

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

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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 both of our settings, with many cases involving interprofessional collaboration. Previous interns have remarked on the opportunity to work with individuals presenting 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; all interns have the chance to supervise 2-3 Masters-level trainees at the IPC and learn from each other through the Supervision of Supervision (group supervision) experience, which features didactics, tape review, and peer consultation. The Internship experience also includes ample opportunities for observation and social learning, consultation, didactic seminars, and collaboration. We have a dedicated team of supervisors and training faculty with a wide variety of expertise and a passion for training and supervision; you may read their brief bios in this brochure.

For the 2021-2020 training year, two (2) intern positions are offered. Due to the Internship Program's partial affiliation with the University of St. Thomas' Graduate School of Professional Psychology, Phase I of the Match is exclusively open to UST's Psy.D. in Counseling Psychology Program students. Should any positions remain unfilled after Phase I, the Internship Program will accept applications from all eligible applicants from any graduate institution during Phase II.

The NMH-UST Internship Program is currently APA-accredited, with initial accreditation-on-contingency in 2018. We are in the process of submitting data for consideration of continued accreditation (i.e., full accreditation status). 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!

Stephanie Pituc, Ph.D., LP (she/her/hers) & Ann Marie Winskowski, Psy.D., LP (she/her/hers)
Training Directors, NMH-UST Internship Program

TRAINING SETTINGS

North Memorial 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, partial hospitalization and 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 area.

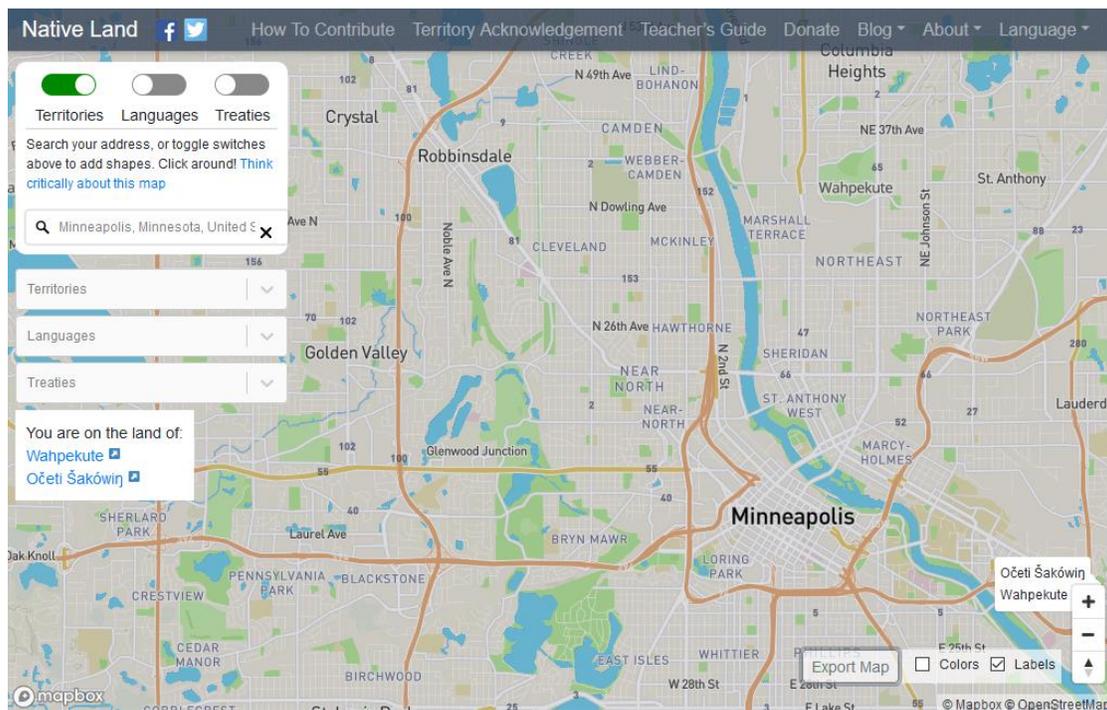


The IPC is home to legal, psychological, and social work services to the community, as well as a training clinic for UST's

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. 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 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.

