Minnesota-Twin Cities, Student Counseling Services

**Postdoc training:** The Emily Program

**Services provided:** NMH, Advanced Practicum Coordinator, group and time-limited individual therapy; brief couples/family therapy; diagnostic assessment and psychological testing; career counseling and assessment.

**Clinical interests:** Depression, Anxiety, PTSD and trauma-related disorders; eating disorders, health concerns and adjustment to life transitions; Therapeutic assessment; Career/Vocational counseling; Multicultural counseling and development; Supervision and training

**Primary theoretical orientations or modalities:** Mind-body and mindfulness-based interventions; Cognitive Behavioral Therapy; Cognitive Processing Therapy for PTSD; Positive Psychology Approaches; Attachment theory and trauma informed; clinical applications of Polyvagal Theory.

***Mary Helmin, LICSW, Psy.D., LP*** (she/her/hers)

**Graduate Program:** MN School of Professional Psychology at Argosy University

**Internship:** Natalis Counseling and Psychology Solutions, clinical psychology

**Postdoc training:** Natalis Counseling and Psychology Solutions, clinical neuropsychology



**Services provided:** NMH, Consult Service, In-Patient Consultation team to medical units

**Clinical interests:** Diagnostic Assessment and psychological testing, Adolescent mental health, mood, anxiety and trauma focused therapy

**Primary theoretical orientations or modalities:** Brief-solution focused and motivational interviewing, CBT skills-based psychoeducation



**Jessica Kaster, Ph.D., LP** (she/her/hers)

**Graduate Program:** Ph.D. in Clinical Psychology with a Doctoral Specialty in Disaster Mental Health from The University of South Dakota; Masters of Science in Clinical Psychology – Behavioral track, North Dakota State University

**Internship:** Wyoming State Hospital

**Services provided:** NMH, Primary Care Behavioral Health Integration; Brooklyn Center clinic; bariatric evaluations.

**Clinical interests:** health psychology, integration of physical and mental health issues, depression, anxiety, PTSD and trauma related conditions, substance use issues, transgender issues

**Primary theoretical orientations or modalities:** Cognitive-Behavioral and Behavioral theory; Logotherapy; Acceptance and Commitment Therapy, Mindfulness approaches.

**Amanda Klinger, PsyD, LP, MAC** (she/her/hers)

**Graduate Program:** Psy.D. in Clinical Psychology, Pacific University, Oregon

**Internship:** Hazelden Betty Ford Foundation, Plymouth, MN (adolescent & young adult program)

**Services provided:** Mind-Body Group Program, Individual outpatient therapy, diagnostic assessment, supervision



**Clinical interests:** Substance abuse/co-occurring disorders, shame, trauma-related disorders, anxiety and mood disorders, mindfulness, wilderness and adventure therapies

**Primary theoretical orientations or modalities:** Acceptance and Commitment Therapy, Mind-Body and mindfulness-based approaches, trauma-informed



**Ben Lexau, Psy.D., LP** (he/him/his)

**Graduate Program:** University of Minnesota (masters) and Minnesota School of Professional Psychology (doctorate)

**Internship & Postdoc:** VA Medical Center, Minneapolis

**Services provided:** NMH chronic pain management, health psychology, bariatric health and pre-surgery assessment, cancer, personality assessment

**Clinical interests:** Pain, bariatric, personality disorders

**Primary theoretical orientations or modalities:** CBT, influenced by principles of ACT, mindfulness, time limited dynamic therapy

***Mary Clare Lindsley, Psy.D., LP*** (she/her/hers)

**Graduate Program:** M.A. & Psy.D. Counseling Psychology, University of St. Thomas; Graduate Certificate in Holistic Health Studies, St. Catherine University, Minneapolis, MN

**Internship:** North Memorial Health-University of St. Thomas Internship Program

**Postdoc training:** Hazelden-Betty Ford Foundation, St. Paul, MN

**Services provided:** Mind-Body Group Program; individual therapy

**Clinical interests:** Anxiety, depression, trauma, co-occurring disorders, chronic pain, grief, identity/role transitions, relationship difficulties