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 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 therapeutic assessment at the IPC, 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 three clinical rotations during the year. Clinical rotations and specific duties are assigned based on individualized training goals. Throughout the year, Interns carry an outpatient case load in the Outpatient Mental Health Clinic. In addition, Interns may also be involved with additional adjunctive clinical opportunities in areas of the mental health clinic or hospital, which offer exposure or experience across multiple levels of care.

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, 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 2020 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.

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, and

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 disorder, and PTSD. The Therapeutic Skills PHP track primarily addresses 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 or experiential 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.

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 team 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: accepting warm-hand offs from primary care providers; offering brief, focused therapy; doing curbside consultations; 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. Opportunities may include: 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 (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 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.

Therapeutic Assessment: Developed by Stephen Finn and his colleagues, Therapeutic Assessment (TA) is a model of psychological testing which differs from the traditional model of assessment.

In traditional psychological assessment, the main focus is on diagnosis and treatment planning. While these goals may also be goals in a TA approach, TA's primary goal is to facilitate positive change in a client. In TA, clients are actively involved in the assessment process along with the examiner in terms of setting goals for the process and working together to make meaning of assessment results. This approach has been shown in research studies to make the assessment process a more positive and meaningful experience for clients. Interns will learn how to conduct assessments that are informed by Therapeutic Assessment. Direct service opportunities in this experience include: psychological testing, diagnostic assessment, treatment planning, and individual therapy. Didactic training in TA will also be provided.

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, 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.

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. 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 roleplays.

In accordance with APA accreditation standards, Interns receive at least 1 hour of face-to-face (may include telesupervision, see policy below), individual supervision by a doctoral-level Licensed Psychologist for every 20 hours of internship. The 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 Rotation/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.

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 will present videotapes for constructive feedback from their peers and supervisor(s) who are co-facilitating Supervision of Supervision. Discussion topics will be presented periodically throughout the year and will 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 Trimester, 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 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 across NMH. Interns are encouraged to attending, schedule permitting.

Multidisciplinary Team Rounds: At NMH locations, most clinical 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.

SUPERVISION REQUIREMENTS

The Internship Program ensures that Interns receive at least four hours of supervision each week, which may include telesupervision. 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 roleplays.

In accordance with Minnesota State Law and APA-accreditation standards, Interns receive at least 1 hour of face-to-face, individual supervision by a doctoral-level Licensed Psychologist for every 20 hours of the internship. 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 Rotation/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.

SUPERVISORS & ASSOCIATED TRAINING FACULTY

SUPERVISORS

Name & Degree: Jen Aakre, Ph.D., LP (she/her/hers)
Jennifer.Aakre@stthomas.edu

Graduate Program(s): MA and PhD in Clinical Psychology from Kent State University; Kent, OH

Internship: VA Maryland Health Care System/University of Maryland School of Medicine Psychology Internship Consortium; Baltimore, MD

Postdoc training: Postdoctoral Research Fellowship, Advanced Fellowship Program in Mental Illness Research and Treatment; VISN 5 MIRECC; Baltimore, Maryland

Services provided: IPC; Individual psychotherapy, group psychotherapy, assessment, individual supervision, supervision of supervision, consultation

Clinical interests: PTSD and other trauma-related disorders; psychosis spectrum disorders; evidence-based psychotherapy; internalized stigma

Primary theoretical orientations or modalities: Cognitive Behavioral Therapy; provide Cognitive Processing Therapy, Skills Training in Affective and Interpersonal Regulation (STAIR), Motivational Interviewing, Social Skills Training for Schizophrenia



Name & Degree: Ashley Gulden, Psy.D., LP (she/her/hers) Ashley.Gulden@northmemorial.com

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, Mind-Body Partial Hospital Program and Intensive Outpatient Program; 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; Positive Psychology Approaches; Attachment theory and trauma informed

Name & Degree: Mary Helmin, LICSW, Psy.D., LP
(she/her/hers) Mary.Helmin@northmemorial.com

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



Name & Degree: Jessica Kaster, Ph.D., LP (she/her/hers)
Jessica.Kaster@northmemorial.com

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

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.