**Primary theoretical orientations or modalities:** Mind-body, relational, and strengths-based approaches





***Amy Look, Ph.D., LP*** (she/her/hers)

**Graduate Program:** PhD in Clinical Psychology from Temple University; MA in Psychology from New York University

**Internship:** Minneapolis VA Health Care System

**Postdoctoral experience:** Temple University; Minnesota Ctr for Psychology

**Services provided:** Dialectical Behavior Therapy group and individual therapy, individual outpatient therapy, diagnostic assessment

**Clinical interests:** Mood and anxiety disorders, emotion dysregulation, borderline personality disorder, PTSD and trauma-related disorders, co-occurring mental/chemical health, supervision and training

**Primary theoretical orientations or modalities:** DBT, Cognitive-Behavioral and Behavioral Therapy, Acceptance and Commitment Therapy, Mindfulness-based approaches

***Lynsey Miron, PhD, LP*** (she/her/hers)

**Graduate Program(s):** MA and PhD in Clinical Psychology, Northern Illinois University

**Internship:** Durham VA Health Care System – Durham, NC

**Postdoc training:** Edward Hines, Jr. VA Hospital – Hines, IL (Trauma and PTSD specialization)

**Services provided:** Individual psychotherapy, Individual supervision, Supervision of supervision, General consultation, Anxiety Clinic supervision and consultation



**Clinical interests:** Training and supervision in evidence-based methods, PTSD and trauma-related disorders, Anxiety/OCD, Exposure and acceptance-based interventions, Equitable care for diverse populations

**Primary theoretical orientations or modalities:** Cognitive Behavioral Therapy (CBT), Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Dialectical Behavior Therapy (DBT), Exposure and Response Prevention (ERP), Acceptance and Commitment Therapy (ACT), and Behavioral Activation





***Kristen Nelson, Psy.D., LP*** (she/her/hers)

**Graduate Program(s):** M.A. in Counseling & Student Personnel Psychology, University of Minnesota; Psy.D. in Counseling Psychology, University of St. Thomas

**Internship:** Counseling & Psychological Services, University of St. Thomas Center for Well-Being

**Postdoctoral experience:** LeaderWise, New Brighton, MN

**Services provided:** NMH – Individual psychotherapy

***Anne Perkins, Psy.D., LP*** (she/her/hers)

**Graduate Program(s):** PsyD in Clinical Psychology, Minnesota School of Professional Psychology at Argosy University; MA in Counseling Psychology from University of St. Thomas



**Internship:** University of St. Thomas, Counseling and Psychological Services

**Services provided:** individual psychotherapy; diagnostic assessments; supervision; Trauma-focused Group Program.

**Clinical interests:** co-occurring disorders (experience in working with young adults who struggle with chemical dependency issues, in particular opioid addiction), PTSD/trauma, anxiety, depression, grief and loss, and relationship issues; supervision; clinical application of Polyvagal Theory.

**Primary theoretical orientations or modalities:** EMDR trained; trauma informed, interpersonal process theory, mindfulness-based approaches, and CBT; clinical applications of Polyvagal Theory.



**Stephanie Pituc, Ph.D., LP** (she/her/hers)

**Graduate Program(s):** Ph.D. in Counseling Psychology, University of Minnesota-Twin Cities; M.Ed/M.A. from Teachers College-Columbia University

**Internship:** University of Hawai'i-Mānoa, Counseling & Student Development Center

**Postdoc training:** Hazelden-Betty Ford Foundation

**Services provided:** NMH outpatient clinic - individual therapy; consultative couples' therapy; diagnostic assessment; psychological testing; career counseling/assessment.

**Clinical interests:** Insomnia and sleep disorders; ADHD; Depression, Anxiety, PTSD and trauma-related disorders; Co-occurring disorders; Career/Vocational counseling; Multicultural counseling and development

**Primary theoretical orientations or modalities:** Mind-Body and mindfulness-based interventions; Third-wave behavioral CBT (DBT, ACT, etc); Feminist & Multicultural frameworks; Clinical hypnosis; Cognitive Processing Therapy for PTSD and CBT for Insomnia.

**Ryan Sorensen Psy.D., LP** (he/him/his)  
Training Director, NMH-UST Internship Program

**Graduate Program:** Counseling Psychology,  
University of Saint Thomas

**Internship & Postdoc:** The Emily Program

**Services provided:** Trauma-focused Group Program; Dialectical Behavior Therapy team; group and individual therapy; diagnostic assessment and psychological testing



**Clinical interests:** Anxiety disorders, Compulsive Hoarding, Eating disorders, SPMI, Co-occurring substance use

**Primary theoretical orientations or modalities:** Cognitive Behavioral Therapy, ACT, Mindfulness-based approaches, Mind-Body; clinical application of Polyvagal Theory.



***Ryan C. Van Wyk, Psy.D., LP*** (he/him/his)

**Graduate Program:** Clinical Psychology, Fuller Graduate School of Psychology

**Internship and Postdoc:** Hazelden-Betty Ford Foundation

**Services provided:** Clinical lead of the NMH Mental Health Department. Provide individual therapy for outpatient population. Trauma-focused Group Program.

**Clinical interests:** Trauma, Developmental Trauma, Attachment, Addiction, Eating Disorders, Interpersonal Neurobiology, Mindfulness

**Primary theoretical orientations or modalities:** Psychodynamic foundation with strong utilization of mindfulness, mind-body interventions. Have completed trainings in EMDR, Brainspotting, Sensorimotor Psychotherapy, Comprehensive Resource Model, and Mind-Body Medicine as avenues of trauma stabilization and/or processing and resolution.

***Ann Marie Winskowski, Psy.D., LP*** (she/her/hers)

Associate Training Director of NMH-UST Internship Program  
[AMWinskowski@stthomas.edu](mailto:AMWinskowski@stthomas.edu)

**Graduate Program:** M.A. and Psy.D. in Counseling Psychology, University of St. Thomas

**Internship:** Canvas Health – Oakdale, MN

**Services provided:** Individual psychotherapy, Assessment, Individual Supervision, Supervision of Supervision, Consultation, Forensic Evaluation



**Clinical interests:** Supervision/training, PTSD and trauma-related disorders, SPMI, forensics, Personality and Cognitive assessment, Therapeutic Assessment

**Primary theoretical orientations or modalities:** Cognitive Behavior Therapy, Dialectical Behavior Therapy, and Cognitive Processing Therapy trained. My work is informed by interpersonal and developmental theories, time limited, and trauma-informed.

## *Associated Training Faculty*



***Jean Choe, Ph.D., LP*** (she/her/hers)

**Graduate Program:** Ph.D. in Clinical/Community Psychology from DePaul University; Master of Arts in Psychology, DePaul University

**Pre-Doctoral Internship:** Ravenswood Hospital & Community Mental Health Center, Chicago, Illinois

**Postdoc training:** The Center for Victims of Torture, Minneapolis, Minnesota

**Services provided:** Emergency Behavioral Medicine; Casual Part Time coverage for Group Programs

**Clinical interests:** Depression, anxiety, PTSD and trauma-related problems; mind-body medicine; refugee and immigrant mental health; acculturative and phase-of-life distress; self-care and secondary trauma for clinicians

**Primary theoretical orientations or modalities:** self-psychology; cognitive behavioral therapy; existential psychology; mind-body and mindfulness-based interventions; sensorimotor psychotherapy; clinical hypnosis; and multicultural psychology

***Katie Fabrizio, Ph.D., LP*** (she/her/hers)

[Katherine.Fabrizio@northmemorial.com](mailto:Katherine.Fabrizio@northmemorial.com)

**Graduate Program:** Univ. of Florida- Clinical and Health Psychology

**Pre-Doctoral Internship:** University of Alabama at Birmingham/Birmingham VAMC

**Postdoc training:** University of Alabama at Birmingham, Department of Neurology

**Services provided:** NMH, Neuropsychology; consultation with mental health clinic providers

**Clinical interests:** Neuropsychology





***Chris Mertz, Psy.D., LP*** (he/him/his)  
[Christopher.Mertz@northmemorial.com](mailto:Christopher.Mertz@northmemorial.com)