Name & Degree: Amanda Klinger, PsyD, LP, MAC
(she/her/hers)

Amanda.Klinger@northmemorial.com

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

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

Services provided: Individual outpatient therapy,
diagnostic assessment, IOP/PHP group coverage, 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



Name & Degree: Ben Lexau, Psy.D., LP
(he/him/his) Benjamin.Lexau@northmemorial.com

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, 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

Name & Degree: Amy Look, Ph.D., LP (she/her/hers)
Amy.Look@northmemorial.com

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

Internship: Minneapolis VA Health Care System

Postdoc training: Temple University; Minnesota Center for Psychology

Services provided: Dialectical Behavior Therapy group and individual therapy, individual outpatient therapy, diagnostic assessment, coverage for IOP/PHP groups

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: Dialectical Behavior Therapy, Cognitive-Behavioral and Behavioral Therapy, Acceptance and Commitment Therapy, Mindfulness-based approaches



Name & Degree: Anne Perkins, Psy.D., LP (she/her/hers)
Anne.Perkins@northmemorial.com

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

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

Primary theoretical orientations or modalities: EMDR trained; trauma informed, interpersonal process theory, mindfulness-based approaches, and CBT

Name & Degree: Stephanie Pituc, Ph.D., LP
Training Director, NMH-UST Internship Program
(she/her/hers) Stephanie.Pituc@northmemorial.com



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 Mind-Body Partial Hospital Program; time-limited individual therapy; couples therapy; diagnostic assessment and psychological testing; career counseling/assessment

Clinical interests: 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



Name & Degree: Megan Plumstead, Psy.D., LP
(she/her/hers) Megan.Plumstead@northmemorial.com

Graduate Program: University of St. Thomas

Internship: Iowa City VA Medical Center

Postdoc training: Private Group Practice

Services provided: NMH Mind-Body intensive outpatient program, Individual therapy, diagnostic assessment and psychological testing, supervision

Clinical interests: Depression, anxiety, trauma. I enjoy working with emerging adults in identity development, assertiveness, connecting to the self and values.

Primary theoretical orientations or modalities: I take an attachment-based, developmental approach, using mind-body interventions coupled with skill development. I am strengths-based and incorporate ACT and CBT skills.

Name & Degree: Sheena Sikorski, Psy.D., LP
(she/her/hers) Sheena.Sikorski@northmemorial.com

Graduate Program: St. Mary's University of Minnesota- Twin Cities Campus

Internship: Minnesota Department of Corrections- Shakopee

Postdoc training: Minnesota Center for Psychology

Services provided: Group Therapy, Individual Therapy, Safety Assessments, Psychological Testing, Consultation, Diagnostic Assessments

Clinical interests: Acceptance and Commitment Therapy, Anxiety Disorders, Mood Disorders, Borderline Personality Disorder, Dialectical Behavior Therapy



Name & Degree: Annie Slanina, Psy.D., LP
(she/her/hers) Anne.Slanina@northmemorial.com

Graduate Program: The Chicago School of Professional Psychology

Internship: Appalachian Regional Healthcare Psychiatric Center

Postdoc training: The Center for Victims of Torture

Services provided: Individual psychotherapy, group psychotherapy in NMH's Trauma-Focused Intensive Outpatient Program, psychological assessment, diagnostic assessment

Clinical interests: Refugee/asylum seeker mental health, trauma, bereavement, mood disorder, co-occurring diagnoses; cross-cultural dynamics in psychotherapy, non-gender conforming minority stress, and supervision/training

Name & Degree: Ryan Sorensen Psy.D., LP
(he/him/his) Ryan.Sorensen@northmemorial.com

Graduate Program: Counseling Psychology,
University of Saint Thomas

Internship & Postdoc: The Emily Program

Services provided: Practicum Coordinator; NMH,
Therapeutic Skills Partial Hospitalization 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



Name & Degree: Ryan C. Van Wyk, Psy.D., LP
(he/him/his) Ryan.VanWyk@northmemorial.com

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. Provide group coverage for IOP/PHP when needed

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.