**Graduate Program:** James Madison University

**Pre-Doctoral Internship:** Trenton State Psychiatric Hospital, Trenton, NJ

**Postdoc training:** Cooper University Hospital, Camden, NJ

**Services provided:** NMH, Mental Health/Neuropsychology/Neuropsychological evaluations

**Clinical interests:** Neuropsychology

**Primary theoretical orientations or modalities:** Primary process approach to neuropsychology

***Ali Steinbreuck, Ph.D., LP*** (she/her/hers)

**Graduate Program:** Ph.D. and M.A. in Clinical Psychology, California School of Professional Psychology at Alliant International University, San Diego

**Internship:** Hazelden Foundation, Center City, MN

**Postdoc:** United States Navy



**Services provided:** Casual Part Time at NMH; Support to group programs

**Primary theoretical orientations or modalities:** Cognitive Behavioral Therapy

### ***Post-Doctoral Fellows***

***Bruce Clark, Ph.D.*** (he/him/his)

**Graduate Program:** Ph.D., Southern Illinois University, Carbondale

**Internship:** Hazeldon Betty Ford in Center City, MN

**Services provided:** Individual therapy, Group psychotherapy, Group and individual supervision

**Clinical Interests:** Substance use disorders, Depression and Anxiety

**Primary theoretical orientations or modalities:** ACT, DBT, Mindfulness, CBT-I

***Meishon Behboudi, Psy.D.*** (she/her/hers)

**Graduate Program:** Psy.D. in Counseling Psychology, University of St. Thomas

**Internship:** NMH-IPC Joint Doctoral Internship Program

**Services Provided:** Individual therapy, Group psychotherapy, ADHD and personality assessment

**Clinical Interests:** Trauma, Anxiety, Depression, OCD and Compulsive Hoarding

## TRAINING COMPETENCIES

In order to successfully complete the program, by the end of the last training term, 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 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

## EVALUATIONS

Standardized evaluations are completed at the end of each Semester. When possible, the evaluation is completed collaboratively by the team of the Supervisors for that term. 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:*

- Obtain ratings of at least a "3" {Regular supervision required on challenging cases/projects and in new skill areas (intern entry level)} on all items for all competencies on the Semester Evaluation.
- 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" {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 Intern Evaluation Form.
- Not be found to have engaged in any significant unethical or unprofessional behavior.



## TRAINING TERM

The working days of the Training Year for 2 are August 12th, 2024 – August 8th, 2025. 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

Interns are eligible to take the following categories of time off during the internship year:

***Personal Time Off:*** Up to 10 days (80 hours) off for vacation or other planned personal needs/business.

***Professional Development:*** Up to 5 days off (40 hours) for professional development such as dissertation or trainings/conferences.

***Sick Time:*** Interns may take up to 10 days off for personal illness, if needed. It is not intended that Interns will automatically take all of this time off; these days are available in the event of an extended illness versus as extra vacation time.

***Holidays:*** Interns receive the following 8 holidays: Labor Day (First Monday in September), Thanksgiving Day (Fourth Thursday in November), Christmas Day (December 25), New Year's Day (January 1), Martin Luther King, Jr. Day (Third Monday in January), Memorial Day (Last Monday in May), Juneteenth (June 19), and U.S. Independence Day (July 4). When a designated holiday occurs on Saturday or Sunday, the day of observance as indicated by the Internships' institutions will be observed.

The program recognizes and supports that Interns may wish to take days off other than these 8 for religious observance or cultural traditions. In such instances, Interns should talk with supervisors and the Training Directors to obtain approval and work out reasonable accommodations. For example, the Intern could use a vacation day, a "sick time" day, or a professional development day to cover this type of absence.

In addition, there are a limited number of other days on which the IPC is closed due to observance of the academic calendar and/or holidays that are unique to the University (e.g., Christmas Break, Easter Break). Interns are expected to consult with the Training Director and Associate Training Director to discuss their intentions to accrue hours on the days during these

periods 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.

Frequent absences due to sickness or other reasons 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.

### **COVID-19/Pandemic-time Policies**

Interns are required to adhere to institutional policies and state/local laws with regards to pandemic-time precautions, symptom monitoring, and/or risk mitigation procedures (e.g., wearing of face-masks). This may require the Intern to work remotely, take time off due to illness or exposure, or other necessary changes to training modalities. As is the case with other types of extended leave, the Training Directors will work with Interns on a case-by-case basis to determine the best course of action and will make reasonable efforts to support the aim of training Interns in the competencies required by the APA Standards on Accreditation.

### **STIPEND & FINANCIAL SUPPORT**

The Internship Program is primarily designed to meet the training needs of doctoral students, rather than the provision of services for each organization. To provide financial support to interns during the training, the internship offers an annual stipend of \$30,000.

Interns are not considered regular employees of NMH or UST, and therefore, health benefits are not available through the Internship program. The stipend is intended to provide extra funds to allow the Intern to purchase health insurance, should that be needed.

The Internship stipend is subject to applicable federal and state rules and regulations with respect to taxes and withdrawals, which vary by the Intern's unique status (e.g., UST versus non-UST student; international student status).

### ***Professional Development Funds***

In addition to the annual stipend, the Internship provides all Interns up to \$750 for professional development funds to be used during the training year. These funds may be applied to materials, trainings, and educational programming that are directly related to the development of professional competencies in health service psychology. These may include, but are not limited to: books, CDs/DVDs, online courses, workshops, conferences, and/or professional association memberships. All purchases must be approved by the Training Director(s).

## APPLICATION & SELECTION PROCEDURES

The NMH-UST internship program participates in the Internship Matching Program sponsored by the Association of Psychology and Postdoctoral Internship Centers (APPIC). All applicants must obtain an Applicant Agreement and register for the Match to be eligible for our internship. The Applicant Agreement can be downloaded from the matching program website at [www.natmatch.com/psychint/](http://www.natmatch.com/psychint/) or by contacting National Matching Service at 416-977-3431 (Toronto, Ontario, Canada). See <https://www.appic.org/internships/Match/About-The-APPIC-Match/APPIC-Match-Dates> for current dates and deadlines pertaining to Phase I and Phase II of the Match.

### Eligibility

To be eligible for the Internship, applicants must be currently enrolled in a Counseling or Clinical Psychology doctoral program (Psy.D. or Ph.D.) 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.

As a minimum qualification for entrance into the internship program, applicants must be enrolled in a counseling or clinical psychology doctoral program (Psy.D. or Ph.D. applicants accepted), which is accredited by a body recognized by the U. S. Secretary of Education or by the Canadian Psychological Association.

The NMH-UST Internship Program is partially-affiliated with the University of St. Thomas' Graduate School of Professional Psychology (Doctor of Psychology, Counseling Psychology program). During Phase I and Phase II of the Match, qualified candidates from any APA or CPA accredited Counseling or Clinical Psychology doctoral program will be considered for all positions. The Internship Selection Committee reserves the right to give preference to qualified applicants from the University of St. Thomas' Psy.D. Program in Counseling Psychology, which may take the form of interview invitations and/or rankings in the Match. There is no specified number of positions guaranteed to UST applicants

### Background Checks and APPI Professional Conduct

Interns selected for the Internship will be required to submit background checks and onboarding requirements prior to beginning training. This may include proof of vaccination or medical exemption from vaccination.

In the Professional Conduct section of the APPI, there is a question that asks if you have ever been convicted for anything other than a minor traffic violation. Applicants are still welcomed to apply and simply will be asked for a more detailed explanation of the incident. This may be detailed in the APPI section.

### General Selection Principles

- We believe that generalist training provides a strong foundation for the professional practice of psychology. In addition, our program provides training in evidence-based practices and encourages the use of the scientific literature to inform practice. In line with these foci, we seek applicants who are strong critical thinkers, who have a sound clinical and scientific knowledge base from their academic program, and who have had a solid base of training experiences in the areas of assessment and intervention in their practicum placements.
- The Internship Program highly values multicultural competence and diversity, viewing it as an extension of ethical and evidence-based practice. We seek applicants whose application materials similarly reflect these values. We select internship candidates who represent different ages, race, ethnicity, gender, sexual orientations, disabilities, theoretical orientations, and life experiences.
- Given that both locations (North Memorial Health and the IPC) provide interprofessional services, we also seek applicants who have an interest in working in multidisciplinary or interprofessional settings after Internship. Furthermore, strong applicants should show evidence of the personal characteristics necessary to function well within an interprofessional and collaborative working environment.
- The Internship Program has a strong focus on training in clinical supervision. We seek applicants who have a strong interest in supervision and desire to actively participate in the training of other students.