Name & Degree: Ann Marie Winskowski, Psy.D., LP,
Associate Training Director of NMH-UST Internship Program
(she/her/hers) 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



Name & Degree: Jean Choe, Ph.D., LP,
Jean.Choen@northmemorial.com

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 (if applicable): The Center for Victims of
Torture, Minneapolis, Minnesota

Services provided: Emergency Behavioral Medicine; Casual
Part Time coverage in PHP/IOP 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

Name & Degree: Katie Fabrizio, Ph.D., LP (she/her/hers)
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



Name & Degree: Margaret Gavian, Ph.D., LP (she/her/hers)

Graduate Program: Ph.D. in Counseling Psychology, University of Minnesota-Twin Cities; Faculty for Center for Mind-Body Medicine

Pre-Doctoral Internship and Postdoc training: Minneapolis VA Medical Center

Services provided: Casual part time staff; Mind-Body programming; Didactic speaker

Clinical interests: Trauma and PTSD; First-responders

Name & Degree: Chris Mertz, Psy.D., LP (he/him/his) 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



Name & Degree: Ali Steinbreuck, Ph.D., LP, (she/her/hers)
Alexandra.Steinbrueck@northmemorial.com

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

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

EVALUATIONS

Standardized evaluations are completed at the end of each trimester rotation. 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" {*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 Training Year for 2021-2020 is August 16, 2021 – August 15, 2022. 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 off for vacation or other planned personal needs/business.

Professional Development: Up to 5 days off 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: 8 holidays (Labor Day, Thanksgiving Day, Friday after Thanksgiving Day, Christmas Day, New Year's Day, Martin Luther King, Jr. Day, Memorial Day and July 4. 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 are encouraged to speak with supervisors/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 unique to the University. Interns 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.

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.

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.

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/ 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.

Our internship is a partially-affiliated program with the University of St. Thomas. This means that, during Phase I of the Match, all intern slots are allocated to currently-enrolled students in the University of St. Thomas Psy.D. Program in Counseling Psychology.

If the NMH-UST internship program does not fill all of its slots in Phase I and selection proceeds to Phase II of the Match, applications will be accepted from outside of the University of St. Thomas. 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.

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.

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 20, 2020 at 11:59PM CST** through the APPIC Portal **Program Code: 242911**.

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.

Selection Procedures

For the 2020-2021 selection cycle, applicants who have been selected for an interview will be notified on or before **December 18, 2020**. Only qualified UST candidates will be eligible and ranked in Phase I.

Interview Procedures

Applicants invited to interview will be offered a 45-minute interview over Zoom (audio/video) with 2-3 Selection Committee members. Interviews are tentatively scheduled for the week of January 11, 2021.

All applicants will also be invited to an optional Informational Panel (date TBD, 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, 2021**. The NMH-UST Internship Program Code is **242911**.

Phase I of the Match

During Phase I of the Match, only applicants from the University of St. Thomas are given consideration. There is no guarantee, however, that all open positions will be filled by UST students. If that is the case, selection proceeds to Phase II of the Match.

Phase II of the Match

If the NMH-UST internship program does not fill all of its slots in Phase I and selection proceeds to Phase II of the Match, applications will be accepted from outside of the University of St. Thomas, as well as from eligible applicants from UST. 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.*"

SUMMARY OF ADMISSIONS, SUPPORT, AND OUTCOME DATA

Date Program Tables are updated: 8/24/2020

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.
- 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 one or both of the positions is not matched in Phase I, selection will be open to all applicants meeting minimum requirements. In addition to accepting applications from non-UST doctoral programs, qualified UST applicants may apply in 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. Only qualified UST candidates will be eligible and ranked in Phase I. During Phase II of the Match, the Program accepts applications from external, non-UST candidates.