### **Application & Selection Procedures**

The NMH-UST Internship Program participates in the National Matching Service. An Intern Selection Committee (comprised of the Training Director and Associate Training Director at a minimum) evaluates applications. 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.

Applicants are asked to please address the following in the required cover letter of the APPI:

- Why you are interested in our Internship Program and your training goals for the year.
- Brief overview of your previous assessment experience (including diagnostic assessment and psychological testing) and training goals with respect to assessment.
- Highlight any ways that you have demonstrated interest and commitment to issues of Multiculturalism, Diversity, and Equity.

To complete the application process, application materials must be submitted no later than **November 3rd, 2023 at 11:59PM CST** through the APPIC Portal **Program Code: 242911**.

## **Selection Procedures**

Applicants who have been selected for an interview will be notified on or before **December 15th, 2023** via email. Additionally, the program will utilize APPIC's new online interview scheduling system, which was strongly recommended due to its efficiencies for both students and programs.

## **Interview Procedures**

Applicants invited to interview will be offered a 45-minute interview over Zoom (audio/video) with Selection Committee members. Interviews are tentatively scheduled for early January 2024.

All applicants will also be invited to an optional Informational Panel (tentatively scheduled for January 26th, via Zoom), with supervisors and training faculty available for Q&A and to discuss Internship training opportunities.

## **Ranking Process**

Rank order lists, for both internship sites and applicants, are due to the National Matching Service, <https://natmatch.com>, by **February 2nd, 2024**. The NMH-UST Internship Program Code is **242911**.

### *Phase I of the Match*

Eligible applicants are invited to apply. Due to the partial affiliation with the University of St. Thomas, the Internship may give preference in ranking applicants from UST's Psy.D. Program. There is no set number of slots that is guaranteed to UST students.

### *Phase II of the Match*

If the NMH-UST internship program does not fill each of its slots in Phase I and selection proceeds to Phase II of the Match, and all eligible applicants are invited to apply. . Applicants must meet minimum requirements outlined above and general selection principles apply.

The Internship Program will participate in and abide by APPIC's Phase II Match policies and deadlines. See <https://www.appic.org/internships/Match/About-The-APPIC-Match/APPIC-Match-Dates> for Phase II dates and deadlines.

## **APPIC Policy Statement**

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 (IR C-27 I)

The following data are presented in compliance with APA Standards of Accreditation for Internship Programs Implementing Regulation C-27 I: Trainee Admissions, Support, and Outcome Data.

### INTERNSHIP PROGRAM TABLES

**Date Program Tables are updated: 08/15/2023**

#### **Program Disclosures**

As articulated in Standard I.B.2, programs may have “admission and employment policies that directly relate to affiliation or purpose” that may be faith-based or secular in nature. However, such policies and practices must be disclosed to the public. Therefore, programs are asked to respond to the following question.

**Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.**

Yes

No

If yes, provide website link (or content from brochure) where this specific information is presented: N/A

#### **Internship Program Admissions**

**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 intern selection and practicum and academic preparation requirements:**

**Applicants must meet the following prerequisites to be considered for our program:**

- 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 practice hours total are preferred. Applicants must also be deemed eligible for Internship by their doctoral program.
- Applications will be accepted from candidates from any eligible doctoral program as stated above in both Phase I and Phase II.



- The NMH-UST Internship Program is partially affiliated with the University of St. Thomas' Graduate School of Professional Psychology, which means that some eligible UST applicants may be ranked higher during the Match in Phase I or Phase II.

**Selection Process**

An Intern selection committee will review internship applications. Applications are reviewed based on the applicant's interest and experience in the clinical training opportunities offered by the Internship Program. The Internship Selection Committee may rank some UST candidates preferentially in Phase I or Phase II, as part of the partial-affiliation with UST's Graduate School of Professional Psychology.

**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	Yes	Amount: 250
Total Direct Contact Assessment Hours	No	Amount: n/a

**Describe any other required minimum criteria used to screen applicants:**

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 training goals. In particular, applicants who express interest in and/or have experience working in multidisciplinary settings and with individuals presenting with a variety of mental health disorders are considered a strong fit. Although not required, supervised experience with psychological testing and diagnostic assessment is preferred. 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.

Prior to the start of the Internship Year, matched Interns must clear institution-specific requirements for onboarding, which may include criminal background checks and providing proof of immunizations.

**Financial and Other Benefit Support for Upcoming Training Year**

Annual Stipend/Salary for Full-time Interns	\$30,000
Annual Stipend/Salary for Half-time Interns	n/a
Program provides access to medical insurance for intern?	No
If access to medical insurance is provided:	
Trainee contribution to cost required?	n/a
Coverage of family member(s) available?	n/a
Coverage of legally married partner available?	n/a
Coverage of domestic partner available?	n/a
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	80
Hours of Annual Paid Sick Leave	80, as needed

In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?

Yes

Other Benefits (please describe):

- 5 days (i.e., 40 hours) Professional Development time off
- Up to \$750 Professional Development Funds (conferences, trainings, etc.)

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

### INITIAL POST-INTERNSHIP POSITIONS

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	<b>2019-2022</b>	
Total # of interns who were in the 3 cohorts	6	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1	
	<b>PD</b>	<b>EP</b>
Academic Teaching	-	-
Community Mental Health Center	-	-
Consortium	-	-
University Counseling Center	-	-
Hospital/Medical Center	-	1
Veterans Affairs Health Care System	1	-
Psychiatric Facility	-	-
Correctional Facility	-	-
Health Maintenance Organization	-	-
School District/System	-	-
Independent practice setting	1	1
Other	1	-
<p>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.</p>		

## CURRENT & PAST INTERNS

<i>Cohort</i>	<i>Intern Name</i>	<i>Graduate Program</i>
2023-2024	Fortino Rodriguez Sanchez	Psy.D., Counseling Psychology, Univ. of St. Thomas
2023-2024	Katie Rubedor-Green	Psy.D., Clinical Psychology, Augsburg University
2022-2023	Meishon Behboudi	Psy.D., Counseling Psychology, Univ. of St. Thomas
2022-2023	Bridget Nelson	Ph.D., Counseling Psychology, Auburn University, Auburn, Alabama
2021-2022	Hina Batool	Psy.D., Counseling Psychology, Univ. of St. Thomas
2021-2022	Kate Schurman	Psy.D., Counseling Psychology, Univ. of St. Thomas
2020-2021	Scott Anderson	Psy.D., Counseling Psychology, Springfield College, MA
2020-2021	Helen Sawaya	Ph.D., Clinical Psychology, University of North Dakota, Grand Forks, ND
2019-2020	Katherine Ainsworth	Psy.D., Counseling Psychology, Univ of St. Thomas
2019-2020	Mary Clare Lindsley	Psy.D., Counseling Psychology, Univ of St. Thomas
2018-2019	Nicholas Klein	Psy.D., Counseling Psychology, Univ of St. Thomas
2017-2018	Jenna Etzold	Psy.D., Counseling Psychology, Univ of St. Thomas
2017-2018	Kunga Norzom	Psy.D., Counseling Psychology, Univ of St. Thomas

## ACCREDITATION

The NMH-UST Joint Doctoral Psychology Internship Program is accredited by the Commission on Accreditation of the American Psychological Association (APA), with an initial date of accreditation of July 22, 2018. Our Internship Program will be due for self-study in January of 2024 with a projected site visit in Fall 2025.

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>.

### **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](mailto:apaaccred@apa.org)

Web: <http://www.apa.org/ed/accreditation/>

## INTERNSHIP PROGRAM CONTACT INFORMATION

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

### **Training Director**

Ryan Sorensen, Psy.D., LP

Email: [Ryan.Sorensen@northmemorial.com](mailto:Ryan.Sorensen@northmemorial.com)

Phone: (763) 581-6433

### **Associate Training Director**

Ann Marie Winskowski, Psy.D., LP

Email: [amwinskowski@stthomas.edu](mailto:amwinskowski@stthomas.edu)

Phone: (651) 962-4816

**Internship Program Website:** <http://www.stthomas.edu/ipc/psychservices/doctoralinternship>