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): <ul style="list-style-type: none"> - 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

CURRENT & PAST INTERNS

<i>Cohort</i>	<i>Intern Name</i>	<i>Graduate Program</i>
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

INITIAL POST-INTERNSHIP POSITIONS

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2017-2020	
Total # of interns who were in the 3 cohorts	5	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1	
	PD	EP
Community mental health center	2	N/A
Federally qualified health center	N/A	N/A
Independent primary care facility/clinic	N/A	N/A
University counseling center	N/A	N/A
Veterans Affairs medical center	N/A	N/A
Military health center	N/A	N/A
Academic health center	N/A	N/A
Other medical center or hospital	N/A	1
Psychiatric hospital	N/A	N/A
Academic university/department	N/A	N/A
Community college or other teaching setting	N/A	N/A
Independent research institution	N/A	N/A
Correctional facility	1	N/A
School district/system	N/A	N/A
Independent practice setting	N/A	N/A
Not currently employed	N/A	N/A
Changed to another field	N/A	N/A
Other	N/A	N/A
Unknown	N/A	N/A

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.

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.

The Internship Program must submit outcome data to APA's Committee on Accreditation by May 1, 2020 (or a later approved date) to be eligible to move from "accredited, on contingency" to full accreditation status. If the program does not submit this data, the Internship Program will be deemed to have withdrawn from accreditation, following the completion of the program by the interns currently on-site at the program. That is, if the program is deemed to have voluntarily withdrawn from accreditation, interns in the program at the time will have completed an accredited 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>.

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

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

Stephanie Pituc, Ph.D., LP

Email: Stephanie.Pituc@northmemorial.com

Phone: (763) 581-6407

Associate Training Director

Ann Marie Winskowski, Psy.D., LP

Email: amwinskowski@stthomas.edu

Phone: (651) 962-4816

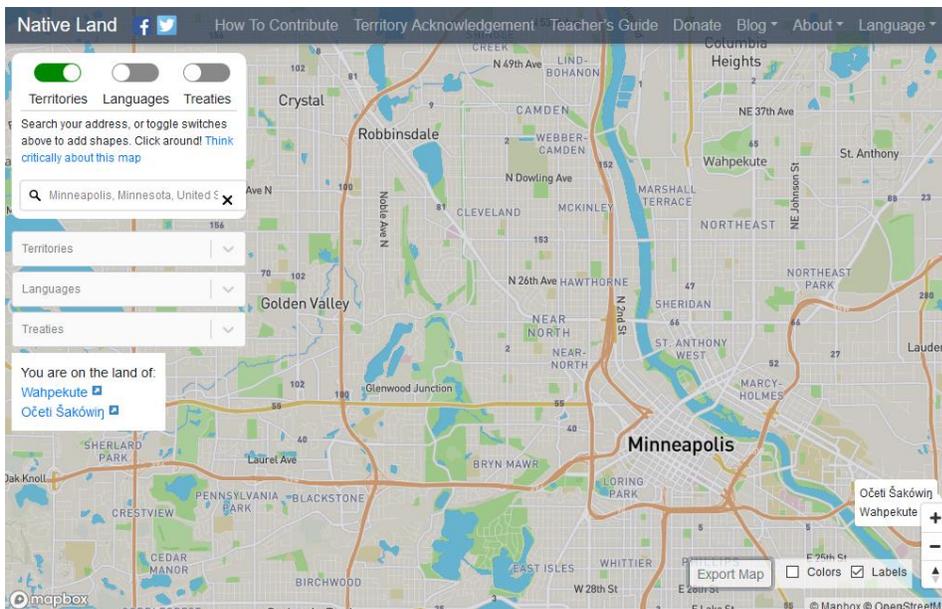
Internship Program Website: <http://www.stthomas.edu/ipc/psychservices/doctoralinternship>

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.

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](#) 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>	N = 1,660 (PHP, IOP, and outpatient mental health only)	N = 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.

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